

# Registration

- Please take a few minutes to sign in using the link or QR Code below. The QR Code can be scanned with your phone's camera to open the link.

<http://sgiz.mobi/s3/SUD-6-6-19>



# DISCLOSURES

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

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 California Medical Association (CMA) through the joint providership of Cardea and Northwest Portland Area Indian Health Board. Cardea is accredited by the CMA to provide continuing medical education for physicians.

Cardea designates this live web-based training for a maximum of 1 *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 1 contact hour 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



# Disclosures

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



# Acknowledgement

This presentation is funded in part by:

The Substance Abuse and Mental Health Services Administration  
and the  
Office of Minority Health.





# Siletz Community Health Clinic



Implementing an Integrative  
Medication-Assisted Treatment  
(MAT) Program

# Addiction in Native Americans

---

- 1 in 10 AI/AN 12yo+ used RX painkillers for nonmedical reasons in the past year.
- AI/AN die of drug overdose at a rate of **12.4** per 100,000,
  - 8.2 per 100,000 whites
  - 8.4 per 100,000 blacks

\*\*Source: Oregon Department of Health

More than 1 in 5 Native American high school students who used a prescription pain medication (Rx Pain Killer) without a doctor's order also used heroin in the past 30 days (22%).





DEFENDING OREGON NATIVE AMERICANS AGAINST THE OPIOID CRISIS

# Stop the Insanity





# Impact of opioid addiction AI/AN

---

- Portland IHS Area (ID, OR, WA)
  - AI/AN drug OD death rate 2x higher than non-Hispanic
- **AI/AN** residents of **Oregon** have the ***highest*** ***opioid*** overdose **death rate** of any other race/ethnicity in the state.



# Tribal community

---

In 2016, the clinic and Tribal Council began discussing strategies to address the opioid epidemic and its detrimental effects on our Tribal Community.

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



# Tribal community

---

We realized many of our clients from other tribes and Non-Native clients have direct ties and influence 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 MAT Program

---

## Client Criteria:

- Long history of opioid or heroin dependence
- Multiple relapses
- Multiple failed detox or inpatient treatments
- Failed abstinence-based treatment
- Buying buprenorphine off streets to stay clean



# MAT program development

Siletz Community Health Clinic

“Nuts and Bolts”



- 1) In early 2017, our providers advocated to Siletz Tribal Council to create a MAT Program to help our community.
- 2) In February of 2018, Siletz Tribal Council approved Siletz Community Health Clinic (SCHC) to begin a comprehensive Medication-Assisted Treatment program.
- 3) Two clinic providers attended the Drug Addiction Treatment Act of 2000 (DATA) waiver course
  - 1) Providers now have a specific DEA # and can prescribe buprenorphine.
- 4) Our MAT Team developed and approved policies and procedures.



- Started providing MAT services in Spring of 2018
- We applied for TOR grant funding in August of 2018
  - Paying for a 2<sup>nd</sup> full time Addictions Counselor & Peer Mentor
- Our MAT Program is located at the clinic integrating medical providers, social worker, addiction therapist and peer mentoring.
- Behavioral Health Department continues to offer abstinence-based treatment services.



# MAT clinical implementation

Siletz Community Health Clinic

Team approach





# 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



# SCHC Treatment Program

---

- ❑ Medication-Assisted Therapy
- ❑ Counseling
  - Individual, Group and family
  - Telemedicine (*decrease barrier*)
- ❑ Provider oversight for co-occurring disorders
- ❑ Opioid STR Funding for client support
  - Funds for housing, car repair, insurance, utilities..

***ULTIMATE GOAL: support and decrease barriers***

## ❑ Help accessing other programs and resources

- Vocational Rehab,
- Education, Housing,
- Employment Assistance,
- Financial Education,
- Transportation,
- Gas Cards,
- Cultural Activities
- Tobacco Cessation

## ❑ Pharmaceuticals and Nutraceuticals

- Lavender tea/tincture & passion flower tea for relaxation

## ❑ Cultural trauma awareness

***ULTIMATE GOAL: support and decrease barriers***

# Barriers

Transportation

Gas Money

Stigma of MAT

Fear of never getting off Suboxone

Fear we will kick them off should they relapse or have a “positive” UA

# Step 1: PCP pre-treatment appt

---

## Participation Assessment

- Risk, benefits, & alternatives to buprenorphine tx
- Safety procedures
- Demonstrate indicators of reliability
  - Steady employment
  - Adherence to medications
  - Appointments

## Step 2

Review case with MAT Team



Is this patient appropriate for Siletz  
outpatient MAT program?

Higher level of care?

VS

Clinic MAT treatment program?

