



# Prevention, Treatment, and Recovery Innovations in Native American Communities



# TOR

TRIBAL OPIOID RESPONSE



National American Indian & Alaska Native

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

**SAMHSA**

Substance Abuse and Mental Health  
Services Administration

# Prevention, Treatment, and Recovery Innovations in Native Communities

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Published by the Native Center for Behavioral Health,  
College of Public Health, University of Iowa, Iowa City, Iowa; August 2021.

The Tribal Opioid Response Technical Assistance Center is funded by  
the Substance Abuse and Mental Health Services Administration.



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The content expressed herein is the work of the contributors and does not necessarily reflect the official opinions or positions of the Department of Health and Human Services (DHHS), or the Substance and Mental Health Services Administration (SAMHSA). At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA.



## Acknowledgements

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Chocktaw Nation of Oklahoma Behavioral Health, OK	San Bernardino-Riverside County Indian Health Service, CA
Confederated Tribes of Warm Springs, OR	Shoshone-Bannock Tribe, ID
Fairbanks Native Association, AK	Yakama Nation, WA
Kenaitze Tribe, AK	Marimn Health Center, ID
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*Photos, clockwise from the top:  
Warren Price Photography, Gregory Johnston,  
Papa Bravo, Ruben M Ramos, via Shutterstock*



# Preface

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It is with great pleasure I share with you this document: *Prevention, Treatment, and Recovery Innovations in Native Communities*. The National American Indian and Alaska Native Addiction Technology Transfer Center, in collaboration with JBS International, has been working with close to 200 Native communities across the country to facilitate the adoption of medication-assisted treatment (MAT), and evidence-based psychosocial practices (EBPs), and support the integration of such practices into experience-based and knowledge-based practices (EBP/KBP) developed in Native communities over centuries.

It is very easy to focus on the challenges and deficits Native communities are facing, but by doing that we overlook their extraordinary strength and resilience. These communities show creativity and resourcefulness when implementing MAT because they know the importance of integrating their culture and involving their communities, elders, and tribal councils when trying to implement and facilitate change. They have been able to do extraordinary work, which we are very proud to share with you in this publication. When doing community-based participatory programming and research, we make sure that the communities are ready and feel comfortable publishing their accomplishments, so in this first edition of this publication we have fifteen communities willing to share their success stories. We consider this to be a living document, so when other TOR grantees are ready to share their success stories, we will add their accomplishments in subsequent editions.

I would like to thank the fifteen communities for their willingness to share their success stories with us. I would also like to thank JoAnn Roser and the JBS International staff for compiling these success stories and initiating putting them together into this document, and the National American Indian and Alaska Native ATTC staff for their work finalizing its publication.

The Tribal Opioid Response (TOR) program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). I would like to thank the four government program officers, Humberto Carvalho, William Longinetti, Amy Romero, and Lenee Simon; and Dr. Alec Thundercloud from the Office of Tribal Affairs and Policy (OTAP) for supporting Native communities in their commitment to do what is best for their people.

Sincerely,

**Anne Helene Skinstad, PsyD, PhD**

Program Director, National AI & AN ATTC and Tribal Opioid Response TA



# Introduction

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Tribal and urban Native communities have long been concerned about the high level of methamphetamines and stimulant use disorders. However, they have not been spared from the severe opioid crisis affecting our country and the rest of the world over the last 20 years. The dramatic increase in opioid use disorders (OUD) has unfortunately been accompanied by an increase in opioid overdoses, resulting in high numbers of fatalities across the country. The Comprehensive Addiction and Recovery Act (CARA) was signed into law in 2017 to be used for treatment, prevention, recovery, and criminal justice programs, as well as research and policy activities. The Tribal Opioid Response (TOR) program was established in response to the CARA Act and in September 2018, 134 Native American and Alaska Native communities were awarded TOR funding by the Substance Abuse and Mental Health Services Administration (SAMHSA). This was the first cohort of TOR recipients funded; the second cohort received funding in 2019 (30 additional tribal communities) and the third cohort (97 tribal communities) was awarded TOR funding in 2020.

The purpose of the initial TOR funding was to facilitate the implementation of evidence-based treatment for OUD, with a strong emphasis on medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of OUD. Tribal communities were recommended to integrate MAT and other evidence-based approaches into culturally grounded practices to address the opioid crisis in their programs. The scope of the TOR grants was expanded in 2020 to include focus on prevention, treatment, and recovery programs for stimulant use disorder. In addition, the TOR recipients were recommended to adopt principles of contingency management in the implementation of MAT.

We know that the rate of drug overdose deaths from the misuse of prescription pain medications, heroin, fentanyl, or other opioid drugs among Native American and Alaska Native people is above the national average, and recent data show this trend is continuing.<sup>1,2</sup> Many Native people identify alcohol and meth as the most significant problems in their communities and link these substances to a rise in domestic violence, assaults, burglaries, and child abuse and neglect. Moreover, as the public health crisis of addiction collided with the global pandemic of COVID-19, more people from Native communities have been adversely affected.

These are the stark realities in Native Communities. We are very aware of the fact that tribal behavioral health programs are faced with many challenges when implementing and integrating evidence-based practices into already existing programs. Tribal members have developed experience and knowledge-based practices over centuries. Furthermore, it is so easy to oversee and underestimate the resources and strength in the tribal recovery community, not to mention the creativity that professionals have had to lean on when trying to provide services on a shoestring budget. Tribal programs have a challenge in developing a coordinated and comprehensive defense against major health emergencies, such as the United States' ongoing opioid crisis. Many of the evidence-based programs for OUD are developed for other cultural groups than the Native communities, a fact that often leads to an ingrained suspicion toward Western-based approaches. However, MAT is proven efficacious in many ethnic groups, including indigenous communities in other parts of the world.

