

Tribal Opioid/Fentanyl Prevention, Education and Awareness Campaign Workgroup

May 28, 2025

Co-Chairs: Steven de los Angeles, Vice Chair, Snoqualmie Tribe;
Lucilla Mendoza, Health Care Authority (HCA); Candice Wilson, Department of Health (DOH)

Attendees: Frances Pickernell, Confederated Tribes of the Chehalis Reservation, Social Services Director; Val Vargus Thomas, Confederated Tribes of the Colville Reservation, Outreach Coordinator; Sheena Williams, Lummi Nation, Self-Governance Manager; Michelle Ruiz, Puyallup Tribe, Reentry & Family Services; Aliza Brown, Health & Wellness Director, Quinault Indian Nation; Kristen Davis, Squaxin Island Tribe, Family Services Director; Larain Algea, Squaxin Island Tribe, Behavioral Health Manager; Zenitha Jimicum, Tulalip Tribes, Youth Prevention Manager; Courtney Sheldon, Tulalip Tribes, Youth Council and Education Division; Christa McAllister, Upper Skagit Tribes, Case Manager; Councilmember Brian Saluskin, Yakama Nation; Councilmember Charlene Tillequots, Yakama Nation; Scott Pinkham, United Indians of All Tribes Foundation (UIATF), Equity Program Director; Vicki Lowe, American Indian Health Commission (AIHC), Executive Director; Heather Holzer, Public Relations and Communication Consultant, AIHC; Laura Kluever, AIHC, Tribal Assister Support; Colbie Caughlan, Projects Director, Northwest Portland Area Indian Health Board (NPAIHB); Larissa Molina, NPAIHB, TOR Project Manager; Shannel Squally-Janzen, Tribal Prevention Specialist, Department of Children, Youth and Families (DCYF); James Vallembois, SUD Program Manager, DCYF; Candice Wilson, Tribal Relations Director, Department of Health (DOH); Kathy Pierre, Prevention/Community Health, DOH; Chantel Wang, Opioid Health Educator, DOH; Beth Payne, Opioid Response Communications Consultant, DOH; Gerry Rainingbird, Health Services Consultant, DOH; Renee Tinder, DOH; Mary Beth Brown, Management Analyst, DOH; Chantel Wang; Kathy Pierre, DOH; Leah Muasau, Tribal Contracts Coordinator, DSHS Office of Indian Policy; Brenda Francis-Thomas, Regional Manager, DSHS Office of Indian Policy; Heather Hoyle, Regional Manager, DSHS Office of Indian Policy; Sher Stecher, Tribal Relations Manager, DSHS Office of Indian Policy; Denise Kelly, Tribal Liaison, DSHS Community Services Division; Jenny Grayum, Field Programs Administrator, DSHS Community Services Division; Marcy Jordan, Local Planning Area Program Manager, DSHS Community Services Division; Charlene Abrahamson, Tribal Liaison, Health Benefit Exchange (HBE); Christine Winn, Tribal Affairs Deputy Administrator, Health Care Authority (HCA); Aren Sparck, Tribal Affairs Administrator, HCA; Lucilla Mendoza, Tribal Behavioral Health Administrator, HCA; Nakia DeMiero, Tribal Opioid Response Coordinator, HCA; Tina Anderson, Tribal Liaison, HCA; Raina Peone, Regional Tribal Liaison, HCA; Anne Paulsen, Opioid Response Communications Consultant, HCA; Lonni Rickard, Communications Consultant, HCA; Sarah Cook-Lalari, Tribal Prevention System Coordinator, HCA; Rebecca Purser, Office of Native Education, Office of the Superintendent of Public Instruction (OSPI); Erika Rodriguez, Mental Health Systems Specialist, OSPI; Megan Mills, Desautel Hage (DH); Megan Hatheway, DH

Welcome, Blessing

Kathy Pierre, Department of Health

- Kathy provided blessing

WA Tribal Opioid/Fentanyl Task Force and Summit Reflection

Vicki Lowe, AIHC & Lucilla Mendoza, HCA-OTA

- About 300 participants attended the Tribal Opioid/Fentanyl Summit.
- A final report will be shared with the Governor's Office, Legislature and the WA State Opioid Task Force
- Vicki shared some topics from the Community and Family Services session
 - Continue to support opioid prevention campaigns led by HCA, DOH, OSPI
 - Help Tribes and Urban Indian Organizations localize the prevention campaigns
 - Build prevention into behavioral health models, expanding to meet the needs of families
 - Build a tool kit
 - Support children who have families impacted by the opioid crisis at STEC and public schools, training educators in a trauma-informed way and ensuring access to behavioral health counselors (Tribes may not have the capacity to provide this)
 - Work together to understand what's happening at the federal level and program funding that may be lost by the state
 - Ensure state agencies follow RCW 43.376 by having tribal liaisons report to agency leads
 - Ensure new state agency leads are aware of what we are working on, understands the issues and connects to Tribal leadership as soon as possible

