



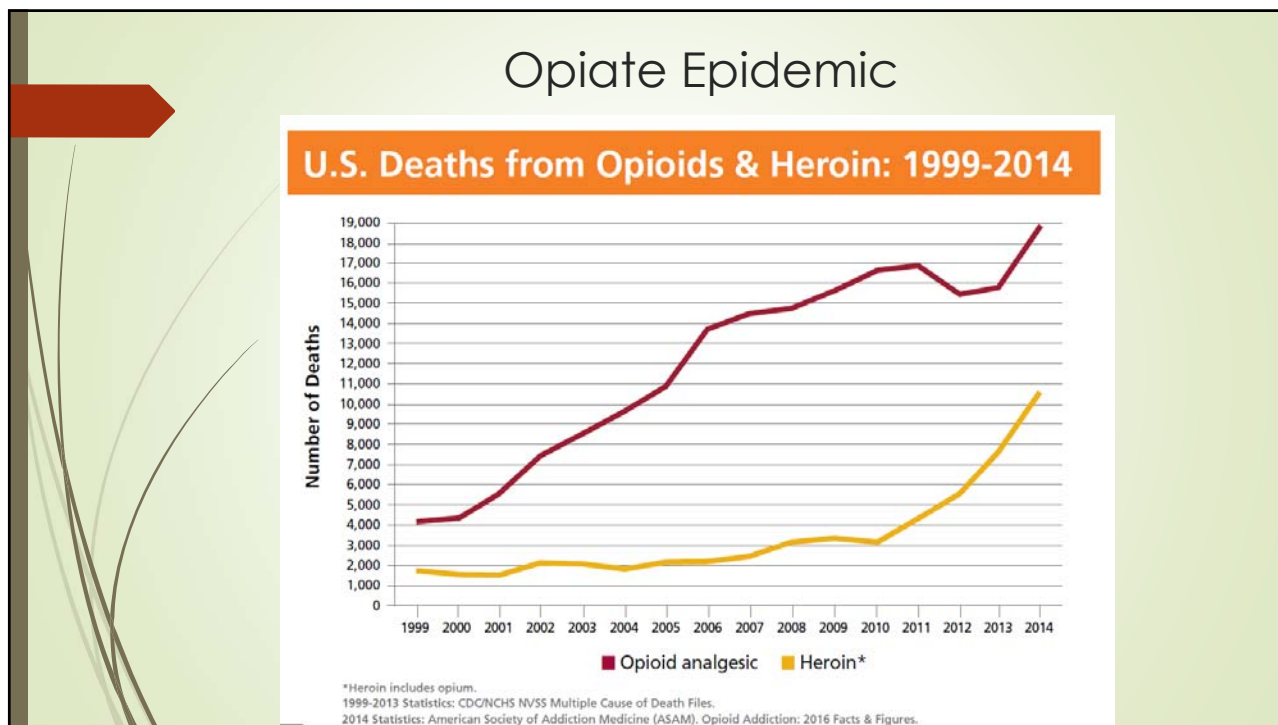
