



Tribal MAT Project

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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



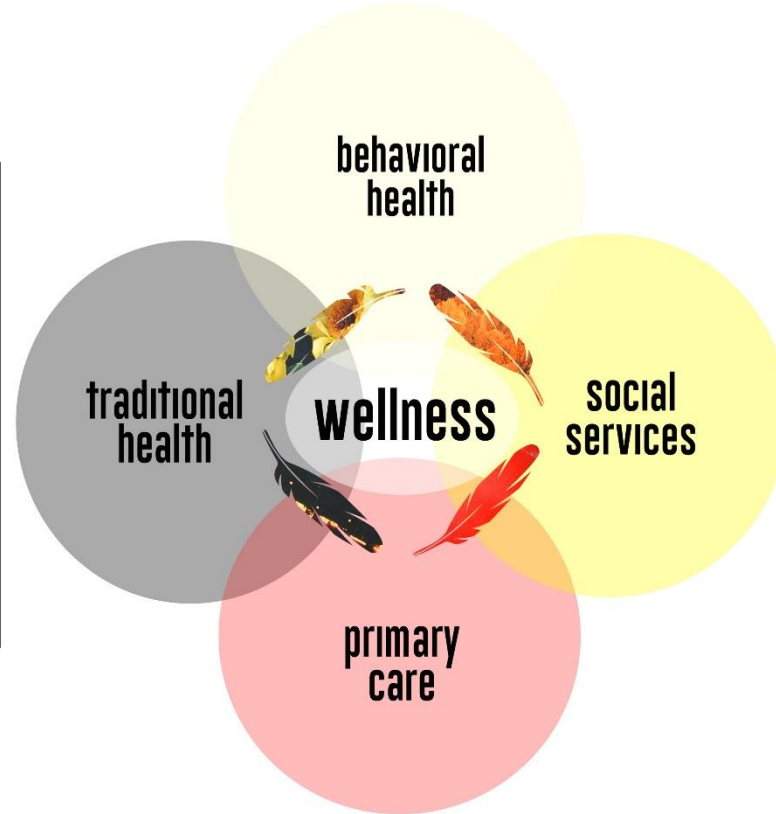
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CCUIH PROJECTS HIGHLIGHTS

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.



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

The California Rural Indian Health Board (CRIHB) is:

- A network of Tribal Health Programs, controlled and sanctioned by Indian people, and their Tribal Governments
 - CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California
 - CRIHB does this by providing advocacy, shared resources, training and technical assistance that enhances the delivery of quality comprehensive health related services

