Swinomish Indian Tribal Community didgʷálič Wellness Center Model

History, Planning, and Operations

Immersion Training

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Overview

1. Opioid Use Disorder Treatment
2. Swinomish Opioid Treatment Program Evolution
3. Regulatory Agency Compliance
4. Overview of the Swinomish didgʷálic Wellness Center
5. Personnel
6. Removing Barriers to Care
7. Lessons Learned
8. The Impact

Opioid Epidemic Critical Treatment Gaps

1. **MAT is not available for most patients**. Only 23% of publicly funded treatment programs and fewer than 50% of private programs offer MAT. *American Journal of Public Health*

2. **Most MAT patients don't have adequate access to counseling.** "[B]y itself, medically supervised withdrawal is usually not sufficient to produce long-term recovery, and it may increase the risk of overdose[.]" *New England Journal of Medicine*

3. **Referrals to primary care are ineffective.** Research demonstrates referrals result in only 35% of patients actually receiving primary care. *American Journal of Public Health*

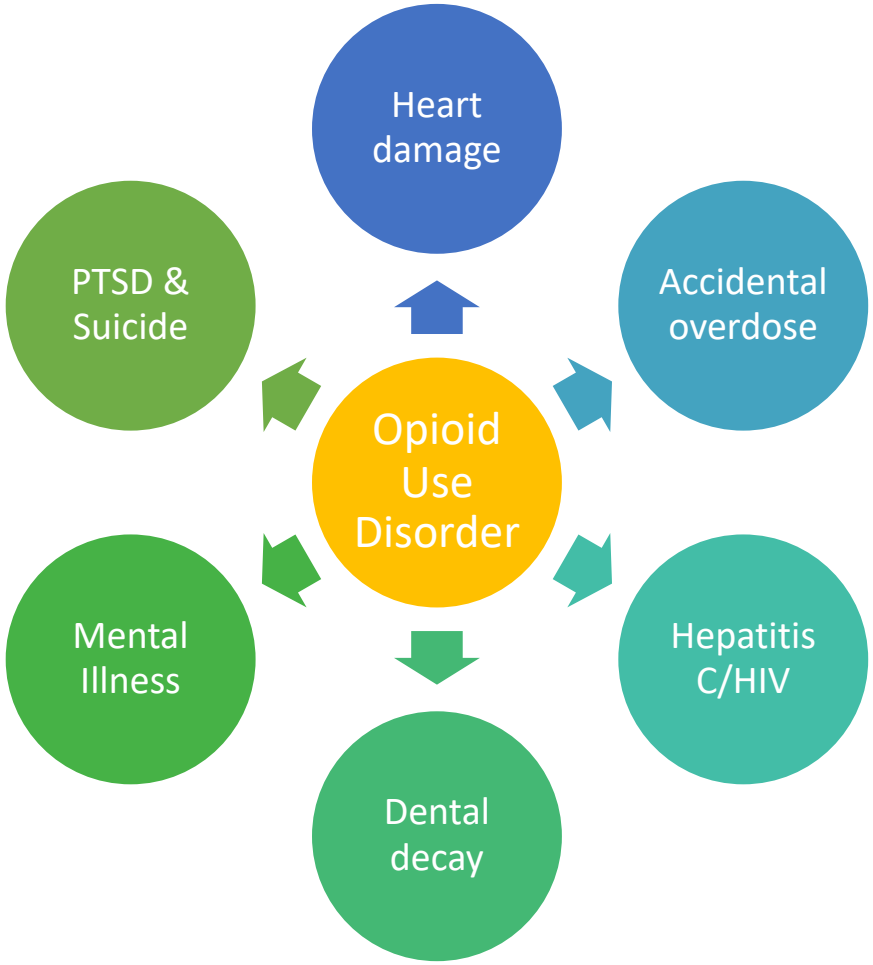
Investing in Safer Communities

"[M]edication-assisted therapy is associated with reduced general health care expenditures and utilization, such as inpatient hospital admissions and outpatient emergency department visits"
– Mohlman, et. al.

