



Working with Tribes to Provide OUD Services During the COVID-19 Pandemic



SUPPORTING RCORP GRANTEES TO ADDRESS THE OPIOID EPIDEMIC IN RURAL COMMUNITIES

Tribal communities face unique challenges in delivering opioid use disorder (OUD) services during the COVID-19 pandemic. Long-standing health, social, and economic disparities have exacerbated COVID-19's impact on the American Indian/Alaskan Native (AI/AN) population. The capacity of tribal agencies and OUD service providers to respond varies widely, depending on their public health and safety infrastructure, culture, and environment. Many areas have expanded the use of telehealth to provide OUD treatment, prevention, and recovery services. However, in other areas, OUD services that were already under-resourced are even more difficult to obtain during the pandemic due to states of emergency, stay-at-home orders, and poor or nonexistent Internet access. This *RCORP-TA News Brief* addresses the following topics:

- How COVID-19 Impacts the AI/AN Population
- OUD Service Delivery for Tribal Members: No One Size Fits All
- Adapting Services in Indian Country and Beyond



How COVID-19 Impacts the AI/AN Population

COVID-19 has hit Indian country hard, especially the Navajo Nation that spans Arizona, New Mexico, and Utah. As of Aug. 9, the

Indian Health Service (IHS) reported 35,631 positive cases among Native American tribes, with more than 10,000 of them on the Navajo reservation.

- COVID-19 disproportionately affects AI/AN individuals. In Arizona, for example, AI/AN make up 4 percent of the population but account for 11 percent of COVID-19 cases and 18 percent of COVID-19 deaths.
- Health disparities that can lead to complications and deaths from COVID-19 are more common in Native Americans than in other racial and ethnic groups nationwide. Native Americans have the highest rates of diabetes, heart disease, and smoking. They are also most likely to be uninsured.
- COVID-19 deaths occur most often in elderly people. For many tribes, their elders are the gatekeepers of language and culture.
- Practices recommended for reducing the spread of COVID-19 are difficult to implement in many tribal communities, increasing the risk for transmission. Lack of running water makes frequent hand washing difficult. Multifamily and multigenerational housing make social distancing hard to practice.

- Geographic isolation, severe gaps in health care, and limited resources make it difficult for some Native Americans to obtain food, medicine, and other necessities during the pandemic.
- While many tribes are taking action to protect their members—for example, by restricting access to tribal communities by all nontribal members—the ensuing financial toll is high for tribes whose primary revenue comes from a casino or other visitor sources. Meanwhile, tribal costs of caring for members have risen sharply to cover services such as food and medication delivery.
- Funding for tribes to address COVID-19 has been slow to arrive, and the use of some funds has been narrowly restricted.

OUD Service Delivery for Tribal Members: No One Size Fits All

- Scarce tribal resources have been diverted to COVID-19 testing and treatment, reducing access to OUD services during the pandemic.





- OUD service providers must be culturally sensitive and recognize that every tribe has a unique culture and circumstances. (See the [American Indian and Alaska Native Culture Card](#) in the resources below.) OUD services for AI/AN people may incorporate traditional healing practices and reflect cultural values that do not always align with Western medicine.
- OUD services in Indian country are delivered in a variety of locations, depending on a tribe's resources. They may take place in reservation health clinics, urban Indian health centers, or off-site nontribal facilities. In addition, tribal schools and community centers often serve as social hubs that offer opportunities for service delivery in more natural, less stigmatizing settings. Mobile crisis teams and home-based services, such as [Family Spirit home visiting](#), provide culture-centered support, often incorporating the use of peer recovery specialists.

Adapting Services in Indian Country and Beyond

IHS has expanded telehealth services, allowing patients to receive care at home and reduce the risk for COVID-19 infection for both patients and health care staff. Other patients may receive telephonic and socially distanced in-person services.

Telehealth services

- A number of tribes have started or expanded telehealth services during the pandemic, but incomplete data make it hard to gauge the exact impact on services and clients.
- During the COVID-19 pandemic, federal regulations have been relaxed to make telehealth easier and more accessible, which helps the AI/AN population receive needed services. For example, patients do not have to be at a clinical site to receive telehealth services from a remote practitioner.