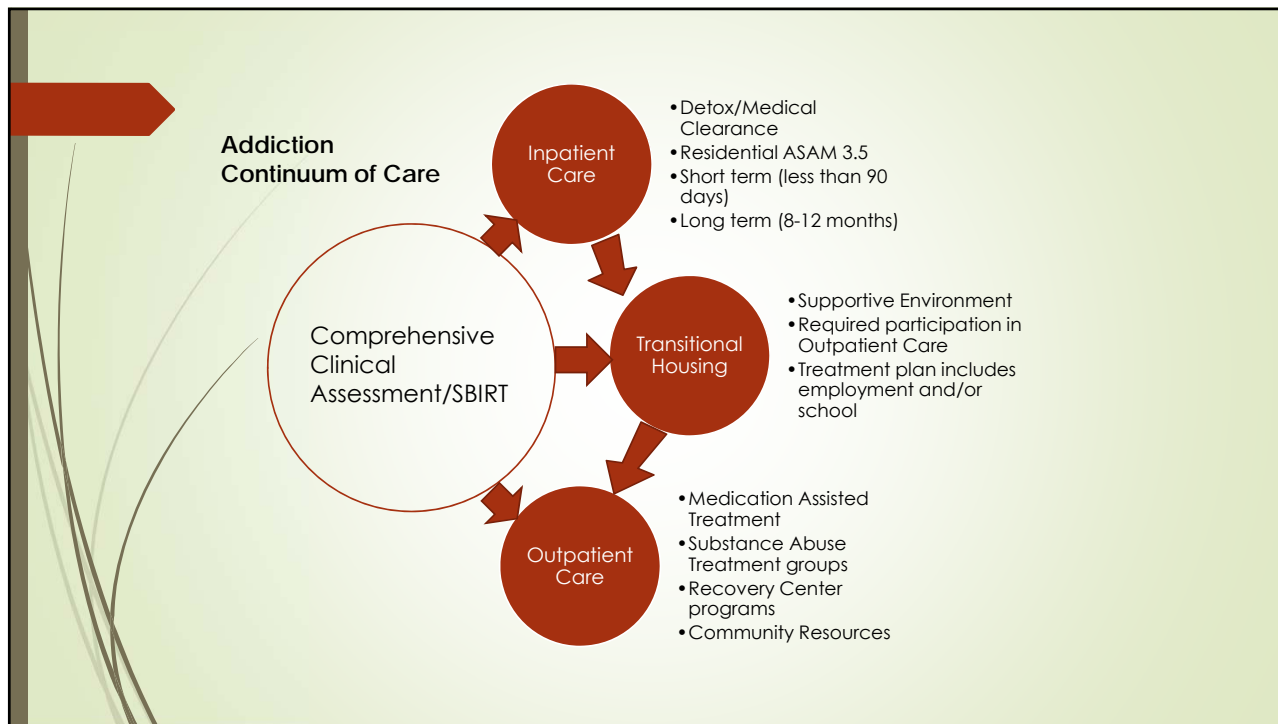
Addiction Management in a Native Community