→ Swinomish Program will mitigate community impacts of the opioid crisis

→ Will alleviate burdens on first responders, public hospitals, law enforcement

Opioid Use Disorder Causes High Morbidity and Mortality

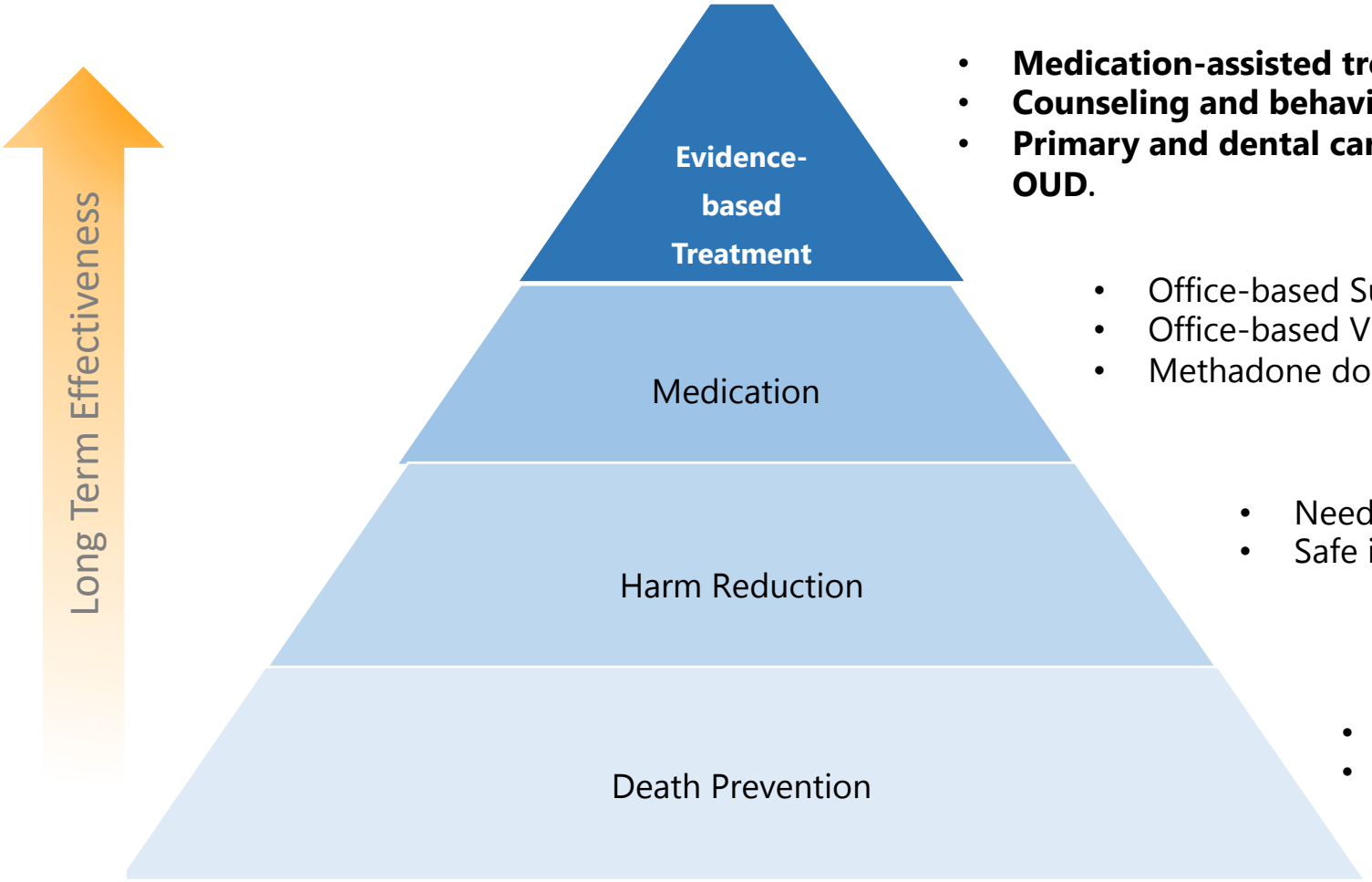


- Opioid use disorder is a chronic, relapsing medical condition.
- High mortality of OUD stems primarily from complications, such as accidental overdose, trauma, suicide, or infectious disease (e.g., Hepatitis C, HIV).
- There is no known cure. But OUD can be managed long-term with appropriate treatment.

