



Rapid Strategic Planning for Tribal Opioid Response (TOR) Grantees: Getting Started

November 6, 2018

Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover



The National American Indian and Alaska Native ATTC



The National American Indian and Alaska Native ATTC Staff

*Anne-Helene Skinstad,
Program Director*



*Jeff Ledolter,
Research Associate*



PRESENTERS

Pamela Baston



Harold Tarbell





Agenda

- 5 minutes: Introductions
- 5 minutes: Strategic Planning Requirement
- 5 minutes: Polling: Current Strategic Plan
- 15 minutes: Process Reminder/Overview
Getting Ready Stage – Key Activities
- 5 minutes: Strategic Activities Workplan Template (Rapid Strategic Planning)
- 10 minutes: Q&A Session
- 15 minutes: Data Collection
- 15 minutes: Information Gathering
- 10 minutes: Q&A Session
- 5 minutes: Next Steps and Closing

Important Strategic Planning Considerations

- Strategic Planning Requirement
- SAMHSA's Goals for TOR Funding Awards
- Approaches Identified in Sample TOR Applications
- Required Activities/Required Selected Activities/Allowable Activities

REMINDER: STRATEGIC PLAN REQUIREMENT



- Use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services (FOA p. 5).
- Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe, to address the gaps in prevention, treatment, and recovery identified by the tribe. Tribes may use existing plans if they have one available (FOA p. 7).

SAMHSA'S GOALS FOR TOR FUNDING

The goals of the (FY) 2018 Tribal Opioid Response grants (Short Title: TOR) are to address the opioid crisis in tribal communities by:

Increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD).

Reducing unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

Source: Funding Opportunity Announcement (FOA) p. 4

APPROACHES IDENTIFIED IN TRIBAL APPLICATIONS

- Complete comprehensive strategic plan
 - Hire a strategic planning consultant
- Use a distinct planning methods to develop a Framework and a Tool to help Tribes build capacity to be comprehensive
 - The process is as important as the product
- Link to existing Tribal Action Plan(s)
 - Related to substance abuse or opioids
 - Focus on conducting a needs assessment
- Link to other ongoing strategic planning process
 - Related to substance abuse or opioids
 - Funded by other sources



National American Indian & Alaska Native

ATTC

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

POLLING QUESTIONS

1. *Do you know if there is some form of an existing strategic plan, either for your 'department', Tribe or Organization that can be utilized?*
2. *Do you anticipate conducting any kind of needs or capacity assessment as part of this project?*
3. *Which type of approach have you indicated you will use to meet the strategic planning requirement:*
 - *Complete a comprehensive strategic plan*
 - *Use a distinct planning method to develop a Framework*
 - *Utilize an existing Tribal Action Plan(s)*
 - *Link to other ongoing strategic planning processes*
 - *Other (please describe)*

Polling Question

<http://etc.ch/cQV3>

11

STRATEGIC PLANNING PROCESS OVERVIEW

Getting Ready	• Who will do the work? What are the issues/choices? Research.
Developing a Vision and Mission	• Purpose. Change. Focus. Business.
Assessing the Environment	• Trends and SWOT most relevant to the your organization and to which the strategic plan will respond. Also can inform issues and strategies.
Agreeing on Priorities	• Critical Strategic Issues. Core Strategic Directions. Goals and Objectives.
Writing the Strategic Plan (3-40 pages)	• Why we exist .What trying to accomplish. How we will do it? • Intro. Profile. Vision. Mission. Values. Strategic Issues. Core Strategies. Goals and Objectives.
Implementation	• How organization is informed by and contributes to its achievement (operational, program and project level).
Monitoring and Evaluation	• Quarterly, Annually, 3-5 years • Performance Measurement/Evaluation

- **Getting ready** involves determining if the organization is ready or able to commit the time and resources to looking at the 'big picture':
 - Identify the specific issues or choices that should be addressed (5-7);
 - Prevention, Treatment, Recovery/Aftercare
 - Financial stewardship, Community engagement, Financial stewardship, Internal processes, Organizational capacity
 - Decide on the basic process you will use, including:
 - Who will do what in the planning process;
 - Whether to create planning committee;
 - Whether to hire a consultant; and
 - Will there be any form of a 'retreat'
 - Can include internal and external Stakeholder engagement (input, buy-in)
 - Determine the additional information needed to help the organization make sound decisions (on the identified choices/issues).



