



Tribal MAT Project

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California Consortium for Urban Indian Health

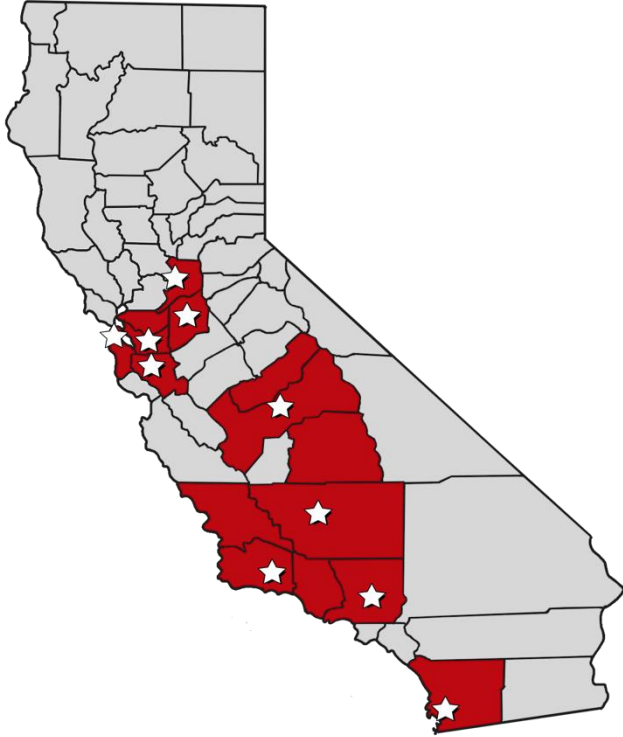
May 2019





California Consortium for Urban Indian Health

CCUIH Strengthening The Organizations That Strengthen Our Communities



The California Consortium for Urban Indian Health (CCUIH) is an alliance of ten (10) Urban Indian Health Organizations (UIHO) that supports health promotion and access for American Indians living in cities throughout California.

CCUIH's mission is to facilitate shared development resources for our members and to raise public awareness in order to support a health and wellness network that meets the needs of American Indians living in urban communities.



OUR MEMBERS

American Indian Health and Services

Santa Barbara, CA

Bakersfield American Indian Health Project

Bakersfield, CA

Fresno American Indian Health Project

Fresno, CA

Friendship House

San Francisco, CA

Indian Health Center of Santa Clara Valley

San Jose, CA

Native American Health Center

Oakland, San Francisco, Richmond, CA

Native Direction's Inc.

Manteca, CA

Sacramento Native American Health Center

Sacramento, CA

San Diego American Indian Health Center

San Diego, CA

United American Indian Involvement

Los Angeles, CA



a californiahealthcenter



CCUIH CORE PROGRAMING



Community Health Organizing

We leverage UIHO clinic leadership, and grassroots community-guided efforts, to address policy needs and health care inequities for American Indians in California.

Training and Technical Assistance

We provide facilitation of culturally appropriate training and technical assistance seminars for consortium members and systems partners.

Public Education and Civic Engagement

We are dedicated to increasing visibility of Urban Indians, bringing public awareness of Urban Indian issues, and building a sense of belonging for Urban Indians.

Policy Advocacy

We are a statewide resource on Urban Indian health information and related policy decisions. We monitor legislation at all government levels to ensure Urban Indians are included.



CCUIH PROJECTS HIGHLIGHTS

Each Mind Matters reduces stigma and discrimination against people seeking mental health services and promoting wellness and resiliency in our California Urban Indian communities.

Weaving Generations of Healing (GenH) aims to improve the integration of traditional healing and behavioral health into primary care for Urban Indians by advancing the cultural revitalization efforts of Urban Indian Health Organizations (UIHO) in California.



Red Women Rising (RWR) supports culturally responsive domestic violence services for Urban Indians by increasing public awareness and enhancing collaborations between UIHOs, domestic violence service providers, and traditional healers.

Getting Real About Stigma Prevention for HCV (GRASP HCV) a culturally adapted campaign to reduce social stigma around HCV.

THE TRIBAL MAT PROJECT OVERVIEW

- Through DHCS, a partnership between CCUIH, The California Rural Indian Health Board, UCLA, USC, Telewell Behavioral Medicine, and Two Feathers.