by Joel Chisholm, MD



Objectives

- ▀ Identify the need for treatment for Opiate Addiction
- ▀ Understand the Recovery Treatment Continuum
- ▀ Look at the eastern band Cherokee tribe Recovery Model




Opiate Epidemic

- In 2016 there were 42,249 opioid-overdose deaths in the US. 28% increase from previous year.
- Main barrier is access to care. Nearly 80% of Americans with Opioid Use Disorder don't receive treatment
- American Indians and Alaska Natives have the highest rate of substance abuse & dependence, 14.3% in 2013
- In Cherokee, 430 adults were admitted to our emergency and inpatient departments that were suffering from addiction and mental illness
- In June of 2017, over 80 overdoses presented to the CIH Emergency Room resulting in death


Cherokee Indian Hospital Authority





Cherokee Indian Hospital Authority

- Independently run by EBCI since 2002.
- Behavioral Health taken from tribal to hospital 2013
- Behavioral Health and Addiction main priority of CIHA from 2014-present
- Integrated Health Model
- Right Way training
- CSU approval by tribal council in July 2018



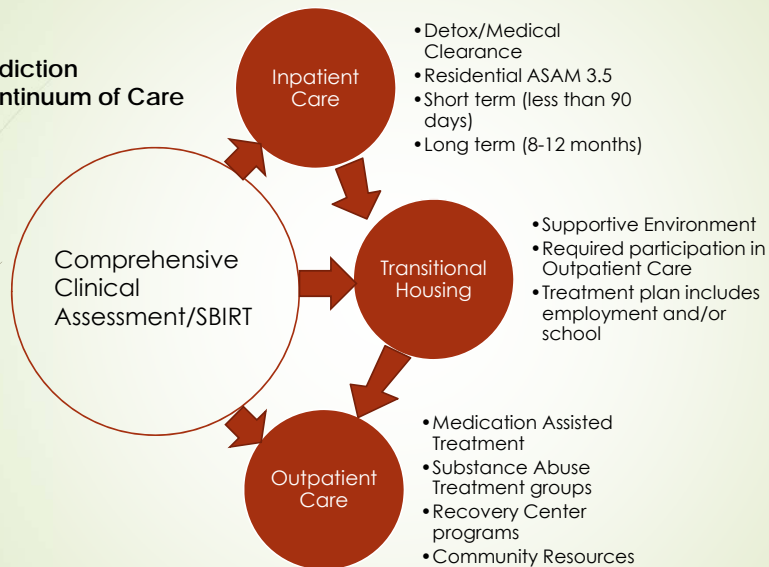
CIHA Behavioral Health Expansion


- Tribal Council directed the formation of SA task force.
- Task force communicated recommendations to council including creation of a residential treatment center, residential supports and a recovery center.
- QA process implemented and approved for billing July 1, 2014.
- Significant enhancements to outpatient behavioral health services as well as detox and Suboxone programs.
- Obtained CABHA status September 2014 to facilitate Medicaid billing for enhanced services.
- Implemented Behavioral Health Consultants in primary care clinics.
- Established BH organizational structure to support expansion
- BH staff hired for Justice Center

CIHA Behavioral Health Expansion

- Assumed provision of integrated clinical services for the Juvenile Justice program
- Added Intensive In Home services for children and families
- Presented SA continuum clinical model to CIHA and Tribal Health Board.
- Development of pro forma budgets for all expansion programs
- Tribal Health Improvement Program establishes depression, SA and diabetes as top health priorities.

Addiction Continuum of Care





Acute Medical Management of Opiate Withdrawal

- Admission into Inpatient Hospital setting for Detoxification
- Symptomatic Medications: Clonidine, Zofran, Docusate, Ibuprofen, Flexaril, Vistaril
- MAT for Detoxification vs. Induction into Outpatient treatment
- Comprehensive Clinical Assessment (CCA) to determine appropriate level of care
- Assess for untreated medical/psychiatric issues: Hep. C, HIV, STDs, Hypertension, Heart disease, Diabetes, Depression, Anxiety, etc...
- Medical/Psychiatric Assessment for potential Inpatient Residential Treatment



Addiction Treatment Options:

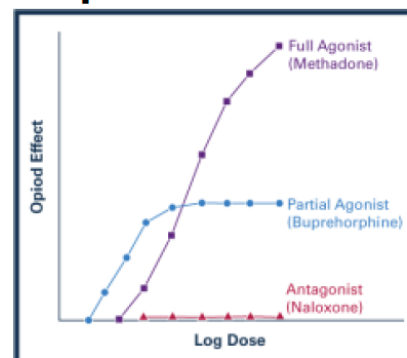
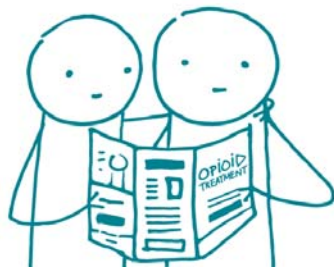
- Abstinence based model (12 step programs, Smart Recovery, etc...)
- Intensive Outpatient Program (IOP) or Substance Abuse Treatment (SAT)
- Medication Assisted Treatment: Methadone, Suboxone, Naltrexone
- Residential Inpatient Treatment
 - Short Term
 - Long Term
- Transitional Housing

