2017 National Exemplary Awards for
Innovative Substance Abuse Prevention Programs, Practices and Policies
APPLICATION COVER SHEET
(INCLUDE WITH APPLICATION)

1. Has this intervention been submitted for an Exemplary Award in previous years? [Circle one]

Yes No **X**

2. What is the primary target for this program, practice or policy? [Circle one]

Individual School-Based Family/Parent Peer/Group

Workplace **X** Environmental/Community-Based Other

If Other, explain: _____

PROGRAM INFORMATION

Program Name: Absentee Shawnee Tribe Prescription Drug Initiative

Agency: Absentee Shawnee Tribal Health Systems

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I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

MARK E. Rogers 1 May 2017

Program Director Signature Date

NOMINATING AGENCY/ORGANIZATION INFORMATION

Agency/Organization

Contact Person Email

Address

Phone Fax

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

5/4/17

Nominating Agency Signature Date

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Abstract

The Absentee Shawnee Tribe's Strategic Prevention Framework Tribal Incentive Grant has conducted a public health intervention during 2014-2016, to provide training to law enforcement officers and other first responders about the use of the drug Naloxone to reverse the effects of opioid overdose. We work in two mid-size counties in Central Oklahoma.

Our Tribal Health System is one of the partners of the Oklahoma Inter-Tribal Consortium and we currently have a Partnerships for Success Grant in which one of our two substance abuse priorities is the misuse of prescription drugs. Our process for this initiative began with a needs assessment that showed our two counties had a very high rate of opioid overdose. We then conducted further planning activities over a two month period to determine how we could implement an evidence-based intervention that would alleviate one of the worst consequences of prescription drug misuse, death. We consulted with our community partners and the Tribal Epidemiological Center of the OIC and began a training and information dissemination process to implement the use of Naloxone. Our training initiative was supported by our Tribal drug prevention media campaign and widely advertised through word-of-mouth to the law enforcement communities in our two county areas.

The intervention itself consisted of preparations for and completion of a multi-agency training of 12 agencies that learned the protocols, safeguards, and legal status of the use of Naloxone. Agencies present at the trainings were local law enforcement, other than the Chickasaw Nation, who has since adopted the intervention.

The results of this intervention have been far reaching. All of the agencies attending the trainings signed memoranda of agreement to implement the use of Naloxone among their first responders. The Chickasaw Nation, an OIC partner Tribe, also adopted the use of Naloxone into their Tribal formulary and now equip their Tribal Police the Chickasaw Nation Lighthorse police. All of the response data has not been collected but at this time one young mother with three children was saved by this intervention. Our intervention will potentially reach a percentage of approximately 125,000 persons in the catchment area that adopted Naloxone. The exact number of persons reached will depend on how many calls are taken by law enforcement where Naloxone could be used. In addition to the direct effects, the training and information provided to the community by our initiative constitutes an important part of needed knowledge by the population about an important public health issue.

Philosophy

1. What is the mission statement or rationale of the program?

   Prescription painkillers, or opioids, are now the most common class of drug involved in overdose deaths in Oklahoma, and are the cause of more overdose deaths in Oklahoma than all illegal drugs and alcohol combined. With the two counties I cover being so high for this in the state of Oklahoma, we decided to take this initiative to those on the fore front to help drastically reduce narcotic drug overdoses.

2. What is the philosophy or conceptual framework on which it is based?

   When looking at our data for native and non-natives one of the things that stood out from our Oklahoma Prevention Needs Assessment survey were the substance abuse disparities that exist between native and non-natives in our two counties for prescription drug abuse/misuse. Norman, Oklahoma made the list for being one of the top prescribing cities in Oklahoma. While reviewing this data we also saw that Cleveland County was one of the top 6 counties for drug overdose deaths. As we started looking at our youth data for Pottawatomie and Cleveland County what we found was that our students were above the state average for 30 day use of prescription drugs, prescription sedatives and prescription pain relievers. The data from OPNA also showed that students and Pottawatomie County were above the state average for using prescription drugs as a way to get high. Furthermore, the data shows that American Indian students are at a higher risk in almost every category when compared to the state average. Through looking at this data and seeing how high the risk factor for our youth were for early initiation of substance use, how low the perception of risk was, and the perceived availability we felt that mobilizing this naloxone initiative would greatly benefit our area.

