



SENECA NATION Opioid Response Strategic Plan

Illegal drugs have robbed us of far too many lives, leaving an emptiness in our community that can never be filled, and scars on the hearts of countless families that will never fully heal.

APRIL 2024

Seneca Nation
Opioid Task Force



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Call to Action

Through a series of aligned goals, strategies, and activities, the Seneca Nation's Opioid Response Strategic Plan aims to eliminate barriers to accessing treatment, reduce stigma surrounding substance (mis)use, and create more opportunities for treatment, recovery supports and harm reduction services. This plan is a roadmap to improving the quality of life in our community, and it is also a call to action. We must all work together – government agencies, community organizations, health care providers, law enforcement, and citizens – to effectively address this widespread, complex epidemic.

Opioid Task Force

The Opioid Task Force formed in October 2024 in response to the Opioid Settlement Funding. It is comprised of Seneca Nation President Rick Armstrong, Counselors Arlene Bova, Eliot Jimerson, Lisa Maybee, Odie Porter and Keith White, Council Office Planner Natalie Hemlock, Councilor Office Facilitator Natalie Stahlman, Executive Staff Donald White, and Consultant Dawn Colburn also facilitated the process.

The mission of the Opioid Task Force is to establish a continuum of services and opportunities for our people to heal from addiction and trauma. The vision of the Opiate Task Force is to improve the overall health and wellness of individuals and the Nation using our cultural resources for the sustainability of the seven generations. The Task Force envisions a healthy community with access to a full continuum of services, as well as harm reduction and prevention to achieve each person's individual goals of self-determined well-being.

The Task force began by reviewing needs assessments and previous surveys of the community:

- **Community Needs Assessment**, 2015 (SNI Planning Department), 120 individuals,
- **Community Health Assessment (CHA)**, 2016 (Seneca Health System), 759 individuals,
- **Evaluation of Seneca Strong Outreach Program and Recovery Center**, 2021 (Dawn Colburn), 63 Seneca Strong participants and family members.
- **Interviews with Seneca Nation Department Heads, Grassroots Organizations, local leadership, and individuals**, 2023-2024, (Dawn Colburn)
- **Literature review** of evidence-based practices and promising practices in Indian Country.
- **Data** regarding overdoses and other indicators from local counties.

The Opioid Task Force then conducted a brainstorming exercise to fill the gaps identified in the continuum of care. Priority areas were then narrowed down and agreed upon to create a draft Strategic Plan, established to develop services to address the opioid (mis)use within and around the Seneca Nation.

Root Cause Analysis

Purpose: Explore root causes of addiction, drug misuse, overdose, and related issue in the community using existing data and previous assessments, stakeholder narratives, literature review, community voices, the stories of those with lived experience, and similar qualitative information.

Key Themes:

- Trauma:
 - Intergenerational trauma related to centuries of mistreatment by the conquering majority, leaving "soul wound." It is not just what happened 500 years ago, but re-occurring trauma, continuous and ongoing, passed down in our DNA, and we often don't understand where the grief and sadness is coming from.
 - Individualized experiences of trauma - the trauma we experience directly, often related to growing up in a family with addiction and unhealed trauma. As natives, people also face social, political, economic, and cultural marginalization.
- Lack access to treatment and recovery support in the community
- Housing insecurity
- Disparities in unemployment rates, poverty rates, educational attainment and other health indicators

"The biggest need is recovery supports and housing when people return to the community from rehab."¹¹
*- SMAD Grassroots Group Member
(Seneca Mothers Against Drugs)*

Community Outreach

Purpose:

- Engage diverse stakeholders
- Identify gaps in existing efforts
- Establish priorities for change

"You can not run a Native recovery program like the white world does, for they are not a spiritual people. They can not teach our ways."

- ANONYMOUS SURVEY, 2021

Process:

Reviewed existing literature and needs assessments recently conducted of the community, including feedback from those directly impacted.

Conducted department interviews to gather an inventory of existing services and gaps, as well as feedback regarding priority areas for change from the perspective of providers/employees.

Met with Grassroots Organizations and will host community meetings to review and discuss the draft strategic plan.

Met with an Advisory Group made up of individuals actively using and individuals in recovery at different stages to review and discuss the draft strategic plan.

