NPAIHB

Member Tribes of the Northwest Portland Area Indian Health Board:

Burns Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

2121 SW Broadway
Suite 300
Portland, OR 97201
Phone: (503) 228-4185
npaihb.org

Community Based COVID-19: Findings from the 2020 Learning Needs Assessment

The COVID-19 pandemic has had profound effects on tribal communities. American Indian and Alaska Native people are dying of COVID at much higher rates than other populations. Across Indian Country, families have been torn apart due to quarantine, job loss, rising homelessness, and impacts on community members' ability to participate in aspects of their culture.

In response, the Northwest Portland Area Indian Health Board (NPAIHB) assessed the needs of thirty-six NW Tribal medical and behavioral health providers in the wake of COVID-19. The purpose of the needs assessment was to identify necessary resources, knowledge, and skills to effectively continue activities (suicide, interpersonal violence, substance misuse prevention) during the COVID-19 pandemic.

Suicide Prevention:

Ninety-three percent of respondents provide suicide prevention and/or intervention services. However, 44% reported they are developing or enhancing their depression screening. 44% reported having highly developed screening specific to suicide. 38% indicated they have a highly developed suicide specific risk assessment when someone presents with suicide. In addition, 67% reported developing or enhancing appropriate patient/family education and resources on suicide prevention and 42% provide highly developed coordinated care for patients at risk of suicide.

Out of the respondents who answered (10), 70% indicated that their tribe/facility/program collect suicide ideation and attempt data. Of the 10 respondents, 60% collect data on suicide completions and 30% collection data on self-harm behaviors i.e., cutting, burning, etc. 89% of respondents utilize the data to inform prevention programming, 67% to inform treatment decisions and 22% for zero suicide implementation.

Respondents expressed a need for assistance with finding/collecting data on suicide/suicide behaviors and translating data to action to prevent suicide.

Interpersonal Violence Prevention (IPV):

Fifty-two percent of respondents provide Interpersonal Violence prevention and/or intervention services. However, 55% reported they are developing or enhancing their IPV screening. 20% reported providing highly developed screening specific to IPV. 70% reported developing or enhancing warm hand-offs to a behavioral health staff when someone presents with IPV. In addition, 30% reported having highly developed appropriate patient/family education and resources on IPV and 30% indicated having highly developed coordinated care for patients at risk for IPV.

Substance Use/Misuse Prevention, Treatment & Recovery (SUD/OUD):

Seventy-three percent of respondents provide substance use/misuse medication assisted treatment and recovery prevention and/or intervention services. 60% reported having highly developed screening for SUD/OUD, however only 36% reported providing specific screening such as SBIRT. 50% reported having a highly developed process for warm hand-offs to a behavioral health staff and 64% provide a highly developed SUD/OUD assessment when someone is at risk of SUD/OUD. In addition, 50% reported they are developing or enhancing appropriate patient/family education and resources on SUD/OUD and 50% provide having highly developed coordinated care for patients at risk for SUD/OUD.

Trauma & PTSD Prevention/Intervention:

Sixty-two percent of respondents provide trauma prevention/intervention services. However, 73% reported they are developing or enhancing their trauma or post-traumatic stress disorder (PTSD) screening. Only 10% reported providing highly developed screening specific for trauma. 40% reported having a highly developed process for warm hand-offs to a behavioral health staff when someone presents with trauma or PTSD. In addition, 60% reported they are developing or enhancing appropriate patient/family education and resources on Adverse Childhood Experiences (ACE's) or trauma and 30% have highly developed coordinated care for patients at risk of trauma or PTSD.

Respondents Current Concerns:

The most important health concerns reported by respondents during COVID-19 were mental health and substance use/misuse.

Based on responses, some tribes and/or providers have modified how they provide services due to the increase in health concerns. Modifications include:

- Utilizing telehealth/virtual services
- Proactive screening and conversations with clients
- Utilizing Crisis and follow-up services
- Utilizing telehealth/telemedicine, face-to-face or virtual
- Increased group sessions
- Coordinating with other community resources i.e., homeless response
- Utilizing social media (Facebook) for patient education
- Adopted less structured treatment sessions to accommodate check-ins and basic coping skills

Clients Current Concerns:

When asked about what specific concerns clients are asking about right now, the top three concerns included mental health care, COVID-19 specific resources, and overall health care.

When asked about potentially negative experiences that clients are reporting, the top three included increases in depression, anxiety, or other mental health concerns, increases in alcohol or drug use, and being fired from their job/becoming homeless.