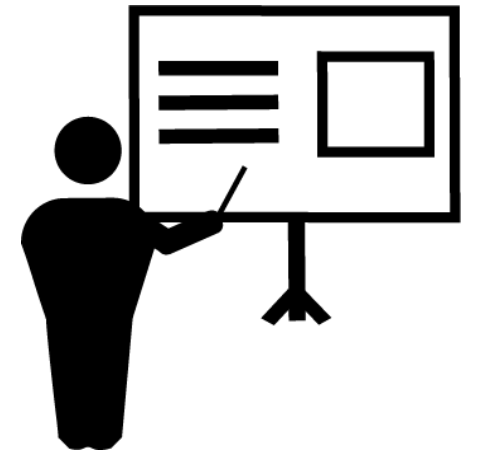
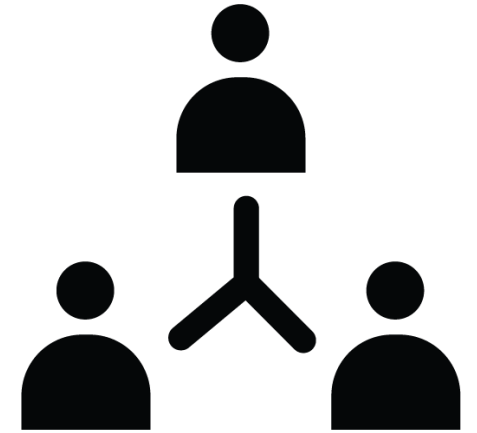
- **Multipronged approach to reduce prevalence of OUD and opioid overdose deaths:**
 - OUD Prevention
 - OUD Treatment & MAT Access Expansion
 - Naloxone Access Expansion
 - Support System Development & Involvement

MAT CHAMPIONS

Connect, communicate, and coordinate activities between:

- Project collaborators
- Other Indian programs
- Non-Indian MAT providers
- CA Hub & Spoke entities.

Host meetings and trainings around expanding OUD prevention and MAT services.



NALOXONE PURCHASE, TRAINING, & DISTRIBUTION

- Purchasing NARCAN Nasal Spray from Adapt Pharma
- Distributing NARCAN to Urban Indian stakeholders
- Providing educational materials and training on:
 1. Overdose prevention, recognition, and response
 2. Narcan administration and aftercare.



CULTURALLY ADAPTED OPIOID CAMPAIGN

Developing, collecting, and disseminating culturally tailored materials addressing:

- OOD prevention and reversal training
- OUD prevention, treatment, and recovery
- Medication assisted treatment and access
- Safe opioid prescribing and disposal
- Suicide prevention.

All materials created in a way to reduce stigma around opioid use disorder and medication assisted recovery.



AMERICAN INDIANS AND ALASKA NATIVES EXPERIENCE
HIGHER RATES OF OPIOID RELATED DEATHS THAN
PEOPLE FROM OTHER RACIAL GROUPS. CDC 2014

BUT WE HAVE
HOPE



THERE ARE
EFFECTIVE MEDICINES
TO HELP PEOPLE RECOVER
FROM OPIOID USE DISORDER.

TELL YOUR FRIENDS
THAT ADDICTION IS TREATABLE
AND RECOVERY IS POSSIBLE!

HOPE

WITHOUT STIGMA

RECOGNIZING
& RESPONDING
TO AN OPIOID
OVERDOSE



Warning: Contents may contain valuable information to save a life.

 California Consortium for Urban Indian Health
CCUIH Strengthening the Organizations, Strengthens the Communities



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2 WHAT IS AN OPIOID OVERDOSE?

Opioids depress the nervous system, which means they can make your brain, heart, and lungs function at a much slower rate. If you take too many opioids, your heart and lungs may slow down so much that they stop working altogether.

1

Lungs stop working.

2

No oxygen going to the brain.

3

Eventually the heart stops.

6 IF THEY DO NOT WAKE TO NOISE OR PAIN:

1

Call 9-1-1 right away!

2

Stick to the basics, share your location.

3

Say that your friend is not breathing nor responding.

Remember: GOOD SAMARITAN LAWS protect you from arrest when calling to help someone who may be overdosing.

4 WHAT DOES AN OPIOID OVERDOSE LOOK LIKE?

SIGNS OF AN OVERDOSE

Fingernails or lips look blue/purple/ashen.