National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration

Assessment Checklist

Content	Available	Acceptable/Aligned	Revision Needed	Assessment Comments
Vision				
Mission				
Values/Principles				
Organizational profile				
Environmental Scan				
SWOT Analysis				
Strategic Priorities				
Goal(s) per priority				
Objectives (I,S,M,L)				
Performance Measures				
Implementation Plan				
Evaluation Process				

STRATEGIC PLANNING AND STRATEGY RELATIONSHIP

- Strategy is the calculation of objectives, concepts (ways), and resources (means) within acceptable bounds of risk to create more favorable outcomes (ends) than might otherwise occur by chance or at the hands of others.
- Strategic planning is an organization's process of identifying its future direction and strategy and allocating resources in pursuit of that future direction.
- Strategic management is an organization's process of continuous planning, executing, monitoring, analyzing and assessing all that is necessary for an organization to meet its goals and objectives in pursuit of a future direction.
 - Association of Strategic Planning – Body of Knowledge – Definitions

LESSONS LEARNED ABOUT PLANNING AND ASSESSMENT (ORGANIZATIONAL CAPACITY)

- Tools/processes provide a framework for discussing and reflecting on organizational concerns, growth and priorities (unravel the complexity)
- Participating in the process is as important as the tool itself
- Make sure the tool/process fits within your context (staff, budget, culture, scope)
- Adapting or custom designing tools to your needs is critical
- Yes/No create awareness of best practices and gaps; numeric ratings supporting understanding of areas of excellence and improvement; rubric/wording support assessment conversations
- Skilled facilitation maximizes process management & learning (a skilled consultant in whole or in part)
- Both Funders and organizations could benefit from training in the tools/processes

STRATEGIC ACTIVITIES PLAN TEMPLATE

- Clearly define and state the problem your strategic plan will solve. Identify the activities that need to be completed to solve this problem.
- Identify and analyze epidemiological data that will inform tribal needs associated with the identified problem. It is important to identify needs before prescribing solutions.
- Consider tribal capacity and strengths and challenges when developing your plan.
- Embed tribal traditions and values into your planning activities.
- Develop objectives that are measurable, define accountability, identify resources, and establish timelines.
 - Adapted from 2016 Action Strategy Planning Guide for Tribal Leaders by Charles Dayton and Dr. Elaine Gagne

Strategic Activities Plan Template for a 'Rapid Strategic Planning' Process (partial example)

1. Required Activities				
Grantees are required to implement the activities below on which your program will focus – Funding Opportunity Award (FOA) pps. 5-7 For each item below, please create objectives and associated actions above.				
Use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe, to address the gaps in prevention, treatment, and recovery identified by the tribe. Plans must be completed within 60 days of award. Tribes may use existing plans if available (FOA pps. 5, 6, 7).				
Objective 1	Activities	Responsible Party(ies)	Target Date	Date Completed
	What specific activities need to be completed to meet the objective?			
	1.1.1:			
	1.1.2:			
	1.1.3:			
Objective 2	Activities	Responsible Party(ies)	Target Date	Date Completed
	What specific activities need to be completed to meet the objective?			
	2.1.1:			
	2.1.2:			
	2.1.3:			

REMINDER: OTHER REQUIREMENTS

- Implement workforce development activities to ensure that individuals working in tribal communities are well versed in strategies to prevent and treat opioid misuse.
- Develop effective prevention strategies which include but are not limited to: elder education, outreach and engagement of youth, strategic messaging, and community prevention activities. Develop strategies to purchase and disseminate naloxone and provide training on its use to first responders and other tribal members.
- Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery. Models for evidence-based treatment include ... (page 7-8 of FOA)

19

REMINDER: OTHER REQUIREMENTS (CONT.)

- Incorporate culturally appropriate and traditional practices into your program design and implementation.
- Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD prevention, treatment, and recovery.
- Address barriers to receiving MAT by reducing the cost of treatment, developing innovative systems of care to expand access to treatment, engage and retain patients in treatment, address discrimination associated with accessing treatment, including discrimination that limits access to MAT, and support long-term recovery.
- Develop and implement tobacco cessation programs, activities, and/or strategies.

20

REMINDER: ALLOWABLE (OPTIONAL) ACTIVITIES

- Implement community recovery support services such as peer supports, recovery coaches, and recovery housing. **Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility. Individuals in recovery should have a meaningful role in developing the service array used in your program.**
- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for under- and uninsured patients.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Work with Tribal Epidemiology Centers to assess the impact of the grant.

