

California Learning Community: Tribal and Urban Indian Medications for Addiction Treatment for Opioid Use Disorder and Psychoactive Stimulant Use Disorder

Program Overview – February 2021

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California Tribal and Urban Indian Learning Community Program Overview

The Tribal and Urban Indian Medications for Addiction Treatment (MAT) for Opioid Use Disorder (OUD) and Psychoactive Stimulant Use Disorder Learning Community (hereafter referred to as the “Learning Community”) is a grant-based funding opportunity for Tribal and Urban Indian health programs to develop, operationalize, and sustain MAT services and/or identify best practices for stimulant use disorder treatment in California Tribal and Urban Indian health settings. This Learning Community emphasizes the importance of cultural attributes and resources and their role in access to services, treatment, and recovery.

The California Department of Health Care Services (DHCS), in collaboration with the Sierra Health Foundation: The Center, will provide grants of up to \$75,000 each for 25 Tribal and/or Urban Indian health entities to participate in the Learning Community for a 15-month period from April 2021 through June 2022. Kauffman & Associates, Inc., (KAI) a Tribal technical assistance organization, received a DHCS contract to lead the technical assistance team for the Learning Community.

History and Background

The Learning Community is a key component of the statewide California Tribal MAT Project (TMAT). TMAT is designed to meet the specific OUD and stimulant use prevention, treatment, and recovery needs of California’s American Indian and Alaska Native communities with special consideration for Tribal and Urban Indian values, culture, and treatments. To learn more about TMAT, see the [TRIBAL MAT 2.0 flyer](#).

Under TMAT, Grace Katie Bell has provided technical assistance and practice transformation support to Tribal and Urban Indian health clinics interested in delivering MAT services. With a Master of Science in Nursing, registered nurse board certification, and addiction registered nurse certification, and as public health nurse under contract with TeleWell Behavioral Medicine, Ms. Bell has provided technical assistance to interested Tribal health clinics and providers. Through this work, she helped reveal the urgent need for specialized addiction treatment services in Tribal and Urban Indian communities. Ms. Bell continues to provide individual consultation to date.

In recognition of the need to expand these technical assistance resources to Tribal and Urban Indian health programs, DHCS initiated a pilot Tribal MAT technical assistance project in FY 2019-2020. KAI led the pilot project, and Ms. Bell served as a team member. The pilot was designed to provide MAT implementation guidance for two California Tribal health clinics. It included a peer-to-peer knowledge exchange where both pilot clinics were paired with a Tribal health clinic with more experience in MAT services to serve as a “knowledge-buddy.” The objectives of the pilot project were to:

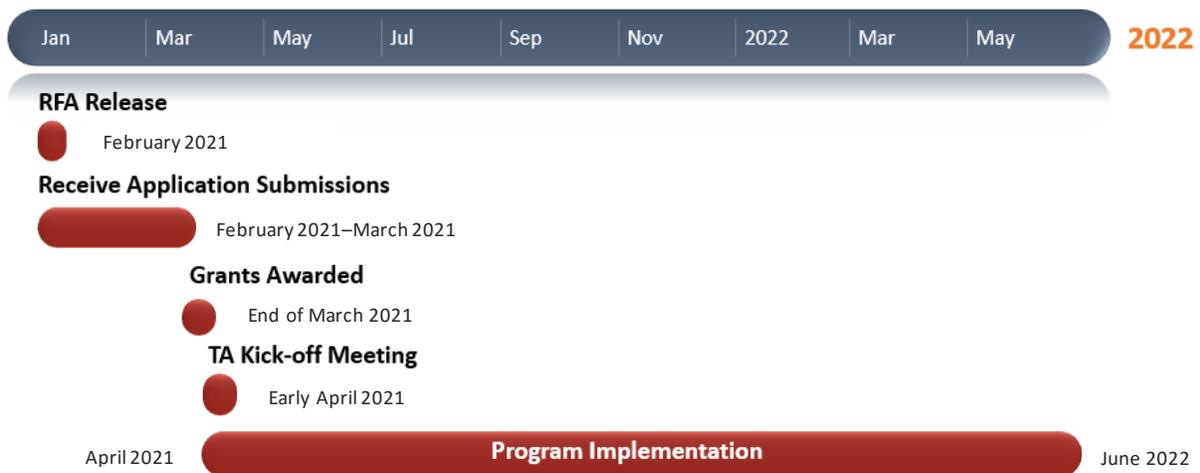
- progress the Tribal pilot sites from interest in developing MAT services for opioid addiction to implementation of MAT services through intensive training and technical assistance (TTA) and
- develop an informal inventory of TMAT implementation successes and challenges to inform DHCS for a planned TMAT expansion for FY 2021-2022