The National American Indian and Alaska Native ATTC was funded by SAMHSA to provide training and technical assistance (TA) to the TOR recipients in collaboration with JBS International since 2018. We have held meetings both in-person and virtually for TOR grantees to share their experiences in implementing MAT programs and to integrate evidence-based practices into their culturally informed policies and practices. We started the TA process by providing training on how to develop a strategic plan for their MAT implementation. This program was followed up with a National Meeting in Mystic Lake in 2019, and all the TOR recipients were invited. From then on, we have offered regular regional meetings, webinars, and TA support. In addition, our center has developed many resources that are accessible through our website.

Native communities have been hit hard by the COVID-19 pandemic, and it has been a challenge for TOR recipients to implement MAT during this lengthy crisis. The COVID-19 pandemic has also been traumatic because it has activated memories of historic and generational traumas for both providers and clients. For those reasons, our center decided to offer weekly listening sessions from April 2020: Sharing and Caring Through Technology. The goal for these sessions has been to facilitate sharing of concerns, sharing ways of coping, and solving some of the issues associated with providing services through tele-health methodology. A major outcome of these sessions has been the peer to peer support the TOR recipients have provided to each other, as well as sharing of their accomplishments. As of this publication, these sessions are continuing on a monthly basis.

When we work with Native communities, our methodological framework is community-based participatory research and programming (CBPRP). CBPRP is the gold standard for working with Native communities because it makes us better able to understand and listen to their needs, involve tribal communities from the beginning, and makes us humble in the way we approach offering support and resources.



The TOR grantees have really impressed us with their hard work in reducing the number of overdose-related deaths through prevention, treatment, and recovery support services for opioid and stimulant use disorders. This document provides an overview of some of the practices that have emerged from these forums to date. Many grantees blend traditional and modern best practices across the spectrum of behavioral health and wellness promotion, and all incorporate local expertise and knowledge, build on strengths and resources within their communities, and integrate unique cultural traditions. In other words, our main goals with this document are to shift our focus from a deficit approach to a more strengths-based comprehension of how Native communities can implement and integrate Western-based methods while maintaining their culturally informed practices developed over centuries.

### ***References***

1. Albuquerque Area Southwest Tribal Epidemiology Center. (2018). Opioid Fact Sheet: The Opioid Crisis; Impact on Native American Communities. Retrieved from: <https://tribalepicenters.org/wp-content/uploads/2018/03/AASTEC-opioids-fact-sheet.pdf>. Accessed March 2021.
2. Substance Abuse and Mental Health Services Administration. (2020). Treatment of Stimulant Use Disorders. SAMHSA Publication No. PEP20-06-01-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory.



# Success Stories



Photos, clockwise from the top:  
SveltanaSF, Shutterstock; Svineyard,  
Shutterstock; Mark Spoward, 123RF



## Blackfeet Nation, MT

### *Journey to Recovery Center*

To eliminate multiple barriers to services for patients, Blackfeet Nation's Journey to Recovery Center provides a full range of services on the first visit. All staff are trained to provide an exceptional customer service experience beginning with first point of contact - the receptionist.

The patient visit begins with a welcoming, respectful interaction with the receptionist to establish a relationship with the Journey to Recovery Center and evaluate insurance coverage. The client then meets with a licensed addiction counselor to complete an intake screening and secure enrollment in the program. After this meeting is complete, the patient meets with a care coordinator to help develop and implement a care plan. The care coordinator also establishes a connection for the patient to the peer support specialist. The peer support specialist will help the patient process difficult emotional, spiritual, and medical challenges, while also referring to outside resources including housing support services, employment (Blackfeet Manpower is located across the street), services and other job readiness preparations, education system referrals and resources, navigation to primary care, mental, and dental resources, including help with enrollment in Affordable Care Act, Medicaid and other patient assistance programs.

The staff also connects patients to mutual aid groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Additionally, the patient is referred to a medication assisted provider through the division of Community Medical Services and a mental health counselor. When patients receive such comprehensive, integrated services on their first visit, significant barriers to care and recovery are removed, including the burden of additional travel, time away from work and caregiving responsibilities, and other disruptions related to trying to schedule and access multiple services on additional days. This results in better patient engagement and improved treatment adherence, which leads to better treatment and recovery outcomes. The Journey to Recovery Center provides free transportation for patients.

Due to the success of the program, "word of mouth" is spreading about the Journey to Recovery Center resulting in more people in the community discovering the program and using the full catalog of services.

*Photo: 08/13/2016: Heart Butte Indian Days Powwow hosted each year on the Blackfeet Reservation; Richard Westlund / Shutterstock*

#### **Blackfeet Nation:**

<https://blackfeetnation.com>

#### **Blackfeet Tribal Health Department**

807 N Piegan Street  
Old I.H.S. Building  
Browning, MT 59147  
(406) 338-6330

# Cherokee Nation Behavioral Health Services, OK

In seeking to provide MAT for Cherokee Nation members, the TOR team faced the challenge of many of its members not possessing photo identification (ID). Photo IDs are required for individuals to receive prescribed medication for treatment of OUD, but many MAT participants did not have an ID and did not have the money to pay the \$5 fee to purchase a replacement ID. To address this barrier, the TOR team hosted an ID expo at the local library in partnership with other health and social service providers, including the Salvation Army, vocational services, community recovery groups, and other social service providers. Picture IDs were provided at no cost with proper proof of citizenship and membership. Birth certificates were also provided with proof of birthplace. Over 1,000 IDs were provided, and 75 birth certificates issued.