Slowed or stopped heartbeat.

Cannot be woken up.

Body is limp.

Shallow or slow breathing, snoring or gurgling.

3 WHAT CAUSES AN OPIOID OVERDOSE?

An overdose happens when someone takes too many opioids and their heart and lungs slow down and may stop working.

Mixing Drugs Like Alcohol, Stimulants, and Pills



Using Drugs by Yourself or When you Feel Lonely



Using Poor Quality Drugs or Drugs of Unknown Quality



Never lock the door when you are using alone.

Having a Low Tolerance Level
For example:



After leaving hospital or detox. After recent stay in jail.

Using Drugs with Existing Health Problems



Liver Problems

Breathing Problems



Dehydration

7 BEGIN RESCUE BREATHING



1

Check Airway For:

- Toothpicks
- Gum
- Pills
- Syringe Caps
- Fentanyl Patches, and anything else!



2

Tilt head back, lift chin, pinch nose.



3

Give two normal breaths. Ensure chest rises with each breath.



4

Then give one breath every five seconds until emergency personnel arrive or the person wakes up.

OPIOID OVERDOSE

RECOGNITION, RESPONSE, AND NARCAN NASAL SPRAY ADMINISTRATION

What Are Opioids?

Opioids include prescription painkillers (e.g. morphine, codeine, oxycodone, hydrocodone), non-prescription substances like heroin, and illicit potent opioids such as fentanyl analogs.

Opioids are extremely addictive and may lead to opioid use disorder.

What Is An Opioid Overdose?

Opioids depress the nervous system, which means they make your brain, heart, and lungs function more slowly. If you take too many opioids, your heart and lungs may stop working altogether.

What Causes An Opioid Overdose?

Many things can cause an opioid overdose, including: mixing substances; having low tolerance; using poor quality drugs; using alone; and existing health problems like liver and breathing problems.

What's An Opioid Overdose Look Like?

A person overdosing on opioids may have one or all of the following symptoms:

- Pale or clammy face
- Limp body
- Blue/purple/ashen lips or fingernails
- Shallow or slow breathing, snoring, or gurgling
- Slow or stopped heartbeat
- Person cannot be woken up

If You Suspect An Opioid Overdose:

Try To Wake Them

Try to wake them by yelling or causing pain with a "sternum rub"—using your knuckles to rub their chest bone. If they wake they are not overdosing.



Call 9-1-1!

If they don't wake to noise or pain, call 9-1-1 right away. Say the person is not breathing and nonresponsive.



Begin Rescue Breathing:

Check airway, tilt head back, and pinch nose.

Give 2 normal breaths, then 1 breath every 5 seconds until paramedics arrive or the person wakes.



Use NARCAN Nasal Spray To Reverse The Opioid Overdose:

Remove NARCAN Nasal Spray from packaging.

Do NOT do a test spray.

There is only one dose and a test spray will waste it.



Administer NARCAN Nasal Spray

Tilt the persons head back and place the device inside either nostril.

Press the plunger firmly to release the entire dose.



While You Wait for NARCAN Nasal Spray To Work:

Continue rescue breathing until the person wakes up or paramedics arrive. If they wake, put them in the recovery position. Explain what happened so they don't take more substances. Opioids will not work while NARCAN is in their system.



If The Person Hasn't Woken Up In 2-3 Minutes:

Give them a second dose of NARCAN using a new or unused spray device and spraying the contents in the other nostril. Continue rescue breathing until the person wakes up and/or paramedics arrive.

The effects of NARCAN only last 30-90 minutes. After this time, any opioids in the person's system may cause another overdose.

