Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
STRATEGIES ADDRESSING THE OPIOID CRISIS IN TRIBAL COMMUNITIES

Wednesday, August 30, 2017
3:00–4:00 pm EDT
The Opioid Epidemic:
The Indian Health Service Response to a National Crisis

IHS Heroin, Opioids, and Pain Efforts (HOPE) Committee

CAPT Stephen "Miles" Rudd, MD, FAAFP
Chief Medical Officer/Deputy Director, Portland Area IHS
Chair, IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE)
Mission

“To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level”
Drug-Related Death Rates

Chart 6.1: Age-Adjusted Drug-Related Death Rates

Trends in Indian Health: 2014 Edition, Indian Health Service
HHS Strategies

• Address by Thomas Price, MD, Secretary, Dept. of Health & Human Services, National Rx Drug Abuse and Heroin Summit- Apr. 19, 2017
  – Improving access to treatment and recovery services
  – Promoting use of overdose-reversing drugs
  – Strengthening our understanding of the epidemic through better public health surveillance
  – Providing support for cutting edge research on pain and addiction
  – Advancing better practices for pain management
National Committee on Heroin, Opioids, and Pain Efforts (HOPE)

- New IHS Committee created in March 2017
- Evolved out of the Prescription Drug Abuse Workgroup
- Membership: physicians, pharmacists, behavioral health providers, nursing consultation, and epidemiologists
- Purpose:
  - Promote appropriate and effective pain management
  - Reduce overdose deaths from heroin and prescription opioid misuse
  - Improve access to culturally appropriate treatment
HOPE Committee Workgroups

- Prescriber Support
- Medication Assisted Treatment
- Harm Reduction
- Perinatal Substance Abuse
- Program Effectiveness/Metrics
- Technical Assistance
- Communications & Website Maintenance
Policy Efforts

• IHM Part 3, Chapter 30 - Chronic Non-Cancer Pain Management
  – Published in June 2014
  – Provides best practice guidelines surrounding management of chronic non-cancer pain
  – Currently under revision to ensure alignment with *CDC Guideline for Prescribing Opioids for Chronic Pain* - United States, 2016
Policy Efforts

• IHM Part 3, Chapter 32- State Prescription Drug Monitoring Programs
  – Published June 2016
  – Establishes requirement for IHS Federal prescribers to register with State PDMP to request reports for new patients, and when pre-scribing opiates for acute pain (>7 days of treatment) and chronic pain
  – Establishes requirement for IHS Pharmacies to report dispensing data and conduct PDMP queries prior to dispensing outside prescriptions
  – Progress:
    • 19 states have Federal IHS facilities
      – IHS transmits data to 18 of these (lingering IT issues for Nebraska)
    • 16 states have tribal facilities only
      – Tribes are reporting in 11 states
      – Tribes in 4 states do not operate pharmacies
      – Tribes in TX not reporting due to requirements for TX license to enroll
Clinician Supports

– IHS Websites
  • Pain Management [www.ihs.gov/painmanagement]
  • Opioid Dependence Management [www.ihs.gov/odm]
Clinician Supports

- IHS Chronic Pain and Opioid Management TeleECHO Clinic
  - Weekly video conference
  - Allows front-line clinicians to consult with experts in:
    - Pain management
    - Addictions
    - Behavioral Health
  - Weekly format rotating to noon hour for each time zone
Safe Opioid Prescribing Training

• IHS Essential Training on Pain and Addiction (ETPA)
  – IHS specific training developed with cooperation by the University of New Mexico
  – Web-based live trainings (5 hour course) conducted since Jan. 2015

• IHS Special General Memorandum 2016-05: Mandatory Training for Federal Prescribers of Controlled Substance Medications
  – All IHS Federal prescribers of controlled substances are required to complete EPTA training
  – By the end of 2016, 2931 participants had completed the ETPA course
    • 1296 IHS Federal controlled substance prescribers (96%)
Naloxone—First Responder

• IHS-BIA Memorandum of Understanding- December 2015
  – Agreement that IHS Federal pharmacies will provide naloxone and training on its use to local BIA Tribal Police for use by First Responders
  Total BIA Officers Trained:
• IHS pharmacists have developed a training curriculum and toolkit
  – Training video developed:
    • https://www.youtube.com/watch?v=KcjF9lw0iuw
• Naloxone policy in development
Naloxone—Co-Prescribing

