

California Tribal and Urban Indian Community-Defined Best Practices

Program Overview – January 2021



Kauffman
& Associates
INCORPORATED



Tribal and Urban Indian Community-Defined Best Practices – Program Overview

Table of Contents

Introduction	2
Program Goal	3
Program Scope.....	4
Planning Track.....	5
Implementation Track.....	6
Training and Technical Assistance Approach.....	7
Culture-Driven Approach	8
Key Technical Assistance Elements for the TUICDBP.....	8
Tribal Councils, Health Boards, and Urban Indian Health Leadership.....	8
Local Tribal and Urban Indian Expertise	9
Statewide Supports.....	9
Tribal and Urban Indian Community Communication.....	9
Program Expectations.....	9
Financial Support	11
Technical Assistance Team.....	11



Tribal and Urban Indian Community-Defined Best Practices – Program Overview

Introduction

The Tribal and Urban Indian Community-Defined Best Practices (TUICDBP) funding opportunity is part of the Department of Health Care Services' MAT Access Points Project, which is creating a network of organizations throughout California to address the opioid crisis by supporting prevention, education, stigma reduction, treatment, and recovery services for people with opioid use disorder (OUD) and co-occurring use disorder, hereafter referred to as substance use disorder (SUD), and by increasing access to medications for addiction treatment (MAT). The Tribal Medications for Addictions Treatment (TMAT) project is creating a community of practice that lifts and makes available racially and culturally responsive, population-based and place-based approaches for California's most underserved communities.

The 2019 statewide needs assessment, *Addressing the Opioid Crisis in American Indian & Alaska Native Communities: A Statewide Needs Assessment*, identified a need for culturally centered activities and treatments to prevent and treat OUD/SUD.¹ The report highlighted that culturally responsive services maintain resilience of an individual through an emphasis of cultural connectedness, cultural services, positive role models, and the availability of supportive services and programs (p. 1). The identified need of the TUICDBP program is to support California Tribes, Urban Indian and Tribal providers, and Tribal-serving organizations to develop approaches to strengthen the cultural centeredness of the services they deliver to individuals with SUD.

Under the TUICDBP program, awarded funds will support the planning or implementation of community-defined best practices (i.e., culturally validated healing practices) into SUD services for Tribal and Urban Indian communities throughout the state. Funded organizations will either propose to complete a series of readiness activities and plan to identify community-defined best practices in their communities, or organizations that already use community-defined best practices will propose an implementation plan to integrate those practices into SUD treatment and health care services.

TUICDBP is an opportunity to acknowledge the long-standing cultural and traditional healing practices that serve as a critical part of healing and recovery, but often occur outside of a treatment plan. The inclusion of culture-based healing practices as part of integrated care responds to Tribal and Urban Indian treatment preferences and can assist with recovery, relapse prevention, and re-integration into Tribal and Urban Indian communities. Several organizations are partnering to lead the program, including the California Consortium of Urban Indian Health (CCUIH), California Rural Indian Health Board (CRIHB), Sierra Health Foundation:

¹ Soto, C., West, A., Unger, J., et al. (2019). *Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment*. Retrieved from https://ccuih.org/wp-content/uploads/2020/12/USC_AI_Report.pdf



Tribal and Urban Indian Community-Defined Best Practices – Program Overview

The Center (The Center), University of Southern California (USC) and Kauffman & Associates, Inc. (KAI).

Program Goal

The goal of the TUICDBP program is to implement and integrate culturally validated and traditional healing and recovery practices for SUD into clinical services serving Tribes and Urban Indian populations to improve wellness and recovery outcomes. The program intends to support California Tribes, Urban Indian organizations, Urban Indian and Tribal providers, and Tribal-serving organizations in their efforts to include TUICDBP as part of their service delivery. The program will follow two tracks—a Planning Track and an Implementation Track. Distinct goals for each track include the following:

- **Planning Track:** Identify long-standing and emerging cultural practices and traditions, including providers and community partners, that serve as a critical part of healing and recovery. This goal includes starting or continuing planning efforts to integrate practices into existing SUD treatment and recovery services.
- **Implementation Track:** Implement community-defined traditional health practices within existing SUD treatment and recovery services.