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Based on the success of the pilot project, DHCS seeks to scale up and expand these TTA opportunities to Tribal and Urban Indian health programs across the state through this Learning Community. The statewide Learning Community will support eligible entities to create local services to address the needs of community members who struggle with opioid and/or stimulant use. The Learning Community will include the same elements as the Tribal MAT pilot project, including no-cost TTA, peer support, and dedicated grant funding to support participation in technical assistance activities. DHCS again contracted with KAI to lead the technical assistance team for the Learning Community.

Building on the lessons learned from the pilot project and supplemented with knowledge of successes and challenges of Tribal and Urban Indian MAT efforts across Indian Country, KAI developed a framework for the Learning Community. In addition to the continued focus on MAT for opioid addiction, DHCS requested that the Learning Community framework also address best practices for stimulant use treatment and recovery. With the addition of support for stimulants, the draft framework for the statewide Learning Community was completed and shared with all California TMAT partners for review and comment. Their comments and suggestions are reflected in this overview and will be integrated into the Learning Community approach. KAI would like to acknowledge and thank the TMAT partners from the California Rural Indian Health Board (CRIHB), California Consortium of Urban Indian Health, University of California-Los Angeles (UCLA) Integrated Substance Abuse Programs, University of Southern California Keck School of Medicine Department of Preventive Medicine, and TeleWell representatives. Figure 1 shows the program timeline from the request for applications (RFA) to the program end date.

Figure 1. Tribal MAT Program timeline



The scheduled release date for the RFA is February 2021 with a funding period of April 2021 through June 2022 for the selected applicants. California Tribal and Urban Indian health entities are eligible to apply. Grant funding of up to \$75,000 will be made available to each participating entity to support their participation in the Learning Community. Payments will be issued based on the achievement of an agreed-upon deliverables, as defined in the contract. Each contract will be divided into three payments:

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- 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 the completion of all of the 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)

The Learning Community model served as the basis for the RFA by the Sierra Health Foundation: The Center.

Learning Community Goals

The primary goal of the Learning Community is to assist California Tribal and Urban Indian health programs to develop, implement, sustain, and enhance MAT services for opioid addiction. In recognition of poly-drug use and/or stimulant use concerns in some Tribal and Urban Indian communities, the Learning Community can also assist grantees with best practice treatment approaches to address stimulant use. Tribal and Urban Indian health entities participating in the Learning Community will help increase California’s statewide network of MAT and stimulant use disorder treatment providers who institutionalize the strengths of Tribal culture as part of the addiction prevention, treatment, and recovery services.

Each Learning Community grantee will receive support to:

- develop a TTA plan that addresses MAT and/or stimulant service implementation with steps for increasing whole person, culturally responsive integrated care
- reduce barriers to treatment access
- develop measures for improved patient retention and treatment outcomes

Based on the individualized TTA plan for each grantee, Learning Community areas of support can include training and resources for best practices in the treatment of OUD and/or stimulant use disorder for Tribal and Urban Indian treatment and recovery services.

The TTA plan will also address steps to increase connections with key statewide or county resources, such as local emergency departments and acute care settings as part of the California Bridge Program, Hub resources for patients in need of more complex care, and regional medical and mental health services, if needed. The Learning Community can assist with strengthening the connections and increasing state and county knowledge of Tribal and Urban Indian patient populations, cultural needs, and resources for partnership.

Each Learning Community grantee will develop sustainability plans to ensure MAT and stimulant use disorder treatment service continuation after the formal Learning Community ends in 2022. The sustainability plans will address financial viability and a connection to Drug Medi-Cal; ongoing training and coaching resources on sustainability topics; and quality improvement surveys to gauge patient satisfaction, improved treatment outcomes, and community satisfaction.

