**Northwest Portland Area Indian Health Board**

Behavioral health committee meeting at the October Virtual QBM, October 2020:

**Attendees:**

Danica Love Brown, NPAIHB Behavioral Health Director

Martina Gordan, Umatilla Tribes/Yellowhawk Tribal Health Center

Alan Ham, Confed. Tribes of Grand Ronde Health Committee

Valery Chance, Stillaguamish Tribe of Indians

Stephanie Craig Rushing, NPAIHB, Adolescent Health

Birdie Wermy, NPAIHB Behavioral Health Manager

Maiya Martinez from the Spokane Tribe, Youth Delegate

Colbie Caughlan, Project Director for TOR, THRIVE, and RC

Marilyn M Scott, Upper Skagit Indian Tribe

Lisa Guzman, Umatilla Tribes/Yellowhawk Tribal Health Center

Selene Matina Rilatos, Siletz tribe

Ali Desautel, Kalispel Tribe of Indians

Michael Stickler, State of Oregon

**Agenda:**

**Introductions and check in/updates:**

* Martina Gordan, Umatilla Tribes/Yellowhawk Tribal Health Center

Updated the health commission meeting, seeing an increase in anxiety issues. BH2I Grant. Concern about the treatment of anxiety in the medical field, its connection to SUD.

* Lisa Guzman, Umatilla Tribes/Yellowhawk Tribal Health Center

Concerns for youth/family in their community, as of not for resources available to tribes.

Colbie response: THRIVE project, NPAIHB can offer any training and consolation for staff would need, such as QPR, Lael has a list available (psychological crisis response training, etc.), different suicide prevention curriculum available, consultation, protentional TOT of HOC, books and other resources (Zero Suicide, tattered teddies). From the clinic, community; wellness kits offer to the community. Follow up with Lael. Concerns about the level of youth and family Suicide, burnout of service providers.

BH2I grant, identified gap individual seeking assistance needing transportation, utilize peer mentors, looking to alternative resources.

Recovery Kits-resource guide, native connections conscious de self-regulation, note books and pens, bracelets (recover, hope and connection), worry stone, gum, lotion, candy, Chapstick, sage, “you matter” cards, stickers part of men’s health. Offering some wellness and hope for recovery. (see attached)

* + Colbie Response: Martina, if the clinic has implemented the full PHQ9 with you BH2I grant, one of those questions can really help providers focus on anxiety and can be really helpful. Some clinics only do a couple of the PHQ9 questionnaire but are looking at implementing the whole thing for reasons such as addressing anxiety. Opioid Response Network. Responding to Concerning Posts on Social Media for Adults working with youth: <https://www.healthynativeyouth.org/curricula/responding-to-concerning-posts-on-social-media/>
  + THRIVE supplies,
  + Suggestion to Hire driver and car with TOR grant funds, state oversite dollars
* Alan Ham, Confed. Tribes of Grand Ronde Health Committee

No update

* Valery Chance, Stillaguamish Tribe of Indians

In agreement with other in the increase in suicide and anxiety, SUD.

* Stephanie Craig Rushing, NPAIHB, Adolescent Health

Adolescent Health response, Springboard Lab (23 youth from across the country to develop mental health skills), #indigilove if you want to find it on Twitter! Creating swag to share with participants, and can do their own campaign and share with their own networks, youth are supporting each other.

* + BRAVE campaign, includes video series, delivered via text message. These are tools that young people can access outside of clinical setting. The BRAVE Intervention focuses on help-seeking skills, delivered via text message: <https://www.healthynativeyouth.org/curricula/brave/>
  + THRIVE’s Caring Message Campaign: <https://www.facebook.com/watch/?v=1770033006484269>, text “Caring” to 65664.
* Birdie Wermy, NPAIHB Behavioral Health Manager

1803 Covid and BH ECHO, survey and interviews; project updates, Zoom trainings, recorded Zoom 101 training here: <https://youtu.be/zr8nys1xNws>

* Greetings! The NPAIHB’s Behavioral Health Project would like to request your time in completing a survey we are conducting with Medical and Behavioral Health Providers. Your participation in this survey will incorporate your thoughts, voice and perceptions on the needs of best practices and future trainings needed during COVID. Please visit the link here: <https://www.surveymonkey.com/r/CWQCDPZ>
* We’ve heard this more than once that communities are in need of training for those who’ve lost someone to drugs, alcohol, suicide or COVID. I know there are webinars out there specific to those topics and maybe we just send these out or forward them out? Also I like the idea of the wellness bags, if we have enough money in our budget to provide these to the programs as an idea, maybe they can order through us or their own supplier and send them out. These ere thoughts I had during the meeting.
* Maiya Martinez from the Spokane Tribe, Youth Delegate

At college right now at Ft. Lewis, noticed as a college student, loosing connection to home and not as much communication, families and community feeling overwhelmed. Native students feeling isolated and overwhelmed. Springboard, 3 groups (self-love, mental health, ???). Taking healthy risks, being vulnerable, allow yourself to helps. Shared Social Marketing Bootcamp around **Consent** with the Response Circles Project at the NPAIHB: <https://www.facebook.com/watch/?extid=0&v=1293586487648058>

* Marilyn M Scott, Upper Skagit Indian Tribe

Local communities have been impacted by suicide and those in recovery, many in treatment programs and MAT were not able to do groups, virtual groups and meetings, some community members that the BH team, they were not feeling connected through the virtual groups, were not able to connect with SUD councilors, to talk about issues, recovery rent and food. What they did was, delivering lunch and breakfast to families, put together wellness boxes with different things that help with relaxation and PPE, put together boxes with various thing to help the family out including hand sanitizer and cleaning supplies, craft kits, and things for families to do together. Figure out ways to support families and children. NW Indian College NARCH, Native Transformation, interviews with tribal members sharing their stories about how they have entered or maintained Opioid misuse, members that might have identified ways of getting better, resilience, cultural Ways, Stacy Rasmus. Community Advocacy Board they asked the interviews to go back and interview them now that Covid, how they have maintained their wellness. Report out by the first of 2021. Native Transformation grants.

* Selene Matina Rilatos, Siletz tribe

Echoed what Marilyn shared, IPV programs and doing alternative activities, auntie story group, increase in people going into SUD treatment and overdose. Increase in stress of on-line school, resource scarcity, MAT is doing well and helped many people. At lease 10 homes lost to the fires, or items in the home were ruined, tribe trying to support those families. CARES programs offering serves. Seeing increase in PTSD.

Valery Change response: Stillaguamish tribe can help in anyway, please contact me!

* Michael Stickler, Tribal Health Analysis Tribal Health Authority

Covid is happening, trying to back to the work that needs got get done,

* Ali Desautel, Kalispel Tribe of Indians

Just had first Covid death, struggling with that, seeing a lot more depression, anxiety, seeing people have been in recover who are using. Doubling up on call staff right now.

**Needs/Requests/Follow-up:**

Colbie will follow up with Umatilla to provide resources and support

Birdie to send out survey and reach out about interviews.