Additionally, Cherokee Nation members enrolled in MAT were provided a wallet card showing proof of prescription medications to treat OUD to present to law enforcement if needed as proof of lawful possession of specific medications. This ID is issued by the tribe and includes the Cherokee Nation official seal. The wallet card also contains a full description of buprenorphine. This ID is not considered an Oklahoma State government issued photo ID and does not meet employer requirements for lawful possession of opioid treatment medications while on duty in workplace locations (employers require an active prescription). [Click here for the link to National Safety Council Opioids at Work Employer Toolkit.](#)

Cherokee Nation also established a State/Tribe Epidemiology Outcomes Workgroup (STEOW). This group consists of tribal stakeholders who meet quarterly to assess service and data gaps, address needs, review progress, evaluate strategies, address challenges, evaluate data relevant to programming, and plan implementation of recommendations to improve outcomes of programming. Tobacco cessation programming is part of this partnership.

*Photo: 08/28/2019: Tahlequah - Cherokee National Homecoming Parade, Svineyard / Shutterstock*



**Cherokee Nation:**

<https://www.cherokee.org/>

**Cherokee Nation Health Services:**

<https://health.cherokee.org/>

Kristyn Ryals, TOR Administrator

Behavioral Health Services

[health@cherokee.org](mailto:health@cherokee.org)

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1325 East Boone

Tahlequah, OK 74464

# Choctaw Nation Behavioral Health, OK

## *Good Health TV®*

Choctaw Nation representatives were to begin producing Choctaw Nation of Oklahoma GoodHealthTV® custom programming in the spring of 2020, however COVID-19 delayed this starting timeline. GoodHealthTV is a subscription-based health education network that offers culturally based patient education aimed at improving health literacy and empowering patients to take charge of their own health. The programming will be aired on all monitors except pediatric offices. GoodHealthTV® has received the following accolades:

- *“GoodHealthTV® is Indian country’s most-watched health network”*
- *“99% of viewers indicated they watched and learned new information”*
- *“92% of viewing participants indicated the programming promoted them to seek out more information”\**

The Choctaw Nation of Oklahoma Behavioral Health is also engaging with Choctaw Nation Health Services Authority (CNHSA) to provide collaborative training of medical residents, including family medicine and licensed psychiatrists. Training includes best practices and understanding of MAT. Best practice training emphasizes the effectiveness of wraparound services and the inclusion of behavioral health as a critical component of these services. Helping medical residents and the community understand OUD as a disease is a core goal of this training, which emphasizes the importance of providing supportive services in conjunction with MAT induction to help patients achieve success with long-term recovery. The medical residents have been eager to learn more about MAT and best practices and are improving their networking with colleagues associated with wraparound services to improve outcomes for OUD patients.

*\*Referenced from GoodHealthTV® homepage.*

*Photo: George Burba / 123RF*

## **Choctaw Nation of Oklahoma:**

<https://www.choctawnation.com/>

## **Choctaw Nation Behavioral Health:**

<https://www.choctawnation.com/choctaw-nation-behavioral-health>

Nathan Billy, M.Ed., LPC, Deputy  
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One Choctaw Way

Talihina, OK 74571

(918) 567-3065 or 1-(800) 349-7026

# Confederated Tribes of Warm Springs, OR

## *Native American Opioid Training Academy; “Pain in the Brain”*

Seeking to leverage community resources for opioid prevention programming, the Confederated Tribes of Warm Springs have used their TOR initiative to build collaboration with behavioral health, family preservation, health and prevention promotion initiative, Indian Health Services (IHS) and Tribal Health and Human Services. Addressing workforce training needs across the spectrum of partners was necessary, so the Confederated Tribes of Warm Springs created a Native American Opioid Training Academy. Forty participants attended the academy training in which they participated in the following learning opportunities:

- Narcan delivery
- MAT efficacy
- Behavioral health needs
- First aid
- Adolescent issues
- Active shooter training
- Pharmacology
- Emergency response
- Yoga instruction

Participants attending the academy received an 8 or 16-hour certificate. To facilitate additional training opportunities, the academy participants became eligible to train others. This created a “Train the Trainers” extended workforce training group.

In addition to the Native American Opioid Training Academy, the Confederated Tribes of Warm Springs also developed a Methamphetamine Opiate Work Group (MOWG). This group follows the framework of the wellbriety movement to address methamphetamine and opioid (polysubstance) abuse, as the two are often combined in their area of service.

To supplement outreach to the community, Confederated Tribes of Warm Springs also created a Native Aspirations Coalition. They identified this group as a “fun group” to balance the grim information and statistics related to opioid and meth use with messaging designed to stimulate conversation about opioid misuse and addiction as a disease, and educating youth about behaviors that may cause harm to themselves and others, including drug misuse. To reach the community with their messaging, they have used a mobile medical unit to provide health information while hosting entertaining fair events for the whole family. This was a successful outreach program for the community.

*Photo: Portland, Oregon, JUNE 7, 2014: The Confederated Tribes of Warm Springs in Grand floral parade through Portland downtown; pngstudio / 123RF*

*To help the community understand the brain chemistry of addiction and reduce stigma, the team developed a creative rhyming pattern, “pain in the brain” for the training group to deploy in the community.*



### **Confederated Tribes of Warm Springs:**

<https://warmsprings-nsn.gov/>

### **Health and Wellness Partners:**

<https://warmsprings-nsn.gov/tribal-programs/services/health-and-wellness/>

1233 Veterans Street/PO Box C  
Warm Springs, OR 97761  
General Phone: (541) 553-1161



## Fairbanks Native Association, AK

### *Soup on Saturday*

The Fairbanks Native Association sought to “engage natural support people around individuals struggling with substance use disorders,” but faced challenges of accessibility. Even when patients were referred for services, attempts to contact clients to help link them to those services were having limited success. To address this barrier, they expanded their community education and outreach efforts. They discovered clients would not come to services on their own, so they targeted messaging to the broader circle of people in that person’s relationship network. By focusing outreach and engagement to those people in this wider circle of influence, they hoped these individuals would “come alongside the person and support them.”

