

AI/AN Opioid Response Workgroup Notes

Date: 1/15/2019

Time: 2:00 p.m. – 5:00 p.m.

Location: HCA, Cherry Street Plaza, Apple Room, 626 8th Ave SE, Olympia, WA 98502

Participants: 44 Total

On the webinar:

- Alexandria Desautel, Kalispel Tribe, adesautel@camashealth.com
- Amber Arndt, Nisqually Tribe, amber.arndt@nisquallyhealth.org
- Amber Ramos, Tulalip Tribes, amberramos@tulaliptribes-nsn.gov
- April Minton, HCA, april.minton@hca.wa.gov
- Ashley Grant, WA Community Health, agrant@wacomunityhealth.org
- Debbie Huertas, Seattle Indian Health Board, debbeh@sihb.org
- Eric Bradford, HRSA, ebradford@hrsa.gov
- Esther Luceros, Seattle Indian Health Board, estherl@sihb.org
- Evelyn James, Yakama IHS, evelyn.james@ihs.gov
- John Michael Schmidt, Seattle Indian Health Board, johnmichaels@sihb.org
- Laura Macclain, Colville Tribes, laurae.macclain@colvilletribes.com
- Leah Niccolucci, Chehalis Tribe lniccolucci@chehalistribe.org
- Lena Nachand, HCA, lena.nachand@hca.wa.gov
- Lisa DeLaVergne, HCA, lisa.delavergne@hca.wa.gov
- Lisa Rey Thomas, AIHC, lisarey@olympicch.org
- Natalie Christopherson, Community Health Plan of Washington, natalie.christophers@chpw.org
- Nickolaus Lewis, Lummi Nation, nickolausl@lummi-nsn.com
- Sally Barrett, Samish Tribe, sbarrett@samishtribe.nsn.us
- Sarah Sullivan, Northwest Portland Area Indian Health Board, ssullivan@npaihb.org
- Colbie Caughlan, Northwest Portland Area Indian Health Board, ccaughlan@npaihb.org
- Sybil Iverson, Cowlitz Tribe, siverson@cowlitz.org
- Tamara Fulywer, DOH, tamara.fulwyler@doh.wa.gov
- Tara Piper, HCA, tara.piper@hca.wa.gov
- Theanne Smith, Makah Tribe, theanne.smith@ihs.gov

In the room:

- Vicki Lowe, AIHC, vicki.lowe.aihc@outlook.com
- Lucilla Mendoza, HCA, lcilla.mendoza@hca.wa.gov
- Michael Langer, HCA, michael.langer@hca.wa.gov
- Brian G Burwell, Suquamish Wellness, bbarwell@suquamish.nsn.us
- Ricki Peone, Spokane Tribe of Indians, ricki.peone@spokanetribe.com
- Shad St. Paul, Spokane Tribe of Indians, shad.stpaul@spokanetribe.com
- Libby Hein, Molina Health Care, libby.hein@molinahealthcare.com
- Melissa Naeimi, HCA, melissa.naeimi@hca.wa.gov
- Charissa Fotinos, HCA, charissa.fotinos@hca.wa.gov
- Mike Longnecker, HCA, michael.longnecker@hca.wa.gov
- Meekyung Joo, Seattle Indian Health Board, meekyungj@sihb.org
- Billy Reamer, HCA, william.reamer@hca.wa.gov

- Kendra Cullimore, Coordinated Care, kendra.d.cullimore@coordinatedhealthcare.org
- Dawn Anderson, Coordinated Care, dawn.anderson@coordinatedhealthcare.org
- Stephanie Endler, HCA, Stephanie.endler@hca.wa.gov
- Cheryl Wilcox, HCA, cheryl.wilcox@hca.wa.gov
- Jessica Blose, HCA, jessica.blose@hca.wa.gov
- Jessie Dean, HCA, jessie.dean@hca.wa.gov
- Tina Anderson, HCA, tina.anderson@hca.wa.gov

Statewide Opioid Response Presentation

Michael Langer presented the statewide interagency opioid response plan (see slides). He also mentioned that they are working with Alaska, Oregon, and Idaho.

Questions:

- What kinds of treatments are available?
- What is the messaging around the opioid public health crisis?
- What kinds of supports do you need?
- Q - The evidence to support long-term use of buprenorphine – is it still a goal to taper eventually? Is there any evidence to support tapering? How does it match the level of treatment (e.g. level 1, level 2, etc.)
 - What we know from the science literature is that the longer people are on medication, the longer they stay in treatment and the more engaged they are. It also allows for reconfiguration of brain. At the end of the day it should be up to the person. Where is that person in their recovery? How stable are they? It's an individual decision.
 - There could be a point where they start medication in the behavioral health agency (BHA) and after completing all associated outpatient treatment, they could possibly move to primary care for continued treatment. If at a later point they might need more support, they could reengage with BH.
 - Important to educate family and friends of person receiving medication.
- C – We hear a lot about the prevention and treatment of opioid use disorder (OUD) but we need recovery support such as housing, clean and sober supportive housing.
 - Suquamish has two homes leased to Oxford to run.
 - Housing and supportive services are important for long-term recovery.
 - Is there a way to develop a tribal/AI/AN model for supportive housing?
 - Suquamish also has low barrier housing (small housing units).
 - Lummi created a non-profit to run two supportive houses. The tribe has not had to use hard dollars to support it, since it is run by volunteers, and utilities are paid through other sources. Potential occupants have a chemical dependency assessment and follow recommendations with random UAs. One home allows persons in recovery with children (is ICW compliant). We have all of the services available at Lummi, but what good is it if they don't have supportive housing? Want to see more conversation around housing options. Lummi received some unrestricted funds and are building a women's house that will be available soon. Need supportive housing with peer to peer support/sober housing. We need a lot more housing for our people to access and utilize services.
- Q – Have any tribes linked up with Domain 3 in Medicaid Transformation? (support services to help people find housing and/or employment)?

- Yes there are a few tribes participating.
- Perhaps bring this into the gaps and resources assessment.
- This funding does not pay for housing or stipends, but pays for staff to assist individuals to obtain housing and employment.

SAMHSA Tribal-State Opioid Academy

Sarah Sullivan presented on the SAMHSA Tribal/State Opioid Academy (see slides)

- Q – What is the difference between Wellbriety and Recovery Coaching?
 - Wellbriety has several strategies, e.g. Red Road to Recovery, Mothers of Tradition, Fathers of Tradition, and some modeling around 12 step programs.
<http://whitebison.org/Training/TrainingPrograms.aspx>
 - Recovery Coaches is a 40-hour training with a certification process and not culturally grounded. The training is held by the Center for Addiction Recovery Training CCAR - CART. <https://addictionrecoverytraining.org/>
- Sarah – Will be important to figure out who is doing what and how things are working – there is a lot going on.
- Is NPAIHB meeting with tribes who received TOR funds (TOR consortium)?
 - Board is working with tribes to develop strategic plans, budgets, will have a call in the next couple of weeks. They are in contact with all except Hoh. They are a great resource and already collecting some data. 23 tribes from Washington and Idaho are participating.
 - Ali said they have been meeting monthly and had a training in Portland in December. We worked on our plans, are doing monthly meetings, and currently working on a questionnaire to see where tribes are. It's moving pretty quickly.
 - They are starting a listserv and there will be a webinar on harm reduction, there is a substance use disorder monthly newsletter that will be sent out nationwide.
 - We tried to make the two workgroups the same, but because there are different states involved so it didn't work out!
 - The calls have been part of the harm reduction learning collaborative and going forward, the TOR consortium will be the second Thursday of every month beginning in February. Calls will be open nationally, and then the last 30 minutes will be for the TOR consortium. The first and third Thursdays (10:00 a.m.) will be a substance use disorder ECHO. Participants will bring cases for consultation. Colbie is project director for THRIVE and TOR.

Comments:

- There are data issues. To address this issue it will require an investment in EHR and/or staff.
- Comment about the number of meetings and work being done – folks listed a number of current meetings and activities and invited participants to provide contact information if interested in joining other meetings and efforts.
 - Monthly Tribal Meeting is hosted by HCA and DOH to provide updates and work on issues and concerns. The MTM meets every 1st Wed of each month at HCA, Cherry Street Plaza and via webinar.
 - American Indian Health Commission meets quarterly and meeting schedule is posted online. <https://aihc-wa.com/>

- Discussion about barriers to being peer support services especially background checks. The certified SUD peer counselors will need background checks; recovery coaches do not always need checks.

AI/AN ORW Workgroup Structure, Membership, and Meeting Schedule

Lucilla Mendoza presented on the AIAN opioid response workgroup (see slides)

- Lucy outlined the timeline and deliverables. Vicki and Lisa introduced themselves.
- Lucy asked how they would like to see the workgroup established – formal/informal, committee with chair/co-chair?
 - Not really sure – there are many other workgroups!
 - For the E&T workgroup we had a charter, but that took a bit of time and might not be feasible given the timeline for this work.
 - Lisa suggested 3 options
 - Formal – reach out to Tribal leaders and Urbans and ask who they want to appoint with chair/co-chair and charter
 - Semiformal – ask people to volunteer and commit to serving nine months, ensuring that there is geographic and tribe/urban representation/balance
 - Less formal – schedule meetings and whoever is available to attend can with potential subcommittees meeting on specific topics/areas
 - Q – Will this workgroup end in September?
 - Not sure? The plan is due in September. There may be additional funding (up to 2 years), so the group may decide to continue. There is a request to have the workgroup develop a sustainability plan which could mean that they continue to meet or merge with another group.
 - Next meeting date scheduled February 19, 2-hour meeting, from 2:00-4:00. The focus of the meeting will be on Indigenous methodology and draft gaps and resources assessments.