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A Multi-Pronged Harm Reduction & Integrated Health Care Approach

Models of Tribal Promising Practices:
**Tribal Opioid Overdose Prevention
Care Coordination and Data Systems**



SEVEN DIRECTIONS
A CENTER FOR INDIGENOUS PUBLIC HEALTH

Multi-Pronged Approach

Indigenous Centered Praxis

- Cultural therapist to teach spirituality embodied by cedar, with weaving, beading, drawing, and carving.
- Canoe clubs offer cultural and spiritual connections: being on the water as a connection to the Creator.
- Meetings and community events with traditional prayers, ceremonial dance, and drumming.



Relationships

- Community-wide buy-in prior to launching OTP off the ground, and continued community involvement.
- Training collaborations with municipal fire department and technical college.
- Holistic collaborations and wrap-around services with tribal and non-tribal agencies addressing housing, justice system, jobs placement, counseling, etc.

Capacity Development

- Upgrading of skills and certifications of personnel required by the program.
- Adapt EHRs with local tribal college to understand population health needs.
- Continuous QI driven by client surveys.

Multi-Pronged Model of Harm Reduction and Integration

Integrating OUD care coordination and treatment offers a combination of key supports to address the complexities inherent in OUD and the multifaceted nature of the challenges that people face when dealing with addiction (Crummy et al., 2020). MAT has successfully incorporated a mixture of approaches tailored to their communities' needs, including harm reduction, various therapies, and support within their program. Research confirms that integrating the management of OUD with primary care, psychological needs, and other medical supports represents a promising practice in OUD treatment (Crummy et al., 2020, p. 39)

▶ **Why It Is Important.** The high frequency of comorbidities and polysubstance use among patients experiencing OUD suggests a multi-pronged approach to treating all types of SUD may be most effective (Crummy et al., 2020). Some models explicitly integrate OUD treatment within the larger context of primary care (McCarty et al., 2017), and integration of early treatment and treatment services into general primary care has increased (US Surgeon General, 2016).

▶ **Effectiveness.** MAT has been found to be more effective in reducing the quantity and frequency of opioid use when compared to treatments that do not use medication. The most promising MAT models of care included four components: (1) pharmacological therapy; (2) provider and community educational interventions; (3) coordination / integration of SUD treatment and other medical / psychological needs; and (4) psychosocial services / interventions (Chou et al., 2016). These components are generally integrated into individual, patient-centered programs coordinated by providers.

▶ **How the Multi-Pronged Approach Addresses Barriers to Care.** Barriers to implementing an integrative approach include the necessity for collaboration between support services such as health departments, social services, health care clinics, and other community-based services. Challenges include the lack of personnel representing these sectors; the low numbers of physicians authorized to prescribe MAT; ensuring HIPAA-compliant, SUD-specific EHRs; financial reimbursement from third-party payers; stigma from both providers and community members; staff training; and transportation. Addressing these barriers include strategies such as setting up web-based learning networks, telemedicine, using nurses or social workers to coordinate treatment, and community outreach efforts (Chou et al., 2016).



Lummi Nation's Healing Spirit Model

The Lummi Nation is located 100 miles north of Seattle, and 30 minutes south of the Canadian border in Northwest Washington State. The Lummi Nation began to see misuse of prescribed and illicit pain pills, particularly Oxycontin. When those became less available, use shifted to heroin, which was cheap and accessible to people already dependent on pain pills. As tolerance increased, use shifted to heroin, and some began to use intravenously. This contributed to increasing overdoses and deaths, and the spread of bloodborne pathogens. Community members, meeting weekly, advocated for more treatment services. The foundation of the Lummi CARE program, an abstinence-based AUD program, started more than 50 years ago. In 2007, Dr. Ron Horn was recruited to prescribe Suboxone (buprenorphine/naloxone). In this “office-based opioid treatment” (OBOT) program, MAT may be prescribed. The federal Drug Enforcement Administration’s then-100 patient per provider limit of allowed patients was quickly reached.

