

# DISCLOSURES

## **This activity is jointly provided by Northwest Portland Area Indian Health Board and Cardea**

Cardea Services is approved as a provider of continuing nursing education by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint providership of Cardea and Northwest Portland Area Indian Health Board. Cardea is accredited by the IMQ/CMA to provide continuing medical education for physicians.

Cardea designates this live training for a maximum of 8.25 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim credit commensurate with the extent of their participation in the activity.



# DISCLOSURES

## **COMPLETING THIS ACTIVITY**

Upon successful completion of this activity 8.25 contact hours will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email

If you have any questions about this CE activity, contact Michelle Daugherty at [mdaugherty@cardeaservices.org](mailto:mdaugherty@cardeaservices.org) or (206) 447-9538



# CONFLICT OF INTEREST

None of the planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.

Effective Treatment Approaches for  
OUD  
in a Tribal Community



Swinomish  
didg<sup>w</sup>álic  
Wellness  
Center



John Stephens

EXECUTIVE DIRECTOR



# Need Nationwide

## *Consensus among National Officials*

Last October, we declared the opioid crisis a public health emergency. ...Defeating this epidemic will require the commitment of every state, local, and federal agency.



Donald J. Trump,  
President

At HHS and across this administration, we know that we need to treat addiction as a medical challenge, not as a moral failing.



Alex Azar,  
HHS Secretary

...the destigmatization of substance use disorder is critical.

# ADDRESSING THE NEED



The Swinomish Senate ambitiously decides to use their own funds and resources to combat opioid crisis.

Community understands that this is a local and national issue affecting Native and non-Native populations.



# ADDRESSING THE NEED



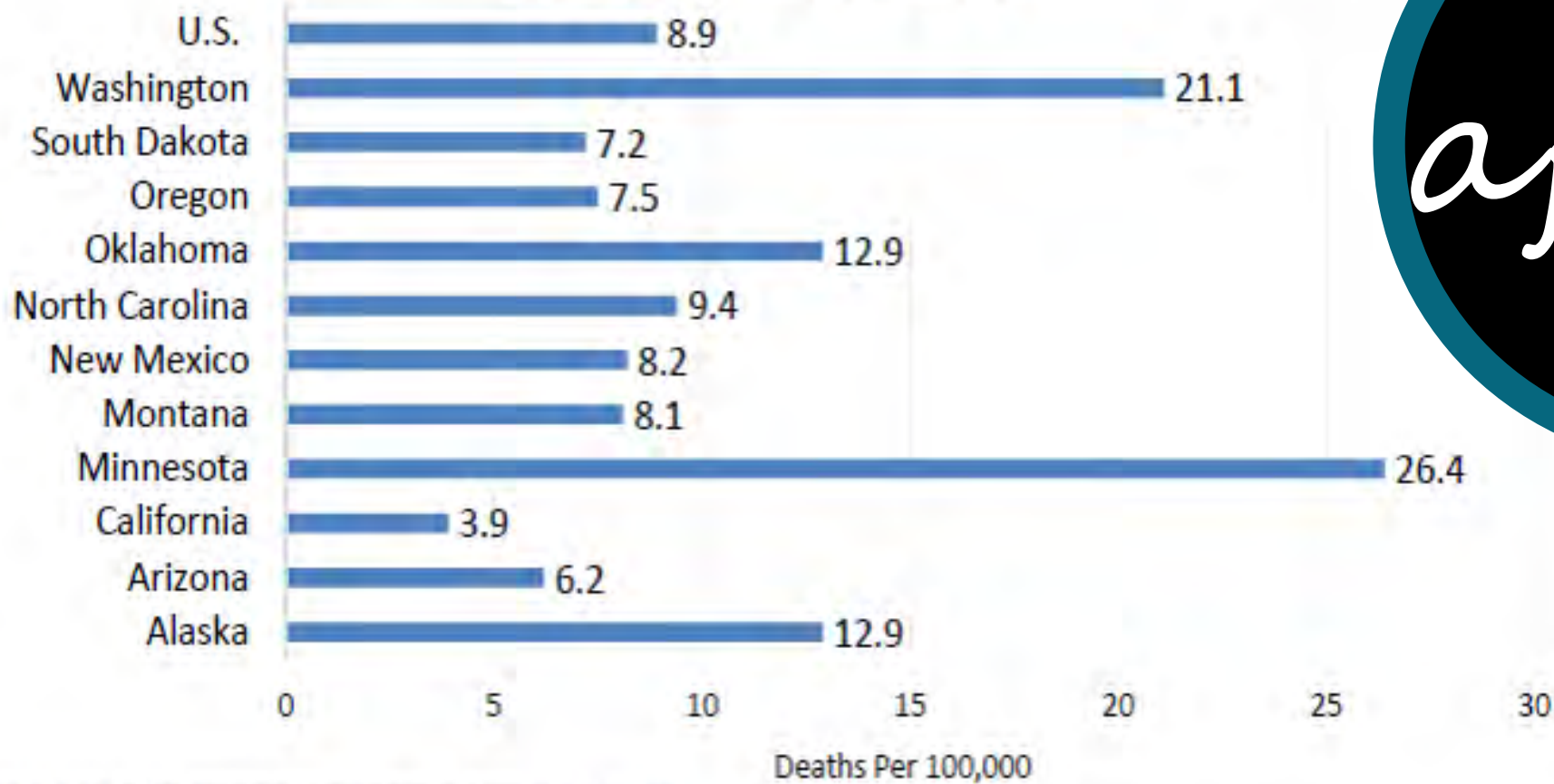
Property purchased:  
September 28, 2016