21



22

Data Collection

23

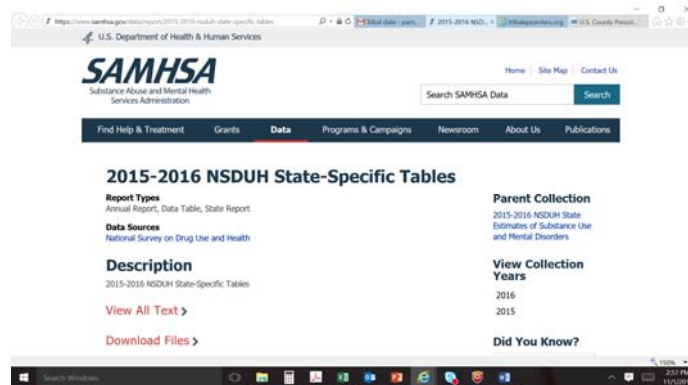
KINDS OF OPIOID RELEVANT DATA

Types of relevant data and sources:

- Incidence and Prevalence
- Overdose (fatal and non-fatal)
- Tribal Epidemiology Centers (TEC)
- IHS data
- Other SAMHSA/CDC
- # of MAT clients and any waiting lists
- Other

24

INCIDENCE/PREVALENCE



25

INCIDENCE/PREVALENCE WEB LINK

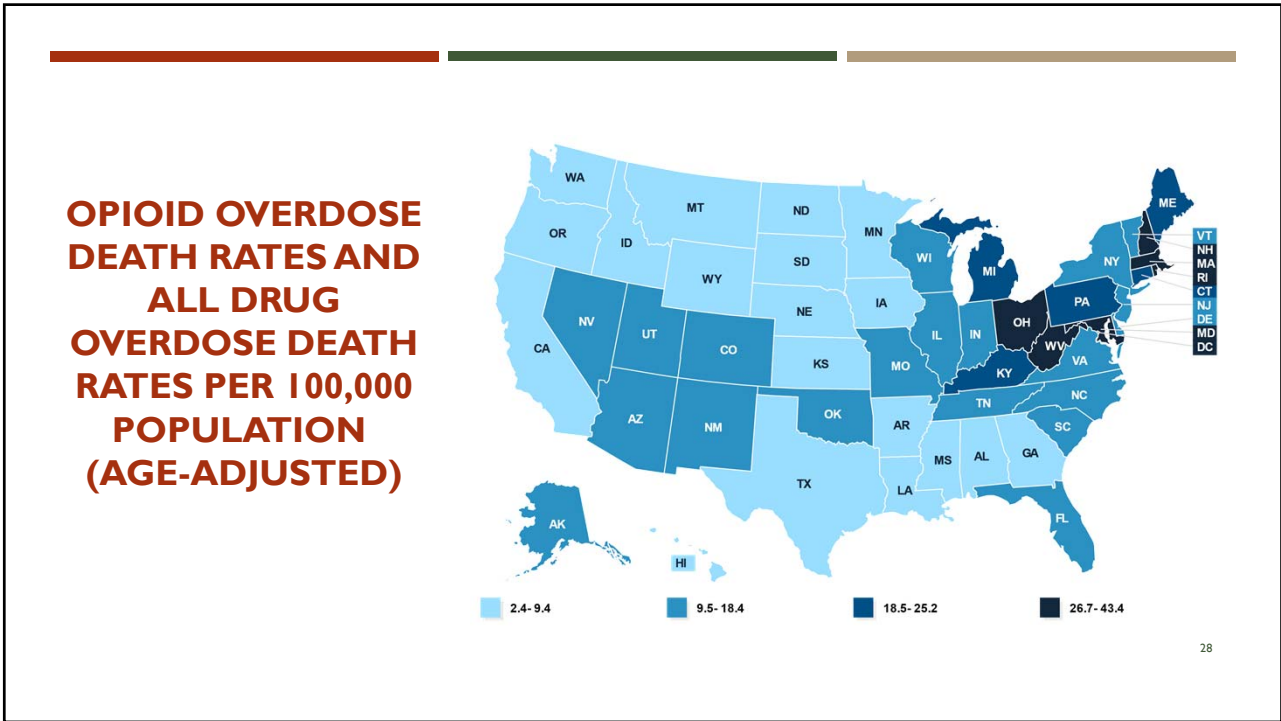
- <https://www.samhsa.gov/data/report/2015-2016-nsduh-state-specific-tables>