Medication Assisted Therapy

Medication Assisted Therapy

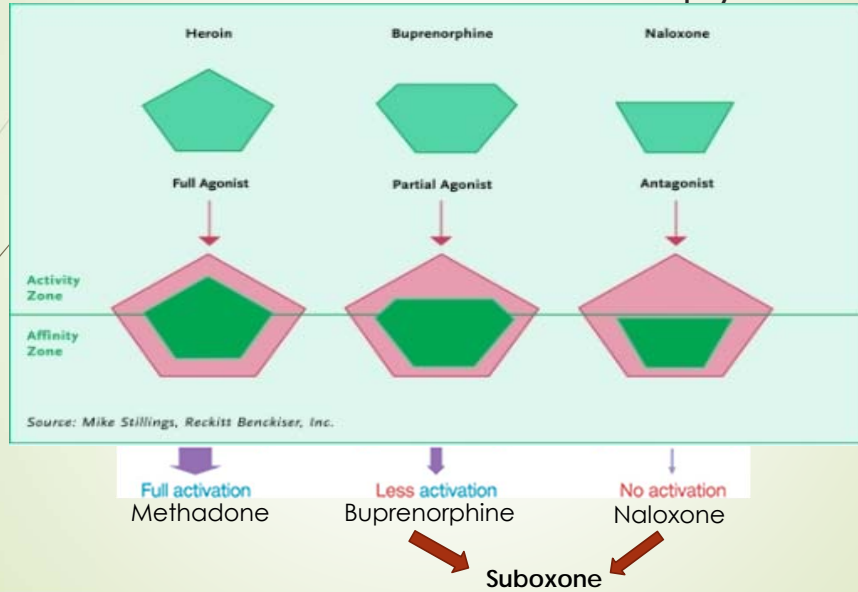
What are the treatment options?

1. Methadone
2. Buprenorphine
3. Naltrexone:



Center for Substance Abuse Treatment. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Treatment Improvement Protocol (TIP) Series 40. DHHS Publication no. (SMA) 04-3999. Rockville, MD: US Substance Abuse and Mental Health Services Administration, 2004.
<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.72248>

Medication Assisted Therapy



Medication Assisted Therapy

What does the evidence say? Definitions:

How do we measure success?

- Reduction in overdoses/deaths
- Retention in treatment
- Reduced recidivism
- Reduced disease transmission