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Grand opening:  
January 2, 2018



## Overdose Deaths Involving Opioids, American Indians By State, 2011-2015

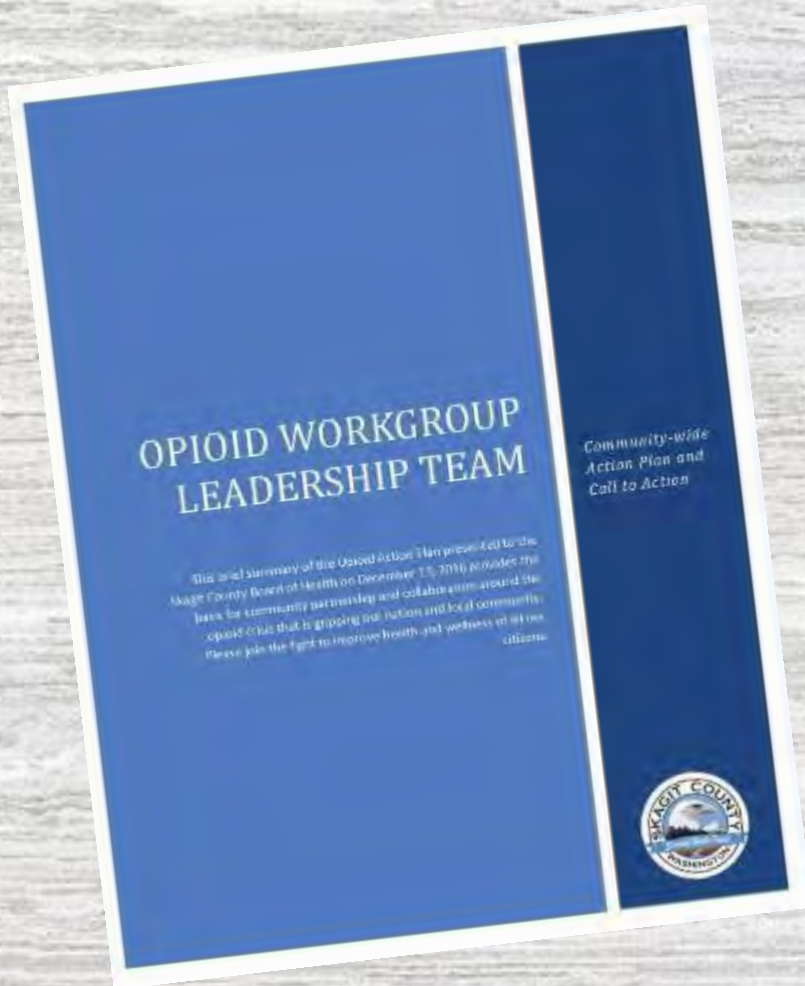


this  
affects  
us all

SOURCE: CDC/NCHS National Vital Statistics System, Mortality



# Skagit County Opioid Workgroup Leadership Team: SUPPORT SWINOMISH



## Goal 3: Expand Access to and Utilization of Medication-Assisted Treatment (MAT)

### Action Steps

#### Strategy A- Increase Capacity

*Through the focus group process, wait time for entering into services was identified as a serious problem for those who find themselves ready to initiate detox and/or other recovery services.*

1. Document and monitor wait times for stabilization crisis beds to identify opportunities to serve more clients
2. Consult with hospitals and other medical providers about increasing the use of MAT
3. Support the Swinomish Indian Tribe in the opening of their new Full-Services Outpatient Treatment Program which

**3. Support the Swinomish Indian Tribe in the opening of their new Full-Services Outpatient Treatment Program which includes a full range of MAT**

#### Strategy B- Expand Access of MAT in the Criminal Ju

*According to a Washington State Behavioral Health report of inmates booked into jails in 2013, 66% of Skagit bookings were Medicaid clients with substance use disorder treatment needs and 43% had co-occurring disorders. This is higher than the state levels of 61% and 43% respectively.*

2. Identify policy gaps and barriers that limit availability and utilization of MAT and develop policy solutions to expand capacity
3. Begin conversations with key leaders for planning access to MAT in the new jail and in drug court in order to reduce re-admissions