The TUICDBP program will support strategic planning and/or implementation activities to integrate culturally validated traditional healing practices within the health program for the purposes of treating SUD. There are multiple examples of culture- and community-based approaches developed by Tribal and Urban Indian communities. For example, mainstream approaches to SUD education, prevention, and treatment have been culturally adapted to reach Tribal and Urban Indian populations. Tribal and Urban Indian recovery experts have developed Native-specific programs grounded in Native culture and holistic beliefs that address the physical, mental, spiritual, and emotional aspects of healing and recovery. These programs and beliefs include culture-based and/or community-based activities or practices recognized by the Tribal and Urban Indian populations being served.

For the purposes of the TUICDBP program, community-defined best practices are defined as cultural and/or traditional practices informed, guided, and determined by a community that is recognized to have positive results and community consensus reaching a level of acceptance.²

² Martinez, K., Callejas, L., and Hernandez, M. (2010). Community-defined evidence: A bottom-up behavioral health approach to measure what works in communities of color. *Emotional & Behavioral Disorders in Youth*, 11-16. Retrieved from <https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/Community%20Defined%20Evidence.pdf>

Tribal and Urban Indian Community-Defined Best Practices – Program Overview

Program Scope

This funding opportunity is intended for organizations and entities with demonstrated knowledge of the American Indian and Alaska Native Tribal and/or Urban Indian experience, the strengths and healing capacity of community-defined best practices, and the need for inclusion of culture- and community-defined practices as a key part of SUD prevention, treatment, and recovery. Activities implemented through the program will include the identification of local traditional healing practices that are a part of the community (Planning Track) and implementation of the identified community-defined best practices into SUD and health care services (Implementation Track). These cultural and/or traditional practices have been recognized by the local community as a positive part of healing and recovery.

TUICDBP program participants will have the opportunity to explore the impacts of historical and ongoing trauma, systemic racism, poverty, and other disparities that communities of color experience and the relationship of these experiences to self-medicating behaviors and social choices that may contribute to the need for SUD access and treatment. These traumas have been perpetuated by the lack of investment in community-based prevention, intervention, and treatment access, especially culturally responsive, culture-centered, and trauma-informed approaches. Based on this exploration, participants will build on the increased awareness to integrate changes in service delivery to include traditional healing and recovery practices.

The program approach is designed to integrate TUICDBP into existing or emerging SUD services by using local knowledge and practice to inform Tribal and Urban Indian health service leadership. This approach will be accomplished by engaging community leadership, key stakeholders, and health service planners to work together to methodically change practice standards. Figure 1 displays the TUICDBP program, highlighting the two program tracks and outcomes.

Figure 1. TUICDP Program Approach



Each track guides participating Tribal and Urban Indian entities toward the outcomes listed in Table 1.

Tribal and Urban Indian Community-Defined Best Practices – Program Overview

Table 1. TUICDBP Program Track Outcomes

Planning Track Outcomes	Implementation Track Outcomes
<ul style="list-style-type: none">Identified culture-specific healing and recovery practicesIncreased community commitment and engagementDeveloped practice guidelines for culture-driven servicesDeveloped culture-specific SUD recovery model	<ul style="list-style-type: none">Strategically planned integration of culture-specific healing and recovery servicesImplemented culture-driven services that use new practice guidelines and include cultural strength assessmentsMonitored use of culture-specific treatment and recovery services across departmentsDeveloped process for tracking patient retention and treatment outcomes following the integration of culture-specific services

Depending on each participant’s capacity and readiness level, and their current use of TUICDBP for SUD treatment and recovery, grantees within each track will complete different activities. These activities include readiness assessments, stakeholder engagement, strategic planning, and service development and implementation.

Planning Track

The Planning Track will focus on beginning or continuing to facilitate community conversations about locally defined Tribal and/or Urban Indian practices, the Indigenous worldview of healing, and ways that community-defined best practices can complement and enhance Western worldview SUD services. Anticipated activities to occur under the Planning Track include:

- Conduct a readiness assessment and community resource scan
- Develop community and health service partnerships
- Explore culture-based best practices
- Plan community discussion forums
- Increase community buy-in and
- Develop a strategic plan for TUICDBP implementation

