



COVID 19 & Community Conversations

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NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

1803 COVID-19 Supplement Project

- Began in July 2020
- Behavioral Health Scan; knowledge, attitudes and beliefs around opioid response and substance use treatments and strategies
- **3 Virtual Group Discussions – August 2020**
 - Medical staff, nurse practitioners, prevention specialists, case managers, counselors
 - Participants from Oregon, Washington and Alaska
 - Representation from Tribal Health Clinics, Family Health Centers



Virtual Group Discussions

- What are your perceptions on medication-assisted treatment (MAT)?
- Do you have any concerns with the current MAT program?
- What are the barriers to the current MAT program, if any?
- What are some challenges implementing the MAT program, if any?
- How do medical staff (BH staff, Substance Use Dependency Counselors, etc.) engage in work around MAT?
- Have you (and your staff) received the appropriate training to address opioid use disorders (OUD) and/or substance use disorders (SUD)?



Virtual One-on-One Discussions

- Recruited from our Eastern Tribes
- Seeking more information on MAT and SUD
- One-on-One discussions held during the month of November with 6 additional participants
- Similar findings and information compared to group discussions
- Developed the Community Based COVID – 19 Learning Needs Assessment
 - Previous data was collected from July QBM on needs and trainings
 - Sent out to all THD's and Delegates at the October QBM



Community Based COVID-19 Learning Needs Assessment

- Assessment was conducted in October – November 2020
- 36 NW Tribal Medical & Behavioral Health Providers
- Identify necessary resources, knowledge, and skills to effectively continue activities (suicide, interpersonal violence, substance misuse prevention) during the COVID-19 pandemic
- Addressed top 5 concerns
- Respondents and clients current concerns – gave them a voice to be heard



Community Based COVID-19 Learning Needs Assessment Summary

- Summary was released in March 2021 with recommendations
- **Suicide Prevention**
 - 93% of respondents provide suicide prevention and/or intervention services
 - 44% reported they are developing or enhancing their depression screening
 - 44% reported having highly developed screening specific to suicide
 - 38% have a highly developed suicide specific risk assessment when someone presents with suicide
 - 70% indicated that their Tribe/facility/program collect suicide ideation and attempt data



Community Based COVID-19 Learning Needs Assessment Summary

- Interpersonal Violence Prevention (IPV)
- 53% of respondents provide IPV and/or intervention services
- 55% are developing or enhancing their IPV screening
- 20% reported highly developed screening specific to IPV
- 30% reported having highly developed coordinated care for patients at risk for IPV



Community Based COVID-19 Learning Needs Assessment Summary

- Substance Use/Misuse Prevention, Treatment & Recovery (SUD/ODU)
- 73% of respondents provide substance use/misuse medication assisted treatment and recovery prevention and/or intervention services
- 60% reported having highly developed screenings for SUD/ODU
- 36% reported providing specific screening such as SBIRT
- 64% provide a highly developed SUD/ODU assessment when someone is at risk of SUD/ODU



Community Based COVID-19 Learning Needs Assessment Summary

- Trauma & PTSD Prevention/Intervention
- 62% respondents provide trauma prevention/intervention services
- 73% are developing or enhancing their trauma or PTSD screening
- 10% provide highly developed screening specific for trauma
- 60% are developing or enhancing appropriate patient/family education & resources on Adverse Childhood Experiences (ACE's) or trauma
- 30% have highly developed coordinated care for patients at risk for Trauma or PTSD



Community Based COVID-19 Learning Needs Assessment Summary: Respondents Current Concerns

- 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



Community Based COVID-19 Learning Needs Assessment Summary: Clients Current Concerns

- Mental health care
- COVID-19 specific resources
- Overall health care
- Increases in depression
- Anxiety
- Mental health concerns
- Increases in alcohol or drug use
- Being fired from their job
- Being homeless



Successful Opportunities Despite COVID-19

- 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



Recommendations

- 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/ODU. 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.
- 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.



Recommendations

- Provide telehealth training and telehealth resources
- 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.
- 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.



NPAIHB Behavioral Health ECHO

- Kicked off February 2021
- March 25th – Telehealth, Telemedicine Resources & How to Engage Youth During the Pandemic
- April 22nd – Process of Training
- May 27th – Trauma and Addiction
- June 24th – Process of Training
- <https://www.indiancountryecho.org/program/behavioral-health-echo/>



Coping & Caring for Yourself & Others

- Online series starting June 2nd @ 12pm
- 1st & 3rd Wednesday of the month
- Eight 1-hour sessions over 4 months
- Includes CE's & Coping Skills from Dialectical Behavior Therapy
- Sessions are aimed at Behavioral Health Providers, Primary Care and other specialties
- Short personal practice assignments to help manage stress in your own life
- Offered by: Dr. Ursula Whiteside



Kaufmann & Associates (KAI)

- Provide trainings and resources for coping with anxiety/depression, prolonged isolation, goal setting and tracking
- The approach will be rooted in resiliency and leveraging of social/community networks that improves mental health and suicide prevention knowledge, attitudes and behaviors
- Trainings will take place late Summer/early Fall 2021



Tribal Sub-awards

- Assist in the development of a two-phase RFP process where tribes are first guided to discuss their readiness and goals and do some preliminary planning (sketch out an initial plan) and then to the second phase to write a proposal for a funded program
- Assist tribes in integrating suicide prevention elements into each program proposal
- Assist tribes integrating SBIRT or other substance use and wellness screeners into justice programs including: Oregon Measure 110 programming, Healing to Wellness Courts etc.



Questions?

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