Kosten, Thomas R., M.D. and Tony P. George, M.D, "The Neurobiology of Opioid Dependence: Implications for Treatment," **Science and Practice Perspectives**, July 2002.

Schuckit, Marc, M.D. "Treatment of Opioid Use Disorders," **New England Journal of Medicine**, July 2016.

Hierarchy of Opioid Use Disorder Interventions



- **Medication-assisted treatment (MAT), and**
- **Counseling and behavioral therapy, and**
- **Primary and dental care for chronic pain and medical issues resulting from OUD.**

- Office-based Suboxone
- Office-based Vivitrol
- Methadone dose-and-go

- Needle exchange programs
- Safe injection sites

- Naloxone distribution
- ER intervention

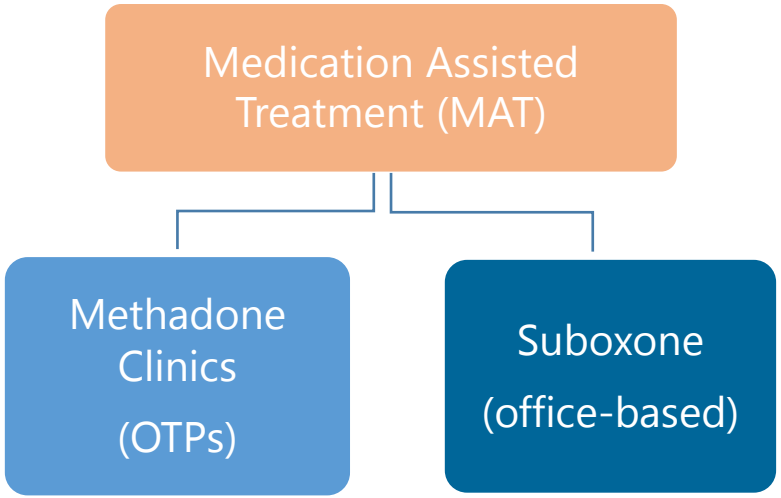
Combating the Opioid Crisis

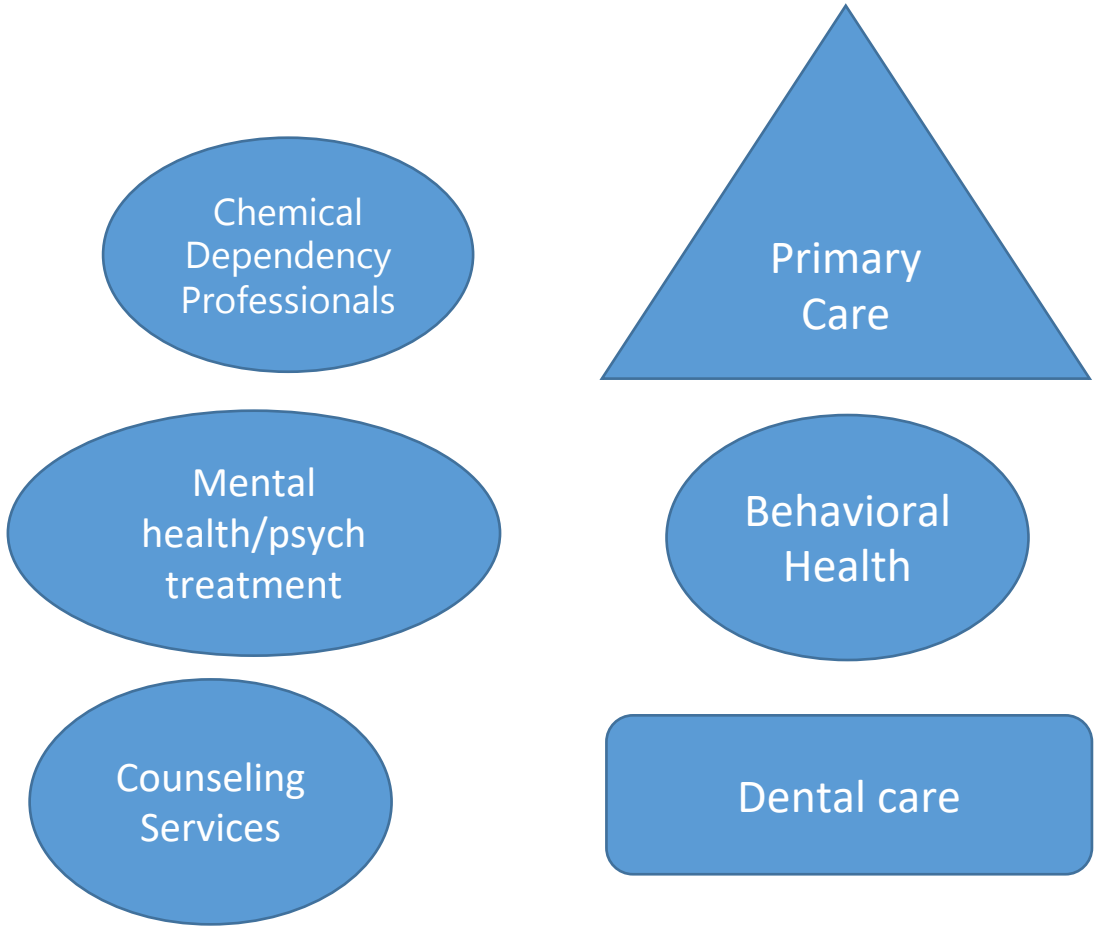
The Swinomish Senate ambitiously decides to use their own funds and resources to combat opioid crisis.

Community understands that this is a local and national issue affecting Native and non-Native populations.

Integrated Care Treatment Model

Pharma companies long misrepresented the nature of opioid addiction to doctors, patients and public health policymakers





BARRIERS TO CARE:

Homelessness, Mental Illness, Transportation, Lack of Childcare, Domestic Violence, Lack of provider participation

Swinomish Opioid Treatment Program Evolution

- 1976-1997: Typical IHS Alcohol Program
- 1997-2006: IHS State Medicaid Certified Alcohol Program
- 2009-2010: Community consensus and awareness of overdose deaths drive Swinomish Tribal government response
- 2012: Swinomish's first medication-assisted treatment program launched with outpatient suboxone and intensive counseling therapy
- 2015: Initial program was very successful but still did not fully meet the community needs
- 2016: Property purchased to expand services
- 2018: Grand opening of didgʷálič Wellness Center Program

Addressing the Need

Property purchased:

September 28, 2016

Grand opening:

January 8, 2018

Next Steps

1. Initiate long and involved permitting/licensure process
2. Convert property to medical facility
3. Hire skilled staff

Regulatory Agency Compliance

1. CITY/COUNTY/TRIBAL AUTHORITY
2. WA STATE DEPT OF HEALTH
3. WA STATE BOARD OF PHARMACY
4. WA STATE HEALTH CARE AUTHORITY
5. U.S. HHS-SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION
6. U.S. HHS-IHS and CMS
7. US DRUG ENFORCEMENT ADMINISTRATION

