Feasibility of Maintenance Therapy in Pregnancy among Opioid Users in Tribal Communities

Conference Report and Strategic Planning Steps

Browning, Montana
Wednesday, June 29, 2016

Executive Summary

Background: In May 2016 the Rocky Mountain Tribal Leaders Council/Rocky Mountain Tribal Epidemiology Center, with support letters from Blackfeet CH and the tribe, received a grant from the Montana Health Care Foundation to assess feasibility of opioid maintenance therapy in pregnancy in tribal communities with a focus on the Blackfeet tribe.

Goals: This report has 2 goals (1) To summarize the conference held in Browning in June 2016 and (2) To present conference findings addressing Step 2 of the project: Create a strategic plan for treatment of opioid addiction in pregnancy among Blackfeet women.

Next steps: This report, created by RMTLC and their subcontractors at Boston University, is being shared with BIA; Well Mothers and Babies (Blackfeet community organization); Blackfeet tribal health; BAO/IHS; Administrative, Physician, and Nursing leadership at Blackfeet Community Hospital; state leadership; and the MHCF. RMTEC is requesting that each group respond by August 31 either with written feedback or through a telephone interview. Based on this feedback, we will create a shared strategic plan to treat opioid addiction in pregnant Blackfeet women.
Part 1: Therapies for Opioid Dependent Pregnant Women: Conference Summary

Date: June 29th, 2016
Location: Blackfeet Community College, Blackfeet Nation, Browning, MT
Funder: The Montana Healthcare Foundation
Organizer: The Rocky Mountain Tribal Epidemiology Center
Collaborators: Rocky Mountain Tribal Leaders Council; Blackfeet tribe; Blackfeet Community College; IHS Blackfeet Community Hospital; Bureau of Indian Affairs, Boston University.

Goals: Stemming from a desire to identify and enact effective, culturally-relevant treatments for opioid dependency in the perinatal period, the meeting brought together clinicians, public health leaders, tribal members, administrators and advocates to:
1) Learn the basics of opioid maintenance therapy for opioid-dependent women in pregnancy.
2) Discuss the pros and cons of maintenance therapy in pregnancy.
3) Discuss next steps around potential treatments in the communities represented.

The agenda, a table summarizing presentations and round tables with next steps, speaker bios, and the full transcripts recorded at roundtable session can be found in the Appendices.

Conference Attendees
Of the 91 attendees, 64 were tribal members and 82 were from Montana. Tribes represented included: Assiniboine, Blackfeet, Cahuilla, Chilcotin, Chippewa Cree, Dine’, Fort Peck, Haida, Little Shell, Lummi, Ojibwe, Rocky Boy, Salish & Kootenai, Sioux, Tlingit, and White Earth Nation. Participants included physicians, nurses, addiction and treatment experts, public health professionals, tribal leaders, and government officials.

Presentations and Roundtable Discussions
Experts from local and national locations presented best-practices and success stories related to management of opioid dependence in pregnancy. The main points and next steps presented by each can be found in the summaries and outcomes table below.
Part 2: Strategic planning to treat opioid addiction in pregnant Blackfeet women

Themes emerged at the conference around approaches to addressing opioid addiction in pregnant women. Key suggestions below are taken from conference participants with additional feedback from leadership at:

- Blackfeet Tribal Health Department
- Blackfeet Community Hospital
- Crystal Creek Treatment Center
- Billings Area Office, Indian Health Center
- Bureau of Indian Affairs
- Northern Winds Recovery (Licensed Community Mental Health Center, Browning MT)

Please consult the table for many more action suggestions.

**Theme 1: Scope of the problem and team approach.** Drug use in the perinatal period is an overwhelming problem of epidemic proportions on Montana reservations. Approaches need to be large scale, and must include all stakeholders: medical facilities, tribal leadership, community groups, social services, data/evaluation processing and administrative support. A team approach is critical.

**Next steps – key suggestions**

- Create a multi-disciplinary approach to address the multi-headed “beast” of drug abuse on the Blackfeet reservation.
- Create a team/task force which meets on a regular basis and creates a core focus for moving the issue forward. Identify a single point of contact that will focus/coordinate/direct the work. Have IHS participate in these meetings. Who would be the point of contact?
- Consider implementation, infrastructure and potential outcomes of replicable Medication Assisted Treatment and wrap around services in Blackfeet country.
- Address concerns around screening.
- Integrate trauma informed care.
- Want to avoid bringing additional drugs onto the reservation where opioids are already such problematic drugs of abuse. Want to avoid a problem that happens in other parts of the country where physicians have been coming in from the outside and selling opioid prescriptions.
- Need better communication coordination between different programs serving opioid-dependent pregnant women.
- “It’s simple. But, getting people to work together is like trying to pull a tooth from a whale.”
- Need better regional leadership and collaboration across agency sectors (IHS Area, large hospitals, social services, courts, law enforcement, and public health agencies).
- Suggest creating one large recovery center that all tribes have ownership of, and where they can send their mothers who need in-patient care during pregnancy.
- Some feedback opposed the idea of maintenance opioid therapy long-term.
- Need better community messaging and awareness throughout all Native communities – as well as the rest of the state.
- Blackfeet community needs to know more about opioid addiction, evidence-based treatment recommendations, and treatment options in Blackfeet and around the state.
• Need an in-patient treatment option for people who are trying to get clean from both meth and opioids. With Crystal Creek you have to be clean and sober for 5 days before you can enter the treatment center there.
• Foster homes need better training to be able to adequately handle the overwhelming number of infants with withdrawal symptoms and delayed development due to in utero drug exposure. It is getting harder to place infants who are exposed to drugs in utero.
• CAPTA Law requires that a referral be made to social services when infants test positive for illicit substances.

**Theme 2: Cultural relevance.** Tribal communities have a wealth of knowledge and healing practices which must be tapped and incorporated into any plan for treatment.

**Next steps – key suggestions**
- Involve elders in the re-education of traditional Blackfeet parenting practices. Consult with Blackfeet Traditionalists regarding culturally based child rearing practices and concepts as a means to modeling healthy families and relationships.
- Design family and child-centered systems of care.
- Incorporate culturally-based practices into evidence-based approaches.