# NEXT STEPS

1

- Initiate long and involved permitting/licensure process

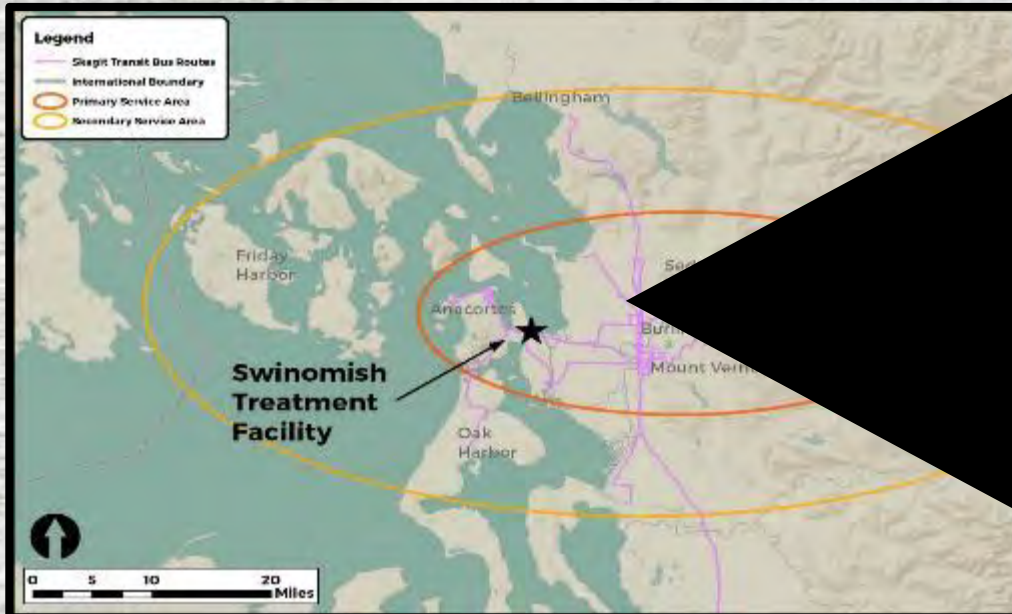
2

- Convert property to medical facility

3

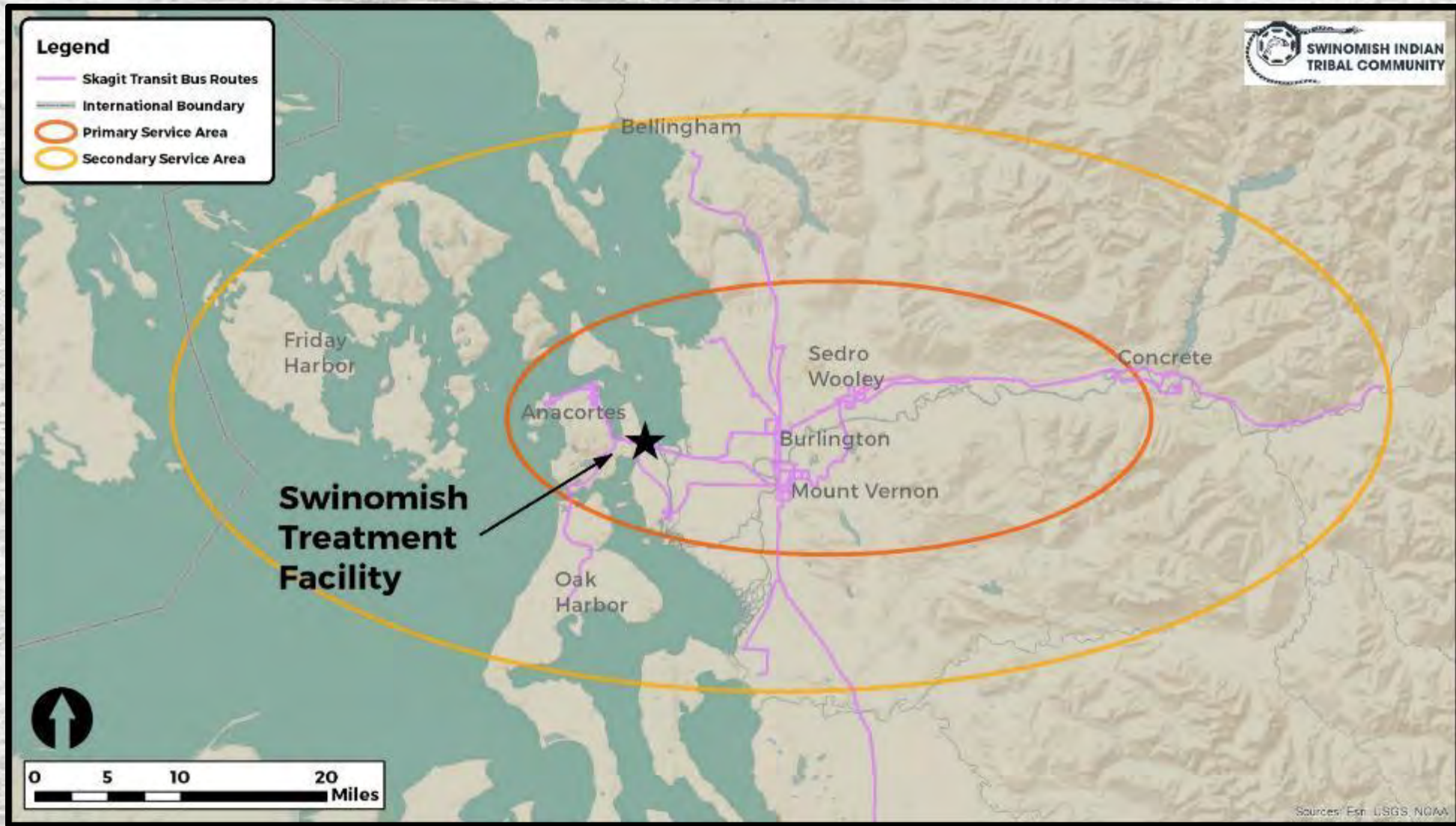
- Hire skilled staff







# SERVICE AREA







1

CITY/COUNTY/TRIBAL AUTHORITY

2

WA STATE DEPT OF HEALTH

3

WA STATE BOARD OF PHARMACY

4

WA STATE HEALTH CARE AUTHORITY

5

U.S. HHS-SUBSTANCE ABUSE & MENTAL  
HEALTH SERVICES ADMIN

6

U.S. HHS-INDIAN HEALTH SERVICES

7

US DRUG ENFORCEMENT  
ADMINISTRATION





**AGENCY  
APPLICATIONS  
WASHINGTON PROCESS**

1

CITY/COUNTY/TRIBAL AUTHORITY-  
ZONING APPLICATION

2

WA STATE DEPT OF HEALTH-  
COMMUNITY RELATIONS PLAN

3

WA STATE BOARD OF PHARMACY-  
APPLICATION

4

WA STATE HEALTH CARE AUTHORITY-  
FACILITY CODE AND NPI'S

5

U.S. HHS-SUBSTANCE ABUSE & MENTAL  
HEALTH SERVICES ADMIN-  
APPLICATION

6

U.S. HHS-INDIAN HEALTH SERVICES-  
AMEND COMPACT/CONTRACT TO ADD SERVICE  
AND ADD TO FACILITY LIST AT OEHE

7

US DRUG ENFORCEMENT  
ADMINISTRATION-APPLICATION FOR LICENSE  
ONLY AFTER DOH BOARD OF PHARMACY





1

CITY/COUNTY/TRIBAL AUTHORITY-  
CERTIFICATE OF OCCUPANCY

2

WA STATE DEPT OF HEALTH-  
COMMUNITY RELATIONS PLAN REVIEW/APPROVAL

3

WA STATE BOARD OF PHARMACY-  
PHYSICAL INSPECTION/APPROVAL

4

U.S. HHS-INDIAN HEALTH SERVICES-  
I.H.S. FORWARDS FACILITY APPROVAL TO SMX

5

U.S. HHS-SUBSTANCE ABUSE & MENTAL  
HEALTH SERVICES ADMIN-LET THEM KNOW OF  
DOH APPROVAL

6

WA STATE HEALTH CARE AUTHORITY-  
PUTS FACILITY ON HCA FACILITY LIST FROM CMS

7