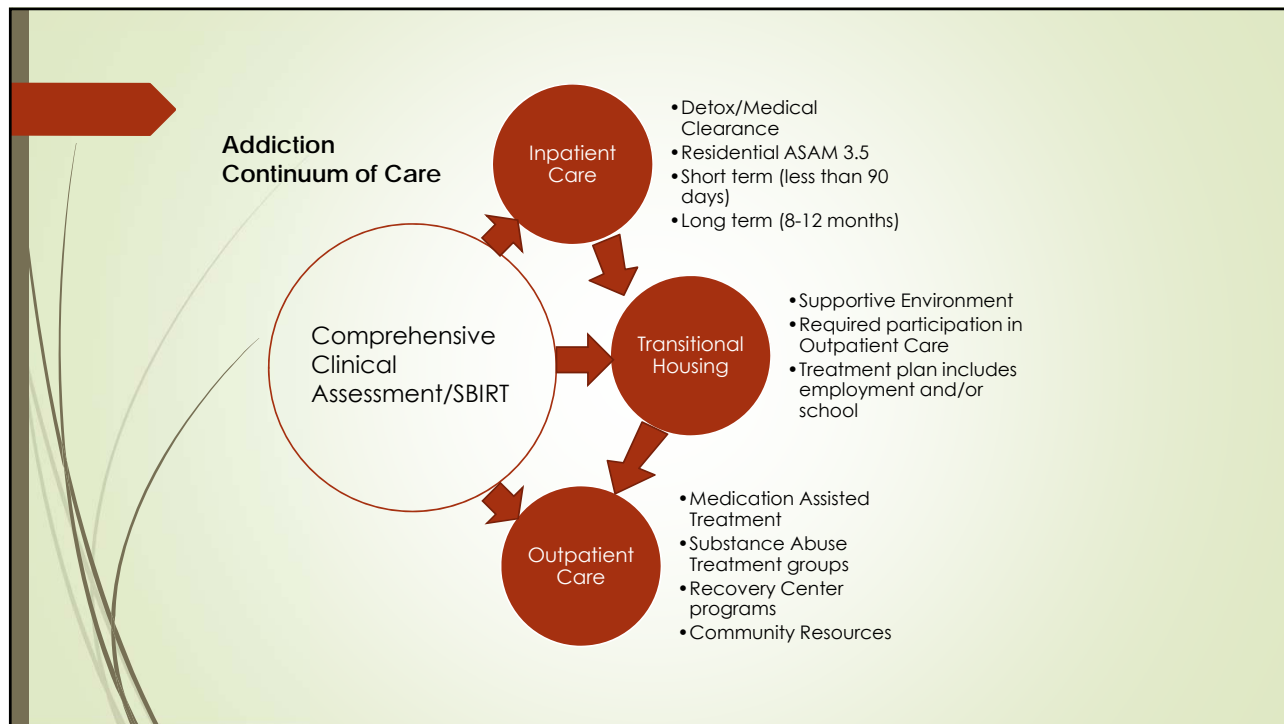


Cherokee Indian Hospital Suboxone Treatment

- Started in 2006 by Primary Care Providers to prevent opiate overdoses
- Transitioned to A-Na-Le-Nis-Gi clinic in 2010 after hospital took over Behavioral Health from tribe. Restructuring of program in 2012.
- 4 Providers (PCPs, PAs, Psychiatrist) working in 4 separate clinics. Meet weekly with entire team consisting of nurses, providers, therapists, and case managers for Suboxone Task Force Meeting
