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Tribal Opioid Response – Northwest Regional Highlight

February 14th 2019

Today's Agenda…

1. *Introduction*
2. *Didactic Presentations:*
   i. *"Behavioral Health Integration Program" by Yellowhawk Tribal Health Center*
   ii. *"Medication Assisted Treatment Program" by the Siletz Community Health Center*
3. *Discussion/ Q&A*
4. *NW TOR Consortium Monthly Call*

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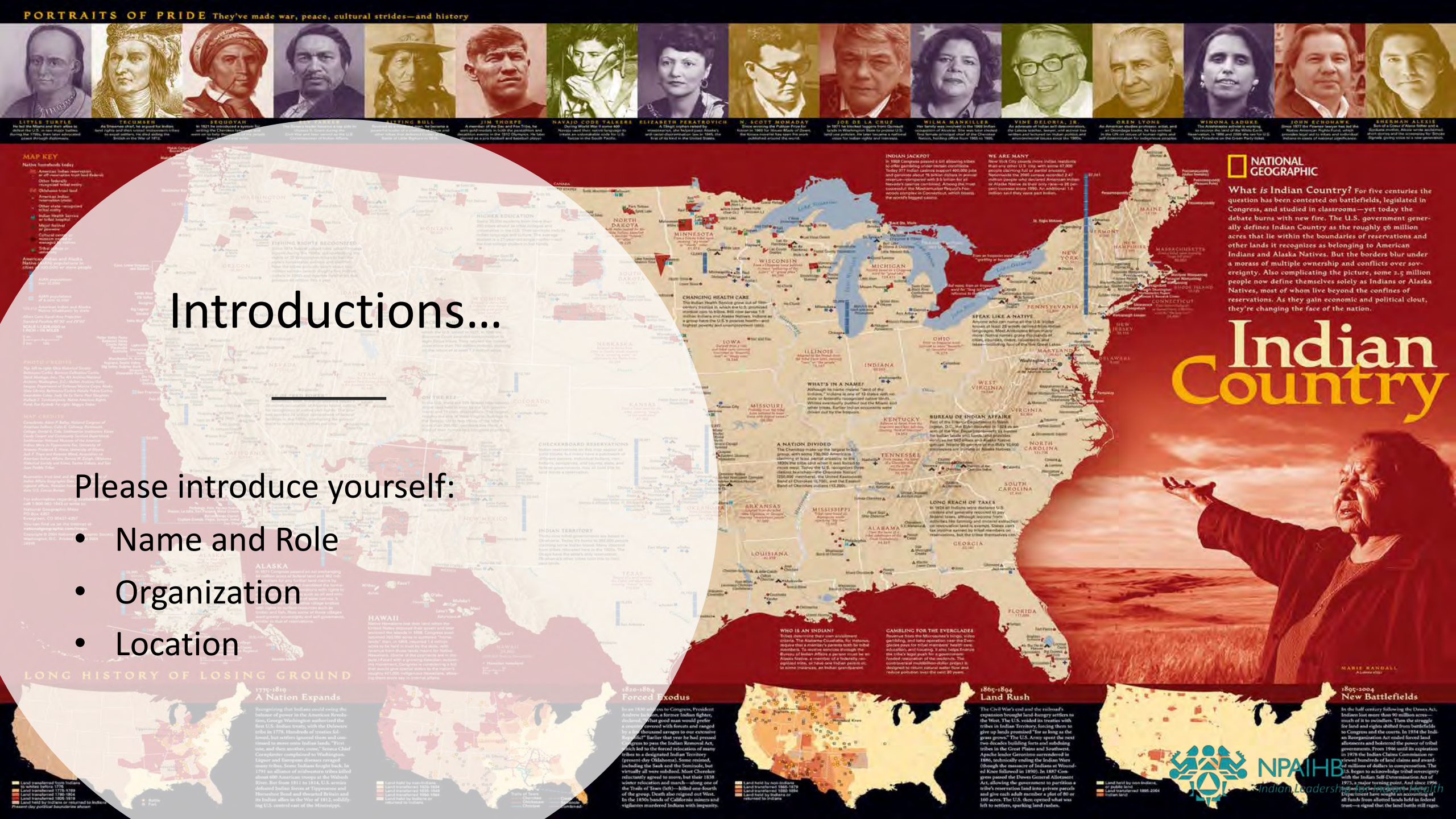

Introductions…

Please introduce yourself:

- Name and Role
- Organization
- Location

Stay Connected…

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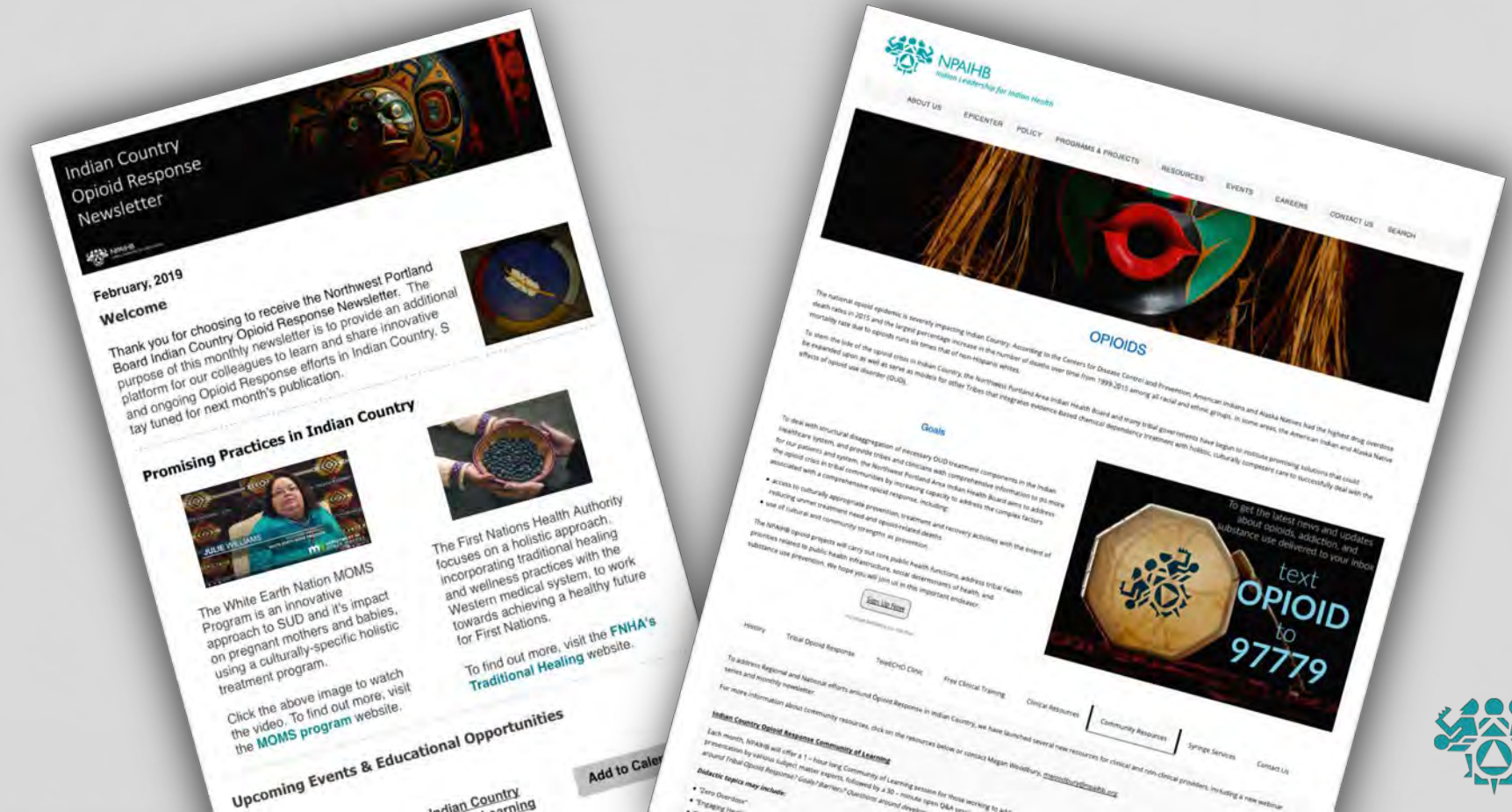

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The didactic presentations will begin shortly…

Please Excuse This Interruption…

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YELLOWHAWK
TRIBAL HEALTH CENTER

Journey to Integrated Care

Dolores Ann Jimerson, Mental Health Clinical Manager
Shayne Arndt, A&D Clinical Manager

Yellowhawk Tribal Health Center

- Yellowhawk operates a 64,000 square feet facility that encompasses many programs and services such as primary care, pharmacy, dental, behavioral health, optometry and community wellness.
- Mission: Empower our Tribal Community with opportunities to learn and experience healthy lifestyles.
- 3300 Patients
- About 50,000 visits annually
- Additional connections through events and activities such as garden, lacrosse, wellness groups, trainings.

Before 2014

- SAMHSA – GLS funding started 2011
- Recognized stigma
- Lack of confidence and trust in BH
- Prefer face to face v telepsych so went to PCP for meds

Suicide attempts/Completions

Medical staff and BH didn't really talk to each other

Today

- SAMHSA – GLS in its last year – ends September 2019
- Integration expanding to include all departments
- GLS data revealed decrease in referrals due to most already being active with therapist / psychiatrist
- Medical and BH have strong relationship, trust, support each other, coordination of care
- Mortality data
- Adult psychiatry clinic provided in the clinic
- Child psychiatry telepsych

IHS – BH2I

- Only grantee focused on substance use disorders
- Patients with both physical health problem and SUD (can be in recovery)
- Care Coordination
- Peer Recovery Mentors
- Outreach in community
- Patient Navigation
- GPRA
- Mortality review – alcohol related deaths 3rd