The Learning Community can also assist grantees to mobilize community education about the dangers of opioids, fentanyl, and stimulants; broaden understanding about the purpose of MAT as part of treatment and recovery; and address stigma in the community and/or within the health service environment.

Culture-Driven Approach

A core emphasis of the Learning Community is culture-driven, whole person care. This emphasis means that the Learning Community will support the reciprocal exchange between the local tribal community and the tribal health entity for improved treatment for tribal patients and their families. This effort will include the encouragement of:

- improved knowledge of the tribal cultural context for decision making, help-seeking, and problem solving with tribal patients
- increased understanding of the impact of historical trauma, current trauma (including grief and loss), family or community violence, racism, health inequities, and other aspects of the Tribal experience that contribute to unresolved emotional pain, risk-taking, or self-medicating behavior
- integration of Tribal identity and cultural beliefs into clinic substance use disorder assessment, treatment, and recovery; and
- improved knowledge of clinic-based treatment staff with local tribal healing and recovery resources.

From an organizational perspective, it can be challenging to integrate cultural contexts into treatment services. Policy and procedure updates are a good place to start, but many health organizations seek how-to steps and tools to transition from policy statements to cultural integration practice change that is institutionalized in clinical treatment and recovery supports. Current assessment tools and templates can be refined to include an assessment of cultural strengths and resources. Further, after policy and procedures development or updates of, health entities often need a realistic plan of action to Institutionalize their culture-driven approach.

Training and Technical Assistance Approach – Centralized and Regional

TTA support will be readily available and geared to advance culture-based addiction treatment within the Tribal and Urban Indian health grantee communities through the structured, but individualized Learning Community process. TTA will focus on organizational and practice transformations needed to achieve the goals of the Learning Community.

The Learning Community TTA approach will involve a regional approach for the individualized technical assistance and a centralized approach for training materials and resources. Each approach is described further below.

- **Regional:** Technical assistance specialists will serve as the primary points of contact for an assigned group of grantees based on their geographic regions. The geographic regions for the

Key Technical Assistance Elements for the Learning Community

The following sections briefly describe key elements of the Learning Community. These elements include engaging local Tribal and Urban Indian officials and health entity leadership, analyzing and reviewing organizational assets and capacity, and addressing MAT and stimulant treatment implementation.

Tribal and Urban Indian Health Leadership

Grantees will be required to identify a key leadership team as part of the funding application. This team should include the health entity's chief executive officer or equivalent, medical and behavioral health leadership, community recovery resources, and other local leadership (formal and informal) who are key supports to the success of local treatment and recovery. This initial key leadership team often expands to become a broader multidisciplinary implementation team following program start-up.

Introductory conversations will occur between the grantee and the assigned technical assistance specialist within the first 30 days of the award to review the grant purpose and timeline, TTA commitments, local team commitment to participate, primary points of contact, and communication and meeting schedule expectations.

Tribal Councils and Urban Indian Health Boards

Participating entities will be encouraged to request adding the Learning Community grant award as an agenda item for the next Tribal or Urban Indian health board and/or Tribal council meeting agenda (within 45 days of award). The technical assistance specialists will use this opportunity to support health program leadership in describing the grant purpose and its anticipated outcomes, the commitment to participate, and the importance of cultural and community resources as part of addiction treatment and recovery and in responding to any questions related to the relationship between the Learning Community and the tribal community's short- and long-term priorities and goals.

Readiness for New or Enhanced MAT and/or Stimulant Services

The readiness assessment process is designed to identify existing strengths and needed supports for MAT and other addiction treatment services. The Learning Community can assist the grantees in determining organizational and community readiness for new or enhanced treatment services to address community substance use challenges. Tools that can be used for the readiness assessment process include the University of Southern California's MAT Implementation Matrix (developed for California Tribal and Urban Indian health programs), the Community Readiness [for Change] Model; and the Exploration, Preparation, Implementation, Sustainment (EPIS) Framework developed by implementation science.