- Matrix Model used over a 6 month curriculum with 2 groups with 4 different phases transition into long term recovery Phase 5 with self-pay for medication
- Use of Supervised Medication Administration (SMA) with daily dosing of Suboxone in the pharmacy
- Implementation of MAT at Kanvwtiyi Inpatient Residential Program in September 2018

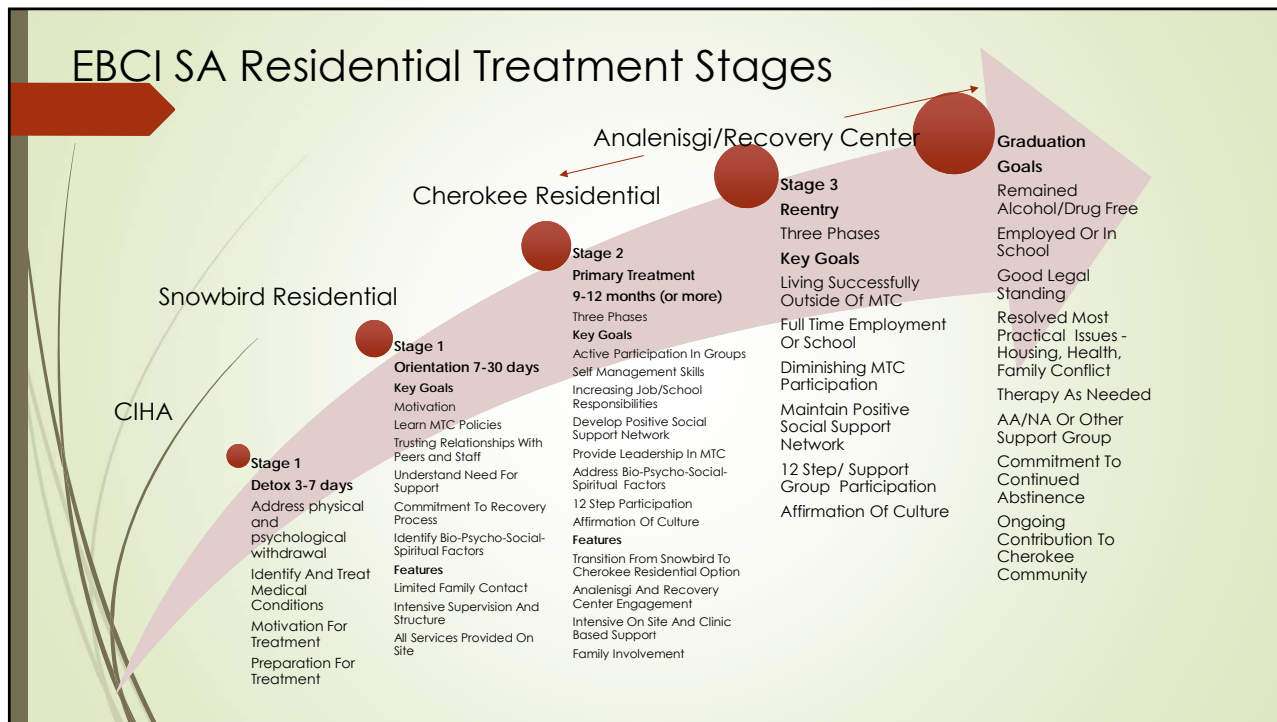
Substance Abuse Treatment/Intensive Outpatient