In addition to expanding their messaging in the community they also wanted clients to see familiar and trusted faces they would recognize as positive connections to support services that included supports such as cab assistance or housing vouchers.

The program provides talking circles every Friday as well as weekly exercise and walking groups. To supplement their community engagement efforts, they also host a Soup on Saturday event. The members make soup together from scratch and gather with families to share a meal. This is an opportunity for clients, families, and interested community members to engage with each other and build a stronger support network. This program has grown as more families have been drawn to this cultural event.

*Photo: Sadie Whitelocks / Shutterstock*

### **Fairbanks Native Association:**

<https://www.fairbanksnative.org/>

### **Fairbanks Native Association Behavioral Health Services:**

<https://www.fairbanksnative.org/our-services/behavioral-health/>

Jocylynn Smith, TOR Director  
Fairbanks Native Association  
Behavioral Health Services  
615 Bidwell Avenue  
Fairbanks, Alaska 99701  
(907) 452-6251

# Kenaitze Tribe, AK

## *Co-located Primary Care and Behavioral Health*

One of key goals of the Kenaitze Tribe is to “normalize MAT like any other primary care need.” By collaborating with primary care, behavioral health, and chemical dependency provider teams, resources and communication can be streamlined around training needs, pharmacy accessibility, clinic support staff, and other support needs. The provider teams agree they are all treating the same person and therefore need to create fewer barriers to care for the patient. Behavioral health and primary care practitioners are co-located and are working to become integrated. For example, they have moved one of the clinicians from primary care into the behavioral health center role which helps to facilitate access to primary care and reduces waiting time for patients. There is consensus among all primary care and behavioral health providers that timely and efficient access for patients leads to improved health and recovery outcomes.

All provider teams are working strategically as well as organically to integrate services across types of care. Teams meet regularly to discuss integration and brainstorm collaborative solutions by trying new options to improve patient experience and success with treatment.

*Photo: Maridav / Shutterstock*

*The Kenaitze Tribe provides the colocation of primary care and behavioral health to “normalize MAT treatment like any other primary care need.”*



**Kenaitze Indian Tribe:**  
<https://www.kenaitze.org/>  
**Kenaitze Indian Tribe Behavioral Health Services (Dena’ina Wellness Center):**  
<https://www.kenaitze.org/denaina-wellness-center/behavioral-health/>

508 Upland St.  
Kenai, AK 99611  
(907) 335-7500





## Lummi Nation, WA

### **Outreach and Prevention: Bumper Sticker campaign – “I Care About My Community. I Carry Narcan.”**

*As a result of Narcan® kits being carried by EMS and community members, the TOR Program Coordinator states “these kits have saved hundreds of lives.”*

The Lummi Nation, like many tribes, was experiencing devastation from overdoses with heroin/fentanyl. To raise awareness of opioids and educate the community about the rescue medication, Narcan®, the Lummi TOR team designed bumper stickers with the slogan, “I Care About My Community, I Carry Narcan.” Community members who carry Narcan® were encouraged to use the stickers on their cars to spread the word on the importance of making it available as broadly as possible.

To augment messaging about the risks and dangers related to opioid use and misuse, as well as about availability of services and treatment resources, the Lummi Nation TOR team highlights the following themes in their awareness campaign:

- Availability of immediate access to services (within 24 hours)
- Alerts provided to community via social media and PSAs when new heroin/fentanyl shipment hits community
- Promotion of harm reduction (Safe Syringe Program)
- Availability of wrap-around services for those seeking help, including childcare
- Connect with Facebook posts and messaging – very active and engaging Facebook page and Twitter account (<https://www.facebook.com/LummiClinic/>; <https://twitter.com/LummiSOC>)

*Photo: Fredrick Lane of Lummi in LA, Nancy Bleck, Slanay Spa’ak’wus*

### **Lummi Nation:**

<https://www.lummi-nsn.gov/>

### **Lummi Behavioral Health:**

<https://www.lummi-nsn.gov/Website.php?PageID=434>

Don Logan, TOR Project Director  
Chemical Addiction Recovery  
and Education (CARE)  
2530 Kwina Road  
Bellingham, WA 98226  
(360) 312-2420

# Mississippi Band of Choctaw Indians Behavioral Health

## *“Don’t Be a Dealer,” “OUD BINGO,” Information Backpack, and Drug Take-Back Events*

“Don’t Be a Dealer” and “OUD BINGO” prevention outreach goals and activities:

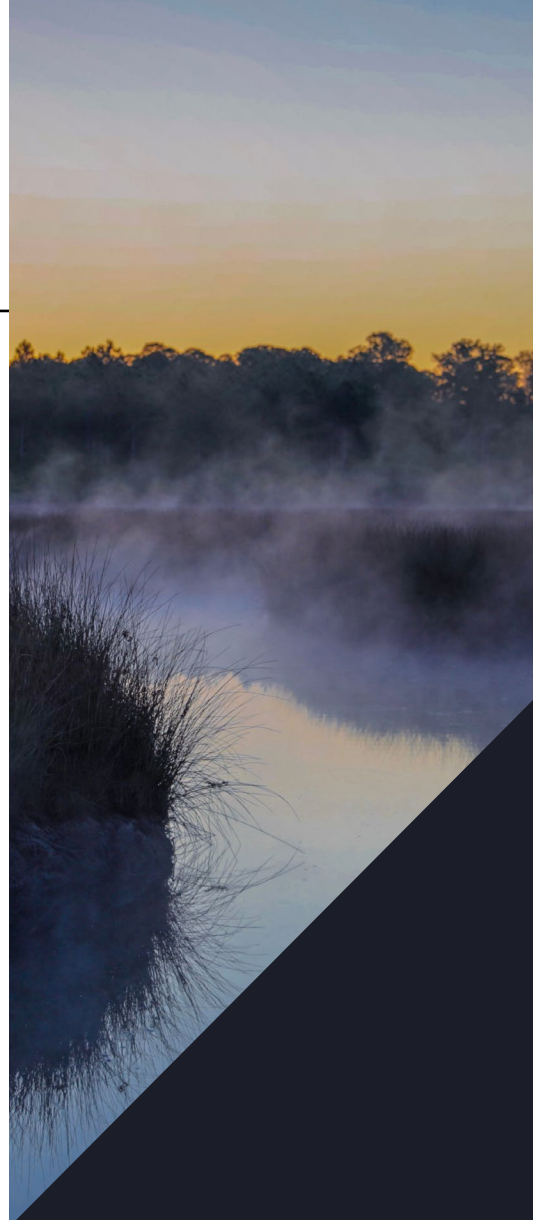
- “Don’t Be a Dealer” is modeled after the Wheel of Fortune television game show format
- Offers a fun format to engage all generations in outreach participation
- Many questions in both game formats are focused to test community knowledge of opioids (safety, use, access, etc.) and opioid use disorder
- Prizes and health education are incentives provided to participants
- The TOR outreach team synced events with cultural celebrations
- Word-of-mouth increased attendance and participation at future outreach events - over 150 people attended the second event
- Collectively, the TOR outreach team has participated in over 20 health fairs and connected with over 500 members during these outreach events

Information Backpack Project:

- Backpacks included evidence-based and age-appropriate information for children and family members regarding risks associated with opioid use and safety precautions to prevent access to opioids at home.
- The tribe was faced with challenges distributing the backpacks at local public schools. In lieu of school distribution, the TOR team worked with other community partners to distribute backpacks, including the Boys and Girls Clubs, day care centers, and other youth service providers. They also distributed backpacks at youth-oriented community events.

Mississippi Band of Choctaw Indians also partnered with the Drug Enforcement Administration (DEA) and other community collaborators to conduct two drug take-back events. They have installed several safe disposal containers in the community. Drug take-back events yielded over 70 pounds of disposed drugs!

*Photo: JoeyMiller17 / Shutterstock*



**Mississippi Band of  
Choctaw Indians:**

<https://www.choctaw.org/>

**Mississippi Band of Choctaw  
Indians Behavioral Health:**

[https://www.choctaw.org/  
government/tribalServices/health/  
behavioralHealth/index.html](https://www.choctaw.org/government/tribalServices/health/behavioralHealth/index.html)

Gregory Gordon, MD, TOR Director  
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(601) 656-2211



# Northern Cheyenne Tribe Recovery Center, MT

## ***Community Messaging: “Reservation Devastation”; “OMG” (Opioid Misuse Genocide)***

The TOR team of the Northern Cheyenne Tribe Recovery Center attended a wellbriety meeting to share with the tribal community the news of the TOR program at the recovery center. This outreach was very successful and resulted in the community seeking to learn more about opioids and available community support for OUD. To raise awareness and create a message that would improve the understanding of the devastating effects of OUD on the Northern Cheyenne reservation, the TOR team engaged interns from the local community public health work expansion organization to develop targeted community messaging for their TOR funding. This unique collaboration resulted in the creation of high impact images and messaging for brochures and community mailers and posters, highlighting historical trauma, hopelessness and devastation related to opioids. The images dramatically conveyed the message of historical trauma as well as the ravages of opioids on tribal members, their families and the community. The team, however, wanted to “raise the decibel level” in the community around this devastation, so the team also created an attention-grabbing brand name for the images that community members recognize and remember without hesitation.

Creating a strong, culturally grounded campaign has helped to strengthen awareness within the tribe about the destruction of its people from OUD. Additionally, this campaign has helped drive conversation in the community about OUD and available services to help family members. The Northern Cheyenne Tribe Recovery Center has also added community outreach activities with strong cultural influence to help drive their TOR messaging.

*Photo: Jess Kraft / Shutterstock*

*The interns and TOR team members developed the highly descriptive titles, “Reservation Devastation” and “Opioid Misuse Genocide (OMG)” to amplify their message.*

### **Northern Cheyenne Tribe:**

<http://www.cheyennenation.com/>

### **Northern Cheyenne Recovery Center:**

[www.nctribalhealth.org](http://www.nctribalhealth.org)

Abdel Russell, Addiction  
Counselor/TOR Coordinator  
100 Eagle Feather Street  
Lame Deer MT, 59043  
(406) 477-4924

# Osage Nation, OK

## *Rapid Opioid Dependence Screening (RODS)*

*“Lengthening community resources is vital to improving outcomes for individuals with OUD.”*

The Osage Nation’s TOR Program is supporting the cost of providing MAT medications, including Suboxone, Naltrexone and Vivitrol. To facilitate care coordination and improve health outcomes for clients enrolled in the MAT program, Osage Nation has embedded a full-time case manager in the clinic. The case manager is dedicated to working with MAT clients. Securing safe housing, transportation, and food security is a priority for these clients. The case manager also helps to prevent medication diversion by conducting random pill counts and performing urinalysis assessment (UA). Often, methamphetamine is the most common illicit drug identified in UAs. In accordance with best practice care, the team does not interpret a positive UA as a failure, but rather as an opportunity to engage the client in additional supports and services (e.g. counseling) as well as to encourage participation in AA or NA.