- Lucy shared the importance of having a tribal liaison in the schools at all levels and solid infrastructure to keep them there.
- Rebecca said federal Title 6 dollars are allocated to the state, school districts apply for the grant, and districts must disclose how many AI/AN students they have. OSPI had legislation in HB 1479 for a funding match at the state level that didn't pass.
- Lucy also shared the Healthy Use Survey data reported that AI/AN students experience bullying more than others and they report feeling sad/hopeless at a rate of 50% within the last 12 months. Actual numbers are likely much higher.
- Brenda suggested contacting Tribal liaisons in schools now and ask the Healthy Use Survey questions to them.
- Kathy suggested being inclusive of youth that don't participate in the Canoe Journey, who may be introverted. Art or music therapy may help to connect them.
- Rebecca said the WA State Native Education Consortium (WANEC) supports by doing professional development for Native American liaisons to get support from other Title 6 directors, and share what they are doing.
- Kathy said for Tribal youth impacted by overdose in their families, their community has been impacted by losing both parents. The community comes together and does their best to support them by stabilizing their lives, and those who step in to care for them needs capacity in our communities to do that. Each Tribal community has different resources and needs to build that in. The Resource Hub will help and we must continue that work, addressing behavioral health in our children.

Project AWARE, Office of the Superintendent of Public Instruction (OSPI)

Erika Rodriguez, Mental Health Systems Team, OSPI

- Erika shared a presentation that included information from OSPI about Project Aware. The goal of the project is to increase awareness of school age youth who have behavioral health issues.
- The project has a five year grant to improve mental health services, and is distributed to numerous subgrantees across the state.
- In partnership with HCA and other alliances and districts, the funding is used to improve coordination and community, and includes counseling, social emotional learning, suicide prevention and migrant education.
- The next steps are to plan for sustainability as the project ends September 2026 which should include ongoing technical assistance to districts, peer learning opportunities and building relationships with STEC and public schools to identify behavioral health/substance use disorder issues in students.
- Some barriers are a disconnect between services billed, how funds are used to support behavioral health staff, some preventive services not being reimbursable, Medicaid administration claims not being leveraged effectively and the administrative complexity of billing and compliance are burdensome.
- Please contact Josh.Kent@k12.wa.us or Tammy.Bolen@k12.wa.us for more information.

THRIVE/TOR Materials Sharing

Colbie Caughlan, Projects Director, Northwest Portland Area Indian Health Board

Suicide and Substance Use Prevention Resources

- Colbie presented suicide and substance use prevention resources and funded activities developed by NPAIHB.
- TOR (Tribal Opioid Response) assists Tribes to tackle the epidemic by including support for staff positions, workforce development, Narcan purchase and distribution, policy development, wraparound services, and a public awareness campaign.
- TOR provides harm reduction resources to all Tribes in Oregon, Washington and Idaho.
- Narcan kits, fact sheets and postcards about substance use prevention/treatment, and media messaging, and Narcan kits that include four bottles each.

- After surveying youth on what information they would find most helpful, flashcard subjects were created about psychedelic mushrooms, cocaine, MDMA, and the positive and negative effects of the substances are on the back. These are sent to schools and other areas where youth gather.
- Resources can be found at www.npaihb.org/opioid.
- For more information, contact Colbie at ccaughlan@npaihb.org.

SUD Support for Staff and Clients at Department of Children, Youth and Families

James Vallembois, Substance Use Disorder Program Manager, DCYF

- James presented DCYF efforts to address fentanyl and trends they are seeing among youth.
- 82% of families served by DCYF are impacted by substance use disorder.
- DCYF is working to minimize the waitlists to get folks help right away.
- The agency opened a drug testing lab service to make it more rapid and detailed. Fentanyl, xzylazine, methamphetamine, cocaine and nitrazine is always tested for.
- There has been increased detection of xzylazine, nitrazine and other animal sedation medicines though fentanyl continues to dominate. Poly drugs mixed with fentanyl are trending up.
- DCYF partnered with the courts to ensure they receive harm reduction training and offer services.
- The agency has developed a harm reduction strategy by educating staff to include more information about SUD and how to talk with those in need.
- James can be reached at james.vallembois@dcyf.wa.gov.

For Our Lives Campaign Update

Megan Mills and Megan Hatheway, Desautel Hauge

- Desautel Hauge (DH) is expanding For Our Lives Campaign
- DH shared research and listening session insights that will be used to inform the development of new treatment-focused materials.
- The listening sessions and interviews were held with treatment professionals and folks who had positive medication for opioid use disorder (MOUD) experiences at Lummi Nation, Quinault Indian Nation, Muckleshoot Indian Tribe, Jamestown S'Klallam Tribe clinics and centers and Camas Health Recovery Center.
- Key findings from the listening sessions are:
 - Stigma varies by community and MOUD type.
 - There is varied access to MOUD.
 - Wraparound services are a critical part of the treatment and healing process.
 - Folks prefer welcoming, safe spaces to facilitate successful treatment.
 - There are opportunities for education about treatment.
 - Folks need repeated, judgement-free opportunities for treatment.
 - Resources about treatment should be accessible.
- Folks can contact Megan Hatheway at meganh@wearedh.com with questions.

Discussion/Questions

- Charlene would like more information about the horse tranquilizer that Megan spoke about in the DH presentation.
- Zenitha would like more information about whippits.

Adjourn