Opioid Crisis in Hoopa Valley: KMC’s Holistic Approach

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Agenda

- About Me & My Home
- How and Why I Chose the Opioid Epidemic
- The Hoopa Valley and KMC
  - The Community
  - K’ima:w Medical Center
- Local Opioid Crisis
  - Opioid Response
    - Medical, Behavioral Health, Pharmacy, Community
- Moving Forward
- Takeaways
About Me

- Member of the Hoopa Valley Tribe
- Grew up on the Hoopa Reservation
- Rising senior at Dartmouth College
- National Indian Health Board Fellow
The Hoopa Valley

- Na:tini-xwe 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
- Many culture and traditions of the Hoopa people have remained intact and are still a part of their everyday lives
Why Opioids?

- An issue in the valley where the community wanted to see change
  - Many turn to abusing drugs to avoid underlying problems
  - Many patients suffer from chronic pain and use prescribed opioids long term and become addicted
  - Both groups have been found to turn to buying opioids on the street
What are Opioids?

- Opioids are a class of drugs which include:
  - Heroin
  - Fentanyl (synthetic opioid)
  - Prescription opioids include:
    - Oxycodone (OxyContin)
    - Hydrocodone (Vicodin)
    - Codeine
    - Morphine
Local Medical Clinic

Primary Care Medical Facility
Humboldt County Snapshot

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
- 20% Alcohol - includes intoxication, chronic alcohol abuse or alcoholism
- 21% Opioids - includes heroin and prescription drugs, such as tramadol, codeine, morphine, oxycodone and fentanyl
- 8% Drug & Alcohol
- 18% Multiple Drugs
- 29% Stimulants - includes methamphetamine, amphetamine, cocaine and MDMA

Source: Humboldt County Sheriff’s Office

Graphic by Catherine Wong — The Times-Standard
State Stats 2017-2018

https://discovery.cdph.ca.gov/CDIC/ODdash/
Humboldt County Stats 2017-2018

https://discovery.cdph.ca.gov/CDIC/ODdash/
Impact of Opioids on Community Health

- Addiction
  - Chronic disease
  - Polysubstance use/misuse

- Pregnancy complications
  - Neonatal Abstinence Syndrome

- Social effects
  - ACEs increased for children of addicts
  - Family systems assuming greater roles
  - Added caseload for family services
Impact on Health, cont’d

- 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: Screening, Early Intervention, referral of treatment
- Tertiary Treatment: Reducing medication, Medication Assisted Treatment (MAT)
- Risk mitigation: naloxone, CURES, drug testing
Progress at KMC

- 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
  - To help implement the MAT program
Naloxone Distribution

- Collaboration with AEGIS and Humboldt County Health and Human Services to disperse Narcan
- Trainings and naloxone distribution at community meetings
Medication Assisted Treatment

- Dispensed first script on May 22, 2018
- Two trained providers
- Consulted with AEGIS, Open Door, and Chapa-De Indian Health
- Utilizing holistic approach
  - Medical
  - Nursing
  - Behavioral Health
- Created Welcome, Pre-Induction, and Induction information packets
Behavioral Health
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
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

● More community education about addiction resources

● Increasing KMC’s capacity to meet the MAT needs of the Hoopa Tribe
The Future, cont’d

- Installing a safe syringe drop-off kiosk on KMC property
- Installing a safe medication return kiosk in KMC lobby
What I’ve Learned...

- The Opioid problem is comprised of two groups
  - Each requiring different plan of action
    - reducing number of opioids prescribed and improved pain management long term
    - Getting more information into the community on resources for substance abuse
More things I’ve Learned...

- The opioid crisis is a surface level problem
  - The community needs to address other issues first
    - Mental Health Stigma
    - Poverty/Increasing Local Job Opportunities
    - Education
    - Housing
    - Community events/involvement
Thank You!

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Sources

- https://www.cdc.gov/opioids/
- https://discovery.cdph.ca.gov/CDIC/ODdash/