- Abstinence based
- Treatment model is based on Matrix Model/Wellbriety with groups 3 days weekly for 6 months
- Used primarily for clients involved with drug court or parents working with Family Safety (tribal DSS)
- Over the past 3 months, there have been 42 clients engaged in the SAT. Of those 42 clients there has been 21 who have obtained/maintained a job, 13 who have progressed towards or completed probation requirements, 23 have reported improved relationships with family/friends, 9 who reunified with children or increased visitation, and 6 who have graduated the program



Kanvwotiyi

- 20 bed Inpatient Residential Treatment Program with completion February 2018 (10 men/ 10 women)
- Located in Snowbird community (1 hour drive from main boundary)
- 16 beds designed for short term treatment and 4 beds designed for long term treatment
- Available to all EBCI tribal members and open to other IHS eligible tribes who live within the boundary
- Utilizes Matrix Model/Wellbriety treatment with 4 phases during 90 day short term treatment and 5th phase for long term treatment subdivided into 3 phases
- Cultural competent lead by Culture Keeper with traditional teachings, talking circles, drumming circles, traditional beadwork/basket weaving, and ceremonies
- Work-study based



Kanvwotiyi

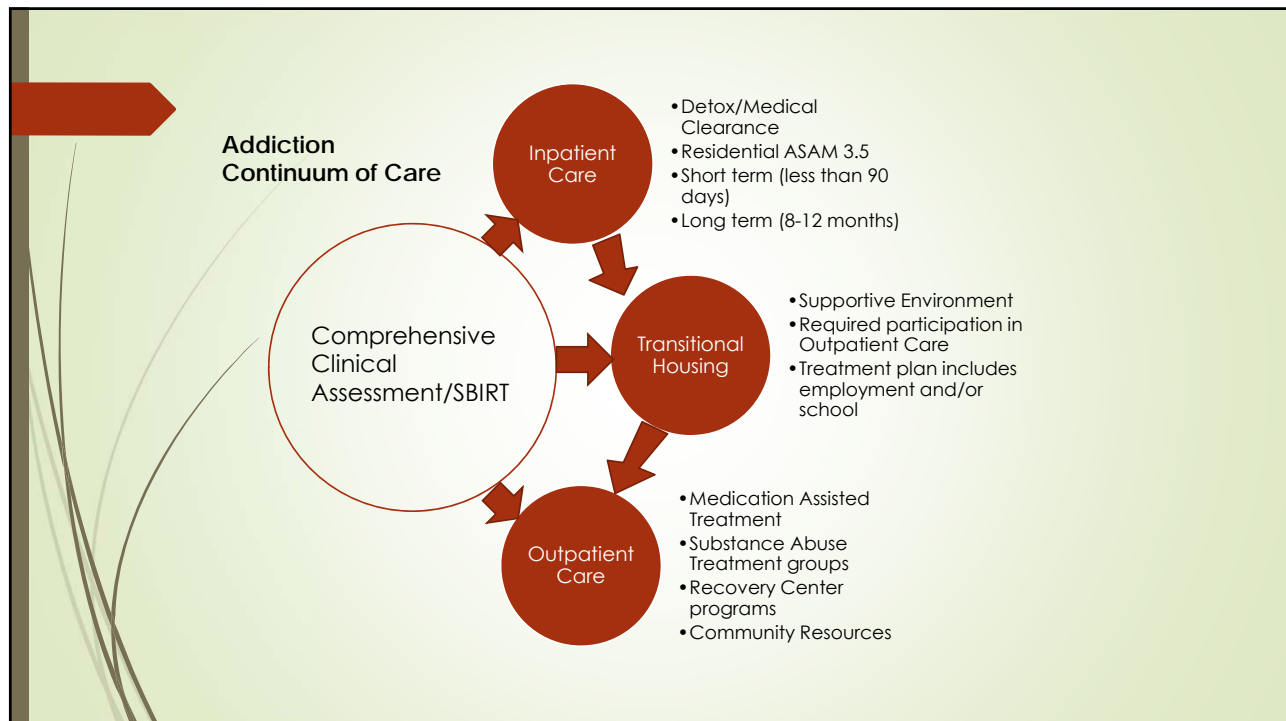


Kanvwotiyi

- Cherokee Culture with Cultural Keeper will address Cultural Care by including specific elements which promote awareness and pride in Cherokee history and culture.
- Family involvement is strongly emphasized in the program. Supportive family members will be engaged after phase 1, and family involvement will increase as the individual progresses through the program.
- Vocational Program through work units and skill building
- Meaningful work, which contributes to the success and wellbeing of the community, is essential to help individuals regain a place of respect in society. Work is an integral part of the recovery process. Individuals are expected to participate in one or more work units which, among other things, will provide the food service, cleaning and grounds maintenance for the facility. Other educational and prevocational activities will be included in the schedule.
- Education opportunities
- At all stages of treatment, patients will be engaged in learning new wellness and vocational skills. Individuals will be encouraged, and assisted, in pursuing educational goals.

Cherokee Residential Support (Transitional Housing)

- ❑ Residential support for up to 10 men and 10 women
- ❑ Length of stay determined by need (typically 9-12 months)
- ❑ Therapeutic community
- ❑ Monitoring
- ❑ Required participation in Analenisgi and Recovery Center programs
- ❑ Required participation in work, vocational or educational programs
- ❑ Propose two locations:
 - Unknown Property - May need to be new construction for men's program
 - Building a facility within the boundary- for women's program & women/children needs