26

[HTTPS://WWW.SAMHSA.GOV/DATA/REPORT/SUPPLEMENTAL-NSDUH-OPIOID-TABLES](https://www.samhsa.gov/data/report/supplemental-nsduh-opioid-tables)

The screenshot shows the SAMHSA website interface. At the top, it says 'U.S. Department of Health & Human Services' and 'SAMHSA Substance Abuse and Mental Health Services Administration'. There are navigation links for Home, Site Map, and Contact Us, and a search bar for SAMHSA Data. A menu bar includes Find Help & Treatment, Grants, Data (highlighted), Programs & Campaigns, Newsroom, About Us, and Publications. Below the menu, there's a 'Back To Search Results' link. The main heading is 'Supplemental NSDUH Opioid Tables'. Underneath, it lists 'Report Types' as 'Data Table', 'Data Sources' as 'National Survey on Drug Use and Health', and a 'Description' stating these are special analyses of opioid use. To the right, there's a 'View Collection Years' list with years 2016, 2015, 2014, 2013, 2012, and 2011.

27



KFF Opioid Overdose Death Rates and All Drug Overdose Death...

REFINE RESULTS

TIMEFRAME: 2016

DISTRIBUTIONS:

- Opioid Overdose Death Rate (Age-Adjusted)
- All Drug Overdose Death Rate (Age-Adjusted)
- Percent Change in Opioid Overdose Death Rate from Prior Year
- Percent Change in All Drug Overdose

Location	Opioid Overdose Death Rate (Age-Adjusted)	All Drug Overdose Death Rate (Age-Adjusted)	Percent Change in Opioid Overdose Death Rate from Prior Year	Percent Change in All Drug Overdose Death Rate from Prior Year
United States	13.3	19.8	28%	21%
Alabama	7.5	16.2	23%	3%
Alaska	12.5	16.8	14%	5%
Arizona	11.4	20.3	12%	7%
Arkansas	5.9	14.0	-18%	1%

This website stores cookies on your computer to collect information about how you interact with our website. We use this information in order to improve and customize your browsing experience and for analytics and metrics about our visitors both on this website and other media. To find out more about the cookies we use, see our [Privacy Policy](#).

Accept

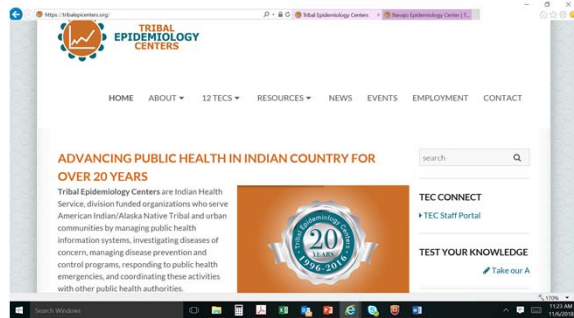
29

SOURCE: HENRY J. KEISER FAMILY FOUNDATION:

[HTTPS://WWW.KFF.ORG/OTHER/STATE-INDICATOR/OPIOID-OVERDOSE-DEATH-RATES/?CURRENTTIMEFRAME=0&SORTMODEL=%7B%22COLID%22:%22LOCATION%22,%22SORT%22:%22ASC%22%7D](https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?currenttimeframe=0&sortmodel=%7B%22COLID%22:%22LOCATION%22,%22SORT%22:%22ASC%22%7D)

TRIBAL EPIDEMIOLOGY CENTERS (TECS)

- <https://tribalepicenters.org/>



31

[HTTPS://TRIBALEPICENTERS.ORG/BLOG/2018/03/14/THE-OPIOID-CRISIS-IMPACT-ON-NATIVE-AMERICAN-COMMUNITIES/](https://tribalepicenters.org/blog/2018/03/14/the-opioid-crisis-impact-on-native-american-communities/)