CRIHB MEMBERS

Membership: 18 Tribal Health Programs and 58 Federally Recognized Tribes

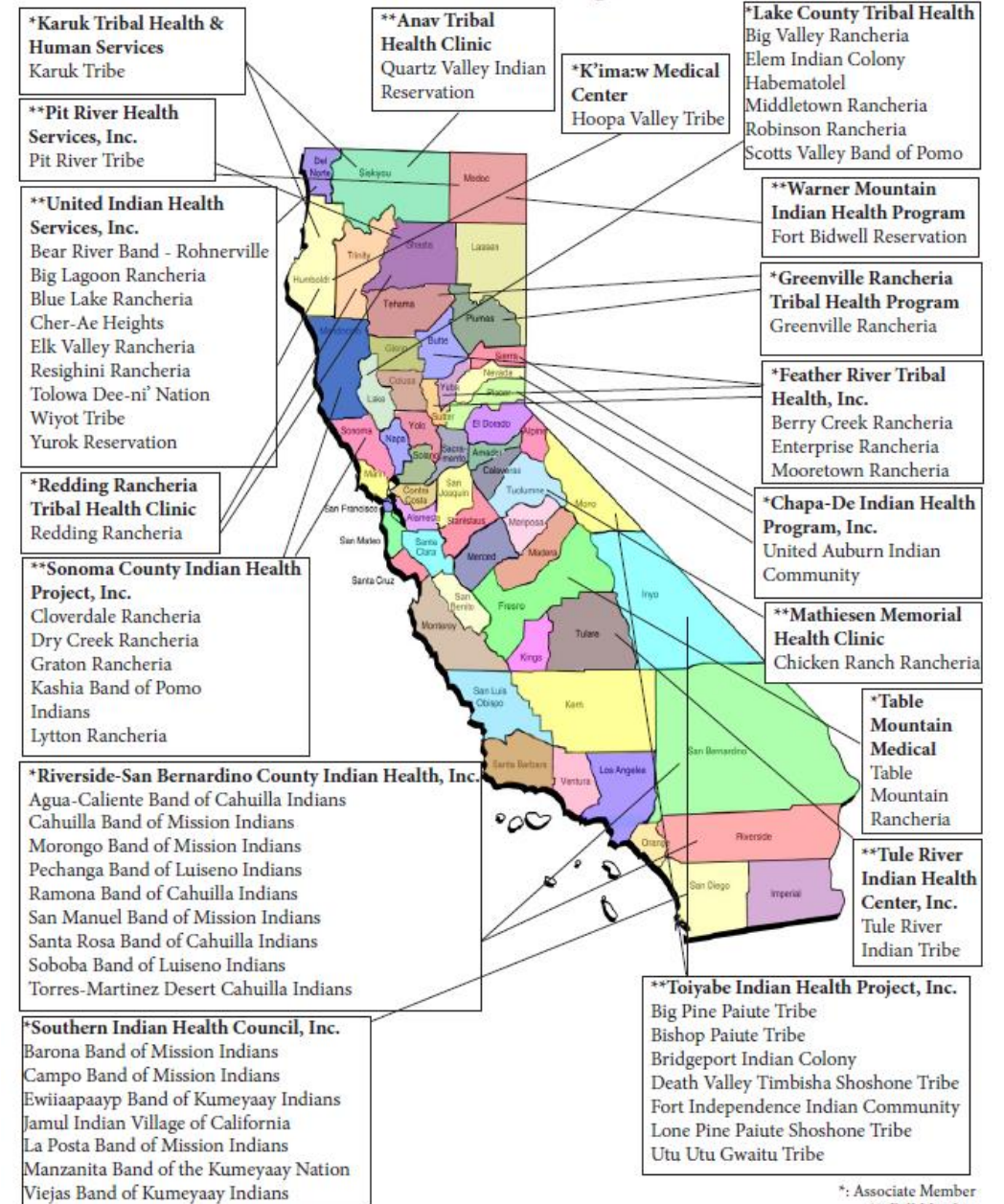
Full Members

- Anav Tribal Health Clinic
- Mathiesen Memorial Health Clinic
- Pit River Health Services, Inc.
- Sonoma County Indian Health Project, Inc.
- Toiyabe Indian Health Project, Inc.
- Tule River Indian Health Center, Inc.
- United Indian Health Services, Inc.
- Warner Mountain Indian Health Program

Associate Members

- Chapa-De Indian Health Program, Inc.
- Feather River Tribal Health, Inc.
- Greenville Rancheria Tribal Health Program
- Karuk Tribal Health & Human Services
- K'ima:w Medical Center
- Lake County Tribal Health Consortium, Inc.
- Redding Rancheria Tribal Health Clinic
- Riverside-San Bernardino County Indian Health, Inc.
- Southern Indian Health Council, Inc.
- Table Mountain Medical