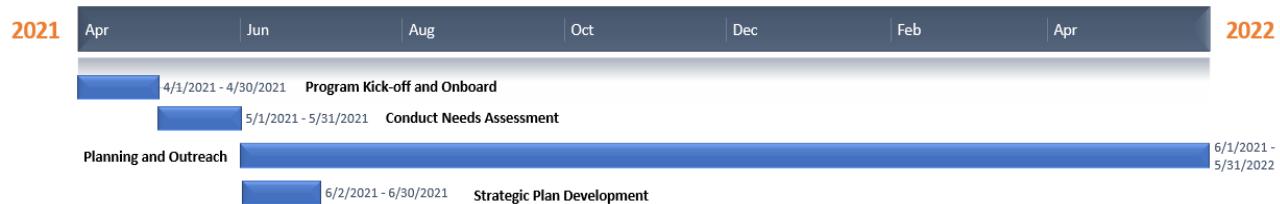
Initial activities will identify community-accepted healing practices already used by the local community. In partnership with the local community, Planning Track grantees will determine which community-defined best practices would positively impact community health outcomes if incorporated into SUD treatment and recovery. Community perspective on the intersection of traditional healing practices and mainstream SUD treatment are welcomed conversations

Tribal and Urban Indian Community-Defined Best Practices – Program Overview

throughout the program. Additionally, community leaders will receive information to better understand the process of SUD treatment and increase leadership's informed decision-making about the integration of community-defined best practices. Identifying effective ways to measure the impact of community-defined best practices for SUD prevention, treatment, and recovery will be a landmark activity. The final anticipated step for Planning Track grantees is the development of a strategic plan for community-defined best practices for SUD service implementation to transition grantees from planning to conceptualizing steps toward future implementation.

Figure 2 displays an example of the Planning Track activity timeline. The length of the planning and outreach activity is dependent on the grantee's status. If less time is needed during this phase, then a grantee would proceed to the next activity. If a grantee is ready to begin applying strategies to implement identified TUICDBP prior to the end of the program, the grantee would proceed into Implementation Track activities.

Figure 2. Planning Track Activity Timeline



Implementation Track

Implementation Track entities will already have established connections with key community leaders, stakeholders, and identified partners. Community-defined best practices have already been identified as fitting for use within SUD prevention, treatment, and recovery services. Anticipated activities to occur under the Implementation Track include:

- Conduct a community capacity and readiness assessment
- Develop a strategic plan for TUICDBP implementation
- Implement the TUICDBP strategic plan steps
- Determine key decision makers and a pathway for TUICDBP integration
- Develop policies and procedures for TUICBP SUD services
- Develop and disseminate culture-specific educational materials and
- Develop and implement a means of monitoring implementation of TUICBP (e.g., integration steps of TUICDP services, measuring patient/client outcomes, etc.)

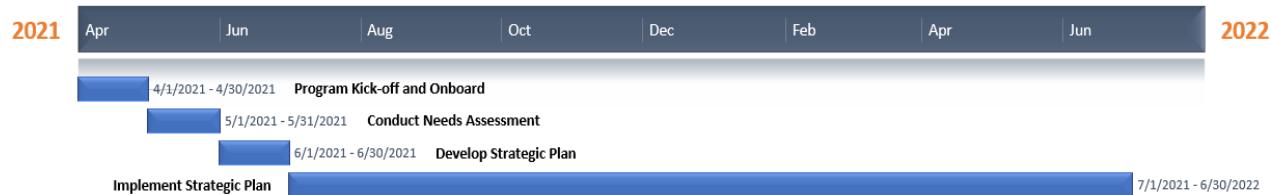
The Implementation track will initially focus on developing strategies to integrate community-defined practices into SUD patient services. Successful implementation might include the following discussions:

Tribal and Urban Indian Community-Defined Best Practices – Program Overview

- Facilitate discussion with SUD treatment providers and other health care workers on ways to incorporate community-defined best practices into existing SUD treatment practices
- Work with clinic partners to understand current treatment processes and to plan for cultural adaptations and
- Integrate community-defined best practices into all SUD and health care program services by incorporating them into existing protocols and workflows

Figure 3 displays an example of the Implementation Track activity timeline. The length of the activities depends on the grantee’s status. The focus of the Implementation Track is to begin implementation of TUICDBP with SUD treatment services.

Figure 3. Implementation Track Activity Timeline



Training and Technical Assistance Approach

The TUICDBP program will provide a training and technical assistance (TTA) approach that supports each funded grantee to achieve its programmatic goals. A variety of technical assistance tools and resources will be available to participating entities, including readiness assessment tools and strategic planning support; implementation plan and roadmap development; community and stakeholder meeting facilitation; support to develop policies, procedures, and practice guidelines; regular virtual meetings; onsite meetings (public health safety permitting); and evaluation support.