Osage Nation uses a modified brief screening tool called Rapid Opioid Dependence Screen (RODS) to assess clients for OUD. This screening tool is modeled after the evidence-based NIH Validation of a Brief Measure of Opioid Dependence – The Rapid Opioid Dependence Screen. This is a 5-minute screen to identify opioid dependence. Offering a brief screening helps to identify an individual with OUD while minimizing the need for burdensome and invasive questioning, which often serves as a barrier to engagement. Additionally, RODS assists with streamlining the referral process to MAT providers. Reduced screening time helps to decrease burden and stigma placed on patient.

The modified RODS tool is shown on the next page.

*Photo: Sarah Quintans / Shutterstock*



**Osage Nation:**

<https://www.osagenation-nsn.gov>

**Osage Nation Counseling Center:**

<https://www.osagenation-nsn.gov/what-we-do/counseling-center>

Jennifer McGlothlin, Clinical  
Compliance Coordinator  
100 W. Main St, 4th Floor  
Pawhuska, OK 74056  
918-287-5413

## Rapid Opioid Dependence Screening Tool

If any drug in question 1 is coded “yes”, proceed to questions 2-8.

If all drugs in question 1 are “no”, skip to the end and code “no” for opioid dependence.

1. Have you ever taken any of the following drugs?

	Yes	No
Heroin		
Fentanyl		
Methadone		
Buprenorphine		
Morphine		
Hydrocodone		
MS Contin		
Oxycontin		
Oxycodone		
Other opioid analgesics (e.g. Vicodin, Darvocet, etc.)		

	Yes	No
2. Did you ever need to use more opioids to get the same high as when you first started using opioids?		
3. Did the idea of missing a fix (or dose) ever make you anxious or worried?		
4. In the morning, did you ever use opioids to keep from feeling “dope sick” or did you ever feel “dope sick”?		
5. Did you worry about your use of opioids?		
6. Did you find it difficult to stop or not use opioids?		
7. Did you ever need to spend a lot of time/energy on finding opioids or recovering from feeling high?		
8. Did you ever miss important things like doctor’s appointments, family/friend activities, or other things because of opioids?		

*Scoring Instructions: Add number of “yes” responses for questions 2 to 8. If total is >3 then code “yes” for opioid dependent. If total is <2 code “no” for opioid dependent.*

Opioid Dependent:  Yes  No

NIH Validation of a Brief Measure of Opioid Dependence: The Rapid Opioid Dependence Screen (RODS): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4435561>

# Riverside-San Bernardino County Indian Health Service, CA

## ***Voucher System for Behavioral Health Services ScreenDox - An Integrated Care Kiosk Center (purchase required)***

The Riverside-San Bernardino County Indian Health Service identified several gaps in service, including the absence of case management, while also experiencing challenges in the integration of medical and behavioral health services. Additionally, the providers noted the low number of patients seeking counseling services relative to the known need. Counseling seemed to be a part of the continuum of SUD/ODU care which patients avoided (no-shows). Streamlining case management and coordinating care was established as an important goal of the TOR project, as was improving patient engagement and retention in counseling services.

To address the issue of no-shows to counseling services, the behavioral health TOR members of San Bernardino-Riverside County IHS have improved this gap by designing and implementing a voucher system protocol to improve patient compliance. The voucher required the patient to meet with a counselor at each clinic visit to fill their MAT prescription from the pharmacy. To encourage compliance with counseling, the voucher system did not require a full counseling visit; the patient could visit with the counselor for as little as ten minutes. The ten minutes help to support rapport-building between patient and counselor that can develop into an alliance, and encourages the patient to seek counseling more often. The behavioral health department is experiencing an increase in counseling visits as a result of the voucher system.

In addition to addressing the gaps in counseling services, the TOR team sought to resolve a redundancy in patient screening and eliminate the administrative burdens for patients at each visit to the clinic, since these barriers often deter patients from seeking services. To streamline patient admissions, reduce administrative burden on patients and eliminate redundant screenings, the San Bernardino-Riverside County Indian Health Center purchased a point-of-entry screening kiosk called ScreenDox which includes a wireless touchscreen table. This kiosk was placed in a convenient space where patients could check in privately with easy placement of their thumb print on the touch screen. The program also allows the patient to privately update their record specific to SUD/ODU and depression screening, which eliminates screening redundancy and eases the discomfort of repetitive questioning.

ScreenDox navigation was modeled after the Boston Medical Center's Office Based Addiction Treatment (OBAT) Program, frequently referred to as the "Massachusetts Model": <https://www.bmcobat.org/about-us/bmc-obat/>

*Photo: Wisarut Charuchaisittikul / Shutterstock*

*The team designed the voucher system as an incentive to meet with the counselor in which the brief meeting was an opportunity to "build an alliance with the patient."*

**Riverside-San Bernardino  
County Indian Health:**  
<http://www.rsbcih.org/>

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## Shoshone-Bannock Tribes, ID

### ***“Smudge Me. Don’t Judge Me.” Medication Assisted Treatment Anonymous***

The Shoshone-Bannock Tribes Four Directions Treatment Center initiated and successfully established the Medicated Assisted Treatment (MAT) program on the Fort Hall Indian reservation. The integrated tribal MAT health care team includes an Indian Health Service Clinic Pharmacist, HRSA Community Clinic Physician Assistant, and the Tribal Health Clinic Physician Assistant, MAT Case Manager, MAT Recovery Coach, Medical Social Worker, Four Directions Manager and Certified Alcohol/ Drug Counselors. The MAT program strives to reduce opioid abuse, stigma, labels and to provide seamless support to patients through the numerous Tribal Opioid Response (TOR) programming initiatives.