CRIHB Member Tribal Health Programs & Tribes 2019



*: Associate Member
**: Full Member

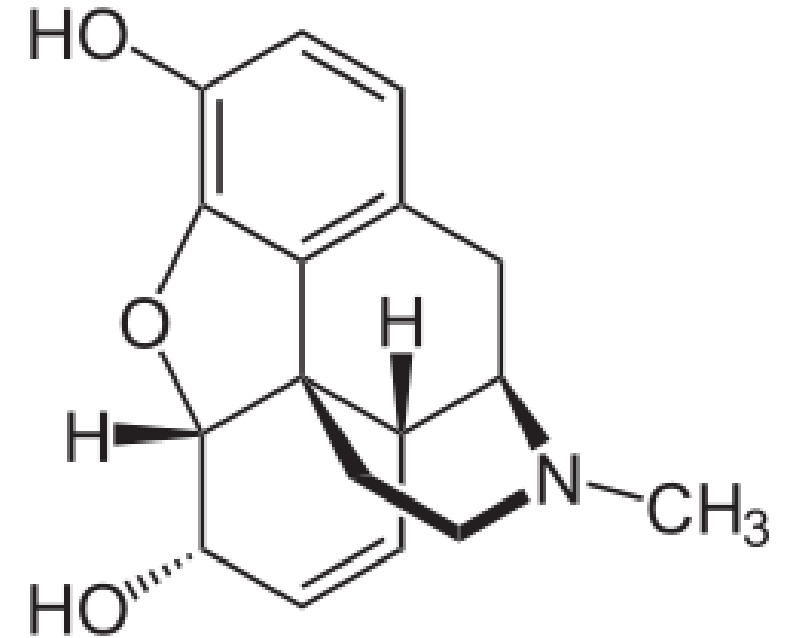
CRIHB BEHAVIORAL HEALTH PROJECTS

- **Alcohol Counselor Certification**
 - Continuing education for SUD counselors and BH therapists
- **Domestic Violence Prevention Initiative**
- **Methamphetamine and Suicide Prevention Initiative**
- **Native Connections**
 - Youth suicide prevention
- **Project PaTHwAY**
 - Preventing & Treating HIV with American Indian Youth
- **Tribal MAT**
- **Tribal Opioid Response**
- **Tribal PREP**
 - Adolescent pregnancy prevention



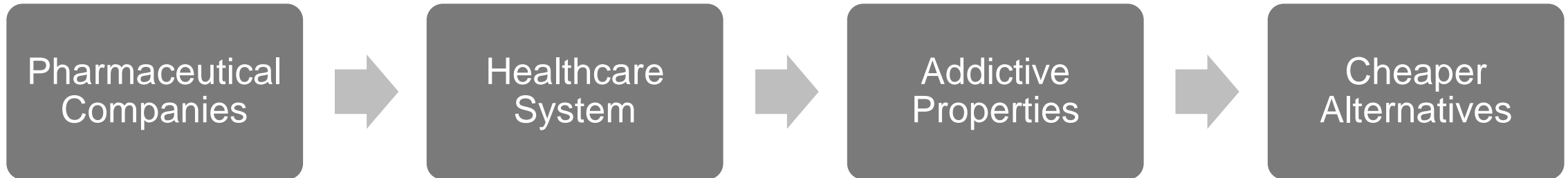
Opioids

- **What is an opioid?**
 - Opium like substances that activate opioid receptors, commonly used for pain relief.
 - Includes:
 - Prescription opioids: hydrocodone (Vicodin), oxycodone (OxyContin, Percocet), morphine, codeine, and fentanyl
 - Illicitly produced opioids: heroin and fentanyl
 - Some medication assisted treatments: Methadone and buprenorphine
- **What isn't an opioid?**
 - Everything else.
 - People commonly mistake cocaine, methamphetamines, ecstasy, LSD, GHB, Ketamine, other club drugs, or steroids for opioids. These are not.



The Creation of an Epidemic

- Commonly accepted sequence of events:



- Roughly 21-29% of patients prescribed opioids for chronic pain misuse them.
- 80% of people who use heroin misused prescription opioids first.¹



Developing OUD

8-12%

of people prescribed
opioids for chronic pain
develop OUD.¹

- When used for extended time or without medical need, one can develop opioid dependence/opioid use disorder (OUD).
 - “Uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences.”
- Ending use of opioids can be difficult on one’s own. There is no one treatment option best for everyone, but medications are available to assist patients in their path toward wellness and recovery.

BACKGROUND: STATEWIDE NEEDS ASSESSMENT

- Conducted to determine the Substance Use Disorder (SUD) needs of urban and rural AI/AN communities
- Approximately 11 urban and rural communities
 - Surveys
 - Adult and youth focus groups
 - Key informant interviews (providers)
- Questions asked:
 - Substances most often seen in community
 - Protective/Risk Factors
 - Resilience
 - Services most needed
- Final draft in process



PRELIMINARY RESULTS

- Barriers to accessing services
 - Inconsistencies in service delivery
 - Transportation
 - The perception that opioid abuse is “not as bad” as injectables or other illicit hard drugs
 - Available services are not culturally responsive
 - Lack of trust with services and providers outside AIAN communities

PRELIMINARY RESULTS

- Community substance use
 - The use of opioids and other substances is very prevalent within AI/AN communities
 - May be due to:
 - Being easily accessible (pharmacies or on the street)
 - Stigma associated with different types of substances
 - Early age usage onset
 - Polysubstance abuse: Top three substances mentioned were methamphetamines, opiates, and alcohol

PRELIMINARY RESULTS

- Community strengths
 - Community awareness
 - Cultural cohesion
 - Cultural services (some regionally specific)
 - Services available
- Risk factors
 - Community stressors
 - Disconnection
 - Economic stressors
 - Mental health



PRELIMINARY RESULTS

- Recommendations

- Promotion of drug-free zones on reservations, including sober events
- Increase awareness of services available (e.g. when and where) for AI/AN
- Services that will enhance motivation for treatment
- Access to MAT programs
- Sliding fee scale for services
- Transportation support to obtain services
- Integration of cultural services into Western treatment services
- Life and re-entry skills and resources
- More aftercare and follow-up after discharge from a treatment program