US DRUG ENFORCEMENT ADMINISTRATION-  
FINAL PHYSICAL INSPECTION



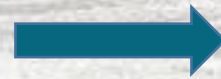
# INVESTING IN *Safer Communities*

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“[M]edication-assisted therapy is associated with reduced general health care expenditures and utilization, such as inpatient hospital admissions and outpatient emergency department visits”  
– Mohlman, et. al.



Swinomish Program will mitigate community impacts of the opioid crisis



Will alleviate burdens on first responders, public hospitals, law enforcement



didg<sup>w</sup>álič provides patients with

*all the tools necessary for success*

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## **SERVICES BEING OFFERED**

OUTPATIENT TREATMENT SERVICES

PRIMARY MEDICAL CARE

MENTAL HEALTH COUNSELING

MEDICATION-ASSISTED THERAPIES

SHUTTLE TRANSPORTATION

ON-SITE CHILDCARE

CASE MANAGEMENT & REFERRALS



Individuals are treated for the **physiological**, *psychological*, and **SPIRITUAL** effects of the disease of chemical dependency.

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The holistic design of the building:

- creates a natural flow from one service to the next
- protects patient confidentiality and dignity







# PERSONNEL

*based on 250 patients*

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Social Worker

1 FTE

Licensed Mental Health Counselors

2 FTEs

- *Clinical Supervisor, 1 LMHC/CDP*

6 FTEs

Administration

- *Office Manager, 3 Administrative Assistants, Child Watch Attendant, Data Entry/UA Tech*