32

https://tribalepicenters.org/12-tecs/

HOME ABOUT 12 TECS RESOURCES NEWS EVENTS EMPLOYMENT CONTACT

THERE ARE 12 NATIONALLY RECOGNIZED TRIBAL EPIDEMIOLOGY CENTERS

Click on a region to view a specific TEC page

search

TEC CONNECT

- TEC Staff Portal

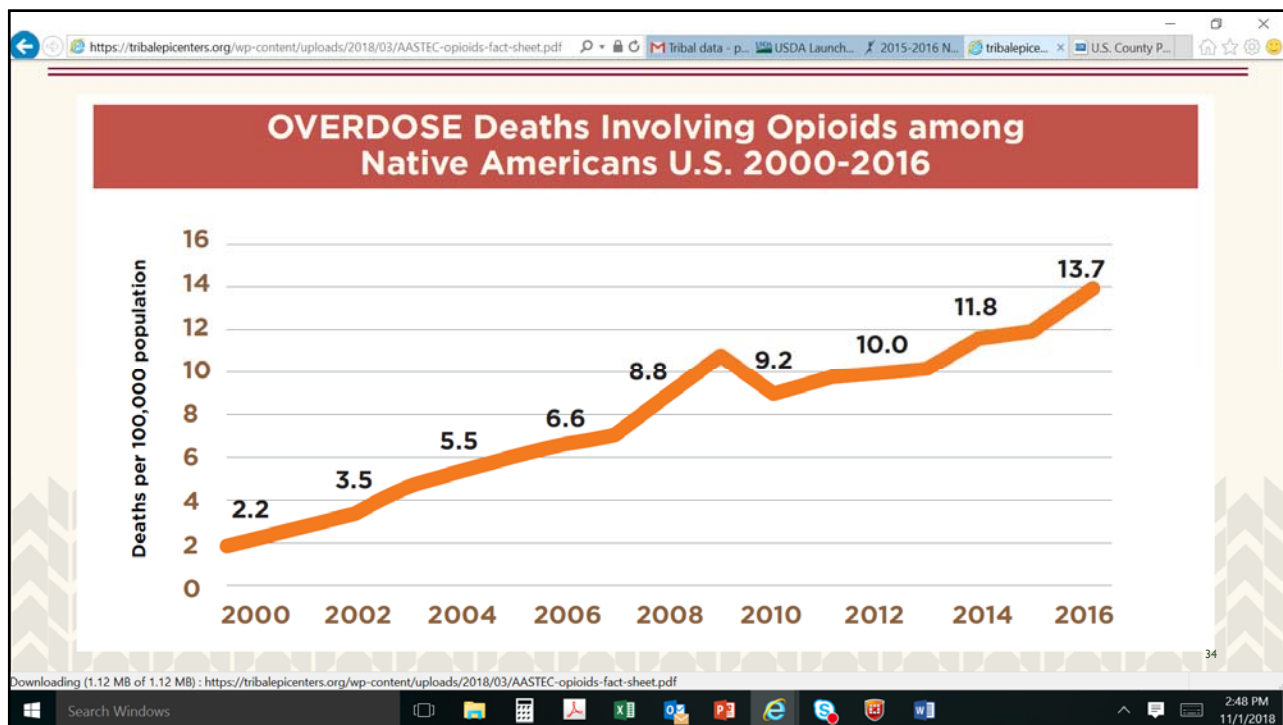
TEST YOUR KNOWLEDGE

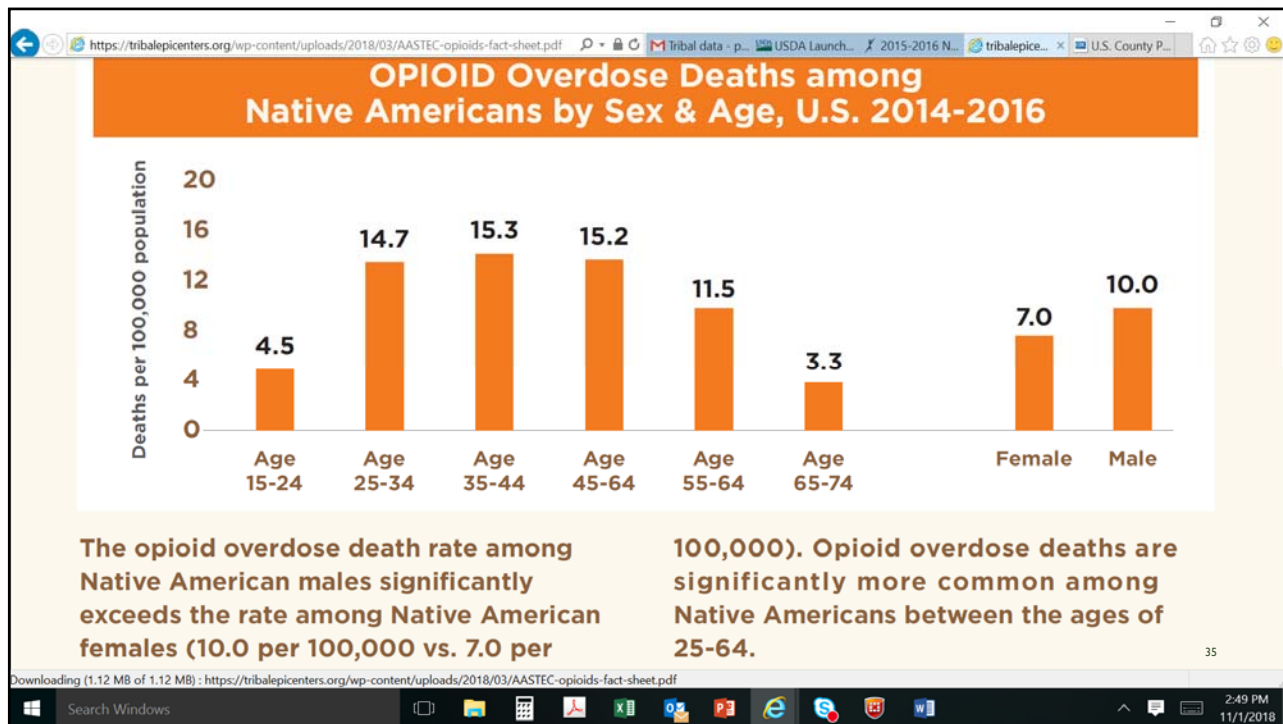
- Take our American Indian / Ala

FORMS & DOCUMENTS

- TEC Best Practices (PDF 4MB)
- TEC Overview (PDF 44KB)

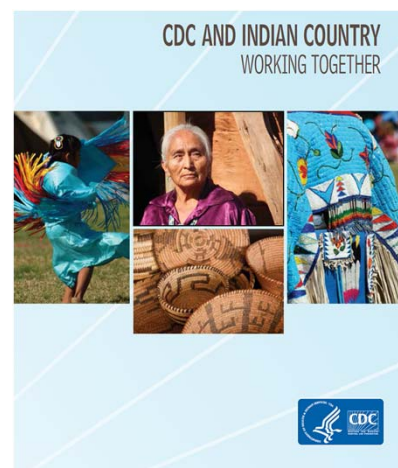