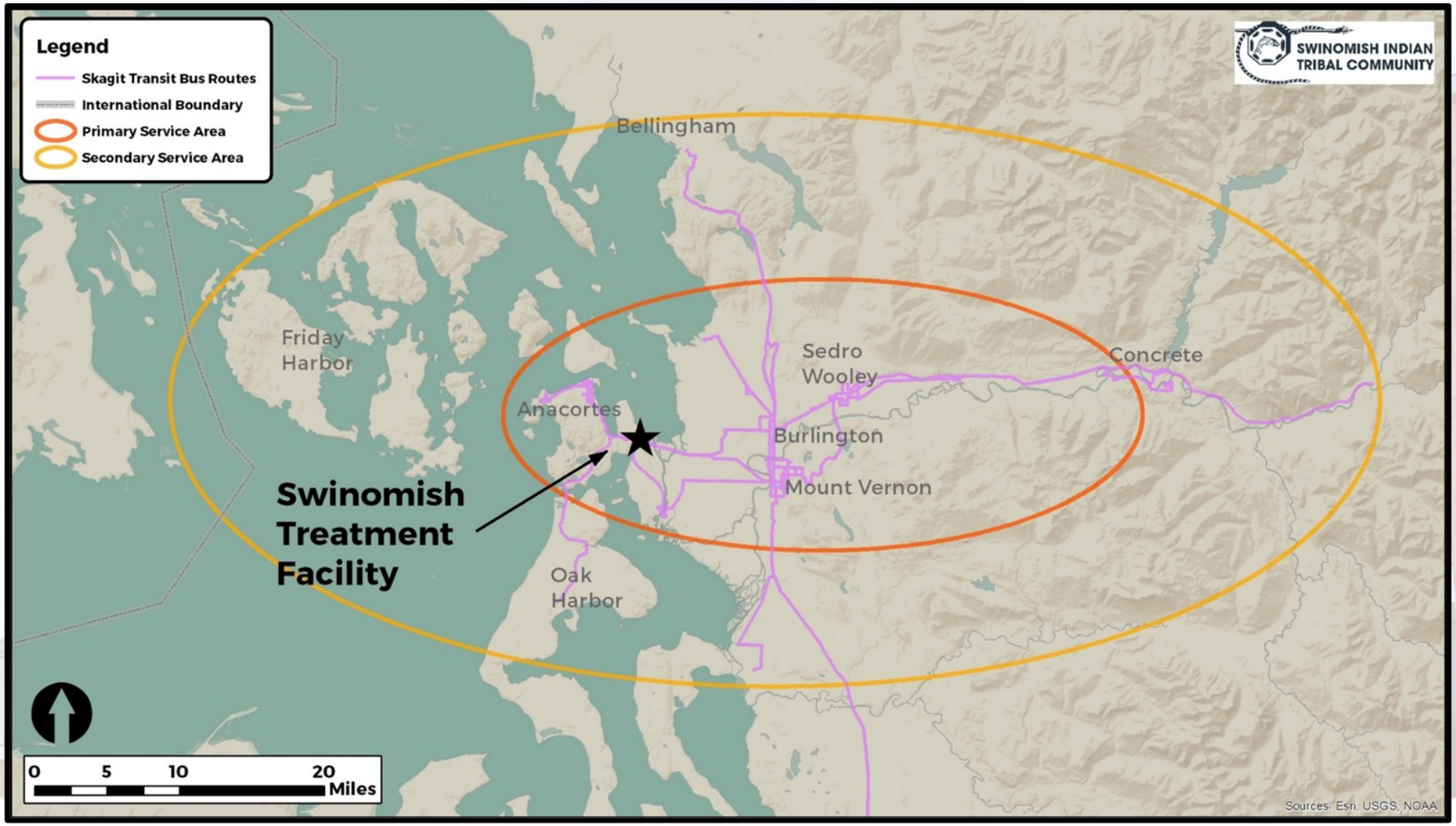
Swinomish didgʷálič Wellness Center

Swinomish invested in a safer community by using tribal funds and resources to combat the opioid crisis by addressing the needs of the whole person.

didgʷálič (deed-gwah-leech) Wellness Center is a multi-specialty community health organization owned and operated by the Swinomish Indian Tribal Community. We provide counseling, medication-assisted treatment, primary care, dental, and social services to both Native and non-Native patients with substance use and behavioral health disorders.