2 FTEs

Billing

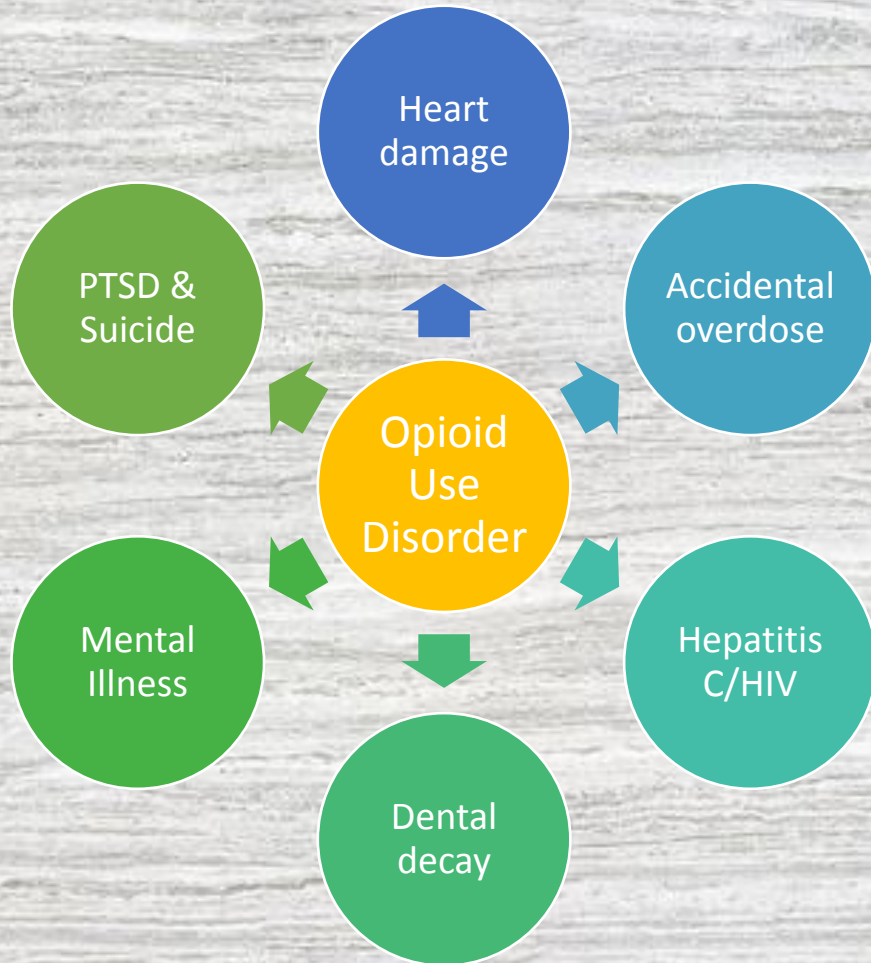
Security/Transportation

9 FTEs

- *Manager, 3 Security Guards, 5 Transporters*



# Opioid Use Disorder Causes High Morbidity and Mortality



- Opioid use disorder is a chronic, relapsing medical condition.
- High mortality of OUD stems primarily from complications, such as accidental overdose, trauma, suicide, or infectious disease (e.g., Hepatitis C, HIV).
- There is no known cure. But OUD can be managed long-term with appropriate treatment.

Kosten, Thomas R., M.D. and Tony P. George, M.D., "The Neurobiology of Opioid Dependence: Implications for Treatment," *Science and Practice Perspectives*, July 2002.

Schuckit, Marc, M.D. "Treatment of Opioid Use Disorders," *New England Journal of Medicine*, July 2016.



# Health System has not kept pace with available research

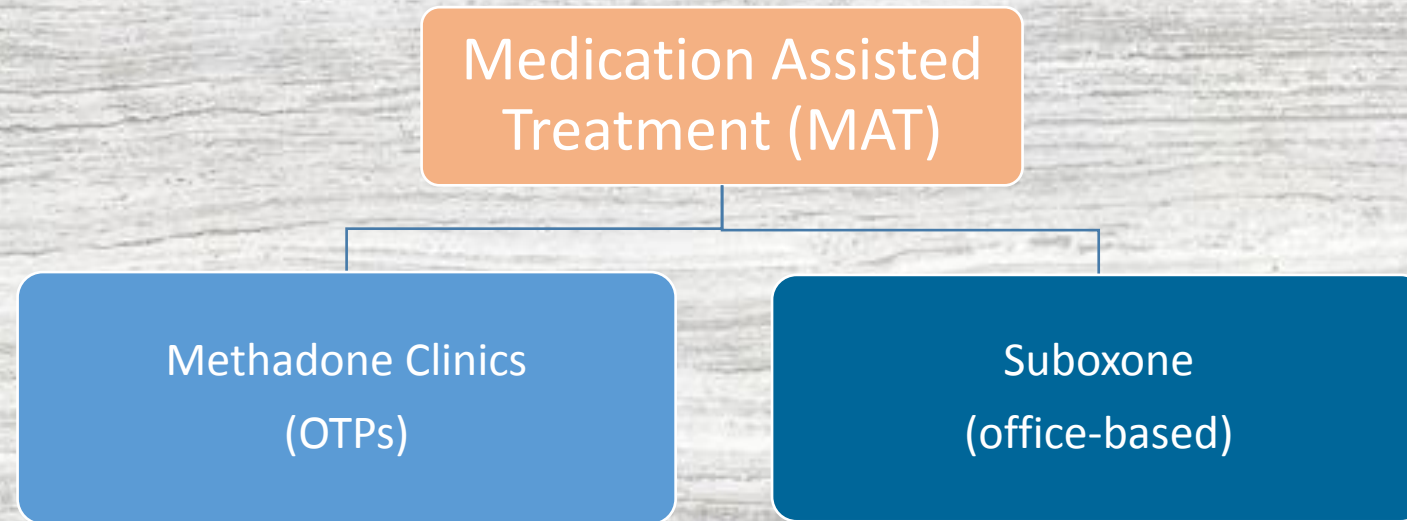
*Pharma companies long misrepresented the nature of opioid addiction to doctors, patients and public health policymakers*





# Two Types Of Medication Assisted Treatment (MAT)

- Methadone and suboxone are delivered in two “siloed” environments.
- Methadone is highly regulated and can only be provided through licensed Opioid Treatment Programs (OTPs).
- Under the Drug Addiction Treatment Act of 2000, Suboxone is prescribed by physicians.