Why the Healing Spirit Clinic Developed

With a waiting list of over 100 patients seeking recovery services with the assistance of medication, community members and tribal leaders, led by Chairman Darryl Hillaire, supported the expansion of both Narcan distribution which had just been legalized in Washington State (2010) and the creation of an Opiate Treatment Program (OTP). In 2013, Lummi created a unique OTP using Suboxone instead of Methadone. This allowed the Lummi Healing Spirit Clinic OTP to treat more people than had previously been allowed under OBOT rules, and Lummi’s client numbers increased to over 300. It also allowed mid-level practitioners, PA-Cs & ARNPs, to work with doctors. The tribe saved money switching from prescribed buprenorphine under the OBOT rules to direct-to-patient-dispensed buprenorphine/naloxone under the OTP rules, and was able to treat three times as many clients for the same cost.

The decision to implement MAT for opiate use disorder started as a grassroots effort by tribal elders and family members who saw their relatives

dying from lack of treatment or inadequate treatment. Prior to 2013, Lummi clients had to seek care at another tribe’s methadone clinic one hour away. Some Lummi tribal members noted that patients taking methadone would nod out or act over-medicated. Many tribal members said they felt “more normal on Suboxone, than they did on Methadone.” Tribal leaders were aware that it was much easier to overdose on Methadone than on buprenorphine/naloxone. They were particularly concerned that a child could accidentally overdose on a family member’s methadone and die. Because of these reasons, tribal leaders preferred that the Lummi OTP only carry buprenorphine / naloxone, mono-buprenorphine (for pregnant women), naltrexone, oral and injection (Vivitrol).

One major element of the effectiveness of the Lummi Healing Spirit treatment is the availability of counseling, both chemical dependency and mental health, in a culturally appropriate environment. Additionally, clients have access to many support services. These wrap-around services, all run by the Lummi Nation or Tribal members, include homeless shelters, temporary housing, job placements, and educational opportunities.

How the Healing Spirit Clinic Developed

Using a community-based approach, Lummi tribal leaders and Lummi Counseling Services (formerly CARE Program) personnel, directed by Rosalie Scott, Program Director, Josie Jones, Program Assistant, and Matt Magrath, Program Sponsor provided information about various methods of opiate treatment to the community. The majority favored the MAT harm reduction model of treatment with Suboxone despite the high cost and limited availability.

To address the Suboxone treatment shortage, the tribe hosted multiple Tribal Council meetings, health commission meetings, General Council meetings, as well as grassroots sessions. Given the controversy surrounding addiction and addiction treatment, it was essential to get buy-in from residents before opening an OTP. But in Lummi's case, the need was voiced from the community, so Tribal Council support followed. With community and Tribal Council approval provided in 2011 and 2012, the Healing Spirit Clinic opened in 2013.