3. How does the program's philosophy reflect a "no illegal or high-risk use" message for alcohol and drugs?

   The Naloxone Initiative was designed to reduce the opioid overdose rate which is rapidly growing. Through providing the training for our tribal and local law enforcement officers we put a lifesaving tool into their hands. The program is designed as a train the trainer so that each individual department can take it back and tailor it to fit their agency. Through partnering with the Austin Box Foundation, we really pushed out the message to parents to know what is happening in their teen's life and to pay attention to your medication. We did a lot of education on the need for medication lock boxes, we find especially here in Indian Country that we have a lot of grandparents raising grandkids and it has been very important to educate on the need for safe storage and disposal right along with this naloxone initiative. This training brought an added awareness to the rising epidemic of prescription drug abuse/misuse. We find that any time we can provide a training or information on the high risks of using drugs very important to do so, whether it be by educating our providers, pharmacists, law enforcement or just our community.

Needs Assessment

1. What Epidemiological Data and/or other information are available in the community that led to the establishment of this particular program?

   Our data came from many different sources, we used the Oklahoma Prevention Needs Assessment Data which gave us great insight e to our two counties on prescription medication use, 30 day use, risk and associated protective factors and even narrowed it down by age and race. That was one of our main sources of data. Other data that was used was provided to us from the Norman Police Department, Absentee Shawnee Tribe Police Department, and the Oklahoma Bureau of Investigations. We received data on the Absentee Shawnee Tribe RX arrests for both Cleveland and Pottawatomie County, and drug overdose death data which show Norman, Oklahoma being in the top 5 of this category. My husband is a police officer in one of the communities that I serve, and we have had lengthy discussions over just how bad the overdose problems are.

2. What type of analysis has been conducted to clarify and articulate the scope and nature of the substance abuse problem in the community?

   We consulted all publically available sources of information about prescription drug abuse/misuse. We had information from key informant interview sessions. The SPF TIG application also contained data on the need for drug prevention; mortality analysis from overdoses and state violent death reporting.

3. What are the sound long-and short-term planning processes that include a needs assessment and reflect a research base?

   We used a survey that the Southern Plains Tribal Health Board along with our tribal partners created called the SPF 25 question survey which we used to collect initial baseline data on native youth in our community. The results of these surveys were analyzed by the TEC and PFS Coordinator to analyze the problem. We compared our 25 question survey results with OPNA results Later, as we developed our program we consulted with the Project Evaluator, Dr. A. Gibson from the University of Oklahoma. We then partnered with the state and helped get the OPNA survey implemented into our local schools. Both surveys served as baseline data for our community assessments. Capacity building was next as we created or joined local coalitions and data workgroups to help build partnerships and share data. Next we moved onto the planning phase which we used action plans, and logic models to select our short term outcomes, long term outcomes and our interventions. Implementation followed, as we worked to gain community support and involvement for our initiative as well as worked to bring on board our law enforcement agencies. They are at this time our most important partner. Evaluation of the Naloxone protocol was done in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and that evaluation is conducted by ODMHSAS and the Law Enforcement Agencies.

4. What actions were taken to involve representatives of the target population(s) in

program planning and implementation to ensure that the program is responsive to their needs?

I worked with several different law important partners from both Cleveland and Pottawatomie County along with three different local coalitions when deciding to select this intervention. With both Cleveland and Pottawatomie Counties being so high in our state for prescription drug overdose and overdose death, we felt like that bringing naloxone to the hands of our first responders would greatly reduce this overdose death. Law enforcement agencies were targeted because they are usually the first to arrive on scene and in our rural areas it can take up to 20 minutes for Emergency Medical Services Authority to arrive. We modeled our program from Tulsa, Oklahoma's pilot Naloxone project to fit our area. Eventually, the Absentee Shawnee Police Department was the first Tribal Police Departments in Oklahoma to implement the naloxone initiative.

Population(s) Served

1. What target population(s) does the program serve? Describe its norms, values, beliefs, practices, socioeconomic characteristics, risk and resiliency factors, cultural considerations, unique or special needs, and whether the program is community-wide or focuses on a specific population.