# Critical Treatment Gaps in opioid epidemic

**1. MAT is not available for most patients.** Only 23% of publicly funded treatment programs and fewer than 50% of private programs offer MAT.

*American Journal of Public Health*

**2. Most MAT patients don't have adequate access to counseling.** “[B]y itself, medically supervised withdrawal is usually not sufficient to produce long-term recovery, and it may increase the risk of overdose[.]”

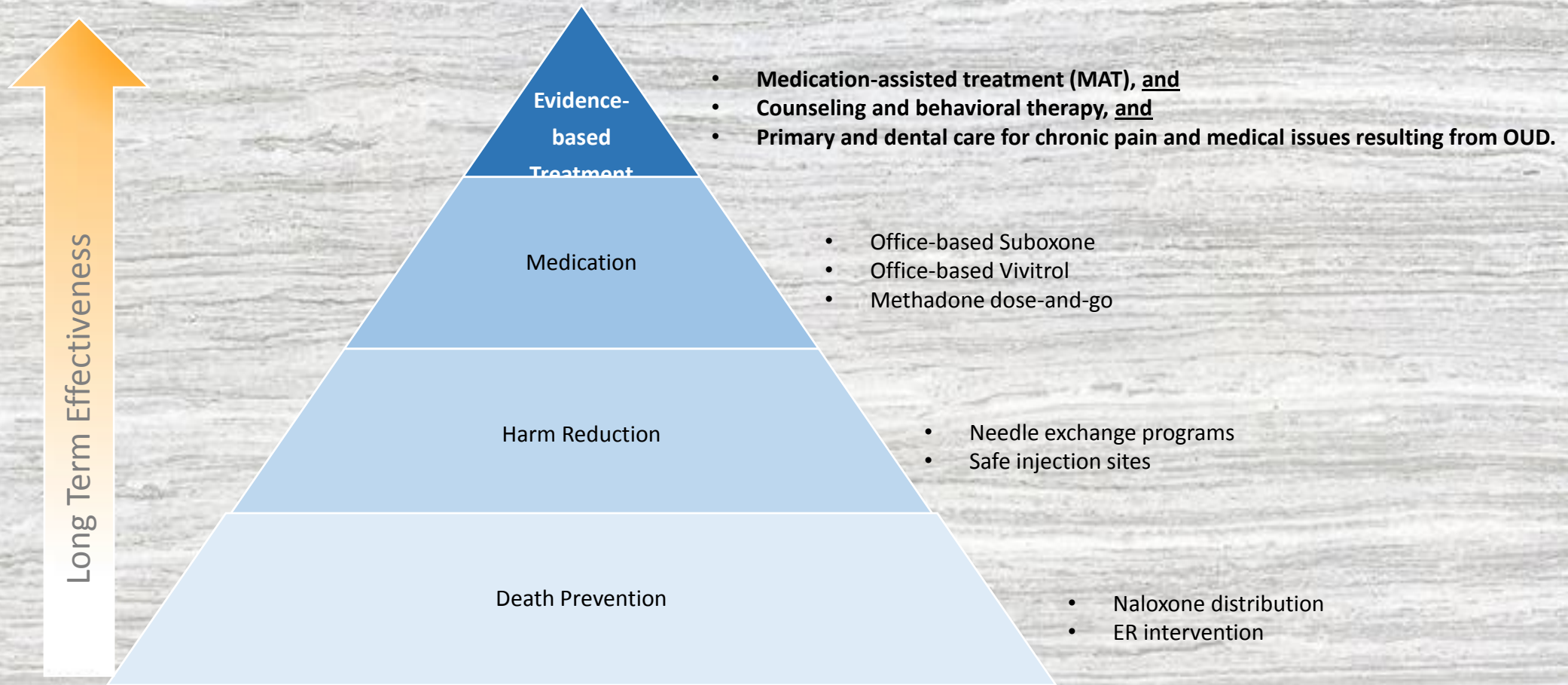
*New England Journal of Medicine*

**3. Referrals to primary care are ineffective.** Research demonstrates referrals result in only 35% of patients actually receiving primary care.

*American Journal of Public Health*



# HIERARCHY OF OPIOID USE DISORDER INTERVENTIONS







Medication assisted treatment - when delivered in conjunction with appropriate supportive counseling and behavioral therapies - has long been recognized as the best and most highly effective, evidence-based treatment for opioid addiction.