The Healing Spirit Model and Care Coordination Domains

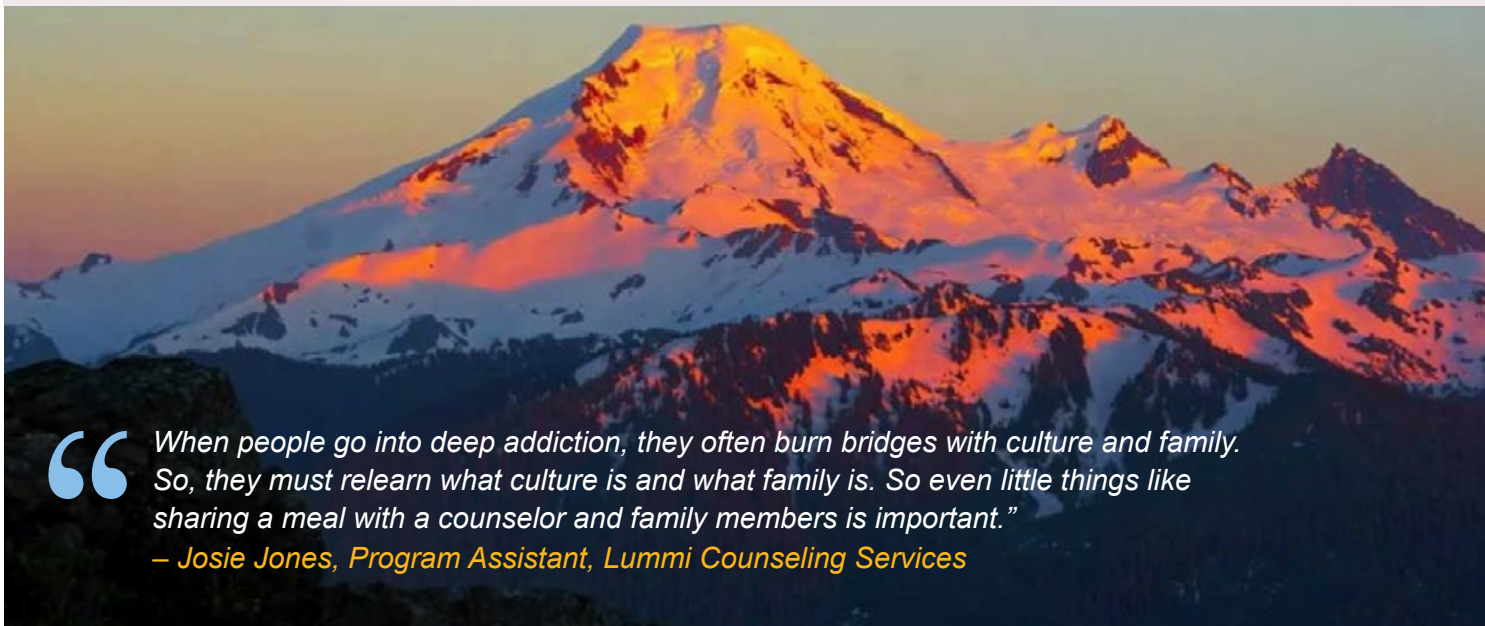
Indigenous Centered Praxis



The Healing Spirit Center maintains a Culture Room with a cultural therapist and cultural assistant, who help clients learn about the spirituality embodied by cedar, with weaving, beading, drawing, and carving.

On the prevention side, canoe clubs offer both cultural and spiritual connections, as being on the water is viewed traditionally as supporting a connection to the Creator.

Lummi meetings start with a prayer, and holiday or community events start off with traditional prayers, ceremonial dance, and drumming. These practices center spiritual practices and support ongoing cultural connectedness.



“When people go into deep addiction, they often burn bridges with culture and family. So, they must relearn what culture is and what family is. So even little things like sharing a meal with a counselor and family members is important.”

— Josie Jones, Program Assistant, Lummi Counseling Services

Relationships



The Lummi OTP hosts paramedic trainees, from the Bellingham Fire Department and the Technical College's paramedic training program, to learn more about addiction medicine and the positive outcomes that can occur from first responders' hard work.

On the prevention side of substance use, the Lummi Tribe participates in annual Regional/ International Canoe Journeys. Last year, the Lummi Tribe hosted tribes throughout the Northwest. The Lummi Counseling Services is exploring adding the Jamestown S'Klallam Canoe Journey curriculum / model for prevention, to expand cultural services already provided.

One of the hallmarks of the Lummi Healing Spirit Clinic is its integration with other tribal health and human services departments, as well as collaboration with local, non-tribal administrative agencies. Lummi's Drug Court Program, Housing Authority, Counseling Services, and homeless shelters coordinate with the Healing Spirit Clinic to support patient's needs. The Lummi Counseling Services program operates two transitional housing units that help those early in their recovery have a safe place to live. The homeless shelters are run by tribal members and offer another avenue for people in recovery to have a safe place to sleep.

The Behavioral Health Department has mental health counselors and a psychiatrist. In addition, funding from the Washington State Health Care Authority supports transitional job placements and phones to meet technology needs for clients. Patients may avail themselves of multiple tribally managed wrap-around services.

Capacity Development



The chemical dependency program includes certified counselors, and the OTP has physicians, mid-levels (PA-C & ARNP), and nurses.

Lummi has been training Recovery Coaches, grant-funded positions that cannot be billed through a third party, to become Peer Support Counselors. Peer support counselors with a SUD specialty can now bill services through a third party. This has an added benefit of providing opportunities for community members that have recovered from addiction to help others overcome the same struggles.