# MAT Team, A&D and Behavioral Health review:

- Review PCP intake/clinical history
- Review lab results
- Urine drug screen results
- Counselor evaluation
- Pros & Cons of moving patient forward with MAT



# Induction Day

---

- Scheduled induction + 24hr follow-up appointment
  - Induction requires patient to be in **active withdrawal**.
  - Buprenorphine/naltrexone (Subxone) strip is given to the patient under close supervision by provider, RN, and A&D counsellors.

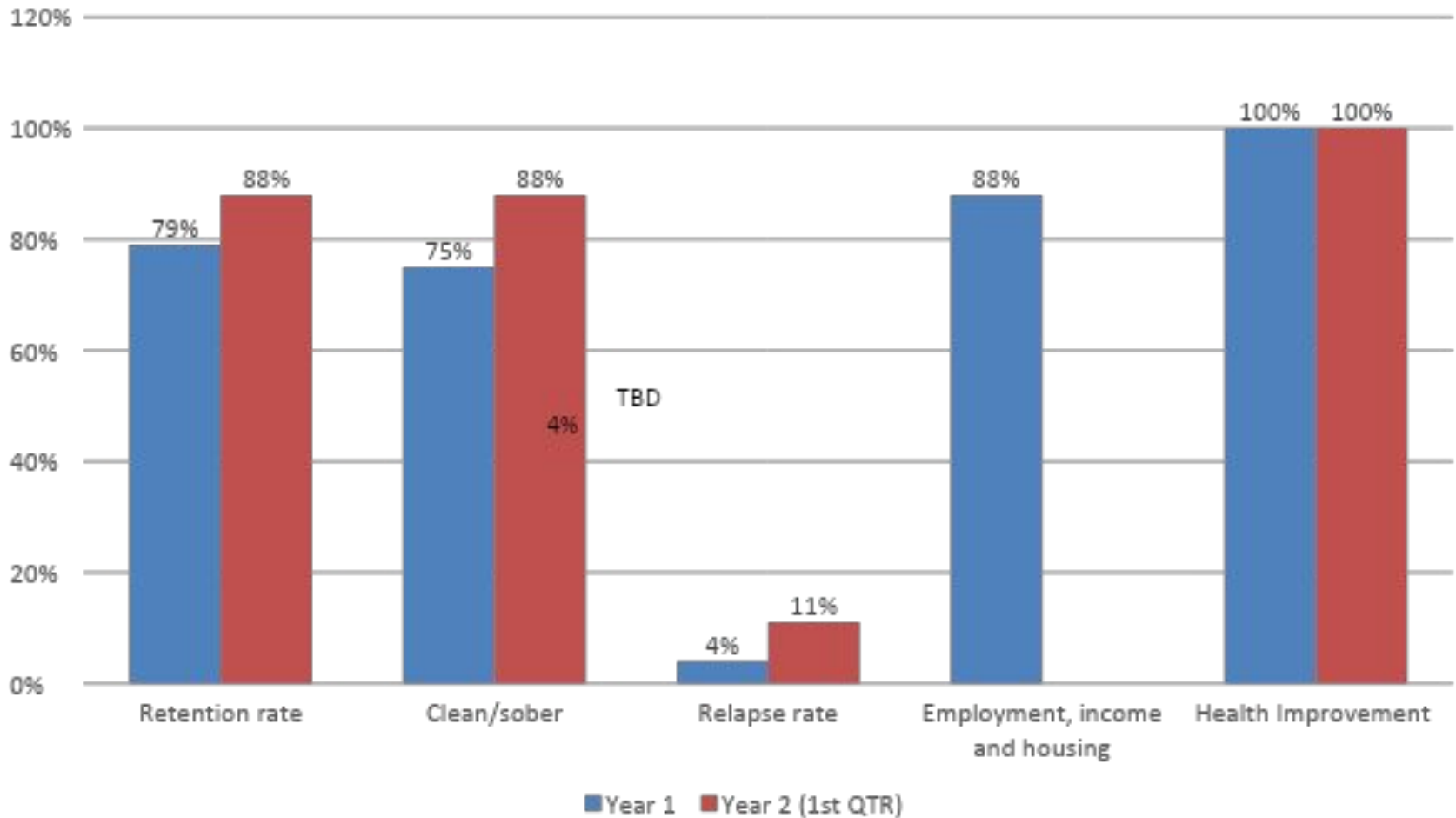
***If patient has used in the last 12hrs, he or she could***  
» ***precipitately withdrawal***  
» ***need immediate transport to the hospital***  
» ***Die!***

- Patient is seen by counselors **weekly** (group or individual)
- Patient is seen by medical provider:  Every month x 4 months  Every 2 months x 4 months  Every 3 months



# SCHC Results

Year one 2018 and Year two 2019 (in progress)





**ANY QUESTIONS ?**