PRELIMINARY RESULTS

- Community-level supports
 - Cultural services such as sweat lodges
 - AI/AN adapted 12 step programs (White Bison-Wellbriety)
 - Talking Circles should be available for ongoing support
 - Traditional teachings and practices are important to address healing
 - Elders play an important role in teaching and leading
 - Cultural teachings are key to preventing/treating substance use
 - Community awareness on what is OUD and SUD, and treatment services available
 - Outreach and follow-up are important; checking in on each other is the AI/AN way
 - Close knit communities can be protective



[Tribal] [MAT]

A unified response to
the opioid crisis in
California Indian Country

THE TRIBAL MAT PROJECT OVERVIEW

Through DHCS, a partnership between CCUIH, CRIHB, UCLA, USC, Telewell Behavioral Medicine, and Two Feathers.



UCLA



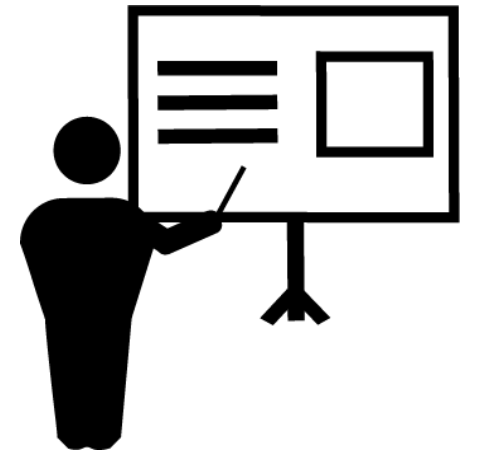
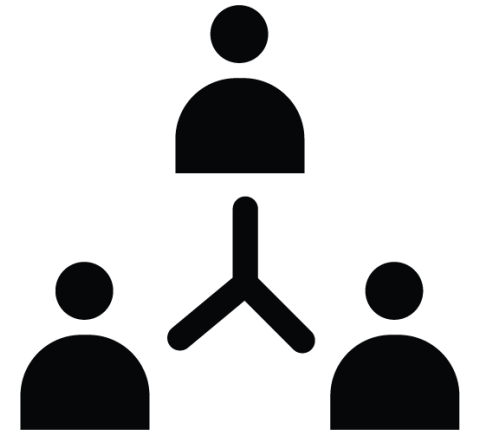
- **Multipronged approach to reduce prevalence of OUD and opioid overdose deaths:**
 - OUD Prevention
 - OUD Treatment & MAT Access Expansion
 - Naloxone Access Expansion
 - Support System Development & Involvement

MAT CHAMPIONS

Connect, communicate, and coordinate activities between:

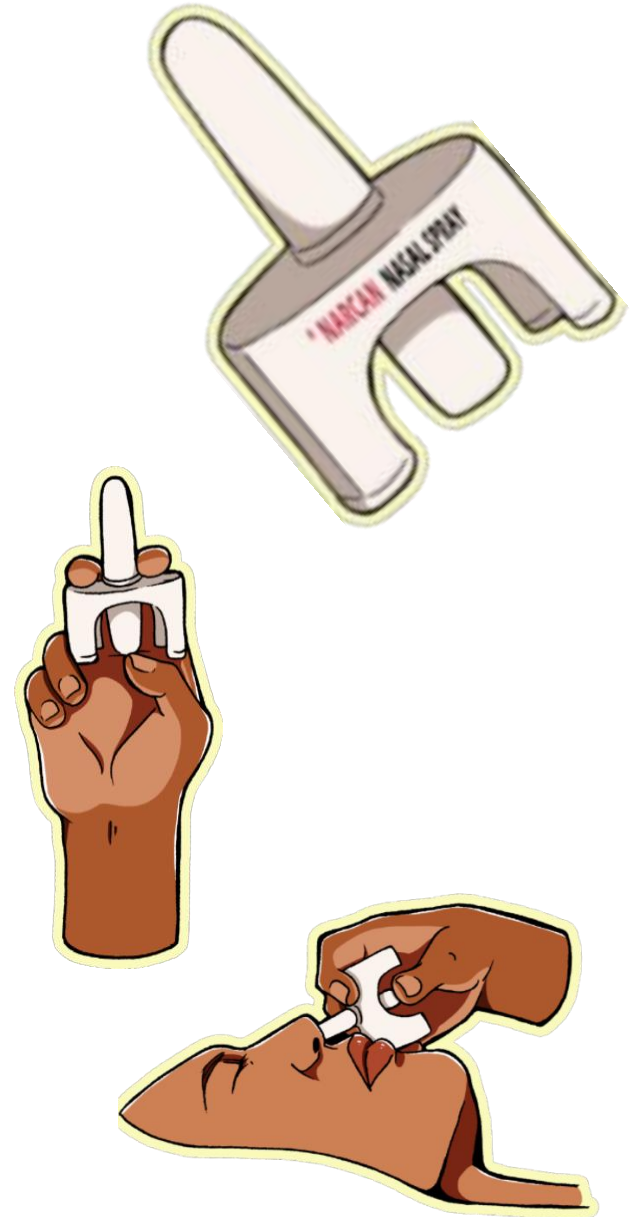
- Project collaborators
- Other Indian programs
- Non-Indian MAT providers
- CA Hub & Spoke entities.