   Cleveland and Pottawatomie county have high rates of poverty and isolated rural areas with few services. The target population for our Naloxone initiative was any and all individuals in our community but the Absentee Shawnee Tribe embraced this initiative. This is because drug use and overdose can occur in any family. Our SPF Grant (2011) focused on our native population alone; however, we felt that with the rates of use and abuse were so high for the general population, that using naloxone would be a great intervention for the entire community. The Absentee Shawnee Tribe have many members that still practice their traditional way of life, but we do recognize that the prescription drug abuse/misuse epidemic does not discriminate to who it can affect.

   Risk factors identified: Low perception of risk, early initiation of substance use, perceived availability, and socially normal.

   Protective factors identified: pro social involvement and high family attachment. Through this community-wide program we are able to bring overdose prevention and intervention into any home, family, or person at risk.

2. What was done to recruit and retain members of the targeted population into this program?

   We scheduled meetings with each of the agencies Police Chiefs and their training officers, and then went in with data and information on naloxone and the initiative that we wanted them to sign on for. We answered any questions or concerns they might have and had every agency come to the table and sign on to implement naloxone within their departments.

3. How is the staff trained in the cultural patterns of the program's target population(s)?

   We have had the Substance Abuse Prevention Skills Training through our SPF grant, along with cultural competency training held in partnership with the Southern Plains Tribal Health Board and the CAPT. These trainings were provided to all of our SPF staff and other Tribal and community partners.

4. What has been done to ensure cultural competency in the program?
   We publicized the initiative in our Tribal Newspapers and held training for law enforcement at the Little Axe Absentee Shawnee Health Clinic. We recruited Tribal law enforcement for our Naloxone trainings. We shared the advantages of this intervention with the three other partners of the Oklahoma Intertribal Consortium. We conducted research in the SAMHSA website for cultural competence recommendations.

Building Capacity

1. How does your program relate to the community's overall prevention strategy and/or systems?

   The Absentee Shawnee Health System stresses prevention and wellness of diabetes and other illness. Therefore, our initiative that focuses on substance abuse prevention is appropriate for this Tribe. The Naloxone initiative also fits right in with both Cleveland and Pottawatomie County prevention strategies. Both of these counties had prescription drug abuse/misuse identified as a top priority problem.

2. How does your program support and make use of collaboration and linkages, especially with Federal, State, or local organizations? Include information on agency/program involvement with the community's local substance coalition, if such an entity exists.

   a. *Gateway to Prevention and Recovery RX Coalition is a coalition that focuses on the prevention of prescription drug abuse/misuse in Pottawatomie County. We hold an active role in this community coalition and together determine different activities to hold within our county.*

   b. PATCH- Pottawatomie Alliance Towards Community Health is another coalition that we are active in within Pottawatomie County. This coalition is more community central but still holds an active role in different activities provided and promoted within the county.

   c. The University of Oklahoma (OU) Regional Epidemiology Outcomes Workgroup and the OU Southwest Prevention Center (SWPC) is another local prevention organization and workgroup that we actively attend to further collaborations within Cleveland County. The SPF Prevention Coordinator at the OU SWPC is one of my community partners, and through this outcomes workgroup we share data and discuss interventions and events to be held within Cleveland County in regards to prescription drug abuse/misuse.

3. What community outreach strategies do you employ?

   We worked with the SPTHB to develop a proposal for a media campaign which has been quite successful. *We used social media to target our community members, as well as local media. Three different local newspapers attended our Naloxone training as well as our larger media stations who were all interested. To gather support from our law enforcement agencies, we went out on foot and basically used a door to door style and sit down meetings. We were prepared when the house bill which passed in 2013. It allowed first responders and law enforcement to administer Naloxone in non-traditional medical settings. for Oklahoma that covered naloxone as well as data and information about it. Through this we reached out to all of our departments both Tribal and local and had them all sign MOU's and come on board to do this training for their community.*

4. What type of grassroots participation is included in your program?

When reaching out to our Tribal and local law enforcement agencies about coming on board for our naloxone initiative there are many extremely small and rural agencies with only one or two officers. We were fortunate to have every agency sign on to participate to be trained to not only carry naloxone but to also buy it for their agency as well. Not only did all of these agencies sign on and attend, we also had a local mother come and share her story with them about her son and his overdose, we had local EMSA attend the training from all across Oklahoma just to gather more information to take back to their community, and we had local media attend as well. The Governor of our Tribe attended and supported this large training as well. The Naloxone has received a great deal of favorable publicity for the Tribe, and the OIC.