**Theme 3: Facility and training needs.** Opioid replacement therapy is not available at Blackfeet Community Hospital. Physicians need specific training and licenses in order to prescribe replacement opioid therapy. Currently no IHS MDs in Montana have these certifications. Treatments are available for this problem and they work.

**Next steps – key suggestions**
- Blackfeet needs a local, culturally competent, residential treatment center capable of providing services specific to drug addiction, to youth and women with children.
- Expand access to pregnant women for treatment.
- Look at Crystal Creek Lodge Treatment Center and Northern Winds Recovery Center as local resources to provide these services.
- Investigate licensing for IHS physicians.
- A thorough support structure is needed for a therapeutic option for pregnant women. This would include counseling, social workers, behavioral health, and prescribers.
- What about preventive care?
- The hospital should work towards an official referral process because currently, while women are given information on providers who can prescribe, there isn’t a clear process of referral (as happens, for example, in other forms of treatment such as cancer therapy).
- Sources mentioned to discuss this with = North Winds, other MDs in Kalispell contracting with the tribe or the hospital to prescribe with a process spelled out.
- Consider tele-health as an option for BH work.
- All clinicians and team members who work on this issue should be trained in this field and up to date on current evidence.
- Need out-patient MAT for opioid use.
- Need transition homes for people who have completed shorter treatment programs off the reservation and need a place to continue lighter treatment in a controlled environment before moving back to their homes.
- Crystal Creek is not receiving referrals from IHS for Drug and Alcohol screens on pregnant women.
Crystal Creek does not feel medically equipped to take pregnant women who are on MAT for opioids. Concerned that they are not able to care for unexpected complications of pregnancy.

There are still policies in place that restrict the presence of people who are using opioids while living in Crystal Creek. They are working on re-writing many of these policies, but it's not clear how will include allowing those on opioid MAT to stay.

Crystal Creek staff need additional training on opioids, what they are, how they affect people, how they are used and abused, how to screen and educate those using opioids.

An outpatient clinic for people who can get MAT for opioids would be an option. A clinic like this would need good security.

Crystal Creek would like to create a transition home where people can live after an intense first 28 days of treatment for another 60-90 days or longer before they move back into their homes. Ideally, there would be multiple homes; one for women and children and another for men and/or families.

The tribe asked Crystal Creek to find a ranch/other place on the reservation where they could oversee an alcohol and drug detox program.

Crystal Creek has hired a family therapist to work with families of those people seeking treatment in their facility, and an RN who is available to assist with liaising with other groups that they work with on drug use.

Blackfeet Community Hospital would like output from this conference to include something more detailed and tailored directly to the next steps that they, as a hospital, will be responsible for moving forward.

BCH visiting Lummi tribe in October to see their outpatient MAT program.

BCH would find some funding useful to be able to purchase food and materials to do lunch and learn sessions with their staff (discussed watching PBS's “Chasing Heroin”).

BCH believes that the Tribe would be best suited to create a (1) detox program and (2) out-patient MAT program.

BCH needs to work out better referral and communication map within the hospital and between different community service organizations.

Organizations are private about their participation in opioid treatment programs so that they will not be approached by people who want to purchase their medications. An out-patient facility that dispensed buprenorphine located in Browning would need major security to guard against break-in and theft.

North Winds currently serves about 60 women and 40 men in a 12 Step Addiction Program, “Wellbriety” – which is less formal than the 12 Step Program and functions a more semi-structured, social support group.

Components of an out-patient suboxone treatment plan need to include SUD/counseling treatment: This comprises, a Chemical Dependency “CD” evaluation; outpatient group counseling, AA or other formal Support Group; 1:1 counseling 1x/mo

**Theme 4: Reimbursement issues.** There is a need for increased public awareness and education regarding the benefits of enrolling in Medicaid or obtaining insurance, and a need for cost analysis and appropriate reimbursement information.

**Next steps – key suggestions**

- Determine regulations that affect reimbursements and how these regulations will determine a MAT treatment program structure.
- Renegotiate FMAP expansion.
- Discuss at the state Medicaid level. Clinicians and administrators and patient advocates at all levels and in all settings need training about this and on how to seek reimbursement.
- Funding is scarce – we need training from Medicaid to leadership so we know what we can tap into.
Montana Medicaid covers out-patient suboxone treatment programs for 2 years. So, providers attempt to titrate people down on dosage over these 2 years to achieve full sobriety.

**Theme 5: Community awareness:** Tribal/community groups like Well Mothers and Babies work to support impacted families, but stigmatization and poor public awareness are still barriers.

**Next steps – key suggestions**
- Create peer-to-peer support programs to engage the community.
- Raise awareness of the benefits to a family for working with CPS prior to baby being born.
- Increase public awareness of the concept that healthy homes start with healthy minds and healthy environments; de-stigmatize the issue.
- Provide training for tribe.
- Involve the Community College. Work with them to create a request for bid/funding. Define what will they train and the technical aspects to do that training – if they do not have the resources they could bring in the appropriate expertise. Define a funding mechanism. Develop what the tribe wants to be delivered; obtain funding.

**Theme 5: Data collection and evidence-based policy:** Data extracted from medical records gave the community factual information about the scale of the problem (50% of infants test positive for substances; 30% being opioids). Screening all infants, per policy, at birth builds knowledge.

**Next steps – key suggestions**
- Continue to monitor/collect data.
- Base policies on evidence and strengthen policy and treatment around the evidence base.
- Obtain data from the state. Can we involve the CDC? Can RMTEC obtain data?
- What kind of data are we discussing? Data on patient visits. RPMS data? Are the data valid?
- IHS is working to bring in Clickview which will help to access more data more efficiently.
- DATA needs to be gathered so that we can do a better job of identifying the most effective way forward.
- BIA Social Services is working to gather the following data:
  - Referrals that end up with a “Substantiated” (need for protection) vs. “Unsubstantiated”
  - Referrals with drug-related or ETOH implications
  - # of siblings involved
  - # of multiple children for which SS was referred/mother

**Examples of Programs that Work**
- The Lummi have a MAT program that results in healthy babies, and operates in a financially feasible (profitable) manner.
- Flathead reservation and community members from the Kalispell area presented practical, workable, wraparound programs
- Project RESPECT in Boston successfully treats and maintains women formerly addicted to heroin.
- The Appalachian region of Kentucky has a similar opioid problem and has used multiple strategies to treat and care for women.