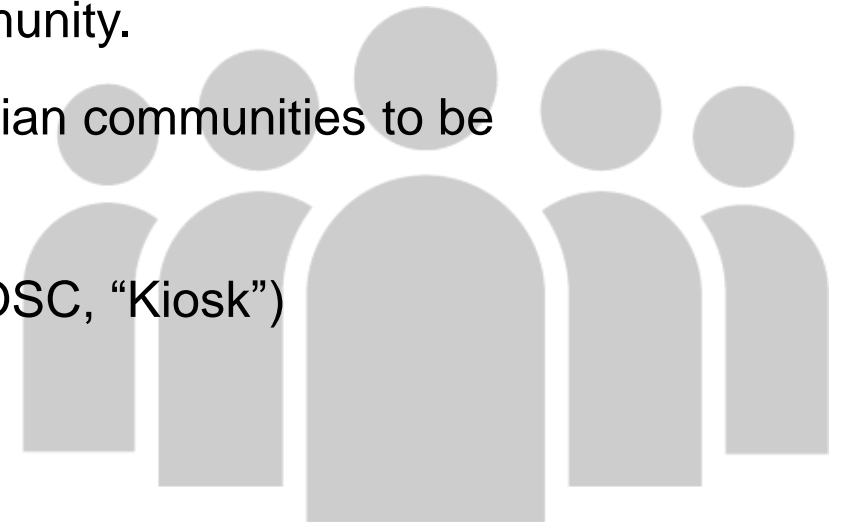
Note: If the person still hasn't woken up, they may be experiencing a health issue for which NARCAN has no effect. Be sure you have called 9-1-1 so paramedics can help.

LOCAL OPIOID COALITIONS

Multidisciplinary collection of organizations across the system working together to address the Opioid Epidemic.

Subcontracting local opioid coalition participation by UIHPs to:

1. Participate in an existing coalition.
2. Develop a local opioid coalition to serve all populations in a county.
3. Develop a local coalition to serve local Indian community.
4. Participate in statewide opioid coalition to serve Indian communities to be developed by CCUIH.
 - California Indian Opioid Safety Coalition (CIOSC, “Kiosk”)





[Tribal MAT]

A unified response to
the opioid crisis in
California Indian Country

CIOSC Kick-off meeting April 2019

To be held quarterly.

EVALUATION

Participating in evaluation conducted by UCLA and USC.

- Participate in annual surveys to discuss implementation barriers and facilitators.
- Evaluation of training and program implementation.

Working with USC to plan and execute evaluation efforts.



ENGAGING UIHPS

- Sacramento Native American Health Center
- Native American Health Center
- United American Indian Involvement
- San Diego American Indian Health Center
- American Indian Health & Services
- Fresno American Indian Health Project
- Bakersfield American Indian Health Project
- Friendship House Association of American Indians
- Three Rivers Indian Lodge

SUBCONTRACT ACTIVITIES

- Participating in opioid safety coalitions (local and statewide)
- Hosting naloxone trainings for community, patients, and staff
- Creating and/or distributing educational resources regarding OUD and MAT
- Developing policies and procedures around OUD prevention, MAT, and naloxone distribution
- Hosting community events to share info and reduce stigma around OUD and MAT.
- Adding culturally centered recovery classes/groups
- Design contests with youth (UAI)
- Creating MAT curriculum for residents (Manteca)

CRIHB SUBCONTRACTS: TRIBAL LOCAL OPIOID COALITIONS

- Big Valley Rancheria Band of Pomo Indians
- Greenville Rancheria
- Indian Health Council
- Karuk Tribe
- Mathiesen Memorial Health Clinic
- Northern Valley Indian Health
- Round Valley Indian Health
- Center
- Sonoma County Indian Health Project
- San Ynez
- Toiyabe Indian Health Project
- Tule River
- United Indian Health Services
- Yurok Tribe
- ADDING 1 MORE SOON!

CHALLENGES IN MAT

- **Stigma**
 - “MAT is a crutch”, “People on MAT are just using a different drug to get high”, “not really in recovery”, “trading one addiction for another”
 - Trading one drug for another.
 - Though not for everyone, MAT is often considered the gold standard of care for OUD, with countless stories of success in our communities.
- **Treatment availability gap**
 - CA: 47-70% treatment gap¹.
 - Lack of space and staff for induction into MAT.
 - Invest in programs like Tribal MAT and MAT expansion to close these gaps.

CHALLENGES IN MAT (CONTINUED)

- **Classic forms of treatment and tribal culture may not be supportive**
 - Narcotics/Alcoholics Anonymous don't see a person using MAT as "clean and sober".
 - MAT is often out of the scope of work and off mission for residential treatment centers.
 - Clash of MAT and participation in ceremony.
 - Development of Medication Assisted Recovery Anonymous & White Bison
 - MOMs program at White Earth
 - Other times for and forms of ceremony participation

Thank you!



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