Successful Opportunities Despite COVID-19:

Respondents reported many successful opportunities that came about despite COVID-19 including developing telehealth and social marketing, community outreach/engagement. Others included:

- Mental health program successfully utilizing telehealth or virtual services
- Patient engagement remained high
- QPR (Question, Persuade, Refer) training continuing for community and staff
- ASIST (Applied Suicide Intervention Skills Training) provided to staff
- Developed community support program BH2I – learn about resources and how to access them
- Community outreach related to COVID-19 via social media/ Rapid Testing/ Cruise by
- Working on social marketing to increase information sharing to the community
- Youth Council/ Youth Talking Circles
- Developed homeless response
- Follow-up/ Well check with clients and families
- Transportation assistance/ medication pickup and delivery

Some respondents are beginning to identify plans for new efforts to address suicide/IPV/SUD/Trauma or treatment in the coming year:

- MAT (Medication-Assisted Treatment)
- Jail diversion and support of a new sobering facility
- Homeless solutions
- Virtual education event

Training Needs to Fulfill Continuing Education:

Respondents reported many needs for training to fulfill continuing education credits or professional development for staff. Needs included:

- Family Counseling
- AMSR
- Ethics and Cultural Competency
- Suicide Assessment
- Non-violent Crisis Intervention
- Compassion Fatigue/Burn out
- Management of Aggressive Behavior
- Effectively continuing services during a pandemic
- Law and Ethics

Recommendations:

Based on the responses to the needs assessment, the NPAIHB staff have developed some recommendations that are necessary to address the needs of the NW Tribes.

- Education is an essential element in any community response. Ensuring that providers (suicide, interpersonal violence, substance misuse prevention) are routinely provided with accurate patient/family education and resources packets that can help identify and debunk myths will help to normalize more positive behaviors and counteract more negative behaviors during the COVID-19 pandemic.
- Provide ongoing training modules, guidance, practical tips, and incentives for finding/collecting data on suicide/suicide behaviors and translating data to action to prevent suicide. The **Suicide Surveillance Strategies for American Indians and Alaska Native Communities** by Suicide Prevention Resource Center may have suggestions.
- Provide ongoing training on suicide in the workplace and postvention resource guideline and tips.
- Provide training, guidance, practical tips, and incentives for doing effective screening specific to IPV, SBIRT, and trauma.
- It takes a community to coordinate care for patients at risk for SUD/OUD. Medical professionals and traditional healers must be considered part of this community as they play a key role in promoting the responsible use of medications, safe prescribing resources and tips for safely disposing medications.
- When evaluating for ACE's, PTSD and trauma, these areas of focus should NOT be lumped together. Work with the NPAIHB to develop an evaluation for these topics that focused on each issue or topic individually, that describes the issue in a clear, specific, unambiguous, and related to the overarching evaluation question. The evaluation should only be sent to respondents who can reasonably be expected to possess the information that is being requested.
- Provide telehealth training via Telehealth Resource Center to provider and community on:
    - Telehealth Policy and Regulation
    - Novice to Expert: Comprehensive patient assessment using telehealth in the home.
    - Telehealth application
- Utilize the NPAIHB's peer support specialist to provide training, guidance, and practical tips on effective practices for telebehavioral health sessions and effective telepsychiatry visits.
- Strategize with providers, who have high engagement, how best to appropriately address limited resources (making home visits, some programs are doing this to visit the elderly populations) for seeing clients despite COVID as there has been an increase in need for behavioral health and SUD treatment as a result of the stress,

social isolation and job loss associated with the pandemic. Strategies may include reducing barriers to care, financial rewards for meeting performance metrics, leveraging Medicaid as a tool to support providers, establishing provider dashboards, etc.

- Ensure that providers are routinely provided with digital Narcotics Anonymous and Alcoholics Anonymous (NA/AA) meeting information to ensure that the recovery message and support is still available. Some available resources include:
    - **"A.A. Near You"** & **https://www.aa.org/pages/en_US/find-aa-resources/** (For Oregon) www.pdxaa.org
    - **Online 12 step meetings**
    - **Guidance for people who use drugs and harm reduction programs**
    - Free app to support people in recovery
    - Wellbriety meetings at **https://www.intherooms.com/home/covid-19-resources/** Tuesdays at 12 pm MDT and Thursdays at 7 pm MDT.
    - White Bison's Wellbriety Movement **www.wellbriety.com**
- Provide resources and information on Postvention, Grieving and Honoring a Deceased Loved One, and Funeral and Burial Services While Physical Distancing During the COVID-19 Pandemic to ensure that the cultural practices for those who have passed, and the healing rituals of families and communities can continue while still adhering to COVID-19 regulations.
- Provide webinars (and include local tribes) that educate providers and tribal leadership on how to bring together resources that help expand sustainable opportunities i.e., housing services, legal aid by establishing shared visions, mission, objectives that mobilize new energy, commitment, and resources.
- Educate providers and tribal leadership on how to promote their website landing pages and social media posts (Facebook, Twitter) to offer tips, strategies and health services benefits for people dealing with particular conditions. This can be done by:
    - Having a general practitioner offer quick tips on preparing for cold and flu season.
    - Providing emotional support and raising awareness by alerting patients to support in the community and online resources.
    - Combating misconceptions or false claims with accurate blogs and social postings
    - Responding directly to comments and discussions to provide accurate information.
- Request a meeting with the Indian Health Service to discuss lessons learned from the community support program, Behavioral Health Integration Initiative (BH2I). Review findings and recommend how to best use the knowledge from BH2I for the tribes in the Northwest.

Contacts:

Danica Love Brown, MSW, PhD
Choctaw Nation of Oklahoma
Behavioral Health Director
dbrown@npaihb.org

Colbie M. Caughlan, MPH
THRIVE, TOR, and Response Circles Project Director
ccaughlan@npaihb.org

Birdie Wermy, MPH
S. Cheyenne
Behavioral Health Manager
bwermy@npaihb.org

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