These programs can be used as models for imminent work on the Blackfeet reservation.
<table>
<thead>
<tr>
<th>Presentations</th>
<th>Presenter/Moderator</th>
<th>Ideas Presented</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening the Door to Reality</td>
<td>William “Bill” Old Chief</td>
<td>There is a growing drug epidemic on the Blackfeet reservation that is no longer easily over-looked, enabled or ignored.                                                                                           *Create multi-disciplinary approach to address the multi-headed “beast” of drug abuse on the Blackfeet reservation.</td>
<td></td>
</tr>
<tr>
<td>Overview of Pregnant Women with Opioid Dependency in the Blackfeet Community: Where we Were and Where we are Now at Blackfeet Community Hospital</td>
<td>Ernest “Joe” Gray</td>
<td>Over 50% of babies born on the Blackfeet Reservation are drug-affected and that number is steadily rising.                                                                                                     *Establish trust and build rapport within community to provide patients with support and resources needed to treat the addiction.</td>
<td></td>
</tr>
<tr>
<td>Well Mothers and Baby Program: Updates, Achievements, Next Steps</td>
<td>Tara Peterson</td>
<td>Well Mothers and Babies initiated in June 2014 involving collaboration of community health agencies. Strategic goals include promoting healthy lifestyles, building collaborative resources and implementing a positive media campaign. **Establish trust and build rapport within community to provide patients with support and resources needed to treat the addiction.</td>
<td></td>
</tr>
<tr>
<td>Native American Philosophy in Family Wellness</td>
<td>Mary Ellen LaFromboise</td>
<td>Family wellness incorporates multiple generations within a single household. Families must be supported on multiple levels from a culturally supportive perspective.                                                   *Integrate traditional family roles and practices in wrap around services provided.</td>
<td></td>
</tr>
<tr>
<td>Project RESPECT</td>
<td>Kelley Saia</td>
<td>Women with Substance Use Disorder have dysregulation of their menstrual cycles which leads to unplanned pregnancy and delayed prenatal care. These pregnancies can be a catalyst for change: treatment exists and it works. Pregnant women who are dependent on opioids should receive treatment using agonist medications rather than withdrawal management or abstinence as these methods pose a threat to the fetus. **Educate public about benefits of using agonist medications rather than other methods (ie. Reduce stigma of MAT). Expand access to pregnant women for treatment.</td>
<td></td>
</tr>
<tr>
<td>Transitional Recovery and Culture (TRAC) Peer-to-Peer Project</td>
<td>Dyani Bingham</td>
<td>Peer-to-Peer project involves peers with established sobriety serving as positive role models and sources of support for other peers wanting to achieve sobriety.                                                 *Establish infrastructure for Peer-to-Peer program; recruit and train peers with established sobriety.</td>
<td></td>
</tr>
<tr>
<td>Wrapped in Hope</td>
<td>Shanley Nicolai</td>
<td>The goals of this project are to educate the public about the dangers of using illicit substances while pregnant; to educate mothers in chronic maintenance programs about neonatal abstinence syndrome and its effects; and to encourage substance-using pregnant women to receive prenatal care. **Provide universal screening for all pregnant women, consistently using a standardized, validated screening tool, and refer women to Wrapped in Hope for wrap around care.</td>
<td></td>
</tr>
<tr>
<td>Proactive and Practical Opioid Prevention</td>
<td>Mark Kaneta</td>
<td>Work in the Flathead region is addressing practical aspects of drug addiction and is providing ways for parents to interact with their infants in intensive care.                                                   *Incentivize parent interaction with infants. *Use specific tips to teach about symptoms of NAS. *Offer practical solutions like safe deposit/drop-off boxes for waste or excess drugs.</td>
<td></td>
</tr>
</tbody>
</table>
### Presentations

<table>
<thead>
<tr>
<th>Title/Topic</th>
<th>Presenter/Moderator</th>
<th>Ideas Presented</th>
<th>Next Steps</th>
</tr>
</thead>
</table>
| Central Appalachia: A Regional Response to an Opioid Epidemic in Pregnancy | Jenna Meyer | Kentucky is currently experiencing a prescription drug abuse and heroin epidemic. Communities are joining forces to develop comprehensive, multidisciplinary, evidence-based, replicable programs. Success is being seen in the increased number of pregnant women receiving MAT during pregnancy and the availability of coordinated wrap around services. | *Understand the scope of the issue in Blackfeet country.  
*Discuss implementation, infrastructure and potential outcomes of replicable MAT and wrap around services in Blackfeet country. |
| The Lummi Healing Spirit Opioid Treatment Program | Adam Kartman | The Lummi Healing Spirit offers medication assisted treatment, counseling and accountability through drug testing when treating opioid dependence. Data shows positive outcomes related to enrollment in program. | *Could this program be replicated in Blackfeet country?  
*What does our data tell us in regards to current treatment practices’ outcomes? |
| Traditional Treatment Approaches | George Kipp & Melinda Kipp | Blackfeet tribal people traditionally had specific roles for everyone in the upbringing of children. These roles need to be re-introduced to the current generation to promote healthy Native parenting. | *Involve Blackfeet elders in the re-education of traditional Blackfeet parenting practices. |