Goals, Strategies, Metrics - Summary

<p>Goal 1 Improve access to services for the treatment of Opioid Use Disorder (OUD)</p> <p>Strategy 1: Evaluate the structure and expand the Seneca Nation Behavioral Health Services, including updating vendor list used for referral to inpatient treatment program</p> <p>Strategy 2: Host community-wide healing event to begin creating a shared vision of a healed community</p> <p>Strategy 3: Develop access to intensive outpatient services with medication treatment</p> <p>Strategy 4: Develop a Reintegration Group Home linked to vocational supports</p> <p>Strategy 5: Support workforce development for addiction professionals via partnering with schools to recruit through education</p>	<p>METRICS</p> <ul style="list-style-type: none"> • Increase the number of people utilizing behavioral health services with the SN and reporting a positive outcome • 75 people in attendance at healing events resulting in a shared vision • Increase the # of people utilizing intensive outpatient services with medication treatment • Increase the # of people accessing group home services for support reintegrating into the community • Increase the # of people in recovery becoming trained and employed • Increase # people entering human service field
<p>Goal 2 Support people in treatment and recovery</p> <p>Strategy 1: Expand the existing Employment & Training Program to better support people in recovery</p> <p>Strategy 2: Expand the existing Community Centers to better support people in recovery</p> <p>Strategy 3: Expand the existing culture programs to better support people in recovery</p> <p>Strategy 4: Expand circles of support in the schools & community</p> <p>Strategy 5: Develop safe housing with recovery supports linked with Gakwi:yo:h Farms</p> <p>Strategy 6: Develop mobile crisis services (face-to-face)</p> <p>Strategy 7: Develop family support services, including virtual and center-based</p> <p>Strategy 8: Develop a faith-based coalition to increase faith-based recovery supports</p>	<p>METRICS</p> <ul style="list-style-type: none"> • Increase the # of people in recovery becoming trained and employed • Increase the # of people in recovery utilizing the community centers • Increase the # of people in recovery utilizing the culture programs • Increase the # of people attending support groups in the school & community • Increase the # of people accessing safe housing in a recovery program w/ Farm • Increase the number of people utilizing face-to-face crisis services as needed • Increase the # of people utilizing family support services, virtually & face-to-face • Increase the number of faith-based organizations offering support to people in recovery • Increase the # of people accessing faith-based recovery supports
<p>Goal 3 Create connections to care</p> <p>Strategy 1: Train schools on referring when encounter behavioral issues</p> <p>Strategy 2: Implement screening and referral program to connect people with services (SBIRT- Screening, Brief Intervention & Referral to Treatment)</p>	<p>METRICS</p> <ul style="list-style-type: none"> • Increase the # of youth with behavioral concerns being connected with services • Increase the # of referrals being made by various sectors to link people with services

Goals, Strategies, Metrics - Summary

<p>Goal 3 Create connections to care (cont'd)</p> <p>Strategy 3: Partner with law enforcement, marshals, and first responders to have resources in the field to link people with an on-site assessment and referral to medication assisted treatment (MAT)</p>	<p>METRICS</p> <ul style="list-style-type: none"> • Increase the # of people linked with an on-site assessment and referral to MAT
<p>Goal 4 Address the needs of criminal justice involved persons</p> <p>Strategy 1: Develop a mobile team of providers that services the highest need population in the community, ie ACT (Assertive Community Treatment) Model or a Mobile Integration Team</p> <p>Strategy 2: Engage people in the jail prior to being released to allow for referrals and connections upon re-entry to community</p> <p>Strategy 3: Develop a diversion/quick response program to engage people in the treatment system rather than criminal justice system (ie. LEAD – Law Enforcement Assisted Diversion)</p>	<p>METRICS</p> <ul style="list-style-type: none"> • Increase the # of people with SUD achieving their meaningful goals and life roles • Increase the # of people connected with services upon release from jail • Increase the # of people diverted from the criminal justice system and linked with treatment
<p>Goal 5 Address the needs of pregnant or parenting women and their families</p> <p>Strategy 1: Expand Child & Family Services by adding a therapist, respite care and wraparound services</p> <p>Strategy 2: Improve birth outcomes for pregnant women with SUD by implementing Positive Directions Program</p>	<p>METRICS</p> <ul style="list-style-type: none"> • Increase the # of families affected with SUD that are accessing therapy, respite care and wraparound services • Shortened hospital stays in the Neonatal Intensive Care Unit for infants born exposed to substances
<p>Goal 6 Prevent misuse of opioids</p> <p>Strategy 1: Expand the youth Clubhouse staff & program</p> <p>Strategy 2: Expand prevention in schools re SUD, and improving health outcomes</p> <p>Strategy 3: Develop forums in the community to teach values/identity and history</p> <p>Strategy 4: Host monthly Social Dances in the community to get people singing and dancing together</p> <p>Strategy 5: Conduct an educational campaign to reduce the stigma & anti-opioid messaging in the community</p> <p>Strategy 6: Implement a prevention program in the workplace</p> <p>Strategy 7: Form a prevention coalition</p> <p>Strategy 8: Raise awareness about risks of cannabis for children</p>	<p>METRICS</p> <ul style="list-style-type: none"> • Increase # of youth utilizing clubhouse • Increase prevention education in schools • # of forums held to teach values/identity and # people that attended • # of Social Dances held and # attended • # billboards rotated every 6 months, # forums held (& # in attendance), # social media messages to educate community • # forums held (& # in attendance) to teach history, culture, and values • # staff in attendance for workplace prevention program & more productive workforce • Improved collaboration between sectors working on environmental strategies to address SUD in the community

