

Tribal Opioid Response Grants

The purpose of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Tribal Opioid Response Grant (TOR) is to address the opioid crisis in Tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication for the treatment of opioid use disorder (MOUD). TOR seeks to reduce unmet treatment need and opioid overdose-related deaths through prevention, treatment, and/or recovery support activities for OUD and for stimulant misuse and use disorders. In Fiscal Year (FY) 2020, SAMHSA distributed approximately \$50 million in TOR funding to 92 federally-recognized Tribes and Tribal organizations.

For more information:

<https://www.samhsa.gov/grants/grant-announcements/ti-22-006>.

SAMHSA’s TOR program profile provides a means to share aggregate data collected from grantees in line with the Government Performance and Results Act of 1993 and continued under the Modernization Act of 2010. This program profile highlights selected, program-specific indicators that are available through SAMHSA’s National Outcome Measures (NOMs). For more information: <https://www.samhsa.gov/sites/default/files/gpra-fact-sheet.pdf>.

Client Characteristics

Gender (n=2,135)

Male	54.8%
Female	45.0%
Transgender	0.1%
Other	0.1%

Age (n=2,124)

10–12	0.5%
13–17	2.4%
18–24	10.6%
25–34	37.2%
35–44	26.9%
45–54	12.2%
55–64	7.9%
65+	2.3%

Race (n=2,153)

American Indian	52.2%
White	20.4%
Alaska Native	7.9%
Multiracial	4.7%
Native Hawaiian or Other Pacific Islander	0.8%
Black or African American	0.6%
Asian	0.3%
None of the above	13.1%

Ethnicity (n=2,107)

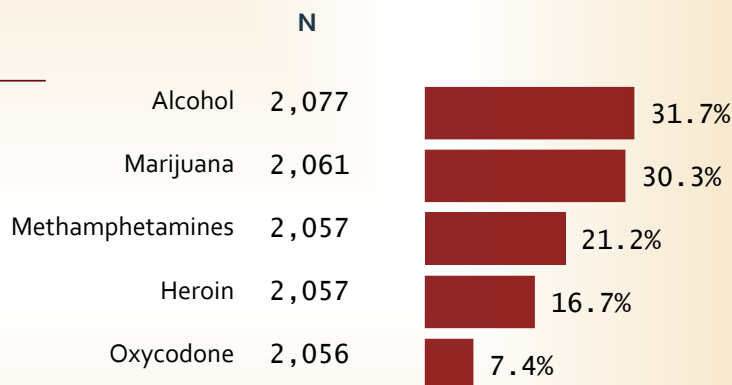
Non-Hispanic	94.2%
Hispanic	5.8%

This profile focuses on the cumulative achievements of FY18, FY19, and FY20 TOR grantees from September 2018 to September 2021.

Top 5 Most Common Substances Used

Proportion of Clients at Intake.

N is the number of individuals reporting at intake



Number of Clients Served

4,676 

individuals served by the program since FY 2019

Source

SAMHSA’s Performance Accountability and Reporting System (SPARS)

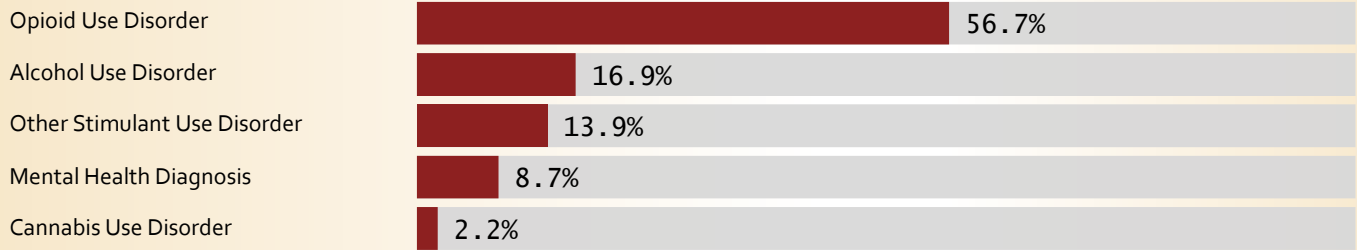
Data current as of February 18, 2022

Limitations

There are several limitations to this program snapshot including (but not limited to) incomplete data, self-report, and selection bias.