### Roundtables

<table>
<thead>
<tr>
<th>Title/Topic</th>
<th>Presenter/Moderator</th>
<th>Ideas Presented</th>
<th>Next Steps</th>
</tr>
</thead>
</table>
| Reimbursement Issues | Dorothy Dupree | There is a need for increased public awareness and education regarding the benefits of enrolling in Medicaid or obtaining insurance. There is a need to have accurate cost analysis and appropriate reimbursement. | *Determine regulations that affect reimbursements and how these regulations will determine a MAT treatment program structure.  
*Provide a social worker to assist prenatal clients with enrollment process.  
*Renegotiate FMAP expansion.  
*Create a process for transportation reimbursement. |
| Prenatal Screening | Kirsten Krane | There are varying viewpoints on use of universal UDS as to whether or not it deters clients from seeking prenatal care. UDS is an opportunity to provide support to clients if they are ready for change. All screening programs should have options for treatment in case of positive results. Community-wide de-stigmatization is necessary for women to accept prenatal care and opioid treatment. Verbal screenings may not be effective in high opioid-use communities. | *Caregivers need to receive special training to eliminate stigmatization of positive results and to respond appropriately.  
*Hospital and community resources (ie. Crystal Creek Lodge Treatment Center and Social Services) collaborate to provide support services to prenatal clients.  
*Healthcare system should deliberately validate verbal screening tools for high prevalence use community |
<p>| Traditional Treatment | George Kipp &amp; Melinda Kipp | Traditional child rearing practices were interrupted as a result of the boarding school era, etc. These practices have not been articulated or taught to the next generations, so traditional familial roles are not being followed. | *Consult with Blackfeet Traditionalists regarding culturally based child rearing practices and concepts as a means to modeling healthy families and relationships. |</p>
<table>
<thead>
<tr>
<th><strong>Roundtables</strong></th>
<th><strong>Presenter/Moderator</strong></th>
<th><strong>Ideas Presented</strong></th>
<th><strong>Next Steps</strong></th>
</tr>
</thead>
</table>
| Native American Philosophy | Mary Ellen LaFromboise | Cultural values need to be taught so that families support one another and their community. These values include respect, generosity, discipline, honoring one another and a sense of belonging. | *Teach the younger generation traditional Blackfeet values.  
*Design family- and child-centered systems of care, |
| Peer-to-Peer Recovery Support | Dyani Bingham | Peer-to-peer program model includes sober peers with previous experience relatable to current drug abusing peers. Sober peers serve as positive role models and sources of support to current drug abusing peers. | *Community provides a safe, comfortable, environment with a diverse group of trained volunteer peers, a certified counselor, and cultural elders to those addicted peers ready for change. |
| Community | Tara Peterson | It takes a village to provide prenatal care. This village consists of professionals, peers, elders, children, families...everyone. | *Community awareness to de-stigmatize addiction and increase open communication between all members of the village in order to address this epidemic. |
| Overcoming Obstacles to Treatment | Adam Kartman | Blackfeet needs a local, culturally competent, residential treatment center that is capable of providing detox and services specific to drug addiction, to youth and women with children. | *Look at Crystal Creek Lodge Treatment Center and Northern Winds Recovery Center as local resources to provide these services. |
| Medication Management | Kelley Saia | Issues regarding medication management include non-compliance due to lack of transportation, lack of SUD counseling, lack of support, and concern about the overall “money making” business. | *Identify potential barriers to medication management and address these barriers with solutions provided by wrap-around services. |
| Keeping Mom and Babies Together | Shanley Nicolai | Historically, separation was used in response to maternal drug use; now we recognize that children can be a change agent and mothers need to be provided with a sober environment and the opportunity to learn healthy parenting skills. | *Promote a healthy mother-child relationship and provide resources for skill-building and culturally based parenting practices. |
| Postpartum Issues | Mark Kaneta | Postpartum issues with drug use may stem from mother’s early childhood experiences; continued care is critical to obtain and maintain sobriety. | *Provide case management including family counseling and individual counseling, emphasizing healthy coping skills. |
| Child Protection Services | Marshelle Lambert & Gaynell Realbird | Coordinated services must be provided to both parents before the baby is born. Parents need to be supported in receiving healthy parenting skills, and provided means to be a family unit if baby is hospitalized. | *Raise awareness of the benefits to a family for working with CPS prior to baby being born. |
| Family Therapy | Crystal Evans | Whether family counseling is court ordered or not, seeking help must be promoted and supported by the community as a positive investment in the wellbeing of the entire community. | *Increase public awareness around the concept that healthy homes start with healthy minds and healthy environments. |
# Appendix 1. Conference Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30a – 8:00a</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8:00a – 8:10a</td>
<td>Opening Prayer&lt;br&gt;Carol Murray, Provost/Vice President Academic Affairs, Blackfeet Community College</td>
</tr>
<tr>
<td></td>
<td>Welcome&lt;br&gt;Anne Racine, Student Success Center Director, Blackfeet Community College</td>
</tr>
<tr>
<td>8:10a – 8:20a</td>
<td>Introduction&lt;br&gt;Dee Hutchison, CEO, Blackfeet Community Hospital</td>
</tr>
<tr>
<td>8:20a – 8:35a</td>
<td>Welcome&lt;br&gt;Harry R. Barnes, Chairman, Blackfeet Tribal Business Council</td>
</tr>
<tr>
<td>8:35a – 8:55a</td>
<td>Opening the Door to Reality&lt;br&gt;William “Bill” Old Chief, Blackfeet Tribal Business Council</td>
</tr>
<tr>
<td>8:55a-9:15a</td>
<td>Overview of Pregnant Women with Opioid Dependency in the Blackfeet Community: Where We Were and Where We Are Now at Blackfeet Community Hospital&lt;br&gt;Ernest “Joe” Gray, MD, Clinical Director, Blackfeet Community Hospital</td>
</tr>
<tr>
<td>9:15a – 9:35a</td>
<td>Well Mothers and Babies Program: Updates, Achievements, Next Steps&lt;br&gt;Tara Peterson, RN, Blackfeet Community Hospital</td>
</tr>
<tr>
<td>9:35a- 9:55a</td>
<td>Native American Philosophy in Family Wellness&lt;br&gt;Mary Ellen LaFromboise, Director, Blackfeet Tribe Child and Family Services</td>
</tr>
<tr>
<td>9:55a-10:05a</td>
<td>Break</td>
</tr>
<tr>
<td>10:05a - 11:05a</td>
<td>Panel Presentations: Programs for Opioid Dependent Pregnant Women&lt;br&gt;<em>Boston Medical Center – Project RESPECT</em>&lt;br&gt;Kelley Saia, MD, Boston Medical Center</td>
</tr>
<tr>
<td></td>
<td><em>Transitional Recovery and Culture (TRAC) Peer-to-Peer Project</em>&lt;br&gt;Dyani Bingham, Rocky Mountain Tribal Leadership Council</td>
</tr>
<tr>
<td></td>
<td><em>Wrapped in Hope</em>&lt;br&gt;Shanley Nicolai, LCSW/LAC, St. Luke’s Hospital, Flathead Reservation</td>
</tr>
<tr>
<td></td>
<td><em>Proactive and Practical Opioid Prevention</em>&lt;br&gt;Mark Kaneta, MD, Flathead/Kalispell Area</td>
</tr>
<tr>
<td>11:05a-11:15a</td>
<td>Break</td>
</tr>
<tr>
<td>11:15a-11:45a</td>
<td>Central Appalachia: A Regional Response to an Opioid Epidemic in Pregnancy&lt;br&gt;LTCGDJ Jenna Meyer, Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11:45a</td>
<td>The Lummi Healing Spirit Opioid Treatment Program</td>
</tr>
<tr>
<td></td>
<td>Adam Kartman, MD, Medical Director</td>
</tr>
<tr>
<td>12:15p</td>
<td>Lunch and Lunch Presentation</td>
</tr>
<tr>
<td>12:45p</td>
<td>Lunch Presentation: The Basics on Opioid Drug Classes Used for Maintenance</td>
</tr>
<tr>
<td></td>
<td>Therapy in Pregnant Women with Opioid Dependency</td>
</tr>
<tr>
<td></td>
<td>Kelley Saia, MD, Boston Medical Center</td>
</tr>
<tr>
<td>1:30p-1:45p</td>
<td>Traditional Treatment Approaches</td>
</tr>
<tr>
<td></td>
<td>George “Eagle Fly” Kipp &amp; Melinda Kipp, Blackfeet Culture Traditionalists</td>
</tr>
<tr>
<td>1:45p-1:55p</td>
<td>Break</td>
</tr>
<tr>
<td>1:55p-3:00p</td>
<td>Themed Round Tables</td>
</tr>
<tr>
<td></td>
<td>Attendees will discuss insights, feedback, problems and solutions in a</td>
</tr>
<tr>
<td></td>
<td>sharing session on topics including: prenatal screening, medication</td>
</tr>
<tr>
<td></td>
<td>management, reimbursement issues, counseling/support needs, child</td>
</tr>
<tr>
<td></td>
<td>protection services, culturally based approaches, community-based</td>
</tr>
<tr>
<td></td>
<td>prevention, postpartum considerations, and more!</td>
</tr>
<tr>
<td>3:00p-3:45p</td>
<td>Sharing of Round Table Discussions</td>
</tr>
<tr>
<td></td>
<td>Moderators will share issues raised and solutions suggested at their</td>
</tr>
<tr>
<td></td>
<td>tables.</td>
</tr>
<tr>
<td>3:45p-4:15p</td>
<td>Identify Specific Goals for Next Steps</td>
</tr>
<tr>
<td>4:15p-4:30p</td>
<td>Closing Remarks and Prayer</td>
</tr>
</tbody>
</table>
Appendix 2. Roundtable Discussion Notes