Goals, Strategies, Metrics - Summary

<p>Goal 7 Prevent overdose deaths and other harms (Harm Reduction)</p> <p>Strategy 1: Expand Seneca Strong with additional outreach and harm reduction services</p> <p>Strategy 2: Develop a mobile van for delivery of disease prevention and medication assisted treatment</p>	<p>METRICS</p> <ul style="list-style-type: none"> Increased harm reduction services provided by Seneca Strong Increase in the # of people accessing disease prevention services and medication treatment
<p>Goal 8 Partner with First Responders to create connections to care</p> <p>Strategy 1: Develop post-overdose engagement program with first responders (naloxone plus strategies)</p>	<p>METRICS</p> <ul style="list-style-type: none"> Increase in the # of people engaged in treatment following an overdose
<p>Goal 9 Develop leadership</p> <p>Strategy 1: Develop leadership skills of Directors, CEO's and Supervisors of the Seneca Nation through leadership training</p>	<p>METRICS</p> <ul style="list-style-type: none"> Improved efficiency of workforce as evidenced through department monthly reports (vision oriented, progress is documented)
<p>Goal 10 Support opioid abatement research</p> <p>Strategy 1: Develop a data warehouse for monitoring, surveillance, data collection and evaluation of programs in this plan</p>	<p>METRICS</p> <ul style="list-style-type: none"> Monthly reports submitted for each department Reports and evaluations catalogued in a warehouse for each department

Process Map

- Existing programs/services
- Expansion programs/service
- New programs/services

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Work Plan/Evaluation Tool

(Monthly Reports)

Opioid Task Force Strategic Plan

Work Plans:

Goal #1—Improve access to services for the treatment of Opioid Use Disorder

- Strategy 1: Evaluate the structure and expand BHU, including updating inpatient vendor list 60%
- Strategy 2: Host community-wide healing events to create a shared vision of a healed community 10%
- Strategy 3: Develop access to Intensive Outpatient Services with medication treatment 25%
- Strategy 4: Develop a Reintegration Group Home with vocational support 15%
- Strategy 5: Build capacity for native workers in the human service field 0%

Goal #2—Support People in Treatment & Recovery

- Strategy 1: Expand the existing Employment & Training Program to better support people in recovery 15%
- Strategy 2: Expand the existing Community Centers to better support people in recovery 10%
- Strategy 3: Expand the existing Culture Programs to better collaborate to support people in recovery 0%
- Strategy 4: Expand support circles in the school and community 15%
- Strategy 5: Develop safe housing with recovery supports linked with Gakwi:yo:h Farms 0%
- Strategy 6: Develop Mobile Crisis services (face-to-face) 10%
- Strategy 7: Develop Family Support Services (virtual & face-to-face) 25%
- Family Center - 2 FTE, location TBD, (Goal 5, St 1)
- Strategy 8: Develop a faith-based coalition to increase faith-based recovery supports 15%

Goal #3 – Create Connections to Care

- Strategy 1: Train schools on referring when encounter behavioral issues 0%
- Strategy 2: Implement SBIRT- Screening, Brief Intervention & Referral to Treatment 0%
- Strategy 3: Partner to create a quick response team with law enforcement, marshals, peers and first responders (fire and EMS) to have resources in the field to link people immediately after overdose 30%

Goal #4 – Address the Needs of Criminal Justice Involved Persons

- Strategy 1: Develop a mobile team of providers that services the highest need population in the community 5%
- Strategy 2: Engage people in the jail prior to being released 25%
- Strategy 3: Develop a diversion program to engage people in the treatment (Opioid Intervention Program) 30%