170% 11:28 AM 11/6/2018



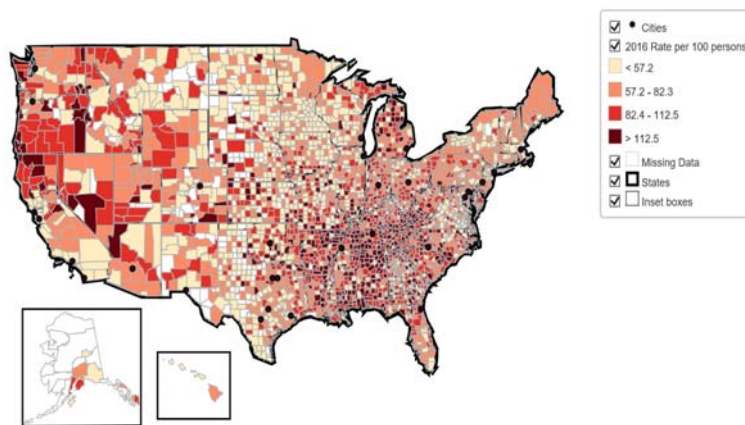


CDC'S WORK WITH 3 TRIBAL EPIDEMIOLOGY CENTERS

<https://www.cdc.gov/chronicdisease/pdf/CDC-indian-country.pdf>



U.S. COUNTY PRESCRIBING RATES, 2016



37

- <https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html>

This web address provides other opioid data

38

OTHER SAMHSA DATA



Substance Use and Mental Health Issues among U.S.-Born American Indians or Alaska Natives Residing on and off Tribal Lands