Moderators recorded conversations onto flipcharts throughout the Roundtable session and summarized their session in person to conference attendees. Below is a complete transcription of all comments and notes recorded on the paper flipcharts.

Reimbursement Issues (Dorothy Dupree)

- Barriers
  - Actually getting people enrolled in Insurance/Medicaid
  - Lack of understanding of the benefits of insurance
- Solutions
  - Social worker on staff who will enroll people in for prenatal
  - More education on Medicaid expansion that can take place at community events/areas
  - Tribal leaders to sit down and shadow the Lummi tribal health for more information
  - 100% FMAP expansion - renegotiate the all-inclusive rate to provide service and increase reimbursement
  - conduct a true cost analysis to get appropriate funding
  - create process MAM to reimburse transportation

Prenatal Screening (Kirsten Krane)

- Prenatal providers self-conscious about conducting verbal screenings
  - They think they know who should/needs to be screened
- Everyone says “no” to verbal screenings
- At Blackfeet- ALL getting verbal screening; not doing universal UDS because worried about women not wanting to come (are those women coming anyway?)
- UDS is appropriate universally
  - Opportunity to intervene if verbal and UDS is positive
  - Might have better outcomes starting early
- MEC on newborns takes several days- need to collect ALL
- Are there treatment options for positive results?
- Need to do special training with caregivers to be sure there is de-stigmatization and appropriate response
- Believe in universal UDS and verbal; DOES think it could be deterrent to care; especially if multiple
- “Tell you what you want to hear. They’re survivors”
  - better support
- Good time from locus of motivation to help if identified
- Blackfeet= CAGE
  - Compare neonatal to screening
- Validation of validated tools for high use population
- CONSENT: Law vs. Ethics vs. provider preference
- Screen for home visit prenatal (RNs for newborns)
  - BCC and social services
  - Some personal responsibility (stages of change theory)
- Referral to CCL and BH
- De-Stigmatization of positive results

Traditional Treatment (George and Melinda Kipp)

- Traditional ways are not articulated to the next generations
- Family Dynamics
  - Parental Roles/Rules
  - Extended Family roles/rules
    - Mother’s- teachings
- Mother/daughter conflicts (can’t do this with grandma)
  - Grandparents-teachings through story/doing
  - Grandmothers’ rules
    - Social norms
    - How to conduct yourself
    - Make the decisions for the family/band/tribe
  - Role of uncle: most times stronger than father
    - Titles of “aunt/uncle”, “grandmother/grandfather”
    - Titles of respect; not necessarily of blood or lineage
- Siblings’ roles
  - Childrearing
    - Naming- child’s protection
    - Boys/Girls- sexual orientation
- Taboos
  - Not articulated
    - Food- what you can’t eat
      - Women...you don’t eat this because...because why?
    - Domestic relations
      - Couples
  - Baby’s protection
    - Names
    - Elders
- Changes began with...boarding school/mission schools
- NOTE: No one has ever asked for the traditional Blackfeet child rearing techniques and concepts