Video: https://drive.google.com/file/d/1kx0AnCOTQ8sXh387nJvCw0jbggkZtvjV/view

didgʷálič Wellness Center Service Area



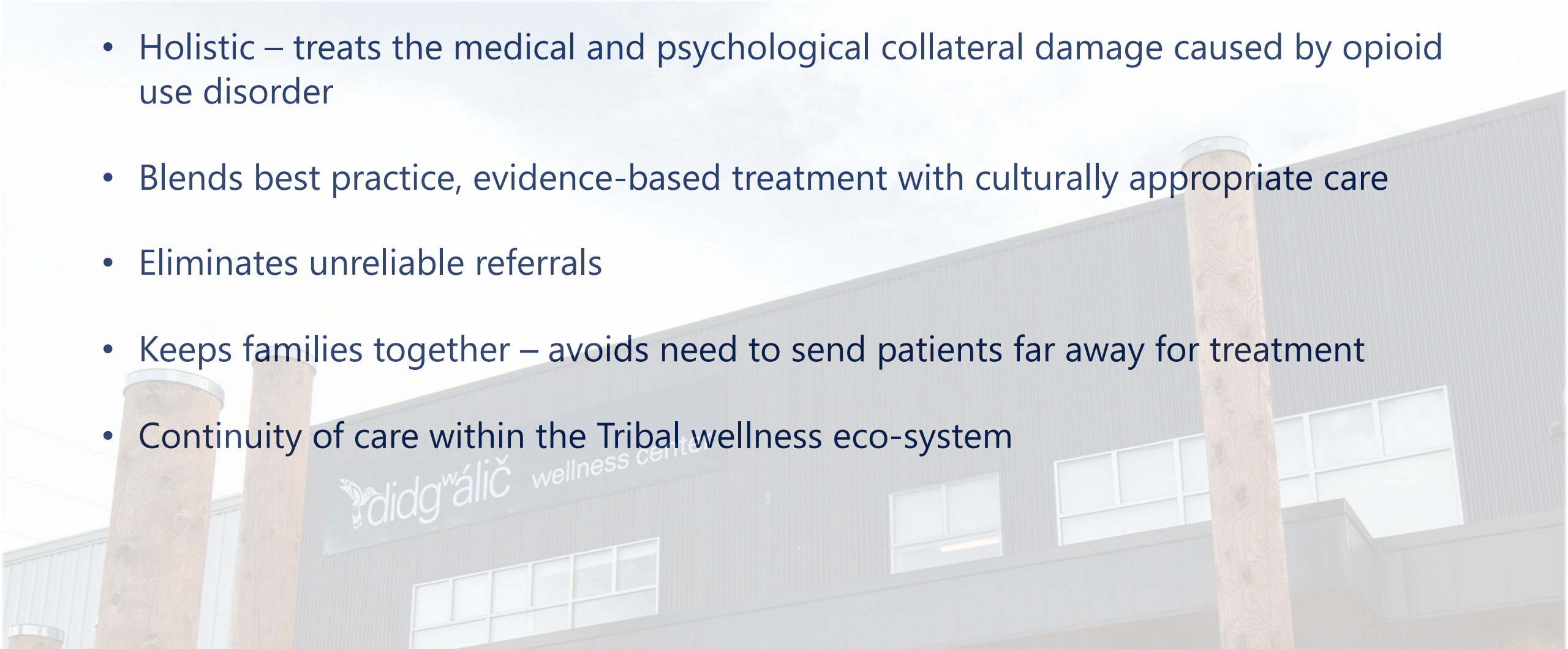

Our mission is to improve outcomes with quality
health care solutions by removing barriers to treatment

Swinomish didgʷálič "Integrated Care" Treatment Model

- Brings all necessary treatment components under one roof
- Integrated care vs. coordinated care
- Not a "triage" model
- Patient-centered care determined by patient need
- Fully integrated methadone/suboxone/vivitrol options
- Centralized primary care and behavioral health
- Removes barriers to care that otherwise prevent care
- Adaptive to rural or urban environments
- Accredited as OTP
- Goal is to remove barriers to care
- Providers do not require that patients stop taking substances to receive services.
- Everything people with OUD/SUD need under one roof.