- Co-prescribing grand rounds conducted February 17, 2017
  - [https://ihs.adobeconnect.com/p727st8p3lj/](https://ihs.adobeconnect.com/p727st8p3lj/)

- Pharmacy-based model collaborative practice program developed
  - [www.ihs.gov/odm.resources](http://www.ihs.gov/odm.resources)
Medication Assisted Treatment (MAT)

- Office-Based Opioid Treatment Training
  - Live web-based training sponsored by American Osteopathic Academy of Addiction Medicine and SAMHSA
    - Provides 8 hours needed to obtain waiver to prescribe buprenorphine in an office-based setting:
      - Webinar training (4.25 hrs)- 3 modules
      - Online study/exam (3.75 hrs)- 5 modules, 24 questions
  - Pain Skills Intensive Training- Albuquerque, NM- March 2017
    - Included optional 4 hour MAT training
    - Duplicate training planned for Nov. 2017 in Portland Area
Perinatal Substance Abuse

• Reducing the impact of Neonatal Abstinence Syndrome (NAS)
  – Pilot program in Billings Area
    • Increasing use of CNMs to enhance access to prenatal care through partnership with St. Vincent’s Hospital
    • Dispelling concept that prenatal care is focused on catching drug abusers
    • Partnerships to develop best practices focused on health outcomes for families
      – American College of Obstetrics and Gynecology
      – AAP Committee on Native American Child Health (CONACH)
• Partnering with Tribal Chemical Dependency, Behavioral Health, and Social Services programs to establish comprehensive MAT programs for pregnant women
• Hosting tribal community listening sessions
2017 IHS Funding Opportunities

• Behavioral Health Integration Initiative (BH2I)
  – Applications due September 16, 2017
  – $500,000—includes proposals for integrated work with substance use disorders and recovery efforts
    – https://www.ihs.gov/dbh/fundingopportunities/
Questions

Stephen.Rudd@ihs.gov (Chair)
Cynthia.Gunderson@ihs.gov (Vice Chair)
Brandon.Anderson@ihs.gov (Secretary)

- Prescriber Support: Dr Chris Fore
- MAT: CDR Kailee Fretland
- Harm Reduction: CDR Hillary Duvivier
- Perinatal Substance Use: Dr Jonathan Gilbert; CDR Ted Hall
- Metrics: Dr Tamara James
- Technical Assistance: CDR Tyler Lannoye
- Website & Communications: Kristin Allmaras
- Executive Leadership Committee: Dr Michael Toedt, Dr Sarah Linde, Dr Beverly Cotton, CAPT Kevin Brooks
Mashpee Wampanoag's efforts to address the OPIOID Abuse in the Tribal community
Mashpee, Federally Recognized in 2007, is but one of an original 69 Tribes comprising the Wampanoag Nation. Archeological evidence has determined the presence of Wampanoags in this region for at least 12,000 years and lived in this region without sustained European contact until the 17th century.

The name of the nation, meaning Eastern People is translated as People of the Dawn or People of the First Light. Enrollment around 2900.

We traditionally sustain our communities by hunting, fishing and planting.

We are located in the state of Massachusetts in the Northeast part of the country and live richly in our culture through ceremonies, prayer and self-sufficiency.
Healthcare Structure for Mashpee

We are currently operating as an Indian Health Service- direct service medical clinic that opened in Dec. 2011 and a Dental clinic that opened in Sept. 2013, staffing is at 21.

Services we provide:
- Primary Care
- Lab services
- Patient Navigation and Health Insurance Assistance
- Behavioral Health Services- treatment referrals/advocacy/counseling/trainings
- Saboxone Program (weekly) 5 males and 2 females- managed in partnership with a major hospital and our behavioral health specialist.
- Diabetes Prevention Program- SDPI
- Purchase and Referred Care Program- pays for medical and prescription co-pays
- Soon to come- Psychiatry and Vivatrol Program
Tribal Health and Human Services Department