Native American Philosophy (Mary Ellen LaFromboise)
- How would traditional mental health and counseling...
- Use of each tribal background
- Achieve balance
- Cultural helps out in treatment
- Cultural treatment isn’t usually measured in the tribal world
  - Cultural assessment
- Structured differently
- Role-Find out what they are!
- Starts at home
  - Values, modeling expectation with positive values
- Identity-engaging as a member of community
- Every family has a gift- promote inclusion and traditional values
  - How do you “teach” this?
- Teach respect for self, others, environment
  - Responsibility to teach the younger ones
- Discipline within home (values)
- Bring back common tribal values
  - Generosity
  - Respect
  - Acknowledgment
- Adults must be available
- Gifting-honoring for accomplishment- coup stories

Peer-to-Peer Recovery Support (Dyani Bingham)
- Thoughts/Concerns/Ideas/Barriers/Solutions
- Clarify requirements
  - Number of years of sobriety before PM
  - Peer supervision standards and recruitment
• Like that peers can relate to each other
• Peer mentors and peer services should be diverse (i.e. Age/gender/doc)
• Felonies/criminal past are barrier
  o Stigma around hiring
  o Ban the Box
• What are the ethics of this? Does this damage integrity of peer?
• Family members (Ex AL Anon) could also be peer mentors
• Some peer mentors are paid
• Some peer mentors are volunteers and not paid
• Peer Roles and responsibilities are specific and diverse
• Peers talk freely about their use
  o Child molestation is elephant in room
    ▪ Number 1 cause of IV drug use
• Peers know A LOT
• Generational- family reacts differently to ACE
• Grandparents source of support
• Women’s wellness-gathering of peers with knowledge
• Relaxed, safe environment
  o Smudging, drumming
• When bad memories come up, have a counselor there available to help
• Tiered system
  o Group with supervision- non certified but working
  o Certified-billable-still learning
  o Unsupervised group- one on one- peer supervisor
• Peer recovery credentials
  o Gold standards
  o Domains
  o Role of ethics
• What do we call peer mentors?
  o Personal care attendant is billable
  o How can they be incorporated into this model?
• Peer mentors fill in gaps that counselor can’t
• Enhance treatment services
• Why is this not happening in some communities?
  o Timing-lack of awareness
  o Awareness- action-peer mentors
  o Lack of flexibility in traditional 12 steps
    ▪ Cookie cutter-restrictive
    ▪ Recovery is not cookie cutter
• New emphasis of importance
• Group prenatal care?
  o Peer to peer forum
  o Parenting advise
  o Peer and clinical support and oversight
• Stigma that peers experience addiction are not helpful or could subvert non-addicted peers (specifically pregnant moms)
• Work with elders-cultural
  o Peer mentors help with paperwork, court visits
    ▪ Judges notice when peer mentors are involved
  o Win-win
    ▪ You gotta give it away to keep it
• Workforce development
  o Shortage of counselors
  o Peer mentors could be entry level
    ▪ They could keep going
Community (Tara Peterson)

- NAS scoring training for community outreach programs
- More resources
- Better communication
- Less politics
- Less stigma
- Home prenatal care
- Increase accessibility
- What do you do about our increasing HCV rates?!
- Functioning needle exchange program
- Education is KEY! Be a smart user!
- Support groups
- Peer mentoring program
- Why are they using? I.e. Abuse, trauma, etc.
- Increase father involvement
- Different forms of communication to get message out
- Increase access to patients
- Pushing prevention and culture early on for children
- Creating a new normal
- Teach kids coping skills
- Identity-culture-sense of belonging
- Referrals to programs from treatment facility etc.-growing
- Develop a wellness model with medical staff and elders
- Finding spirituality
- Cross cultural teachings and acceptance
- Safe house for families
- Grandparent program-cultural teachings
- Team work based teachings and lessons
- Home for women and children
- Family involved school activities
- Hikes-utilize natural surrounding resources

Overcoming Obstacles to Treatment (Adam Kartman)

- Local residential treatment for women with children (none exists)
  - Nearest is in Missoula but not culturally competent
- Support Local Outpatient Chemical Dependency Treatment program
  - Treat both pregnant women and their families
  - Medical providers prescribing MAT are embedded or work closely with program
  - Program can be run either by IHS or the tribe; possibly even contract out some of the work to private group (ie. Northern Winds Recovery Center)
- Detox-local
  - Affordable
  - All the tribes in the state
    - Two day Great Falls- Rocky Mountain
  - Alcohol-related at Browning
  - Meth detox
  - Get a new space- (one in Missoula)
  - 638 Indian Wellness Center
    - Has a SAMSHA grant ($5 Mil)- adult/juvenile drug court
    - Kara Peterson
    - Rosemary CreeMedicine
    - Prevent mismanagement
  - Make a plan
- Crystal Creek Inpatient-tribal program (638)
  - State and federal billing help
  - No fly list- no medication accepted
Needle exchange
  - Add these services-located upstairs in hospital
  - Not federally permitted

Youth Treatment
  - Northern Winds Recovery Center (private)
  - Nearest is Great Falls; also in Helena
  - Grief & Loss- coping
  - Homeless
  - Get Certified addiction counselor beyond alcohol; other drugs
  - Do more than work book
  - Stay and get it done- assessment
  - ER-detox- elsewhere- then Crystal Creek
  - Brainstorm ideas-get shut down- IHS
  - No “take charge” leader

Two good local resources as starting places
  - Crystal Creek Inpatient (638)
  - Northern Winds Recovery Center outpatient (private/previously tribal)
  - Grant-SAMSHA-Wellness-638-Billing-TELEMED
  - A Plan
  - Leadership
  - Good Management
  - Political Support
  - SPACE