Strategic Planning

1. What are the goals and objectives of the program?

The goal of our naloxone initiative is to decrease the loss of life due to opioid overdoses. With our two counties being so high in opioid overdose and overdose death we believe that targeting our first responders and putting this tool in their hand will help reduce the rate of these deaths, and also bring awareness to the community of the growing epidemic.

2. How do the goals and objectives directly respond to the information and epidemiological data gathered from the needs assessment?

There was ample medical and epidemiological data to support the need for Naloxone intervention. Our goal, to train as many law enforcement agencies as we could, is meant to have an impact on the ever increasing epidemiological data about the nonmedical use of prescription drugs.

3. How many members of the population are expected to be reached and in what timeframe?

The law enforcement agencies that were trained have very great reach as they respond to all parts of our two county areas. It is difficult to estimate the actual reach but between the publicity generated from the trainings and the day to day enforcement activities, it is likely this effort will reach at least 10% of the population over the next three to five years.

4. What mechanisms are in place to ensure long-term program sustainability?

Funding through the Partnerships for Success grant program is available until 2020. Judging from the positive reactions to our work at the Tribe, It is likely that the Absentee Shawnee Health Care System will support training in the future and may even be able to provide budget after 2020. Our program was very quickly been picked up by one of our OIC Tribal Partners, the Chickasaw Nation. They have established Naloxone as part of their Tribal formulary and Naloxone is carried by the Chickasaw Nation Lighthorse Police. This is degree of sustainability in a sister agency. In addition, we are trained in sustainability in the SAPST training and will be preparing for the end of the PFS grant.

Implementation

1. What makes this program innovative?

    a. *Tribal implemented program with tribal government support,*
    b. *New to tribal communities,*
    c. *Partners with Tribal and local law enforcement,*
    d. *Supported by an intensive media campaign ,*
    e. *Saving lives in multiple counties,*
    f. *The program model has been copied and tailored to fit other tribes*

2. What distinguishes this program from similar programs, strategies, or practices?
   Please describe any innovative and unique features that respond to changing community needs, new developments, new population(s) or any other adaptation.

   Oklahoma Needs Assessment Survey indicated high use of prescription drugs among people. Prescription drug misuse was also prioritized by the Inter-Tribal Consortium of which we are a member. It was therefore appropriate that we begin efforts to combat the prescription drug epidemic by all means possible. Our Tribal SPF Specialist conducted research and found that naloxone could save lives and was not being implemented in our area.

3. How does the program operate? Describe in detail and identify all features critical to implementation. Include the program's scope, intensity, and duration.

   The SPF Specialist familiarized with naloxone protocols and results in other communities. The specialist then consulted with other agencies including law enforcement to see if they would be willing to implement naloxone into their agencies. The SPF Specialist then enlisted the assistance of other partners to provide training for several law enforcement agencies within Cleveland and Pottawatomie County. We held two different trainings for law enforcement agencies that signed on to implement the initiative. We had 12 different law enforcement agencies sign memoranda of understanding (MOUS). The agencies began actively using naloxone on December 22, 2014 and the second training was completed on April 24, 2015 and these agencies have continued using naloxone to date.

4. Who is involved in conducting the activities (volunteers, staff, others)?
    a. *Absentee Shawnee Tribe SPF Specialist- Coordinator*
    b. *Partners: University of Oklahoma SouthWest Prevention Center, Gateway to Prevention, Oklahoma Department of Mental Health and Substance Abuse Services, Tulsa Police Department, Austin Box Foundation, local law enforcement, tribal law enforcement, and other interested parties were trained.*
    c. *After the training several police departments began carrying naloxone with them at all times according to their own agency protocols. As a result at least one life has been saved and she was a mother with children.*

5. What is the infrastructure/support system used to implement this program?

This project functions under the auspices of the Oklahoma Inter-Tribal Consortium and is part of a joint effort of four tribes and one Indian Health Board to reduce underage drinking and prescription drug abuse/misuse. The Absentee Shawnee Tribal Health Systems provides staff and in-kind support. All of the program activities are also a part and funded by the Strategic Prevention Framework Tribal Incentive Grant.