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:

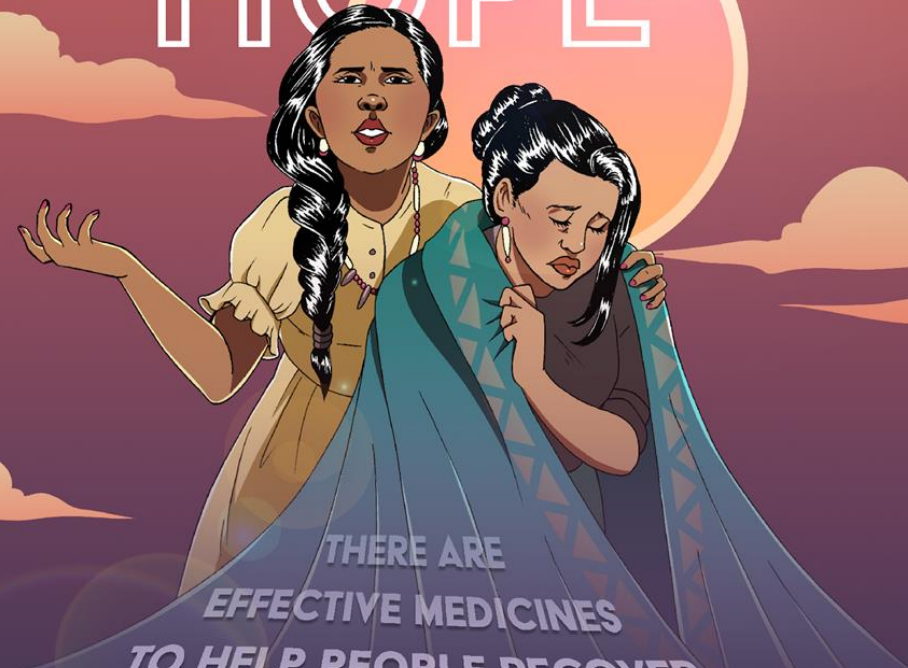
- OOD prevention and reversal training
- OUD prevention, treatment, and recovery
- Medication assisted treatment and access
- Safe opioid prescribing and disposal
- Suicide prevention

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 that strengthen our 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.

Shallow or slow breathing, snoring or gurgling.

Face is more pale than usual and/or clammy to the touch.

Cannot be woken up.

Body is limp.



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.

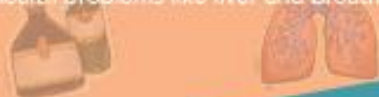
Opioids are extremely addictive and may lead to opioid use disorder.

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 person's 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.

**CHOOSE
CHANGE**
FOR
CALIFORNIA'S
TRIBAL NATIONS



STOP OPIOID ABUSE

**Choose prevention through
community support and
communication.**

Opioids can be highly addictive. Over 52% of the opioid misuse among Indian Users occurred among those between the ages of 20 to 40 years old.

- Talk with your communities and families about the risks of opioid abuse.
- Talk with your doctor about other options.
- Lock up your medications.
- Dispose of unused medications safely.

Learn more at crihb.org/tmat.

Opioids are a leading cause of injury related deaths in our tribal communities.

Overdose deaths due to any type of opioid use have been on the rise among Native Americans since 2000. Tribal communities are at a disadvantage for opioid use, abuse, and overdose deaths due to socio-economic status, behavioral health conditions, and historical trauma.¹

Opioid overdose deaths are significantly more common among Native Americans between the ages of 25-64.