Medication questions (Kelley Saia)
  - Number of Bup providers- 6 MDs in MT
  - For profit MDs/programs
  - Non-compliance: lack of support, lack of transportation
  - CMS: MTD in Kalispell- $
  - Availability of SUD counseling
  - Concerns regarding “money making” business

Keeping Moms & Babies Together (Shanley Nicolai)
  - Housing and community resources
  - Education on health: nutrition
  - Continued healthcare for babies and mom
  - Opioid treatment continued or managed
  - Promoting this relationship
  - Spirituality- care for spiritual being
  - Historically maternal drug use was dealt with by separation
  - Child is the motivation
  - Give the mother’s trust
  - Parenting education is a goal in the hospital
  - Meth vs opioids= exploring the differences
  - Foster home availability for DAB
  - Need more housing: safe environments, sober living homes
  - SELF ESTEEM
  - Skill building (i.e. Cooking)

Postpartum Issues (Mark Kaneta)
  - Support- emotional after hospital???
  - Parent continued use-how to help??
  - Meth vs. opiate and breastfeeding
    - Meth-no breastfeeding!
  - When Entrance to drugs (grade-schools)- fall back into drugs
  - Action (child)
Coping mechanisms
- Stay in safe school
- Anger at home/resentment
- Work with family

Case management
- Trust
- Teacher-curriculum
- Elders involved

Blocking
Pride
Community awareness

Child Protection Services (Marshelle Lambert & Gaynell Realbird)
- Both parents get services before baby is born (i.e. Parenting)
- Reward behaviors/incentives
- Effects on children’s health:
  - Medical care- dental (decay/surgery)
- Coordination between services/programs
- Barriers to parents’ services in getting transportation, place to stay, meals while baby is in hospital
- Daily dosing/ not for profit
- Not demonize CPS/Child & Family Services

Family Therapy (Crystal Evans)
- Entire family-household or multiple households
- Drug courts
- How do you get the whole family involved?
- Do court orders “work”? 
  - For duration of pregnancy
  - Choice vs. requirement
- AA/NA/Well-briety/Alanon
- Policy-mandate counseling
- Value vs. investment
- Consistency
- Reducing stigma
- Helpful vs. counseling
- Education-rebranding
- Peer mentors
- Change environment
- Advertisement
- Healthy Relationships
- Healthy boundaries

Next Steps
- Montana 2017 Legislative Session
- Montana Tribes come together to create a detox center
- Prevention in Tribal Code: Protect fetus!
- Education for Moms: positive options to working with CPS (prenatal)
- MAAT (Motivated Alternative Addiction Treatment)
- LAC with peer mentors and courts
Appendix 3. Presenter Biographies

**Harry R. Barnes** (Blackfeet), “Iss tsee tsee mahn” “One who carries the flame,” Chairman of the Blackfeet Tribal Business Council, was born on September 29, 1949 in Spokane, Washington. Harry was raised on the Blackfeet Indian Reservation and attended Cut Bank Boarding School, Browning Public Schools and graduated from Cut Bank High School. Harry spent one year in college before being drafted into the U.S. Army where he served for 3 years before being Honorably Discharged. Harry married Jana in 1970 and from this union they were blessed with 4 sons, 2 of whom serve in the military. Harry & Jana returned to Browning in 1995 where he started Barnes Construction, an electrical company and later opened Blackfeet Construction Supply which remained open until 2014. Harry has served on several boards and committees which include the DeLaSalle Blackfeet School Board (Chair), Holy Family Mission Board, Little Flower Men’s Group, and the 3 Rivers Communications Board. In June 2014, Harry successfully ran for the Blackfeet Tribal Business Council and was elected. At the Inauguration ceremony on July 10, 2014, Harry was elected Chairman of the Council by his fellow Council Members.

**Dyani Bingham** (Assiniboine/Blackfeet/Metis) has worked at the Montana-Wyoming Tribal Leaders Council (now Rocky Mountain Tribal Leaders Council) since 2008. Currently, she works as Project Director for the TRAC Peer to Peer Recovery Support Project. Ms. Bingham has a background in public health, tourism, native art marketing and development, media relations, historic preservation, tribal policy, peer to peer recovery support, obesity prevention, physical activity promotion, breast and cervical health, and commercial tobacco use prevention. Ms. Bingham worked as the Native Arts Specialist for the MT Arts Council in the mid-2000s, where she specialized in Native Art Market development and education. She also served as the Director of the Montana Tribal Tourism Alliance for 5 years, where she developed inter-tribal representation in the cultural tourism and during the Lewis & Clark Bicentennial. She also worked as a Montana Artrepreneurship Program coach for the Big Timber cohort. Ms. Bingham is a proud mother, auntie and daughter who enjoys spending time with family and friends. She is very interested in policy reforms that advance wellness for Native people and communities.

**Ernest “Joe” Gray MD** (Blackfeet) graduated from Cornell University, the University of Nevada – Reno Medical School, and the Ventura County Family Practice Residency. Dr. Gray has been the Clinical Director at the Blackfeet Community Hospital since 2008.

**Dee Hutchison** (Navajo) is a Chief Executive Officer at Blackfeet Community Hospital, Browning, Montana with responsibility for operating the Blackfeet Service Unit – Indian Health Services healthcare delivery system. The Blackfeet Community Hospital is a 28-bed comprehensive healthcare facility with a large ambulatory clinic, emergency department, and public and community health programs, serving the Blackfeet Tribe. Ms. Hutchison started her career as a registered nurse and moved into healthcare administration. She has served in number of leadership positions with the IHS and tribal organizations. With her extensive experience in healthcare administration and direct clinical care with the IHS as well as with the private sector and self-governance tribes, Ms. Hutchison brings a deep commitment to quality care, relationship based care and excellence in healthcare administration. Ms. Hutchison has a master’s degree in healthcare administration from the Independence University, Salt Lake City, Utah and a bachelor’s degree in nursing from the University of Colorado in Denver, Colorado. Throughout her career, Ms. Hutchison has received recognition and numerous awards for her excellent leadership and contributions to healthcare improvements. Most recently, she received the 2014 Chief Executive Officer of the Year Award from the IHS Direct Service Tribes Advisory Committee for her work with five tribes of Arizona, Nevada and California and the Sherman Indian School IHS Clinic in California that are served by the IHS’s Colorado River Service Unit. Ms. Hutchison is a member of the Navajo Tribe and was raised on the Navajo Indian Reservation and is fluent in the Diné language of her people.
Mark Kaneta MD is a neonatologist and the current Medical Director of the NICU at Kalispell Regional Healthcare. Dr. Kaneta is a third generation Hawaiian, completed his pediatric and neonatal training in Indiana, and has lived in Missoula and Kalispell for 16 years. Dr. Kaneta has 3 daughters.