The technical assistance will also include centralized training materials and resources. Further, participants will receive Tribal and Urban Indian information on SUD best practice treatment and recovery, culture-based patient assessment examples, and other Tribal and Urban Indian best practices for implementing and sustaining addiction treatment and recovery.

TUICDBP grantees will identify local traditionalists who are respected by the grantee community as being knowledgeable of the local, community-defined best practices to ensure that the proposed cultural health practices/methods are thoroughly and accurately implemented when integrated into the SUD recovery services.

The training and technical assistance (TTA) structure will support Urban Indian and Tribal grantees. CCUIH and KAI will provide technical assistance specialists to serve as the primary points of contact for an assigned group of participating entities (based on the number of funded



Tribal and Urban Indian Community-Defined Best Practices – Program Overview

entities). CCUIH will lead the technical assistance for grantees from Urban Indian communities and organizations. KAI will lead the technical assistance for grantees from Tribal communities and organizations. KAI and CCUIH will seek advice on technical assistance needs of rural grantees who are CRIHB members from the CRIHB MAT Champions.

Culture-Driven Approach

The core emphasis of the TUICDBP program is the integration of local Tribal and Urban Indian cultures and local or regional Tribal and Urban Indian recovery resources into SUD treatment services. The inherent strengths of Tribal and Urban Indian people are reinforced by the knowledge and rich cultural resources found in their communities. Belonging to these communities can offer a life-long cultural connectedness and cultural context for decision-making and problem solving. However, historical trauma, current trauma or violence, grief and loss, racism, health inequities, and other dynamics of the Tribal and Urban Indian experience contribute to unresolved hurt that can lead to risk-taking or self-medication behaviors. Integrating cultural awareness into addiction treatment services can range from increasing knowledge of internalized cultural influences that affect decision making to broader cultural influences that are recognized by Tribal and Urban Indian communities as being key to recovery. All are part of whole-person care.

From an organizational perspective, integration of cultural contexts into treatment services can be challenging and often require organizational change. Policy updates are a starting place; however, many health organizations seek how-to steps and tools to transition from policy statements into cultural integration that is embedded into clinical treatment and recovery supports. The technical support team for participating TUICDBP entities can provide guidance for organizational and clinical practice transformation to ensure cultural integration within treatment and recovery services for SUD services.

Key Technical Assistance Elements for the TUICDBP

The following section briefly describes technical assistance elements for the TUICDBP program. These elements include Tribal and Urban Indian health leadership; Tribal councils, health boards, and Urban Indian health boards; local Tribal and Urban Indian expertise; statewide SUD supports; and Tribal and Urban Indian community feedback.

Tribal Councils, Health Boards, and Urban Indian Health Leadership

Participating entities will be encouraged to engage with Tribal and Urban Indian health boards and provide regular progress reports and programming updates. Attending such meetings provides an opportunity to explain the grant purpose and to ensure support where needed. Other benefits of this type of engagement include sharing anticipated outcomes, discussing cultural and community resources related to addiction treatment and recovery, and sharing grant successes for short- and long-term priorities. Additionally, regular communication with



Tribal and Urban Indian Community-Defined Best Practices – Program Overview

leadership supports ongoing relationship-building and program buy-in for the planning and implementation tracks.

Local Tribal and Urban Indian Expertise

Each Tribal and Urban Indian community in California holds expertise in cultural practices that contribute, or can contribute, to health knowledge for Tribal and Urban Indian treatment and recovery. Some of this expertise may already be incorporated in program designs. But for many communities across Indian Country, local Tribal and Urban Indian expertise remains as independent resources in the community and may function separately from their formal health services. Fortunately, many California tribal health programs already serve as models of cultural integration in health services. The purpose of the TUICDBP program approach is to identify and engage local Tribal and Urban Indian expertise as core resources for the development of culture-driven SUD treatment and recovery.

Statewide Supports

Increasing knowledge of and access to California's statewide MAT supports can deepen collaboration among statewide addiction treatment resources. Tribal and Urban Indian partnerships with non-Tribal, statewide MAT and SUD supportive services contribute to the building of continuum (or specialty) care that is culturally responsive to the needs of Tribal and Urban Indian patients. If needed, the TUICDBP can assist participating entities to understand the rich resource availability within the Tribal and Urban Indian MAT statewide partners.