- Tribes have access to [Telehealth Resource Centers](#) funded by HRSA. Some telehealth providers have increased specialization for tribes.
- Authorized providers can prescribe buprenorphine to new and ongoing patients via telemedicine (including by phone) without first conducting an in-person evaluation, as is normally required.
- During the pandemic, a practitioner does not need to be licensed and registered with the Drug Enforcement Administration in the state where the patient is receiving services to provide care by telehealth.
- The Centers for Medicare and Medicaid Services expanded Medicare coverage of telehealth service to include regular provider visits and check-ups by doctors, nurses, psychologists, and social workers. Many public and private insurers will follow their lead.

Other service delivery methods

- In areas that have no or poor broadband access, telehealth is not feasible. Instead, patients and providers may talk by phone, meet in small groups with physical distancing, and/or travel to settings with broadband access for telehealth services. In some cases, individuals park outside a school, community center, or library to access a telehealth visit from their car.
- Tribal organizations have reportedly increased engagement by phone for OUD services since the pandemic began, which helps maintain social connections and avoid isolation for people with OUD. Some organizations supply [free phones](#) to people who do not have them.
- Methadone must be dispensed by an opioid treatment program to the patient. Programs are providing extended take-home doses and curbside pickup to prevent the spread of COVID-19.
- At least one RCORP grantee is exploring setting up kiosks to provide telehealth services for remote clients with no broadband.





Links to Additional Information

[COVID-19 Presents Significant Risks for American Indian and Alaska Native People](#)

[Coronavirus \(COVID-19\)](#) (Indian Health Service)

[Step-By-Step Guide for Setting Up Telebehavioral Health Services](#)

[Substance Use Warmline](#) (free, confidential, on-demand teleconsultation service for IHS providers seeking expert recommendations on evaluation and management of substance use)

[Considerations for Tribal and Urban Programs Wanting to Transition to Telebehavioral Health](#)

[Bringing Resources to State, Local, Tribal & Territorial Governments](#)

[Coronavirus Disease 2019 \(COVID-19\) Outbreak](#) (Bureau of Indian Affairs)

[COVID-19 Behavioral Health Resources](#) (HHS)

[COVID-19 Tribal Resource Center](#) (National Indian Health Board)

[American Indian and Alaska Native Culture Card](#) (SAMHSA)

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JBS Staff: Experts You Can Trust



AJ Ernst, PhD, LCSW. Dr. Ernst has more than 25 years of experience in the fields of health care, mental health, and substance use disorder (SUD) and co-occurring disorders, and works with opioid

task forces, agencies, and tribes across the United States on opioid issues. He served as a clinician in psychiatric and SUD settings and managed multiple projects, having recently served as Deputy Project Director for SAMHSA's Medication

Assisted Treatment–Prescription Drug and Opioid Addiction Program. He served as a technical expert in the planning and implementation of technical assistance (TA) across 28 states and MAT implementation sites, many of them in rural areas. Dr. Ernst served in state leadership positions in Texas and Wisconsin, where most counties are designated as Health Professional Shortage Areas. As the Section Chief for Prevention, Treatment, and Recovery for Wisconsin, Dr. Ernst led collaborative efforts to develop and implement policies and practices that expand prevention, treatment, and recovery services for people with OUD and their families statewide. As Director of TA for SAMHSA's Co-occurring Center for Excellence, Dr. Ernst led services integration and systems change initiatives.



Kari Earle, MEd. Ms. Earle is a strategy and content expert in public and behavioral health, with 29 years of experience designing, leading, and facilitating a broad range of cross-sector systems

change initiatives within states, tribes, local governments, and regional collaboratives to support improved health, safety, and recovery outcomes. She has extensive leadership/organizational development, training, and facilitation skills that support outcome-driven policy and practice change to improve the quality of life for individuals, families, and communities. Ms. Earle has held leadership positions in a variety of settings, including a state health agency, a for-profit psychiatric hospital, community-based service organizations, and a public education foundation. Her in-depth knowledge about the nation's opioid crisis and its impact on populations with health disparities focuses on pregnant and parenting women and their families, transition-age youth, and homeless individuals. Ms. Earle has served as primary author of the SAMHSA-funded publication *Tapping Tribal Wisdom: Lessons Learned from Listening Sessions with Five Tribes in Minnesota* (2018).

This RCORP-TA New Brief is part of a series developed to help communities impacted by the opioid epidemic respond to and recover from the COVID-19 pandemic.



RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

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August 2020