Adam Kartman, MD is the medical director at Lummi Healing Spirit OTP, a tribally owned and operated clinic. A Family and Addiction medicine doctor treating patients of all ages, some of whom he delivered 20-25 years ago when he was with the Indian Health Service doing obstetrics care. Recently he was the co-recipient of an award from the White House Office of National Drug Control Policy for a Naloxone prevention project training over 350 law enforcement officers, with 38 recorded OD saves in the past 13 months.

Lt. Commander Jenna Meyer is a Public Health Advisor with the Centers for Disease Control and Prevention, Office of State, Tribal, Local and Territorial Support. LCDR Meyer is a Commissioned Officer in the United States Public Health Service. She received her MPH in Maternal Child Health from the University of Minnesota, is an International Board Certified Lactation Consultant and is certified in Maternal and Newborn Nursing. LCDR Meyer spent 8 years working for the Indian Health Service. During that time, she worked on the Navajo, Cherokee and Hopi Indian Reservations as an Obstetrical nurse, Lead Coordinator for the Baby-Friendly Hospital Initiative and as the Director of Quality Management at the Hopi Health Care Center. She began working for the CDC and was assigned to Shaping Our Appalachian Region as a Public Health Advisor in July 2015. In her numerous roles, LCDR Meyer has worked closely with Federal, Tribal and Community partners to advance public health and wellbeing through collaboration, communication and focus on preventative practices.

William "Bill" Old Chief (Blackfeet) is now serving his second term as a member of the Blackfeet Tribal Business Council. Bill is a U.S. Army veteran who worked 17 years for the National Park Service (Glacier) Department of Interior, 3 of those years as Native American Coordinator. After earning an Associate Arts degree from Blackfeet Community College in Native American Studies, Bill continued his education at the University of Montana toward a BS in Business Management. As a current member of the Blackfeet Tribal Business Council, Bill has been selected by the council to represent the Blackfeet Nation on numerous committees such as the Rocky Mountain Tribal Leaders Council, National Congress of American Indians, Blackfeet Oil & Gas Committee, Economic Development Committee, State Tribal Economic Development Commission, and Chairman for the Health, Education, & Social Services Committee (HESS). His vision is to build bridges between state, federal, and tribal officials that focus on success.

Tara Peterson RN (Blackfeet) has a Bachelor’s of Science in Nursing degree from Montana State University-Bozeman. Tara is an enrolled member of the Blackfeet tribe and grew up on the reservation, graduating from Browning High School in 2006. She has worked as a nurse at the Blackfeet Service Unit since 2011 and as a student-extern at the IHS facility since summer 2008. For the past 2.5 years Tara has worked as a Public Health Nurse where she has become more closely involved with the processes of perinatal care. In 2014, Tara assisted with the formation of the Well Mothers & Babies (WMB) Coalition of which she is now the coordinator. This coalition combines the efforts of the Blackfeet Community Hospital and the Tribal Health community to combat intra-uterine drug exposure, and has become a dynamic piece in addressing the significance of drug use in pregnancy on the reservation. As this work has become her passion, Tara plans to strengthen her efforts in this specific area while continuing to help better her community through higher education at The University of Montana-Missoula where she will begin working towards her Master’s in Public Health this upcoming fall.

Kelley Saia, MD graduated from the University of Vermont College of Medicine in 2001 and completed her residency in Obstetrics and Gynecology at Boston Medical Center in 2005. Currently, Dr. Saia is an Assistant
Professor of Obstetrics and Gynecology at Boston University School of Medicine and director of Project RESPECT, Substance Use Disorder in Pregnancy Treatment Clinic at Boston Medical Center. Dr. Saia is certified by the American Board of Obstetrics and Gynecology and the American Board of Addiction Medicine. Established in 2006, Project RESPECT is a unique, multidisciplinary program designed to stabilize and treat pregnant women with substance use disorders. Project RESPECT is a regional and national leader in clinical care for this vulnerable and growing population combining high risk obstetrical care, psychiatric care, relapse prevention, social services, and peer support.

Mary Ellen LaFromboise is the Director for the Blackfeet Tribe Child and Family Service in Browning. She attained her BSW in Social Welfare from the University of Montana. She has 40 years of experience in mental health counseling, chemical dependency treatment, community social services, and health administration.

Shanley Nicolai is a Licensed Clinical Social Worker as well as a Licensed Addictions Counselor. She is the lead clinician for the Wrapped in Hope project, which is aimed at reducing the number of infants in Lake County born drug affected. She has experience working with both adult and adolescent populations, especially in the co-occurring capacity (those suffering from both addictions and mental health disorders). She also has experience working within residential programs for women in early recovery with young children in their care. She understands how important sobriety and recovery can be for prenatal and neonatal health and is excited to be able to provide therapeutic, client-centered services to these vulnerable and important members of our community.

George “Eagle Fly” Kipp is a Blackfeet Cultural Traditionalist who was employed with Blackfeet Community College for 30 years. He currently serves as a State Legislative Representative for House District 15 in Montana. Melinda Kipp is also a Blackfeet Cultural Traditionalist. She previously worked for IHS and for the past 16 years has been employed with Blackfeet Tribal Employment Rights Office in Browning as an Equal Employment Officer. Together, George and Melinda have carried the Thunder Pipe for 33 years and have carried the Beaver Pipe for 23 years. In their role as Blackfeet Cultural Traditionalists, they offer to share traditional practices, taboos, roles and responsibilities of family members and to teach community members how to live in a good way that fosters healthy families.