



Siletz Community Health Clinic



Choosing to create a Medication
Assisted Treatment Program

Presenting today:



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Siletz Tribal Member

Who we are

We are the Confederated Tribes of Siletz Indians of Oregon. Our aboriginal homelands stretch from Southern Washington to Northern California. There are between 27 and 54 different tribes and bands represented depending on how they are categorized. There were at least 10 different language bases recognized in our tribe. We currently serve 11 counties in Oregon.

The majority of our people lived in Cedar or Sugar Pine plank structures or longhouses, although many people traveled to different seasonal camps. In the northern part of our homelands, the plank houses could be up to 100 feet long and house several families inside. On our current day Siletz Reservation we have a Cedar plank house that we use for ceremonies and celebrations.

Basketry and weaving were common skills among our people across all the bands and tribes. You can still see common designs and styles in use today.



Confederated Tribes of Siletz Indians
11 County Service Area



Access to care

Previously, population served was limited to:

- Highly affluent
- Had commercial insurance
- Had access to the limited amount of M.D.'s or D.O.'s that were able to prescribe
- 21st Century Cures Act “Game Changer”



Tribal community

Several groups of people in the Siletz tribal community recognized the Opioid crisis and a need for alternative treatment.

In February of 2018 the Siletz Tribal Council approved the Siletz Community Health Clinic to begin a comprehensive Medication-Assisted Treatment program.

We are serving *not only* our Siletz Tribal members, but members of other tribes and our Non-Native population as well.

Tribal community

We realized that many of our clients from other tribes and Non-Native clients have direct ties to our tribal population. Many are in relationships with Siletz tribal members, or have been lifelong family friends. It is in our best interest to help as many people in our community as possible to have the greatest impact.

SCHC Treatment Program

Our program is based at the Siletz Community Health Clinic (SCHC)

Our program staff consists of FNP's, DO's, CADC's, QMHP's, PSS', RN's, MA's, Pharmacist, support staff, as well as myself.

We offer a variety of different services at SCHC. Those services include:

SCHC Treatment Program

- Counseling – Individual, adding Group and Family
- Medication-Assisted Therapy
- Case Management for co-occurring disorders
- Telemedicine
- Opioid STP Funding (which can be spent on things such as housing, car repair, insurance, utilities, etc.)

SCHC Treatment Program

- Help accessing other programs and resources such as Vocational Rehab, Education, Housing, Employment Assistance, Financial Education, Transportation, Gas Cards, Cultural Activities, Tobacco Cessation
- Pharmaceuticals and Nutraceuticals (Such as lavender tea, passion flower tea, and lavender tincture for relaxation)
- **Cultural trauma awareness**

SCHC Treatment Program

Some of the Cultural Aspects of the program that we have or are beginning to incorporate are:

- Smudging
- White Bison
- Beading Group
- Wisdom Warriors/Living Well
- Cooking Matters

SCHC Treatment Program

Some of our goals for the future are :

- Sweat Lodge ceremony
- Adventure based therapy
- Inclusion in cultural activities such as gathering basket materials, dance practices, language classes, regalia making, and cultural food classes

Harm Reduction approach

Harm Reduction Philosophy

Includes a spectrum of interventions

Medication Assisted Therapy

Meeting patients “where they’re at” seeking to mitigate the harmful consequences of use.

Addressing substance use, relapse, and abstinence.



Harm Reduction cont.

M.I. Theoretical framework

- Non-judgmental, accepting, compassionate
- Change Process
- Strength-based patient centered

Why is this important to us?



Impact on treatment

What we know from the research is that individuals who have become dependant on opioids have the *highest* dropout rates of all addiction clients.

This is especially true in abstinence-based treatment, most clients will drop out of treatment within **72 hours**.

Impact on treatment

The Addictions and Mental Health Division completed a massive study of Oregon clients who had dropped out of treatment.

- The highest proportion of drop-outs were opiate dependent clients
- A higher proportion were ethnic minorities
- A higher proportion of those were unemployed

Case studies

We have been seeing clients for about a year now in our M.A.T. program. To give you an idea of the impact our program has had, we are going to look at a couple of case studies.



Our Clients

Case study #1 – We had a couple join our program about five months ago. Both were homeless, dependent on opioids, unemployed, and struggling with depression, anxiety, and PTSD. The clients would often arrive to treatment experiencing a crisis and often appeared to engage in aggressive or hostile communication with each other. They struggled to trust each other and were on the verge of separating.

Our Clients

The male client had several relapses occur early in treatment, and many of the team members had concerns about his future in the program.

The counselors and I kept advocating for and working with the family and today both individuals are clean and sober.

Our Clients

Both individuals also

- Are Employed
- Are Living in stable housing
- Attend religious support meetings weekly
- Are Actively involved in N.A. meetings and have sponsors
- Have a measurable decrease in their Anxiety and depressive scores

Our Clients

Case Study #2 – A client came in who had lost her job, housing, and her children had been taken into custody by DHS Child Services. She was recently released from detox. She was struggling clinically with guilt, shame, chemical dependency, anxiety, PTSD, and a lack of adequate resources.



Our Clients

After six months of engaging in our program

- the client's children have returned home
- she has a working vehicle
- she and her husband are completing their G.E.D.
- she has plans to complete her 2 year degree.
- They are enrolled in a pre-employment program
- her anxiety has decreased **40%**
- she has been clean and sober for six months

Results

The clients in these case studies entered the program with a long history of opioid dependence with multiple relapse episodes and were failing with Abstinence-Based treatment attempts alone.



Results

Here is a look at some of our numbers from our first year:

- 79% of original clients are still participating
- Two thirds of the clients are Native American
- 88% of clients are employed/have higher education/steady income
- 95% of clients have stable housing
- 75% of clients have remained clean/sober
- Clients participating 90 days or more experienced around 30% decrease on PHQ-9 and GAD-7 scores

Impact on treatment

One question is how long does a person stay on Medication-Assisted Therapy?

So far research has found that short term (a traditional 90 day treatment program) is not as effective as longer treatment programs.

The average length is about 5 years. What we know is that the longer maintenance episodes are associated with higher recovery rates, eventual abstinence, housing, employment, reduced overdose, and recidivism rates.

In conclusion

We would like to thank you for your time today.
We know this is a very important issue not just for the Siletz Tribe, but for all tribes.

This concludes our presentation

For more information about the Siletz Tribe you can visit our website at www.ctsi.nsn.us