- We currently have programs in the areas of: (staff of 12)
- Substance Abuse – advocacy, referrals, transportation, care packages, financial assistance for residential and sober living request.
- Patient Advocacy, Resources and Health Insurance Assistance
- Community Health Outreach - Tribal Health Fair and monthly educational speakers and groups, weekly disease prevention activities (volleyball, yoga, zumba)
- Emergency Services - prevention and resources to protect the health, safety and welfare of our members; budget management
- Homeless advocacy and resources
- Caregivers program
- Indian Child Welfare - court representation, advocacy, foster care services and support, parenting classes (4) social workers
- Veterans and domestic violence advocacy and resources
- Nutrition program – advocacy, educational materials on healthy living, one-one consultations, healthy meals served to elders
In 2016, The Tribe lost 11 tribal members between the ages of 25-38. This was an alarming factor that warranted a call to action by the Tribal government. That call to Action was a Tribal Declaration for a state of emergency with the Opioid Crisis. In May 2016, a written request to Indian Health Services was submitted by the Tribe as a means of seeking help.
The letter stated our situation and how it was not only a tragedy in itself, yet the impact that it was having on our families and the social services programs, specifically our Indian Child Welfare program were tremendous. With the deaths of so many of the young adults this left a major void in our children’s need to be cared for.

After many meetings with IHS-HQ/ Nashville Region, Tribal leadership and the service unit to determine the exact need of the Tribe, Indian Health Service responded with an approval to assist. As a government to government partnership it seemed to be the most appropriate thing to do.
Tribe’s “Boots on the Ground” Request

- Tribe requested IHS Headquarters and Nashville leaders to meet with the MW Tribal Community and ensure them of the commitment they have as partners (MWTOpioid Crisis Forum)
- Emergency Funds request and Integrated Community Intervention Model-Dr. Vicki Claymore-Nashville
- Addressing the Crisis Addiction and Behavioral Health Issues-Dr. Palmeda Taylor-Nashville
- Pain Management, Standardization and Implementation of CDC guidelines- Dr. Michael Toed- Nashville Area CMO
- National Objectives on Addressing the Crisis in Indian Country- Dr. Beverly Cotton, Director
- Developing programs within the IHS clinic to address the crisis and meeting community training needs- Rita Gonsalves, MW Service Unit
- Social Determinants of Health-Nurse Practitioner Kelsey Simm, MW Service Unit
MWOpioid Crisis Forum - Panel Presentations

- HHS Federal Region One- SAMHSA, HRSA- assisting the Tribe with a 1-5 year marketing campaign to educate the community around the opioid crisis.
- Dept. of Public Health- access to state programs, funding and treatment beds
- Treatment facilities- admission process/services
- IHS Clinic/ Tribal HHS- showcase the seamless workflow efforts between Federal and Tribe.
- Section 35- court proceedings on how to legally get a family member into treatment
- Tribal and Local law Enforcement- County Sheriff, local Police department’s Community Outreach Service Unit. Incarcerated tribal members re-entry plan.
- Tribal and Local Court- probation/drug court
- Tribal members and leadership sharing their journey in Recovery
IHS Approval

- Full Time Clinical SA Case Manager- Community Outreach
- Creation of a Tribal Response and Intervention Team
- Funding for Intervention and Peer Recovery Coach services from outside agencies.
- 24 hour after hours Communication and Resource Line- (still working on)
- Community Prevention Trainings by Service Unit- BH Specialist-
  - Mental Health First Aid- (17) Youth (15) Adult
  - QPR- (question/persuade/refer) 2 Adults and 1 Youth
  - Peer Recovery Coach (2 classes) 3 Adults
  - CPR Training by Community Health Nurse – Elders (12)
- Funding for Narcan Supply- SU is able to write prescription for Tribal Members to retrieve at the local pharmacy. Working on a plan to be able to have Narcan on hand.
Tribal Government Initial Efforts

- 2015 - Tribe allocated 250,000 in addition to the resources at the Service Unit to provide treatment and aftercare services to tribal members
- Hired 2 fulltime substance abuse caseworkers plus a SA case manager to lead the efforts.
- 24 hour call line - (still in progress)
- Created a Tribal Coordinating Committee to address and create a 5 year strategic Plan (TAP) Tribal Action Plan. (13-member board)
- Approved funding for 2 sober living/halfway homes for the Tribe to own.
- Created a discretionary budget for any future needs that pertain to the opioid crisis - (prescription drug drop box)
- Offer AA and NA Groups once a week at the Tribal Community Center
- Transportation to and from meetings
In 2016 Tribal Council adopted the Mashpee Wampanoag Tribal Action Plan (TAP) as the Tribe’s community wellness 5 year strategy plan to address alcoholism and other substance abuse.