The assessment will also address the strengths and challenges of including cultural identity and cultural strengths in treatment, recovery, and community reintegration, including recommendations for any clinical practice adaptations that may be needed. For example, the assessment can review patient assessment tools that increase provider knowledge of the patient's cultural strengths and resilience

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(e.g., the Cultural Connectedness Scale, the Tribal-adapted Addiction Severity Index, and the Structural Vulnerability Assessment Tool that addresses the patient's state of living and the role of racism and discrimination in past hesitation to seek treatment).

Local Tribal and Urban Indian Expertise

Each Tribal and Urban Indian community in California has a wealth of knowledge about Tribal help-seeking and how and why their community members may, or may not seek treatment for addictions. They also have expertise on cultural practices that can contribute to better outcomes for Tribal treatment and recovery. Some of this expertise may already be incorporated into program designs, and many California Tribal health programs serve as ready models of cultural integration in health services. But in many communities across Indian Country, local Tribal expertise is separate from the formal health services. The Learning Community approach includes the identification and engagement of local Tribal expertise as a core resource for the development of culture-driven MAT for opioid addiction treatment and best practices for stimulant addiction treatment.

Cultural-Clinical Emphasis

Addressing the cultural context of Tribal and Urban Indian people who seek addiction treatment is a priority for the Learning Community. This effort will be accomplished by providing practical examples and tools for cultural integration into clinical and addiction treatment practices. The overall cultural integration goal is to institutionalize cultural integration as a standard practice across multidisciplinary treatment, recovery, and community re-integration. The Learning Community will provide culturally responsive TTA and assist grantees with practical steps to consistently integrate culture into assessment, treatment, and recovery. Technical assistance support will include a broad range of Tribal cultural integration resources that can help the grantee:

- expand clinic provider knowledge about the cultural context of addiction, Tribal help-seeking and engagement, and the role of cultural identity in healing and recovery
- incorporate new organizational supports and cultural-integration clinical tools or determine new ways to use existing supports and tools (e.g., Adverse Childhood Experience Questionnaire) for culturally responsive and integrated care
- develop patient retention and outcome tools and
- develop locally acceptable and locally meaningful patient satisfaction surveys

Learning Community assistance for cultural-clinical integration includes a range of Tribal-developed resources (e.g., Wellbriety Movement, Gathering of Native Americans, Positive Indian Parenting, etc.). Additional resources include the culturally centered MAT Recovery curriculum being developed by Tribal consultant Albert Titman (Telewell) and the Tribal barriers to behavioral health report being developed by the Northwest Portland Area Indian Health Board. The Learning Community will also closely coordinate with the California Tribal and Urban Indian Community-Defined Best Practices initiative throughout 2021-2022.

Support for MAT and/or Stimulant Use Treatment

The primary purpose of the Learning Community is to help grantees prepare for the implementation, enhancement, or sustainability of MAT for OUD and/or treatment best practices for patients diagnosed with stimulant use disorder (depending on the identified community need). Each Learning Community grantee will receive no-cost technical support to help develop MAT services and/or stimulant treatment and recovery services.

For the development of OUD treatment and recovery services, the Learning Community can assist with the identification of training needs, assessment of staff resources, development of multidisciplinary teams (e.g., medical, behavioral health, and cultural), review of clinical practice guidelines, recommendations for cultural integration in biopsychosocial and other assessment tools currently in use, determination of current and needed recovery supports, and other areas fundamental to launching or enhancing MAT services. Additional training and resources for OUD include screening, diagnosis, and treatment planning; orientation to American Society of Addiction Medicine (ASAM) guidelines and levels of care; checklists of MAT clinical protocols and patient flow; and examples of integrated care policies and procedures for MAT, trauma-informed care, and care management.

The Learning Community will also provide TTA for grantees who request information about treatment for methamphetamine, cocaine, or other stimulant use. As with opioid use, fentanyl lacing has vastly increased the lethality of illicit stimulant use. Best practices for stimulant treatment (motivational interviewing, contingency management, community reinforcement approach, and cognitive behavioral therapy) will be provided, with a specific focus on the Tribal experience within these treatment approaches. Information on other clinical issues and management strategies specific to stimulant treatment, such as euphoria, meth-related psychosis, and stimulant (meth) withdrawal, can be addressed. The Learning Community can also address strategies for responding to potential physical violence by stimulant patients and partnering with tribal police. Further, information about the diagnosis and treatment for polydrug use will be available.