Choose change to help keep your family safe.

Learn more at crihb.org/tmat.



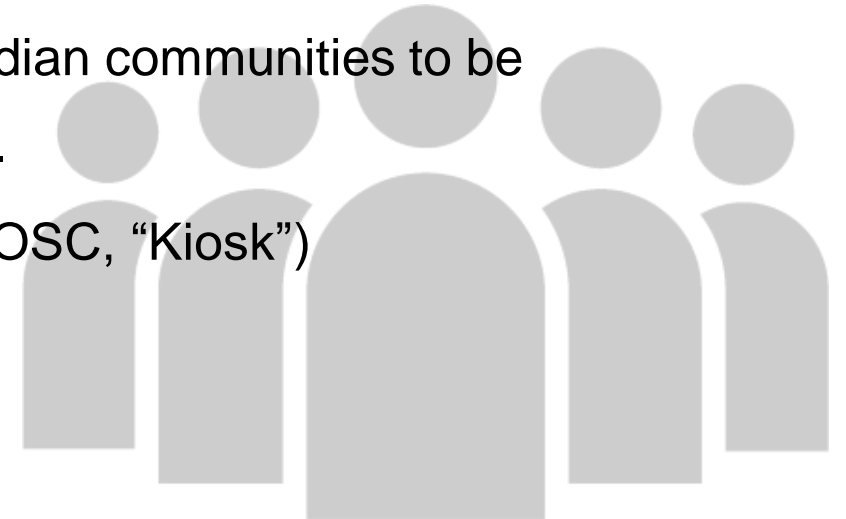
¹ Mudgett M. Opioid Surveillance Update. California Tribal Epidemiology Center. 2018, July. Accessible at <https://crihb.org/ctec/>

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, in collaboration with CRIHB.
 - California Indian Opioid Safety Coalition (CIOSC, “Kiosk”)



TRIBAL MAT 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 URBAN INDIAN HEALTH PROGRAMS

- 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 (UAll)
- Creating MAT curriculum for residents (Manteca)

TRIBAL LOCAL OPIOID COALITIONS (TLOCs)

- What are they?
 - Multi-sector, inter-agency partnerships of community members, stakeholders and resources who work together to reduce and eliminate opioid-related deaths and other impacts of opioid use in Tribal communities.
- CRIHB funded 14 new TLOCs to address the opioid crisis in California Tribal communities.
- TLOC members will work towards:
 - Increasing access to treatment
 - Reducing unmet treatment need
 - Reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder



TRIBAL LOCAL OPIOID COALITION FRAMEWORK

Phase 1: Setting Up for Success

- Community Readiness Assessment
- Tribal Action Plan
- Identify and develop community partnerships
- Develop coalition work plans
- Tribal MAT Champions provide coaching

Phase 2: Getting the Work Done

- Increase access to MAT
- Implement Safer Prescribing Practices and Guidelines
- Stigma reduction strategies
- Support recovery and peer support services
- Youth prevention activities
- Community-based, culturally appropriate prevention strategies
- Expand access to non-opioid pain treatment
- Link coalitions to Subject Matter Experts
- Tribal MAT Champions provide coaching

Phase 3: Growing & Sustaining

- Continue to implement and expand 7 strategies
- Develop sustainability plan
- Develop Tribal Subject Matter Experts
- Tribal MAT Champions provide coaching



CURRENT TLOCs

- Big Valley Rancheria Band of Pomo Indians (Lake County)
- Greenville Rancheria (Plumas/Tehama Counties)
- Indian Child & Family Preservation Program (Sonoma/Mendocino Counties)
- Indian Health Council (San Diego County)
- Karuk Tribe (Siskiyou/Humboldt Counties)
- Mathiesen Memorial Health Clinic (Tuolumne County)
- Northern Valley Indian Health (Butte, Yolo and Plumas Counties)
- Round Valley Indian Health Center (Mendocino County)
- Sonoma County Indian Health Project (Sonoma/Mendocino Counties)
- Santa Ynez Tribal Health Center (Santa Barbara County)
- Toiyabe Indian Health Project (Inyo/Mono Counties)
- Tule River Indian Tribe (Tulare County)
- United Indian Health Services (Humboldt/Del Norte Counties)
- Yurok Tribe (Humboldt/Del Norte Counties)



TLOC SUBCONTRACT ACTIVITIES

- Four (4) activities will be expected of each funded TLOC:
 - Complete a Community Readiness Model
 - Develop a Tribal Action Plan, incorporating harm reduction strategies
 - Develop or strengthen partnerships across sectors: law enforcement, local providers, schools, EMS, religious/spiritual institutions, etc.
 - Develop a Coalition evaluation plan