The TOR program employs the MAT case manager and MAT recovery coach to provide intensive case management, peer recovery support, opioid assessment, outreach, drug testing, prevention, the MATA support group, SUD treatment services, healthy lifestyle activities and transportation for appointments with patients. The MAT treatment team embraces a holistic concept of treatment, e.g., incorporating the Medicine Wheel into physical activity programming, such as gym membership and hot spring passes. Cultural and spiritual practices include smudging, prayer, and sweat lodge ceremonies. The Medicated Assisted Treatment Anonymous support group was developed and is facilitated by a community member receiving MAT who is now in recovery from OUD. The facilitator’s experience mirrors that of the others in the group which helps to remove the stigma associated with attending a support group. The MAT team meets weekly to staff patient cases, to assure treatment plans, patient referrals, service recommendations are accomplished and being an integrated health care team the patient receives full wrap around services within the MAT programming.

**Shoshone-Bannock  
Tribes Four Directions  
Treatment Center:**

[http://www2.sbtribes.com/  
tribal-health-and-human-  
services/](http://www2.sbtribes.com/tribal-health-and-human-services/)

PO Box 306  
Fort Hall, ID 83203  
(208)478-3700  
[publicaffairs@sbtribes.com](mailto:publicaffairs@sbtribes.com)

*Photo: pamwalker68 / 123RF*



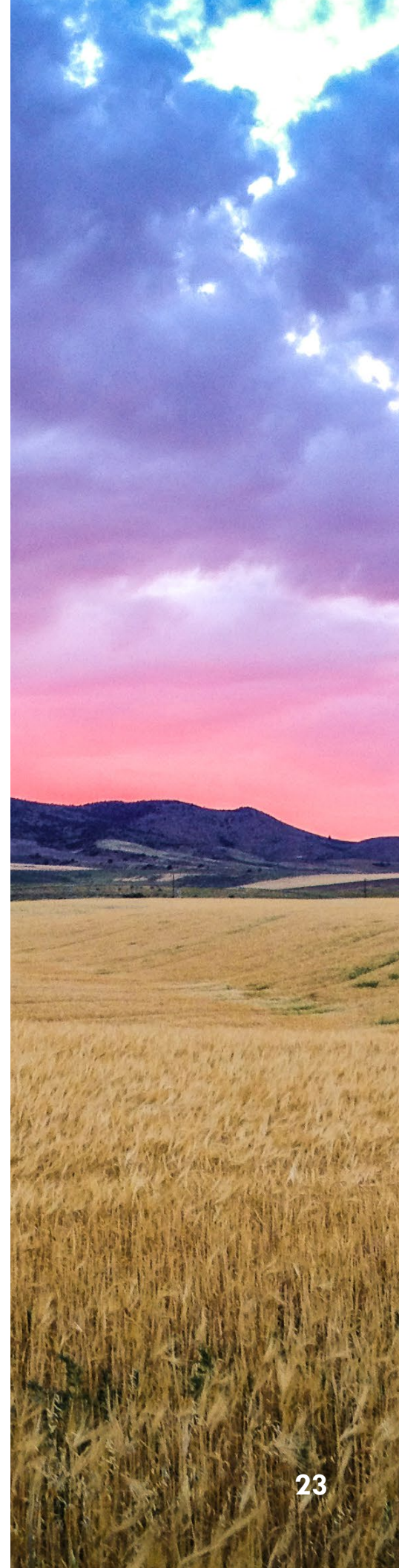
The TOR program within the Four Directions Treatment Center have provided community prevention activities:

- Opioid Prevention Summit
- Naloxone drug overdose training to the Fort Hall Police Department and Officers
- Shoshone-Bannock High School Youth Opioid Prevention General Assemblies
- Tribal Recovery Fest
- Drug Take Back Day with the Fort Hall Police Department
- Opioid Prevention Festival Walk with over 300 participants
- Opioid Health Care Provider Education training sessions
- Shoshone-Bannock tribal Elder Opioid Education and distributed locked medication boxes

They also offer their 5-day Recovery Coach Academy and 2-day Ethics training to community members. This training is free to community members. As an adjunct to this training they provide an 8-hour training, the Recovery Basics. This training serves as a platform to develop other trainers using a Train-the-Trainers model, with the vision to build a community network of recovery coaches. The tribe also provides peer recovery support services, daily addiction support groups, including life skills classes, transportation, the weekly community virtual prayer and a recovery garden.

The tribe seeks to use non-judgmental language in its culturally sensitive training programs and initiatives. One of the philosophies they have embedded in their training programs is “Smudge Me. Don’t Judge Me.” This approach helps participants to understand that culture and spiritual practices are important in recovery, and judgment for any of their journey is not acceptable. Progress of the TOR grant is reported back to the tribal council.

*Photo: Erica Hollingshead / Shutterstock*







## Yakama Nation, WA

### “Not on My Rez”

Yakama Nation was faced with the challenge of reaching their focus age group, 18-30, across their reservation where accidental overdose was a major concern. The tribe faced difficulties and delays working with other community groups and eventually grew frustrated by the silos existing within the programs. With the goal to reach the target age group more quickly and directly, the tribe decided to take their message to the radio waves through the established station on the reservation, KYNR 1490-AM. The TOR team created a one-minute radio message called, “Not on My Rez.” The message was a call to action for youth and young adults to learn more about the dangers of opioids including overdose. Education about the use and availability of Narcan and promotions about youth programming are also incorporated, and prevention and awareness raising was centered around the tribe’s culture and traditions.