6. Describe the program's ability to effect community-wide change: At what scale or level is outreach conducted? Does it succeed in changing community norms? Is there adequate capacity to elicit community-wide change?

   The fact that a drug overdose can be reversed has had a profound effect on law enforcement and first responders in our communities. In that sense the community has changed. Because the use of naloxone has become a permanent policy for these agencies we believe that important community wide changes will remain in place.

7. What is the number of individuals in the community, and what percent of these individuals were impacted through the implementation of this program?

   Our target population is Natives in the communities (Cleveland and Pottawatomie) that number is approximately 23,825. However, because this intervention was embraced and adopted by many agencies that work with the general public of all races we know the impact is far greater than just the Native American community. This may include the entire population of Cleveland and Pottawatomie Counties approximately 350,945.

8. What aspects or elements of the program can be replicated or adapted in other communities?
   a. *The naloxone initiative can be successfully implemented in other communities both native and non-native.*
   b. *Chickasaw Nation, another OIC partner, was also trained under our program and has implemented an adaptation of this program in their Tribal Law Enforcement, the Lighthorse Police. That tribe has also included naloxone in their tribal drug formulary.*
   c. *This program will fit in well to the SPF RX Initiative*

Evaluation

1. What are the major outcomes, impacts, and changes accomplished due to this program?

   We are looking for measures and data that demonstrate impact. Inserting a chart of program outcomes/data with an explanation would be helpful.

   Because of the support provided by the OIC and the Partnerships For Success grant, the use of Naloxone has become more widespread in our two county area. In addition, first responders now have an effective tool whereas prior to this time there was little they could in case of overdose. Families will also rest easier since it is now legal for private citizens to obtain the reversal drug. Our initiative is a part of a bigger strategy to make the Tribes and the general public aware of the dangers of prescription drugs. One of the biggest impacts that naloxone made within just the first 30 days of the first round of officers being trained was they had to deploy naloxone on the mother of 3 children which in turn saved her life.

2. How do the outcomes relate to the program's goals and objectives?

   Saving the life of a person who is having an opioid overdose and having the ability to reverse that overdose within a matter of minutes of arriving on scene directly relates with the initiatives goals and objectives.

3. How do the results derived from the evaluation meet the needs for which the program was designed? Provide information on the program's effectiveness, including verifiable data derived from information on the program's process and outcome evaluation.

   The evaluation of this initiative will be addressed by the Project Evaluator in the final evaluation. We believe even before the evaluation is completed that awareness of the dangers of prescription drug misuse has been increased among the general population and among our Native people. In addition, thanks to state laws and wide availability of Naloxone in the past two years, access to this life saving drug has been increased. We are glad to be a part of these changes!

   The strong response and the many agencies attending the training are proof of the programs effectiveness. The OIC Project Coordinator was able to secure a respected high quality trainer from the Tulsa where the trainer is an office and a paramedic.

Program Management

1. What resources are available to the program, and how is the program able to maximize or optimize the available resources?

   Estimate your level of effort 20% for the entire year. $14,000 in kind for
   Estimate staff time on the project: $10,000
   Training space in kind donations
   Training materials downloaded from the web

   This is an excellent program for a person working in public health who has time to devote a fraction of their yearly round to supporting this initiative. For us, it took approximately 20% of our time which translates into approximately $24,000 in salary.

   The initiative is very inexpensive to train, because training space is usually donated by a church or not-for-profit institution.

   Training materials are available on line and easily downloaded.

   There is an earned media component and those resources depend on what available locally and what priorities are present in society. In Oklahoma we were fortunate to have a great deal of public focus on this issue due to the state statute legitimizing our work.

2. What systems are in place to help ensure effective communication and coordination among program staff and administration, consumers/clients, the media, policymakers, and others?

   The OIC four agency partnerships is a good way to communicate our findings as well as media mentioned above. Coordinating the *training will require connections and the ability to organize events. A great deal of coordination should occur prior to training to build support and decide exactly what is to be done and who needs to be on board. Communication is the key to success!*