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

CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER

Partner with Tribes and Stakeholders to improve opioid surveillance

- Partner with California Department of Public Health to improve AIAN reporting via California Opioid Surveillance Dashboard

Address and improve data issues related to racial classification across data systems

- Partner with 2 Tribal Health Programs to link AIAN data with death vital statistics to assess racial misclassification

Improve non-fatal overdose data collection

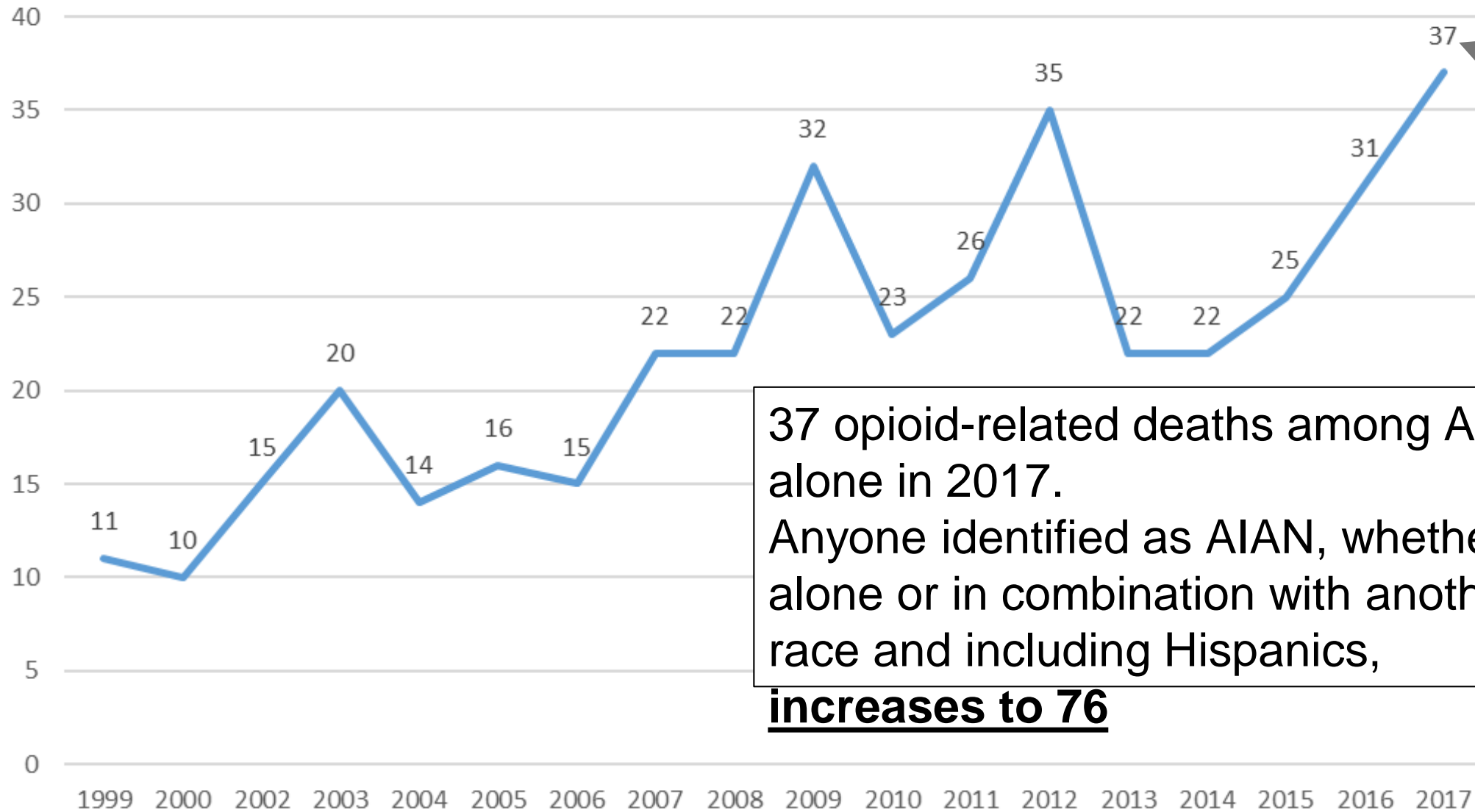
- Work with 2 Tribal Health Programs and hospitals to assess data issues and improve data sharing