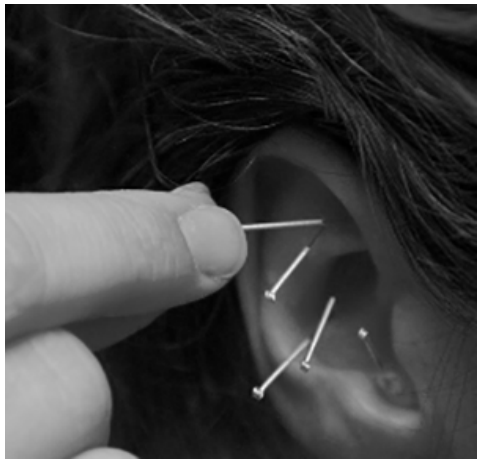
Integrated Care

- RPMS templates
- GPRA
- PHQ-2 > PHQ-9
- LCSWs located in Primary Care (expanded to 2)
- Suicide Intervention
- Safety planning
- Warm handoffs
- Primary Care – bridge until patients got into psychiatric clinics
- Holistic Approach
- Patient Navigation
- Staff assigned to designated primary care teams

Workforce Development

- Traditional Health Workers
- Trainer on staff – Sierra James
- Billable services

- Acudetox
- Registered Trainer (RT)
- National Acupuncture Detoxification Association (NADA)



Challenges

- Trendsetters so learn as we go
- Housing/Supports for homeless
- Mental health system is limited – need more inpatient beds for when crisis does arise
- Limited understanding of traditional health worker roles
- Bridging ‘language’ of medical with traditional health workers
- Developing templates, learning curve for codes/services, charting

Siletz Community Health Clinic

Choosing to create a Medication Assisted Treatment Program

Presenting today:

Lisa Taylor, MSN, FNP-C
Medical Director
MAT Certified

Jalien Dorris, DO
Retired Air Force Physician
Board Certified in Family Medicine
MAT Certified
Medical Acupuncturist

Eric Davis, MSW, BCD, LCSW, QMHP, MAC, CADC III
Clinical Supervisor/Psychotherapist at Siletz Community Health Clinic
Board Certified Diplomat American Board of Examiners in Clinical Social Work
Director, State Certified Behavioral Health Treatment Program
Member, Behavioral Health Advisory Panel
Graduate School of Social Work Field Instructor

Delina John, CADC I, CRM
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

First Steps

- Our providers began advocating with our Tribal Council in early 2017 to create a MAT Program here to help our community.

- In February of 2018 our tribal council approved the Siletz Community Health Clinic (**SCHC**) to begin a comprehensive Medication-Assisted Treatment program.

- Our Health Director sent two of our providers to the Drug Addiction Treatment Act of 2000 (DATA) waiver course to be eligible to write prescriptions for the medications that we would need.

- Our MAT Team developed and approved policies and procedures.

First Steps

- We started rendering services in Spring of 2018, we have almost completed our first year
- We applied for TOR Grant funding in August of 2018 which paid for a second full time Addictions Counselor and a Peer Mentor
- Our MAT Program is run out of SCHC and based on harm reduction model
- We continue to offer abstinence-based treatment services through our Behavioral Health Department

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 Approach

M.I. Theoretical framework

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

Why is this important to us?

SCHC Treatment Program

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

Our program staff consists of FNP's, DO's, CADC's, QMHP's, PSS', RN's, MA's, Pharmacist, and other support staff

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

SCHC Treatment Program

- Counseling – individual, family and group
- Medication-Assisted Therapy
- Case Management for co-occurring disorders
- Telemedicine
- Opioid STR Funding for client support (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, and 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

How it works

- Patient expresses interest in getting treatment for substance use disorder
- Patient makes appointment with a primary care provider for pre-treatment comprehensive physical and labs
- Patient is assessed by Counselor for thorough evaluation to support diagnosis which has to be moderate or severe substance use disorder.

How it works

Patient is educated about our program:

- Urine drug screens
- Neurobehavioral changes caused by psychoactive substance abuse
- Ceiling effect
- Buprenorphine agreement
- Rules to continue to engage in MAT program
- Precipitated withdrawal

How it works

MAT Team meets to review information:

- Lab results
- Urine drug screen results
- Counselor evaluation
- Pros & Cons of moving patient forward with MAT
- We want to know if this person is an appropriate fit for an office based treatment program.

How it works

If a patient is approved for the program:

- Patient scheduled for induction which occurs over a two day period.
- Patient then engages in counseling based on individual need.
- Patient is seen by medical provider monthly for first 4 months, then every two months for 4 months, then every three months

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 or seeking higher education/steady income
- 95% of clients have stable housing
- 25% relapse rate related to opioids
- 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**

Discussion and Troubleshooting…

- *What are your best practices around Tribal Opioid Response?*
- *What are your goals?*
- *What are your barriers?*
- *What questions do you have around developing <u>your</u> Tribal Opioid Response?*

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Thank You for Attending…

Join us next month for the March Indian Country Opioid Response Community of Learning session, on March 14th, from 10am – 11:30am.

This session's didactic presentation topic will be "Introduction to 'Zero Overdoses' Training".

Thank you for joining us!

**If you are part of the NW TOR Consortium, please stay on the line for our monthly call.

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