*Karen Casper, Ph.D, Models of Integrated Patient Care Through OTPs and DATA 2000 Practices, Published by American Association for the Treatment of Opioid Dependence, Commissioned by Substance Abuse and Mental Health Services Administration, February 2016.*



# Solution #1: Vermont “Hub and Spoke” Model

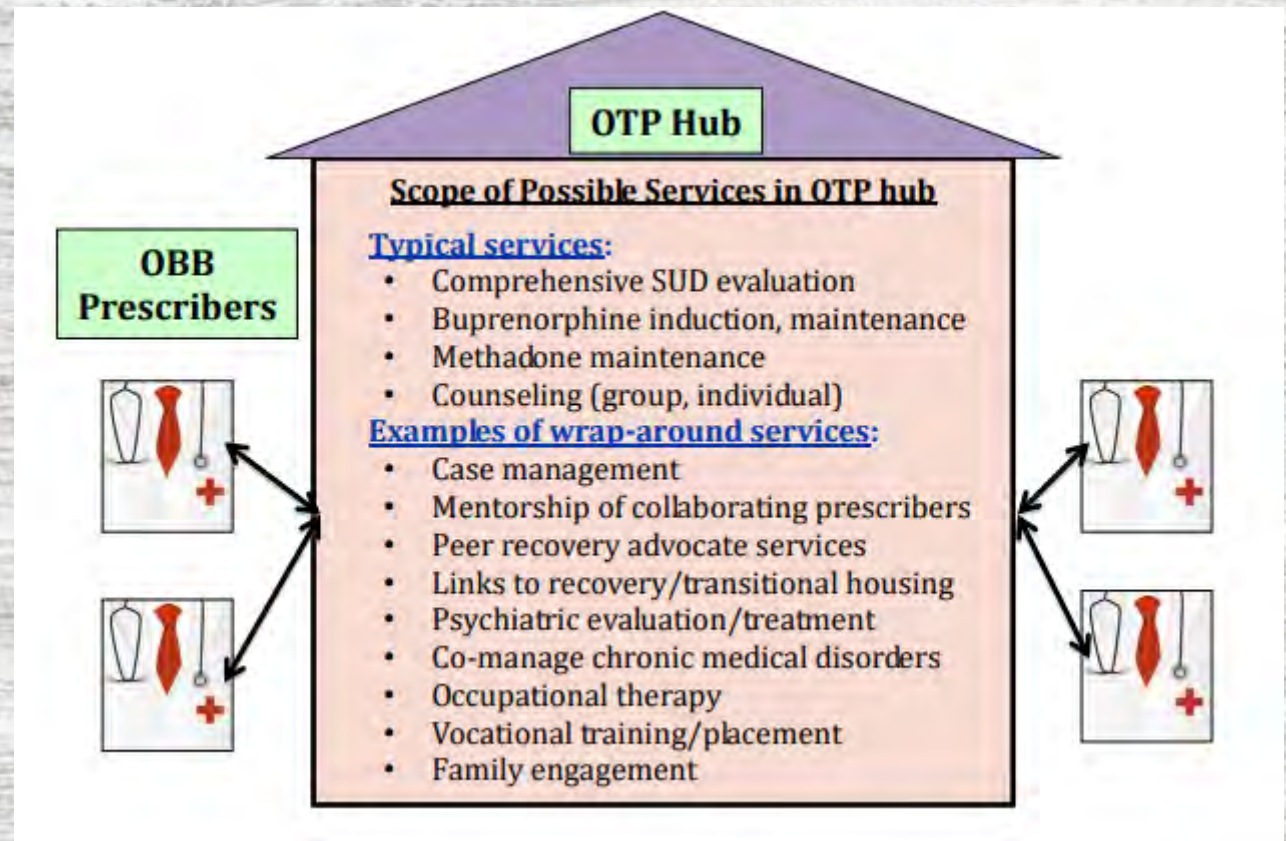


- Regional coordination between agencies and health systems
- Multiple access points from outside agencies
- Assessment and care coordination and referral to other agencies
- Referral network for all components of treatment (MAT, counseling, primary health care, etc.)
- Large scale health care system coordination