The participating Learning Community entities will be guided through the team building and program development steps needed to develop or enhance their addiction treatment services. TTA will be provided through virtual and onsite support (depending on current public health guidance). A centralized menu of TTA resources will be available, which can be tailored for each grantee community.

Peer-to-Peer Knowledge Exchange

As part of the overarching goal of developing a vibrant community of Tribal and Urban Indian culture-driven SUD providers across the state, the Learning Community also supports peer-to-peer learning opportunities. Peer-to-peer knowledge exchange can benefit the Tribal health entity receiving peer support and the Tribal health provider who provides peer knowledge on MAT or stimulant treatment implementation. The goal of the peer mentorship approach is to provide opportunities for the Learning Community grantees to gain practical knowledge of initiating and maintaining MAT services from experienced Tribal and Urban Indian providers. Knowledge exchange areas will include, but not be limited to overcoming start-up challenges and understanding MAT/stimulant clinical treatment pathways, cultural integration approaches, relapse intervention and mitigation, and tools to monitor patient progress as they move through the different treatment levels toward recovery.

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California Tribal and Urban Indian providers who are experienced with MAT start up, implementation, and integrated care will be recruited to serve as peer advisors. Peer advisors with cultural-clinical integration and stimulant treatment experience will also be recruited. The peer provider will receive reimbursement for time spent (virtual and in person) with the Learning Community grantee in knowledge-exchange sessions. Formal agreements between KAI and the selected peers will delineate expectations for the peer advisors (e.g., commitment to participate, points of contact, availability, and areas of expertise) and the payment process from Sierra Foundation: The Center.

The initial needs assessment for each grantee will serve as the starting place for identifying topic areas for peer support. Every effort will be made to match the grantee site with their preferred peer provider or group. The facilitated peer mentorship engagement will include peer matching by discipline (e.g., program manager peers, SUD group facilitator peers, behavioral health counselor peers, medical director peers, pharmacy peers, clinic administrator peers, etc.).

Statewide Supports

Increasing Tribal and Urban Indian grantee knowledge and access to California statewide MAT and other treatment supports can deepen collaboration among statewide addiction treatment resources. Tribal and Urban Indian partnerships with non-Tribal statewide MAT and stimulant treatment supportive services contributes to building a continuum (or specialty) of care that is culturally responsive to the needs of Tribal patients. Increased knowledge of the Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements for Tribal health entity participation and DMC service reimbursement (including DMC-ODS Indian health care provider guidance) can be consequential to the financial sustainability of addiction treatment services for Tribal populations. The Learning Community can assist participating entities to:

- understand the rich resource availability within the TMAT statewide partners and
- increase Tribal program awareness and connections with non-Tribal statewide and regional resources (such as Drug Medi-Cal, California Bridge Program, California Hub and Spoke System) and non-Tribal medical and mental health services (when appropriate)

Evaluation Measures

The determination of local benchmarks and evaluation measures is fundamental to the measurement of program development progress, the identification of program course corrections for service improvement, and the determination of ways to provide progress updates to the community. The Learning Community can assist grantees to determine local definitions of success and corresponding measures and data gathering tools. These measures include:

- **Quantitative measures**, such as baseline and increased numbers of MAT patients served, increased number of waived providers, increased use of cultural assessment tools, improvements in Tribal patient retention in MAT and/or stimulant treatment, and improvements in TMAT and/or stimulant treatment outcomes.
- **Qualitative measures**, such as culture-focused patient satisfaction surveys and patient perceptions of the role of cultural aspects in their healing and recovery.

KAI will also assist grantees in determining their capacity to evaluate service implementation (e.g., manual data gathering or electronic health record capacity) as part of the TTA plan. The TTA plan will also include the process for tracking and submitting periodic data summaries to KAI and a method to measure satisfaction with, and the impact of the Learning Community TTA received in.