Top 5 Most Common Diagnoses

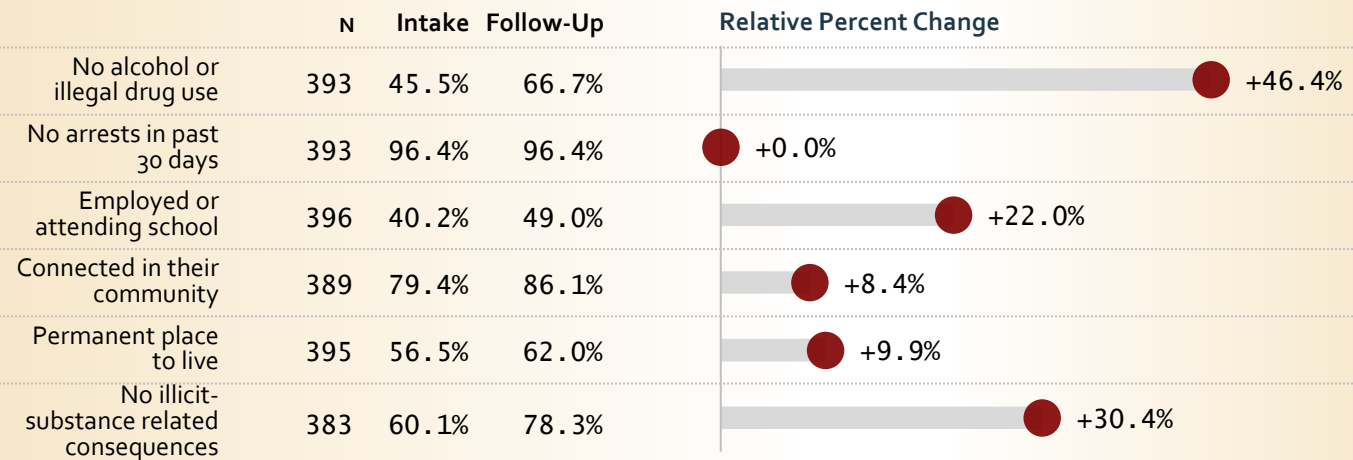
Number of Primary Diagnoses at Intake (N=1,217)



Outcomes: Intake and 6-Month Follow-Up Client Progress

Client progress was assessed for those with data available at both intake and 6-month follow-up, by means of rates in the previous 30 days. For each outcome, the relative percent change after the 6-month follow-up is depicted below, where N is the number of clients with both rates known.

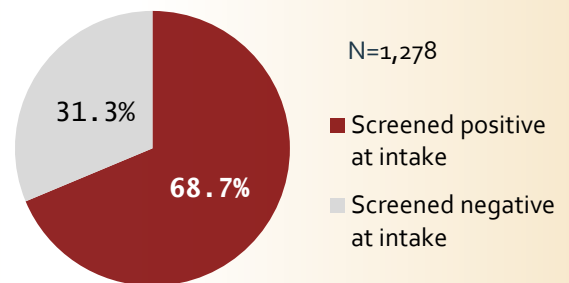
$$\frac{\text{Rate at follow-up} - \text{Rate at intake}}{\text{Rate at intake}} \times 100\%$$



Stoxone Kits Purchased/Distributed



Co-Occurring MH and SU Disorders



Source

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Treatment



TOR grant recipients used funds to provide treatment at all levels of care and to fill gaps across the treatment continuum. Grantees implemented outpatient, intensive outpatient, and residential treatment; individual and group counseling; and case management and referrals to other needed services. Grant recipients were also permitted to provide financial assistance to under- or uninsured clients to access OUD treatment.

TOR recipients utilized evidence-based practices (EBPs) for the treatment of SUDs including:

- Screening, brief intervention, and referral to treatment
- Cognitive-behavioral therapy
- Dialectical behavioral therapy
- Motivational enhancement
- Motivational interviewing
- Contingency management
- Eye movement desensitization and reprocessing

Prevention

TOR grant recipients conducted a range of activities aimed at preventing opioid misuse and overdose, including activities for elders, youth, and other community members to receive positive messaging, education, and training to increase their knowledge of opioids and other drugs.

Grant recipients conducted prevention outreach and education efforts through in-person events, signs and billboards, social media, TV, radio, and other media.

TOR recipients used prevention EBPs to conduct outreach and education with schools, Tribal leaders, and community members, including:

- Red Cliff Wellness School Curriculum
- PAX Good Behavior Game
- Healthy Way of Living Model
- Hidden in Plain Sight
- Gathering of Native Americans (GONA)
- American Indian Life Skills curriculum

Source

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Recovery Support Services

TOR grant recipients provided support services to assist individuals with SUDs in their recovery.

Grant recipients also provided wraparound and aftercare services including case management, transportation, childcare assistance, employment services, relapse prevention, nutrition programs, and sobriety activities.

Recovery activities included:

- Recovery coaching and peer support
- Training and certification for individuals to become peer recovery specialists
- Recovery housing
- Recovery support groups
- Traditional recovery practices
- Referrals to vocational training and employment opportunities

Cultural Practices

In recognition of ancestral cultural knowledge, wisdom, ceremony, and practices of American Indian and Alaska Native Tribes, TOR recipients were encouraged to incorporate traditional approaches into their grant activities.



Some common traditional practices included:

- Sweat lodges
- Talking circles
- Traditional healers
- GONAs
- Teaching traditional values
- Smudging
- Traditional dance
- Storytelling
- Teaching of herbs
- Drum ceremonies
- Spiritual practices and prayer
- Medicine wheel activities
- Traditional craft making
- Healing fires
- Pow wow camps
- Equine therapy
- Wilderness expeditions
- Teaching farming, hunting, and fishing skills

Source

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