- It’s a living and breathing document that connects our social service programs and addresses the needs of our tribal community through a systemic and holistic approach.

- Committee meets weekly to discuss ways to address the overall strategies that come up at a moments notice. This committee is truly boots on the ground work.
Community Trainings

Having community buy-in to identifying the needs and providing solutions has to be a priority. We want to build programming that tribal member will utilize.

- 3-Day Gathering of Native American Trainings
- (2) Adult trainings (60 participants total)
- (1) Youth (22 participants)
- White Bison
- Daughters of Tradition
- Warrior Down
- Utilizing your trained tribal members to serve in the community and to become the trainer is so beneficial. Education and awareness is key.
Tribal Police join in on the efforts

- Tribal Police and Homeland security joined efforts to purchase prescription drug drop box. Narcotics can now be safely disposed of year round at the Tribe’s Community and Government Center.

- Working closely with the local police department, Sheriff’s office-jail, local court, drug court and probation departments to build resources and communication regarding Tribal members that need treatment and/or support.

- Researching policy and protocol on an anonymous hotline for reporting drug activities. Safety is #1 concern for all.
On-going action items

- Follow up meetings with local, state, regional, federal/Tribal partners and direct care staff members to open the communication, build and connect resources, collaborate all efforts, and increase and access funding opportunities. (Having a seat on all the committees and work groups will help you stay in the loop on all the latest updates).

- Research and review all work groups and work plans to make sure we are all being accountability to each other as we address this non-discriminating HORRIBLE disease.
Leading by Example

One of the primary goals in the next few weeks is to implement a marketing campaign to educate our tribal members and community about the Opioid Crisis and all substance abuse, as well as, Train as many Tribal Members to appropriately recognize, assist and support those that are seeking treatment and/ or support as they walk the journey of a sober and safe life.

We are all in this together. Let's lead by example.
Thank you

- Cheryl Frye-Cromwell
- Tribal Council
- Health and Human Services Liaison
- Education Liaison
- Tribal Action Plan- Tribal Coordinating Member
- U.S. HHS Secretary Tribal Advisory-USET Primary
- IHS Division of Behavioral Health- USET Primary
- IHS Direct Service Tribes-USET Primary
- Mashpee Wampanoag Tribe
- Cfrye-Cromwell@mwtribe.com
- www.mashpeewampanoagtribe.com
- 774-238-0628
STRATEGIES ADDRESSING THE OPIOID CRISIS IN TRIBAL COMMUNITIES

Wednesday, August 30, 2017
3:00–4:00 pm EDT
Muckleshoot Adult Behavioral Health Program

• Currently 170 clients receiving Chemical Dependency Services
• 85 current clients in our Suboxone Program
• 30 current clients receiving a Vivitrol shot per month
• 55 current clients are receiving traditional outpatient services (No MAT).
• 115 of our clients are in Medication Assisted Treatment (MAT)
• 8 Chemical Dependency Counselors (3 Suboxone Counselors)
• 2 Outreach Advocates
MIT Suboxone Program

• We have two physicians dedicated who prescribe Suboxone to our clients.

• Pharmacy -daily, weekly and monthly dispensing of Suboxone to clients
  - Clients have several phases of treatment and this depends on how their suboxone gets dispensed.

• Weekly staff meeting with Behavioral Health, Pharmacy, Medical Doctors and Medical Social Worker for MAT Clients (Dental included as needed).
  - Medical Social Worker works specifically with our pregnant clients.

• Frequent UAs to monitor compliance with program expectations.