Our Treatment Model

- Holistic – treats the medical and psychological collateral damage caused by opioid use disorder
- Blends best practice, evidence-based treatment with culturally appropriate care
- Eliminates unreliable referrals
- Keeps families together – avoids need to send patients far away for treatment
- Continuity of care within the Tribal wellness eco-system



Services All Under One “Roof”

- ✓ Personalized, intensive SUD counseling
- ✓ Full-service outpatient medication-assisted treatment (MAT)
- ✓ Primary medical care
- ✓ Comprehensive behavioral and mental health services
- ✓ Dental care
- ✓ Hepatitis C screening and treatment
- ✓ Social worker case management & referrals
- ✓ Psychiatric diagnosis and medication management
- ✓ Shuttle Transportation
- ✓ On-site Childcare
- ✓ Naloxone training and distribution
- ✓ Medication lockbox training
- ✓ Acupuncture
- ✓ Yoga

Client Services-Peer Support

- ✓ Elder Care Group
- ✓ Native Art Group
- ✓ Group counseling and classes
- ✓ Peer Navigator
- ✓ Housing Vouchers
- ✓ Legal Support
- ✓ Community Services
- ✓ Social & Health Advocacy
- ✓ Transportation

Personnel based on initial 250 patients

CEO — .75 FTE

COO/Program Sponsor — 1 FTE

Chief Medical Officer — .25 FTE

Medical Staff — 8 FTEs

- *4 LPNs, 2 RNs, 2 ARNPs*

Substance Use Disorder Professionals — 12 FTEs

- *Clinical Director/Supervisor, 7 SUDP's, 3 SUDPT's*

Personnel based on initial 250 patients

Social Worker/SUDP

1 FTE

Licensed Mental Health Counselors

- *Clinical Supervisor, 1 LMHC/SUDP, 1 LMHC*

3 FTEs

Administration

- *Office Manager, 3 Administrative Assistants, 2 Child Watch Attendants, 2 Data Entry/UA Techs*