Authors

SAMHSA: Erinice Park-Lee, Rachel N. Lipari, Jonaki Bose, and Arthur Hughes*; Indian Health Service: Kirk Geesaway; RTI International: Cristie Glaeser, Mindy Herman-Stahl, Michael Penne, Michael Pemberton, and Janie Cujka

*Retired from SAMHSA

Abstract

Background. About 22 percent of American Indians/Alaska Natives (AI/ANs) reside on reservations or other trust lands, which contain unique governments, histories, traditions, communities, languages, and behavioral health challenges. In general, there is a lack of nationally representative data on the substance use and mental health of AI/ANs residing on and off tribal lands. This report provides methodological information on how to obtain estimates of behavioral health outcomes for populations living on and off tribal lands and provides some initial estimates.

Methods. Combined 2005 to 2014 National Survey on

to use alcohol, marijuana, cocaine/crack, and heroin in the past month, they were more likely to have past year substance use disorder and alcohol use disorder. Despite a higher need for substance use treatment, U.S.-born AI/AN adults residing on tribal lands were less likely than those residing off tribal lands to receive substance use treatment at a specialty facility. Among U.S.-born AI/AN adolescents, past year major depressive episode was less likely among those residing on tribal lands compared with those living off tribal lands. U.S.-born AI/AN adolescents residing on tribal lands were more likely to use cigarettes or tobacco in

- <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/DRAIAN TribalAreas2018/DRAIAN TribalAreas2018.pdf>

39

ADDITIONAL DATA SOURCES (STATE-LEVEL)

- **National Vital Statistics System** (<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>) presents provisional counts for drug overdose deaths occurring within the 50 states and the District of Columbia. The counts represent the number of reported deaths due to drug overdose occurring in the 12-month periods ending in the month indicated.
- **CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System)** (<https://www.cdc.gov/injury/wisqars/>) is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of trusted sources.
- **CDC's WONDER (Wide-ranging Online Data for Epidemiologic Research)** an easy-to-use, menu-driven system that makes the information resources of the Centers for Disease Control and Prevention (CDC) available to public health professionals and the public at large. It provides access to a wide array of public health information.

40

LIMITATIONS

- Much of the data is State-level, not tribal-level
- The data may tell you something happened or did not happen but not why (that detail may need to emerge from focus groups with key informants)
- Not all data is opioid-specific and also may not specify opioid type (e.g., legal prescription; versus counterfeit; versus heroin)
- NSDUH data does not include those without homes or phones
- Opioid users typically use multiple other substances
- Datasets use varying definitions complicating aggregation
- Opioid mentions within morbidity and mortality data is often under reported due to the complexity of multiple drugs present

41

Information Gathering

42

COMMITMENTS YOU MADE IN YOUR TOR APPLICATION?

- Did you identify a population of focus (by gender, age, geographic location, tribal affiliation)?
- What did you say you would do?
- What data or information do you already have?
- What data or information do you still need to effectively implement what you promised?



44

UPCOMING RAPID STRATEGIC PLANNING WEBINAR DATES

- November 7: Assuring Alignment with Vision/Mission/Values and your submitted TOR Application
- November 9: Environmental Scan, SWOT Analysis, Capacity Considerations, and Priority Setting
- November 16: Developing Objectives and Strategies to Align with TOR Goals
- November 19: Bringing it All Together/Samples and Examples Part 1
- November 28: Bringing it All Together/Samples and Examples Part 2

45



National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Closing suggestions



TOR RESOURCE PAGE

- Also, we've added new resources to our [TOR Resource Page](#). You can now find an OUD Treatment Overview covering medication-assisted treatment, as well as an example of medication-assisted treatment policy.
- Finally, please send your grant proposal to TOR-TA@jbsinternational.com so we can refine our presentations to better suit your specific goals.

47

THANK YOU FOR JOINING US TODAY!



We will soon announce a dedicated web page for TOR grantees to access TA tools and other guidance and to share ideas. We can do great things together!

48



Contact Info

- *Jeff Ledolter, BA*
- *Research Associate, Department of Community and Behavioral Health, University of Iowa*
- *Program Manager for: National American Indian and Alaska Native Addiction Technology Transfer Center; NA/AN ATTC Tribal Opioid Response supplement*
- *University of Iowa College of Public Health 145 N. Riverside Drive, N 420 CPHB Iowa City, Iowa 52242*
- *(425) 499-0746*
- *Jeff-Ledolter@uiowa.edu*