Goal #5—Address the Needs of Pregnant or Parenting Women & Their Families

- Strategy 1: Expand Child & Family Services to include therapist, respite and wraparound services 5%
- Strategy 2: Implement Positive Directions program for pregnant and parenting mothers 15%

Goal #6—Prevent Misuse of Opioids

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| • Strategy 1: Expand the youth clubhouse staff and program | 5% |
| • Strategy 2: Expand prevention in the schools regarding SUD and improving health outcomes | 10% |
| • Strategy 3: Develop forums in the community to teach our history, strengthen identity | 0% |
| • Strategy 4: Host monthly social dances in the community to get people singing and dancing together | 25% |
| • Strategy 5: Conduct an educational campaign with anti-opioid messaging in the community | 50% |
| • Strategy 6: Implement prevention program in the workplace | 15% |
| • Strategy 7: Form a prevention coalition | 10% |
| • Strategy 8: Raise awareness about risks of cannabis for children | 0% |

Goal #7 – Prevent overdose deaths and other harms (Harm Reduction)

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| • Strategy 1: Expand Seneca Strong Peer Program with additional outreach & harm reduction services | 50% |
| • Strategy 2: Develop a mobile van for the delivery of disease prevention and medication | 10% |

Goal #8 – Partner with First Responders to Create Connections to Care

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| • Strategy 1: Develop post-overdose engagement program with first responders (goal 4, strategy 3) | 30% |
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Goal #9 – Develop Leadership

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| • Strategy 1: Develop leadership skills of Directors, CEO's and Supervisors through leadership training | 0% |
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Goal #10 - Support Opioid Abatement Research

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| • Strategy 1: Develop a data warehouse for monitoring, surveillance, data collection and evaluation | 40% |
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Glossary of Terms

Act Team (Assertive Community Treatment): An evidenced-based practice that offers treatment, rehabilitation, and community integration services to individuals. ACT uses a person-centered, recovery-based approach to care. Services are provided by a mobile, multi-disciplinary team in community settings. The goal of ACT services is to assist individuals in achieving their meaningful goals and life roles. ACT services include: assertive outreach, mental health treatment, vocational support, integrated dual disorder treatment, family education, wellness skills, community linkages and peer support. Program is billable under Office of Mental Health license for operation.

Evidence-Based Practices (EBP): EBP is a process used to review, analyze, and translate the latest scientific evidence. The goal is to quickly incorporate the best available research, along with clinical experience and patient preference, into clinical practice.

Medication Assisted Treatment (MAT): The use of medications as a component of treatment for opioid use disorders that reduce cravings and decreases the effects of withdrawal. Current FDA-approved medications include methadone, buprenorphine, and naltrexone.

(Mis)use: This term applies to a variety of potential uses of drugs. We use the term use, rather than abuse to decrease stigma around the use of substances. However, we are also aware that not all substances may be harmful, and some are prescribed by doctors for health conditions. Therefore, we use the term (mis)use to encompass both substance use in general, as well as using drugs for reasons other than their intended purpose.

Naloxone: An opioid antagonist medication that is used to reverse opioid overdoses by binding to opioid receptors and blocking the effects of other opioids. Forms are available that can be injected intramuscularly or sprayed into the nostrils.

Office of Alcohol and Substance Abuse Services (OASAS): Agency under New York State that oversees addiction services, provide licensure to operate and bill insurances, as well as oversight to ensure compliance with regulations.

Office of Mental Health (OMH): Agency under New York State that oversees addiction services, provide licensure to operate and bill insurances, as well as oversight to ensure compliance with regulations.

Opioid: A chemical or drug that interacts with opioid receptors in the brain, impacting pain signals and other brain functions. These can be licit, such as Oxycontin, Vicodin, et al; and illicit, such as heroin and most fentanyl analogues.

Opioid Use Disorder: A substance use disorder in which the primary drug of misuse is an opioid.

Overdose: When a drug is taken in excessive amounts, injuring the body and potentially causing death. While some overdoses are typically characterized by stopped or limited breathing, unresponsiveness, and bluish fingertips and lips.

Screening, Brief Intervention and Referral to Treatment (SBIRT): This is an assessment tool that is used nationally and locally to identify potential drug (mis)use and provide referrals to care for individuals found to need services.

Substance Use Disorder (SUD): The continued use of substance despite negative consequences. SUD's can range from mild to severe and are characterized by impaired control, social impairment, risky use, tolerance and withdrawal.

Trauma: Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental m physical, social, emotional or spiritual well-being, (SAMSHA), this includes Adverse Childhood Experiences.

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