8 FTEs

Billing – Manager, 3 Specialists

4 FTEs

Security/Transportation

- *Director, Manager, 3 Security Guards, 7 Transporters*

12 FTEs

Personnel based on initial 250 patients – Administrative Support

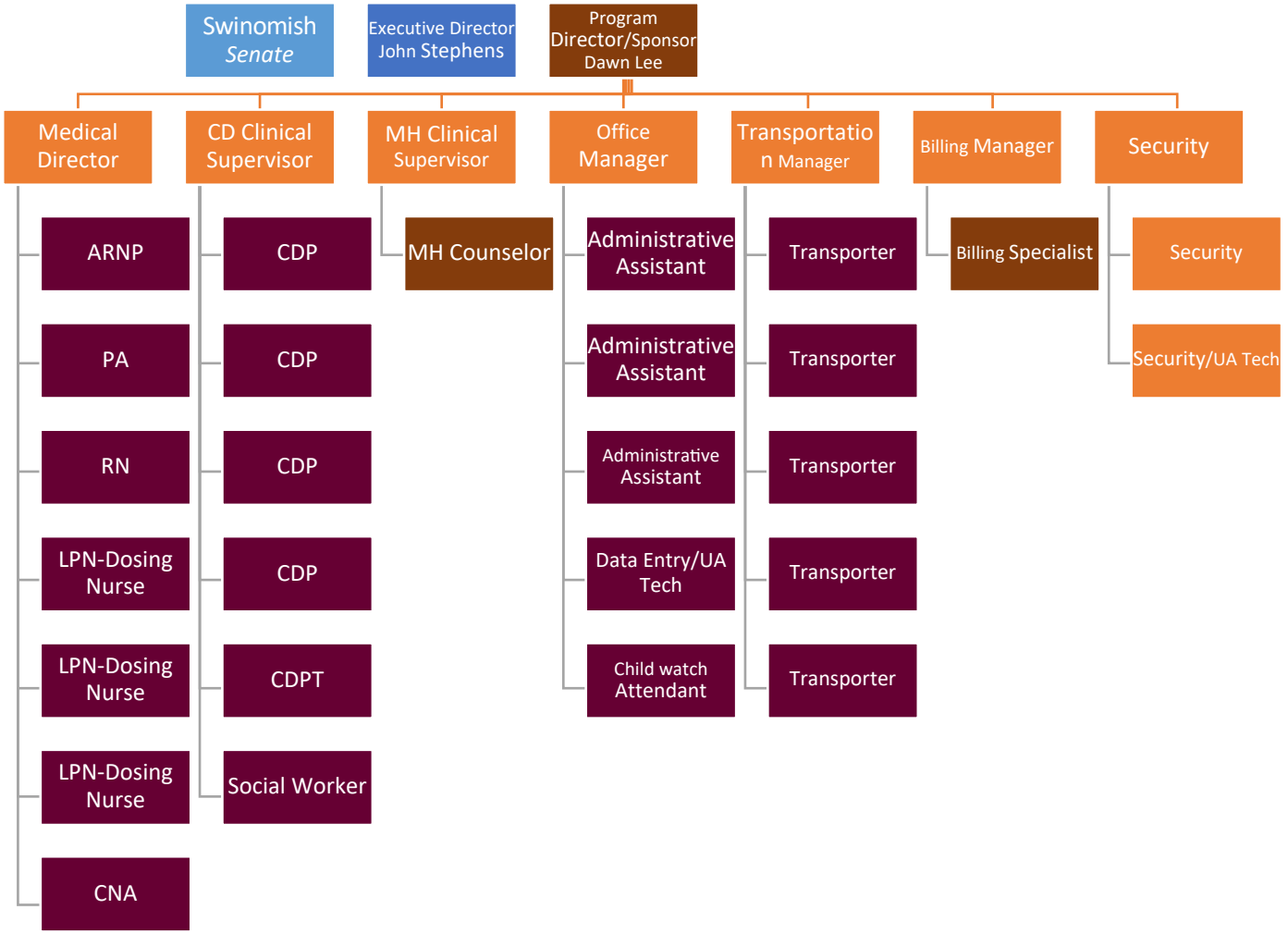
Human Resources – HR Manager — 1 FTE

Accounting – Accountant — 1 FTE

Information Technology — 3 FTEs

- *Senior IT Tech, IT Developer*

2018 didgʷálič Org. Chart



Removing Barriers to Care

- ✓ Free on-site child watch during visits
- ✓ Free transportation to/from visits
- ✓ Culturally appropriate care
- ✓ Assistance with social services
- ✓ Transitional housing
- ✓ Private medication appointment rooms
- ✓ Free clothing bank

Transportation

- **<u>Barrier:</u> Majority of people with OUD/SUD lack a valid drivers license, access to a ca and have limited public transportation access.**

<u>didgʷálic offers:</u>

- **Free transportation to our patients in 3 counties (Skagit, Island, and Whatcom) beginning at 4AM.**
- **50% of our patients use our transportation service.**

On-site Child Watch

- **<u>Barrier:</u> Families who lack access to child care are often unable to enter or remain in SUD/OUD treatment.**

<u>didgʷálic offers:</u>

- **3-hour on-site child watch for children 6 weeks to 12 years of age.**
- **Encourage new moms to bring babies with them into dosing and appointments or leave with trusted staff.**
- **Our child watch is staffed by professionals who provide healthy snacks, age-appropriate toys, and caring attention to the children of our patients.**

Transitional Housing

- **<u>Barrier:</u> Majority of patients are housing insecure or homeless.**

<u>didgʷálic offers:</u>

- **Transitional housing program with separate houses for men, women, and families.**
- **In the housing program residents learn important life skills and attend onsite support groups.**
- **Provides residents with a caseworker to meet transition goals for independent living.**

Lessons Learned

1. Healing OUD/SUD requires treating the whole community.
2. Referrals to essential services often do not benefit people with OUD/SUD.
3. Integrated services are better for people with OUD/SUD.
4. People suffering from OUD/SUD benefit from removing barriers to care.
5. Not everyone with OUD/SUD benefits from Buprenorphine.
6. Cultural competency helps patients with OUD/SUD recover.

The Impact

- Within the first year, opioid overdoses among Swinomish Tribal members decreased by 50%
- Client retention rate over 75%.
- 76% report significant improvements in their quality of life.
- Majority of new clientele are self-referred or referred by family and friends who are also in services

Questions