• It generally takes 4-6 days for a client to get induced on Suboxone after they have completed a Chemical Dependency assessment.
Phases in the Suboxone Program

**Suboxone IOP**
- 3x week group session
- 2x a month individual sessions
- 1x week UA (Random)
- 1x week Rx Pick up (Daily for 30 days)
- 2x week sober support meetings

**Phase 1**
- 2x week group session
- 2x a month individual sessions
- 1x week UA (random)
- 1x week Rx pick up (Daily for 30 days)
- 2x week sober support meetings

**Phase 2**
- 1x week group session
- 2x a month individual sessions
- 1x week UA (random)
- 1x week Rx pick up
- 2x week sober support meetings

**Phase 3**
- 1x week group session
- 1x month individual session
- 1x week UA (random)
- 1x week Rx pick up
- 2x week sober support meetings

**Phase 4**
- 1x month group session
- 1x month individual session
- 2x month UA (random)
- 2x month Rx pick up
- 2x week sober support meetings

**Monthly Monitoring**
- 1 x month group
- 1 x month Rx Pick up
- 1x month individual session
- Random UA’s
### Muckleshoot Behavioral Health

#### Vivitrol Statistics

<table>
<thead>
<tr>
<th>Year</th>
<th>Client Served</th>
<th>Total # on Injections</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>51</td>
<td>120</td>
</tr>
<tr>
<td>2013</td>
<td>69</td>
<td>186</td>
</tr>
<tr>
<td>2014</td>
<td>99</td>
<td>334</td>
</tr>
<tr>
<td>2015</td>
<td>103</td>
<td>331</td>
</tr>
<tr>
<td>2016</td>
<td>101</td>
<td>358</td>
</tr>
<tr>
<td>2017 (thru July)</td>
<td>70</td>
<td>218</td>
</tr>
</tbody>
</table>
MIT’s Vivitrol Contingency Management Program

- Contingency Management: The use of a reward (we use gift cards) for compliant with treatment expectations.
- We consulted with Dr. Richard Ries, national expert in Addiction Psychiatry from the UW, to determine effective protocol.

In order to receive rewards (gift cards), clients must do the following:
- Attend all required groups and individual sessions; the treatment plan is determined by the primary counselor
- Have no positive UA’s for alcohol or any non-prescription medications
- Attend a minimum of 2 self-help meetings per week

If clients are in compliance with these requirements, then rewards will be given as follows:
- Upon receiving a 2nd injection clients will be issued a $40 gift card for Walmart
- Upon receiving a 3rd and any further injections, clients will be issued an $80 gift card for Walmart.
- The clients really like this reward system. It’s worth every cent.
MIT’s Vivitrol Contingency Management Program

Percentage of Compliance Pre/Post CM Program

May 2015: 31%
July 2017: 94%
We have distributed **3,724** Narcan Kits since January 2014.

- We distribute NARCAN to homes on the Reservation, at the front desk of BHP, at the Pharmacy, Community Events like Pow Wows, Dinners, Needle Exchange.
- We have given community educational presentation on overdose awareness and protocols on NARCAN use.
- There have been 30 reported reversals, and many others unreported.
Muckleshoot Behavioral Health

Needle Exchange Program

We began our Needle Exchange Program in February of 2016.

• In 2016 we served a total of 433 (duplicated) Tribal/Community Members and exchanged a total of 11,718 needles.

• Through July of 2017 we served a total of 406 (duplicated) Tribal/Community Members and exchanged a total of 20,771 needles.
Muckleshoot Tribe has presented a Tribal Opiate Symposium every year since 2011. We invite Tribes from the Pacific Northwest to our one day conference to learn about current topics, treatment methods, to discuss best practices in Indian Country. Medical Doctors, Chemical Dependency Counselors, Mental Health Counselors, and Tribal Administrators make up the bulk of our participants.

We average 140 participants and 25 different Tribes. If you are interested in learning more about The NW Tribal Opiate Symposium please contact Dan Cable at dan.cable@muckleshoot-health.com or call him at 253-333-3620.
Thank you

If you have any questions please feel free to contact us at:

Dr. Jake Bergstrom, Medical Director jake.bergstrom@muckleshoot-health.com
Mick Clarke, Behavioral Health Director mick.clarke@muckleshoot-health.com
Dan Cable, CD Manager dan.cable@muckleshoot-health.com
Aaron Soto, CD Counselor aaron.soto@muckleshoot-health.com
Carol VanConett, CD Counselor carol.vanconett@muckleshoot-health.com
Sita Das, CD Counselor sita.das@muckleshoot-health.com