Improve fatal overdose data collection

- Develop partnerships with medical examiners, coroners, funeral directors



AIAN Non-Hispanic Opioid Related Overdose Deaths in California



37 opioid-related deaths among AIAN alone in 2017. Anyone identified as AIAN, whether alone or in combination with another race and including Hispanics, **increases to 76**

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database

CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER

Create an California Tribal Opioid Strategic Plan

- Youth Focus Groups
- Elder convenings
- Stories
- Tribal Opioid Summit

Form a Tribal Opioid Advisory Committee

- Provide guidance to all CRIHB opioid projects
- Guide the development of the Tribal Opioid Strategic Plan

Implement a Tribal Opioid Surveillance Assessment

- Assess Tribal-specific capacity and gaps



Healing Our California Tribal Communities

"Opioids are too easy for people to access. A lot of people go straight to the pill because they just want to escape."



IMPACT
"My mom passed away from heroin; my brother passed away from fentanyl."

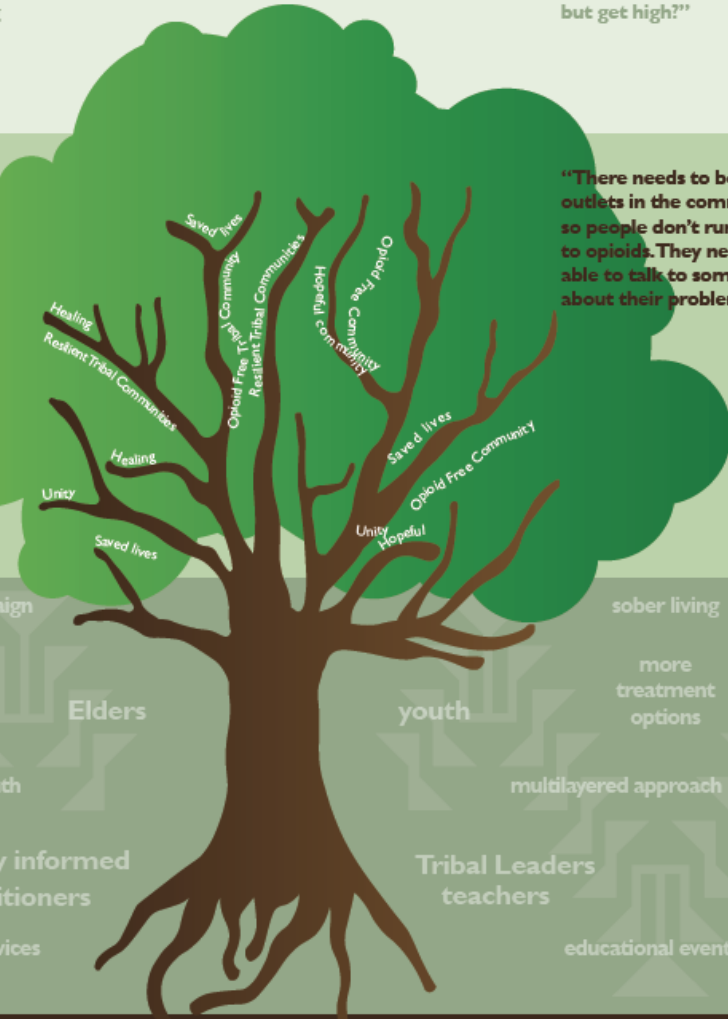
REASONS PEOPLE USE
"Our communities are just so isolated – that makes it so much worse. There's absolutely nothing out there. What else do you have to do but get high?"

"Youth are impacted a lot. There is a lot of shaming and guilt-tripping youth for wanting to recover."

"We are in need of culturally informed practitioners in the urban and rural regions."

"People need more options. There needs to be a "one-stop-shop" at each clinic or reservation. People need to be offered all types of services in one centralized location to help them deal with their addiction."

"There needs to be more outlets in the community so people don't run straight to opioids. They need to be able to talk to someone about their problems."



Prominent theme: the need to connect

Whether it was youth voicing the need and desire for more Tribal gatherings or elders sharing the importance of healing that comes from attending ceremonies. Connecting to each other is seen as necessary to build resilience, practice spirituality, and create a social support system.



Stigma • drug houses • enablers • coping with trauma • peer pressure • depression • fentanyl • shaming • spread of rumors and gossip • isolated communities • poverty • denial • ignorance • generational trauma • loss of connection • unemployment • overdose • death



QUESTIONS?



Thank you!



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