The Lummi clinic uses "Methasoft," an electronic health record which was specifically designed for OTPs. At the individual level, data collected includes client history, dosing & medication information from the pharmacy, physician, and counselors. There are annual physical records, as well as every-three-months follow-up records. (At the beginning of treatment, clients are seen weekly, and those visits are part of the record, as well.) Lummi added counseling assessments to adapt to individual patient needs, which include psycho-social, biomedical, and chemical dependency metrics. Group counseling sessions, and reports to various agencies/departments (i.e. drug-court, Child Protective Services, Indian Child Welfare, Vocational Rehab, etc.) are also included in the EHR.

At the systems level, the Lummi OTP employs continuous quality improvement, overseen by the Director of Healthcare Compliance and providing backend internal reviews. Client surveys are included in performance reviews to ensure the program meets client needs. Healthcare Compliance also reviews program data, ensuring adherence to federal and state guidelines.

The two most important takeaways from the Lummi OTP's experience with data systems are: (1) EHRs are limited, as their purpose is to record individual health outcomes, and they are not designed to assess population health trends. The clinic is working with Northwest Indian College to adapt the EHR to support understanding population health trends. (2) Survey Monkey and other free software can be used to assess client satisfaction and for other needs not captured in the EHR.



Summary

Within 2-3 years after the launch of the Lummi Healing Spirit Clinic in 2013, there was less stigma towards MAT in the community. Family members saw the positive results of MAT, affirming the community's initial acceptance of the program.

“ *With stigma, there was not much sharing, but with success, there was less judgment. Over time people got into a better space, and wanted to share their stories saying, 'I am very proud of where I am. I needed help, and was able to get it through the Suboxone program. I have my home, children and life back, and it is going to stay that way'*

– Rosalie Scott, Program Director, Lummi Counseling Services

Lummi's Healing Spirit Clinic is an effective model of an OTP that emphasizes a harm reduction approach with wrap-around services backed by community support. Community and council buy-in was achieved through thorough and transparent dissemination and discussion of promising practices at numerous community meetings. The EHR have been supplemented with other data collection efforts to assess client satisfaction and obtain qualitative data to elicit stories of success. Wrap-around services involving agreements and coordination with other tribal departments increase the likelihood of successful outcomes for OTP clients.

Moreover, leveraging partnerships and knowledge sharing with community partners has led to program growth and sustainability, while Lummi's quality improvement activities ensure the cultural match developed continues to meet community needs.

COMPONENTS OF

Lummi Nation's Healing Spirit Clinic Model

<p>Cultural Fit</p>	<p>Offers a Culture Room with a cultural therapist and cultural assistant to teach about spiritual aspects of traditional practices and traditional arts</p>	<p>Innovative Practice</p>	<p>Opened the first MAT using Suboxone in Indian Country</p>	<p>Knowledge Sharing</p>	<p>Meetings were held to discuss as a Nation the concerns regarding OUD in the community and how to best address the issues</p>
<p>Cross Sector Collaboration</p>	<p>Integrate services already offered by the tribal government w/ MAT Providers work together to support the Opiate Treatment Program</p>	<p>Meeting Community Needs</p>	<p>Syringe Service Program Naloxone kits distributed "door to door" Wrap-around services</p>	<p>Community Investment</p>	<p>OUD services started by the efforts of tribal elders and family members</p>
<p>Leadership</p>	<p>Tribal leaders supported the community's efforts Directors of different programs work together to meet the needs of clients</p>	<p>Professional & Cultural Development</p>	<p>Culturally focused curriculum is available for staff Agreements with the local college for paramedic training and internships</p>	<p>Sustainability</p>	<p>Funds are provided through a third-party billing agreement with the state</p>
<p>Data Infrastructure</p>	<p>Data systems integrated with existing EHRs Q1 for internal reviews Client satisfaction surveys</p>	<p>The Lummi Nation harm reduction and integrated care approaches combines traditional Lummi values to individualize care with Western medicine, and provides integral contextual and cultural supports to ensure engagement and participation in chartering a tailored recovery journey.</p>			