Events were hosted to prompt community action related to “Not on My Rez,” including:

- Community Walk – over 400 people attended the walk; Narcan kits were distributed to families that were at risk or to members of the tribe with unique interest in being part of the call to action to reduce opioid overdoses on the reservation.
- A newsletter was created to foster connected messaging from the radio campaign and share information about upcoming events, as well as highlight the success of “Not on My Rez” community events. They were also advertised in the tribe’s newspaper: *The Yakima Review*.
- The TOR team organized a multiple-site (simultaneous) banquet to share information about naloxone and provide kits to concerned tribal members and families.
- To reach the younger targeted age group, the team also organized a traditional “Round Dance” to promote abstinence from drugs and alcohol.

Photo: Vu Giap / Shutterstock

#### Yakama Nation:

<http://www.yakamanation-nsn.gov/>

#### Yakama Nation Multimedia:

<http://www.yakamanation-nsn.gov/multimedia.php>

401 Fort Road  
PO BOX 151  
Toppenish, WA 98948  
(509) 865-5121  
KYNR 1490-AM

# Marimn Health Center, ID

## EMERGE

The EMERGE program helps new and expecting mothers to recovery from OUD/SUD and provides support to address the challenges of recovery, pregnancy, and parenting. The program offers MAT as well as individual counseling. To promote EMERGE, Marimn Health Center created brochures for community distribution and purchased a billboard featuring the program.

In addition to offering EMERGE for pregnant mothers, Marimn Health Center hired two re-entry coaches who help incarcerated persons transition from inpatient treatment (at prison) to outpatient treatment at the behavioral health center. MAT is offered to clients, as is transportation for re-entry clients.

*Photo: Hanjo Hellman / Shutterstock*



**Marimn Health:**

<https://www.marimnhealth.org>

**Marimn Health Behavioral Health:**

[https://www.marimnhealth.org/  
services/behavioral-health/](https://www.marimnhealth.org/services/behavioral-health/)

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Plummer, ID 83851

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# Youth Councils

## ***Benefits to Tribal Community and to Native American and Alaska Native Youth***

Youth engagement through youth councils can help to build a strong, unified, and self-reliant next generation of Native Americans and Alaska Natives. The mission, mentors, and engagement of youth councils help to foster the spiritual, mental, physical, and social development of young people. Youth councils serve communities in the following ways:

### **Mobilizing Native Communities with Youth Voices:**

- Youth serve as great messengers if they are involved and excited about a community issue such as mental health and drug use.
- Youth can build momentum around an issue that affects their culture.
- Youth are enthusiastic about educating other community members and encourage others to get involved.
- Using their tribal community's cultural values and traditions can help young people and adults, including elders, connect to each other as well as connect to their broader communities
- Youth are adept with social media skills augmenting their voice across an extensive audience.
- Youth can help create connection with elders and partnerships with adults, which can foster mutual respect of traditional ways, as well as an understanding of youth modern life and challenges.

### **Skills Developed**

- Youth councils help foster skills for leadership. Some of these skills are as follows:
- Youth learn leadership skills while helping others in their tribes, villages, or communities.
- Involvement in a council help youth develop self-esteem and confidence through support and encouragement from their peers.
- Youth learn how to conduct meetings, coordinate community service projects, and work with community, tribal, and village leaders.
- Youth learn conflict resolution, capacity building, decision-making skills, and accountability.

### **References for forming a youth council:**

- Unity.org: <https://unityinc.org/>
- Unity.org Instagram account: [https://www.instagram.com/p/B\\_DSHiVFpb4/?utm\\_source=ig\\_embed&utm\\_campaign=loading](https://www.instagram.com/p/B_DSHiVFpb4/?utm_source=ig_embed&utm_campaign=loading)
- National Indian Child Welfare Association: Tribal Leadership Series – Youth Engagement: <https://www.nicwa.org/wp-content/uploads/2018/11/Youth-Engagement-for-Tribal-Leaders.pdf>
- National Council on Urban Indian Health Youth Council: [https://mcusercontent.com/97bf83f5514a3035e7978c5b2/files/46a222e3-b1c2-4b20-9401-c8ca3dfbbb4f/YOUTH\\_COUNCIL\\_updated.pdf](https://mcusercontent.com/97bf83f5514a3035e7978c5b2/files/46a222e3-b1c2-4b20-9401-c8ca3dfbbb4f/YOUTH_COUNCIL_updated.pdf)

*Photo: Ruben M Ramos / Shutterstock*



# Summary

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Tribal Opioid Response grantees are continuing to practice and perpetuate the culturally grounded interventions that are derived from the central beliefs and values of their respective tribes. Their unique wisdom, resilience, creativity, and strength is reflected in their creative and unique programming. Some of the tribes prioritize and honor cultural and spiritual practices in their addiction and healing work. This is indicated in the many examples throughout this publication: the practice of talking circles; the use of cultural celebrations; the use of cultural influence to drive the TOR messages; the incorporation of cultural and spiritual practices such as smudging, prayer and sweat lodges; using the medicine wheel and anti-stigma by practicing non-judgmental ways; and unity groups connecting youth with elders to create a mutual respect of traditional ways.

As indicated by the programs, not all tribes utilize the same cultural practices as they are unique to each tribe. There may be some similarities such as smudging and prayer, but each tribe is unique in their respective cultural practices, languages, traditions, rituals and protocols.

More information about the innovative practices outlined in this document can be obtained by reaching out directly to the contact person identified in the text box associated with the intervention of interest. If you have questions or would like to learn more about the TOR initiative, please contact the National American Indian & Alaska Native ATTC:

[cph-nativecenter@uiowa.edu](mailto:cph-nativecenter@uiowa.edu)

[attcnetwork.org/native](http://attcnetwork.org/native)

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*This project is funded by the Substance Abuse and  
Mental Health Services Administration (SAMHSA).*



**Native Center for  
Behavioral Health**



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***SAMHSA***

Substance Abuse and Mental Health  
Services Administration