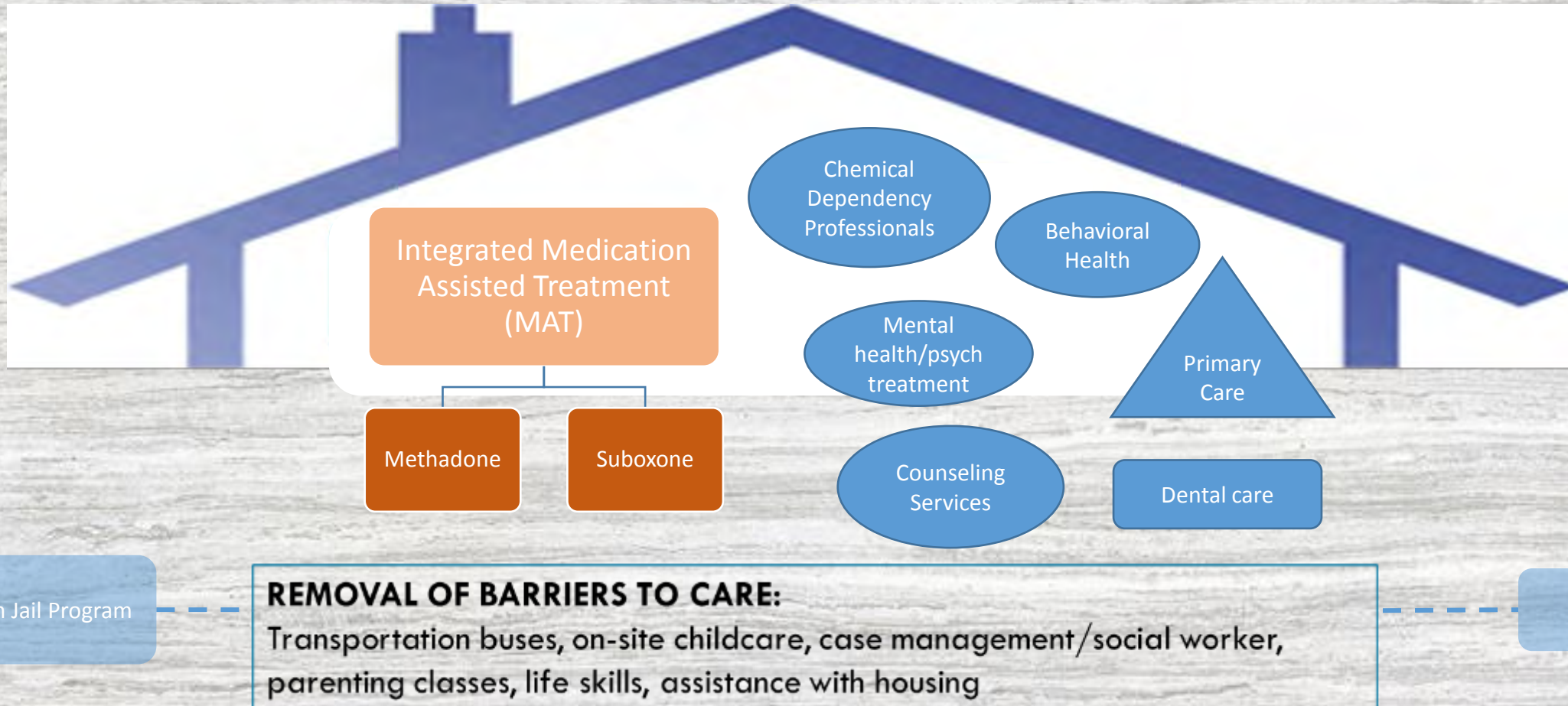
# Solution #2: Johns Hopkins “Collaborative Prescribing” Model

- Two-tiers of treatment:
- (1) Initial intensive therapy and MAT induction
- (2) After patient is stabilized, patients referred out to office-based prescribers
- Goal is to increase utilization of office-based suboxone for maintenance



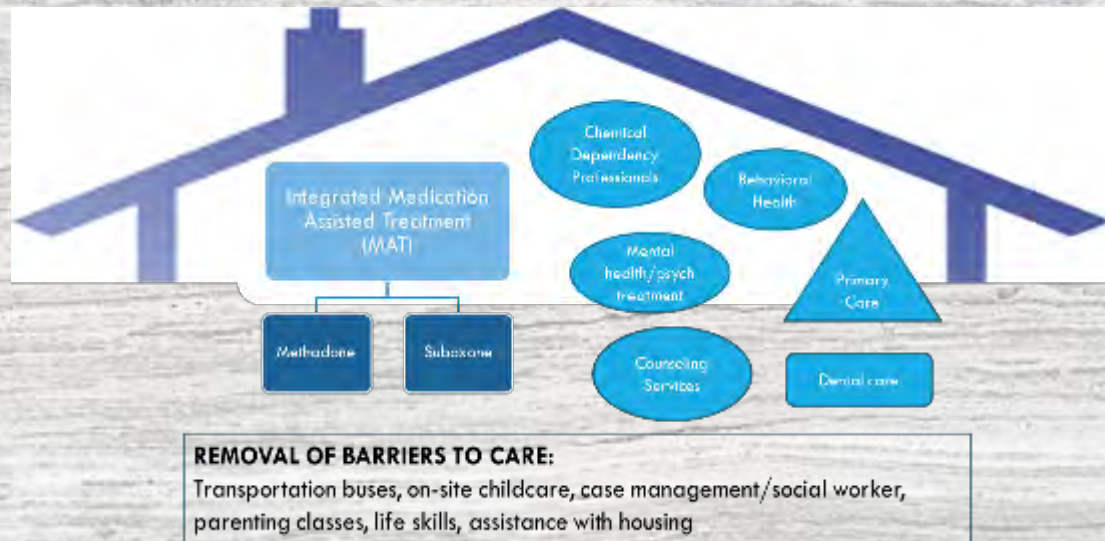


# SOLUTION #3: SWINOMISH DIDG<sup>w</sup>ÁLIČ “INTEGRATED CARE” MODEL





# Swinomish didg<sup>w</sup>álič “integrated care” Model



- Brings all necessary treatment components under one roof
- Integrated care vs. coordinated care
- Not a “triage” model
- Patient-centered – care determined by patient need
- Fully integrated methadone/suboxone/vivitrol options
- Centralized primary care and behavioral health
- Removes barriers that otherwise prevent care
- Adaptive to rural or urban environments
- Adaptive to Vermont or Johns Hopkins eco-system
- Accredited as OTP
- Goal is to remove barriers to care



# didg<sup>w</sup>álič Model for Indian Country

- Holistic – treats the medical and psychological collateral damage caused by opioid use disorder
- Blends best practice, evidence-based treatment with culturally appropriate care
- Eliminates unreliable referrals
- Keeps Tribal families together – avoids need to send patients far away for treatment
- Continuity of care within the Tribal wellness eco-system





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