Tribal and Urban Indian Community Communication

If needed, the Learning Community can assist grantees with communications strategies to help community members better understand addiction treatment and the role of culture as an important part of treatment and recovery. For example, grantees can learn new ways to use locally preferred communication to consistently message Tribal and Urban Indian health staff, Tribal and Urban Indian health board members, Tribal council members, Tribal stakeholders, and the Tribal and Urban Indian community on program implementation progress and how the new services can strengthen the community.

Program Expectations

The expectations for Learning Community entities will include several activities related to the community and leadership engagement, managing programmatic expectations, leading communications with staff and stakeholders, and moving toward accomplishing goals. Other specific expectations include meeting certain milestones or deliverables over the course of the grant period, which could include formalizing a process at the organizational level for incorporating MAT services into patient assessment and treatment planning, developing workflow processes for MAT services, developing a performance monitoring and quality improvement plan, and developing an evaluation/outcome plan for MAT services. Ongoing peer network participation is a critical expectation of participating entities. The timeline for the Learning Community is listed in Figure 3.

Figure 3. TMAT Program timeline



Program Evaluation

All funded grantees are expected to participate in evaluation activities to monitor progress toward their goals. The evaluation will illuminate lessons learned, support Tribal and Urban Indian health program service growth for MAT and other SUD interventions, and inform recommendations for future technical assistance activities designed to support Tribal and Urban Indian implementation of MAT or other SUD interventions.

The evaluation can use different approaches to measure progress toward the Learning Community goals and objectives. A comprehensive evaluation plan will be developed with the grantee to collect information to assess progress toward their goals and outcomes and feedback loops to improve the technical assistance. Additionally, information about program success and challenges will be collected across grantees to identify common themes in implementing MAT and/or stimulant use treatment services.

Financial Support

Participating Learning Community entities will contract with and receive payments from Sierra Health Foundation: The Center of up to \$75,000. Fifty percent of the total award will be received at the start of the Learning Community. Remaining payments will be issued based on the achievement of agreed-upon deliverables, as defined in the contract. Each 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

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

Technical Assistance Team

KAI has developed a strong team of technical assistance staff and consultants who will work together to respond to the needs of the participating Learning Community entities. In addition to the key KAI administrative staff who serve as project management oversight and organizational support for the Learning Community statewide program, the Learning Community technical assistance team will include Tribal behavioral health subject matter experts, Tribal recovery specialist(s), an addiction medicine physician, Tribal SUD and trauma-informed practitioner(s), and expert support from KAI evaluation and communications specialists. The following list briefly describes the primary personnel and consultants who will provide MAT and stimulant treatment and recovery content knowledge to the Learning Community grantees.

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- **The Tribal behavioral health senior advisor** will support the Learning Community by providing expertise and advice on integrating culturally validated traditional healing and recovery practices for substance use treatment within tribal health clinics. This position will be assigned a portfolio of tribal health clinic grantees to support with technical assistance. **Holly Echo-Hawk**, MSc Organizational Behavior, serves in this role and brings 30 years of behavioral health administrative experience, including serving as a former mainstream and Tribal behavioral health director with experience in merging SUD/MAT, mental health, and primary health care services. A 22-year resident of California, she is also a former CRIHB employee and experienced with many CRIHB member clinics and Urban Indian clinics and service providers.
- **An addiction medicine physician** will support the Learning Community for MAT implementation training and coaching. **Joan Kandel**, DO, FAAFP, has been recruited for this contract position. A former Indian Health Service medical officer in tribal communities for 23 years, her specialty area of addiction medicine and telehealth services and experience in cross-cultural treatment will be an asset to the Learning Community grantees. She will be available to consult on specific clinical needs related to the implementation of culturally responsive MAT and stimulant treatment services. Additionally, she can provide trainings on topics related to MAT or stimulant services, as driven by the participating entities.
- **The Tribal recovery technical assistance specialist** will support the Learning Community by providing expertise and advise on integrating culturally validated traditional healing and recovery practices into substance use treatment and behavioral health programs at local tribal health clinics.
- **SUD treatment technical assistance specialists** will support the Learning Community grantees with their direct service experience as SUD treatment providers. They will provide training and support in MAT and stimulant treatment implementation, group therapy, cultural-clinical practice, peer support, and other aspects of treatment and recovery services.