OPIOID CRISIS IN HOOPA VALLEY:

KMC's Holistic Approach
AGENDA

The Hoopa Valley and KMC

- The Lay of the Land
- Primary Care Medical Home

Departmental Presentations

- Medical Clinic
  - Local opioid crisis
  - Opioid response
- Behavioral Health
  - Integrating mental health
- Pharmacy
  - Curbing the high demand for prescription opioids
Na:\tinixwe which means “people of the place where the trails return”

Tribe located in traditional territory – life and culture linked to this river and this land

Remoteness protected tribe from colonization longer than most

Many culture and traditions of the Hoopa people have remained intact and are still a part of their everyday lives - prayers, world renewal and seasonal dances, medicine and healing ways

THE HOOPA VALLEY
GEOGRAPHIC CHALLENGES

Ambulance transport is one hour from Emergency Departments

Periods of severe weather/environmental conditions:
- Rockslides
- Snow
- Wildland fire and smoke

Cell service limitations

Photo source: Hoopa TEPA
MEDICAL CLINIC

A Joint Commission Accredited Primary Care Medical Home
Alcohol and Other Drugs-related Deaths by Substance

Total Count: 49

4% Drug & Other - toxic levels of an illicit substance found but were not the only cause of death

21% Opioids - includes heroin and prescription drugs, such as tramadol, codeine, morphine, oxycodone and fentanyl

29% Stimulants - includes methamphetamine, amphetamine, cocaine and MDMA

18% Multiple Drugs

20% Alcohol - includes intoxication, chronic alcohol abuse or alcoholism

8% Drug & Alcohol

Source: Humboldt County Sheriff’s Office

Graphic by Catherine Wong — The Times-Standard
IMPACT ON HEALTH

Addiction
- Chronic disease
- Can span the full life cycle
- Polysubstance use/misuse

Pregnancy complications
- Neonatal Abstinence Syndrome

Social effects
- ACEs increased for children of addicts
- Family systems assuming greater roles
  - ↑ stress
- Added caseload for family services
Life threatening infections
- Phlebitis and abscesses
- Sepsis
- Endocarditis

Co-morbidity Risks
- Hepatitis C
- HIV
- Syphilis

Overdose
- Limited treatment beds for survivors
- Death
RESPONDING TO THE EPIDEMIC

Primary Prevention: Education

Secondary Prevention: SBIRT screening, early intervention, referral

Tertiary Prevention: Taper, Medication Assisted Treatment (MAT)

Risk mitigation: naloxone, CURES, drug testing
ACCOMPLISHMENTS

Utilizing a Public Health Model
Pain committee implemented in 2005
Embracing CDC 2016 Guidelines

Integrating Behavioral Health

Increasing access to naloxone (opioid overdose antidote)

Starting a MAT program

Signing on as a Spoke with AEGIS
NALOXONE DISTRIBUTION

Collaboration with AEGIS and Humboldt County Health and Human Services

Trainings and naloxone distribution at community meetings
MEDICATION ASSISTED TREATMENT

Dispensed first script on May 22, 2018

Two waived providers

Consulted with AEGIS, Open Door, and Chapa-De Indian Health

Utilizing holistic approach
  • Medical
  • Nursing
  • Behavioral Health

Created Welcome, Pre-Induction, and Induction packets
  • Flow chart of process
CHALLENGES

- Lack of universal trauma informed care training across the entire organization
- Medically and socially complex care
- Outreach staff are generally not reimbursable, but are critical to assist families in crisis and to provide prevention interventions
- Space – fitting an integrated PCMH primary care clinic into a building designed as a small hospital
- Staff recruitment difficulties
THE FUTURE

Expansion of naloxone distribution & training
Auditing patient charts to ensure long-term opioid users are aware they, and their family and friends, have access to free naloxone

Patient education in lobby & restrooms

Many fatal overdoses happen in public bathrooms.
CHECK YOUR BATHROOMS
Your actions could save a life.

<table>
<thead>
<tr>
<th>Signs of an OD:</th>
<th>What to do:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person is unresponsive</td>
<td>1. Call 911 immediately</td>
</tr>
<tr>
<td>Slow or no breathing</td>
<td>2. Do rescue breathing</td>
</tr>
<tr>
<td>Blue or gray lips/fingertips</td>
<td>3. Administer Narcan</td>
</tr>
<tr>
<td>Death rattle</td>
<td>*If you leave the person, put them in the recovery position</td>
</tr>
<tr>
<td>&quot;Air hunger&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Recommended Safety Protocols
- Call 911 right away if someone is in trouble!
- Do regular bathroom checks (e.g., every 10 minutes).
- Ensure that someone on shift always has a master key/code to the bathroom.
- Regularly review Bathroom Safety Protocol with staff.
- Have Narcan on hand, and know how to use it.
<table>
<thead>
<tr>
<th>Increasing</th>
<th>Installing</th>
<th>Installing</th>
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<tbody>
<tr>
<td>Increasing KMC’s capacity to meet the MAT needs of the Hoopa Tribe</td>
<td>Installing a safe syringe drop-off kiosk on KMC property</td>
<td>Installing a safe medication return kiosk in KMC lobby</td>
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</tbody>
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- Installing a safe syringe drop-off kiosk on KMC property
- Installing a safe medication return kiosk in KMC lobby
BEHAVIORAL HEALTH
65 people completed assessments with a counselor from our department

10 people were sent to detox

31 people were sent to residential treatment

Two new mental health clinicians have been hired
CTAS FUNDS

Starting a transitional living program for men and women

Case manager and outreach prevention worker hired with these funds

Men’s Sober Living house is up and running

Women’s house has been identified and is awaiting interior renovation
BH alcohol and drug counselor will start as AOD MAT Lead next week

BH is facilitating Seeking Safety groups twice a week for MAT program

Five days of outpatient groups
BH CHALLENGES

- Not having direct funding to pay for inpatient treatment
- Long waiting lists for inpatient treatment
- Transportation for clients coming to clinic and when traveling to treatment
- Placement for clients/patients that are dual diagnosed
- Space and ability to be co-located and fully integrated into patient’s healthcare