Tribal and Urban Indian Community Communication

The TUICDBP can assist the participating entities with communications planning to help community members better understand the family and community value of culture-based treatment and recovery. For example, participating entities can learn new ways to use locally preferred public communication processes to routinely update Tribal and Urban Indian health staff, Tribal and Urban Indian health board members, Tribal council members, Tribal and Urban Indian stakeholders, and the Tribal and Urban Indian community on program implementation progress and the positive attributes for the overall community.

Program Expectations

The expectations for health programs participating in the TUICDBP program will include several activities related to the community and leadership engagement, programmatic and administration partnerships, leading communication with staff and stakeholders, and affirming the goals of the selected track. Other specific expectations include meeting certain milestones or deliverables over the course of the grant. Some of the expectations could range from formalizing a process at the organizational level for identifying and recruiting qualified providers of TUICDBP services; formalizing a process at the organizational level for

Tribal and Urban Indian Community-Defined Best Practices – Program Overview

incorporating TUICDBP services into patient assessment and treatment planning; developing workflow processes to institutionalize a referral process or TUICDBP services where indicated; developing a sustainability plan; and developing a performance monitoring, quality improvement, and evaluation/outcome plan for TUICDBP services.³

Participating entities will take part in evaluation efforts to highlight the successes, impacts, and challenges experienced during their funding cycle. TMAT partners from the University of Southern California will lead the evaluation of the TUICDBP grantees' efforts in collaboration with KAI, CCUIH, CRIHB, and The Center. The evaluation design and approach will be established using principles of a community-based participatory research model to ensure that communities, organizations, and evaluators involved in this study are actively represented. Evaluation questions will be included in the quarterly deliverable reports that the grantees complete to better understand lessons learned, best practices, challenges, successes, and key takeaways regarding approaches, reach, processes, and protocols. Depending on the participating entities' implementation progress, questions may be included to understand the impact of integrated TUICDBPs on patient engagement, retention, and other treatment outcome indicators for grantees in the Implementation Track. Further details on the evaluation efforts will follow after grant award.

The TUICDBP program will be executed according to the timeline shown in Figure 4.

Figure 4. Program timeline



³ This list is not required. All program expectations will be developed in coordination with funded grantees based on the funded grantees' goals, capacities, and needs.

Financial Support

Health programs participating in the TUICDBP program will receive payments from The Center. Under the TUICDP opportunity, a total of \$1,900,000 is available to fund up to 25 organizations with up to \$75,000 per organization for either the Planning and/or Implementation Track. Fifty percent (50%) of the total award will be received at the start of the TUICDBP opportunity. Remaining payments will be issued based on the achievement of agreed-upon deliverables, as defined in the awarded contract. Each awarded contract will be divided into three payments:

- 50% of the total award upon execution of the contract
- 40% of the total award based on achievement of the initial progress report deliverables
- 10% of the total award based on receipt and approval of the final cumulative report, which demonstrates completion of all deliverables.
- If a contractor achieves all of the required deliverables by the end of the contract, the entire contract amount can be paid (i.e., “make up” payments are allowed)

Further, under this federal State Opioid Response grant funding opportunity, the Substance Abuse and Mental Health Services Administration requires that FDA-approved medications for OUD be made available to individuals diagnosed with OUD. TUICDBP applicants must ensure that MAT will be offered by referral or onsite.

Technical Assistance Team

The technical assistance team will consist of staff from CCUIH, KAI, and the CRIHB. CCUIH will lead the TTA for Urban Indian grantees. KAI, with support from CRIHB, will lead the TTA for Tribal grantees. The team will respond to the participating TUICDBP entities' needs. It will include technical assistance specialists, a tribal recovery technical assistance specialist, and an addiction medicine physician, as briefly described below.

- **A technical assistance specialists team** will support the TUICDBP program by providing guidance on integrating culturally validated traditional healing and recovery practices for SUD treatment within Tribal and Urban Indian health clinics and other entities participating in this program. The team will be assigned a portfolio of grantees to support. They will be responsible for meeting professional expectations for quality and providing on-time deliverables for all assigned tasks.
- **A tribal recovery technical assistance specialist** will support the TUICDBP program by providing expertise and advice on integrating culturally validated traditional healing and recovery practices for SUD within tribal health clinics.
- **An addiction medicine physician** will support the TUICDBP program by providing expertise and advice on health clinic settings and approaches for integrating culturally validated traditional healing and recovery practices for SUD services, including being



Tribal and Urban Indian Community-Defined Best Practices – Program Overview

available to co-facilitate training sessions on cultural-clinical topics, as driven by participating TUICDBP entities' needs.