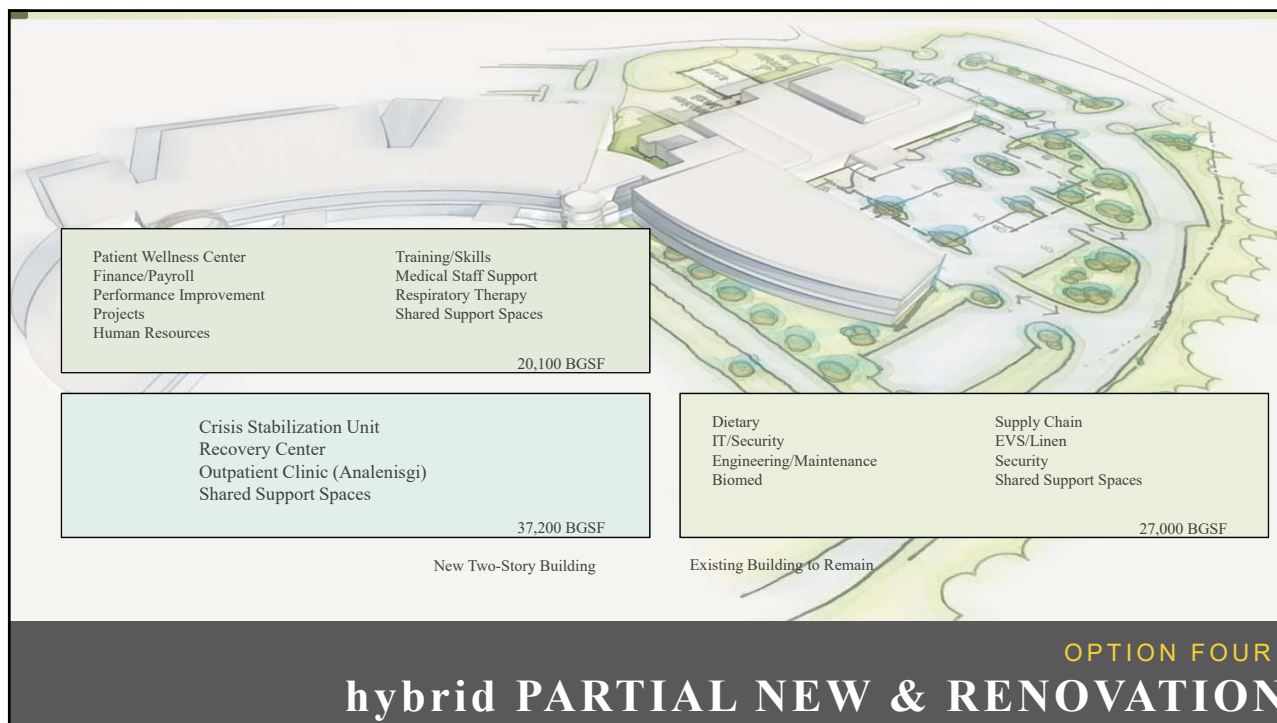
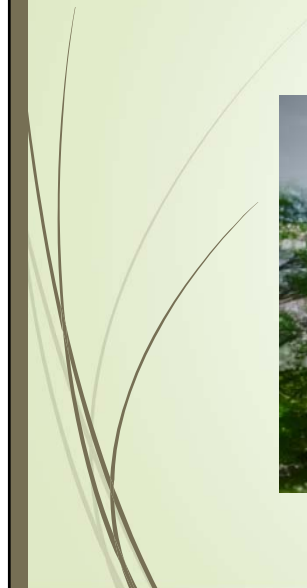
Community Resources

- ▶ Transitional Housing (Currently Women's home being built)
- ▶ Recovery Center
- ▶ MAT
- ▶ Peer Support-training for long term residential graduates
- ▶ Vocational training
- ▶ Family support and education
- ▶ Parenting classes
- ▶ Recovery Rally (3rd annual)
- ▶ Group meetings and classes
- ▶ Lazarus Project
- ▶ Needle Exchange

What is Analenisgi Recovery Center?

- ▶ Analenisgi Recovery Center Belongs to YOU.
- ▶ It's a place where individuals may become students in the study of their own wellness and recovery.
- ▶ It's a place where the community may join in the process of healing without judgement.
- ▶ The Analenisgi Recovery Center provides education & classes, peer support, employment support, and cultural events that enhance connection and relationship.
- ▶ We meet people right where they are and support them in finding their path.
- ▶ **Our Center is for everyone:**
 - ▶ those that are struggling
 - ▶ those that are in recovery
 - ▶ the families and supporters
 - ▶ the Cherokee community

Crisis Stabilization Unit



Medical Management of Opiate Addiction in Native Communities

■ Talking Points

- Opiate epidemic in Native Communities is more severe than the US population with deficiencies in access to care
- Evidence for benefit of utilizing the Recovery Treatment Continuum for both outpatient and inpatient services
- Eastern Band Cherokee tribe has worked on developing the necessary components of the Recovery Continuum
- Community support and resources are necessary for sustained success in treatment for Native Communities

