

Tribal Opioid/Fentanyl Prevention, Education and Awareness Campaign Workgroup

May 28, 2025

1:00 pm – 3:00 pm

Welcome

- Blessing
- Introductions
 - Tribal elected officials
 - Tribal health leaders
 - UIHPs/Urban Health Organizations
 - State staff

Opening Remarks Tribal Campaign Updates

WA State Tribal Opioid/Fentanyl Task Force and Summit Update

Vicki Lowe & Lisa Rey-Thomas, AIHC &
Lucilla Mendoza, HCA-OTA

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

Erika Rodriguez, Mental Health Systems Team, OSPI

Project AWARE

Advancing Wellness and Resiliency in Education

Updates

OSPI, Project AWARE, Mental Health Systems



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A background image showing a young girl in a yellow shirt with her hands raised in a classroom setting. Other children are visible in the background, also with hands raised.

Vision

All students prepared for post-secondary pathways, careers, and civic engagement.

Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

Values

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child



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Equity Statement

Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.



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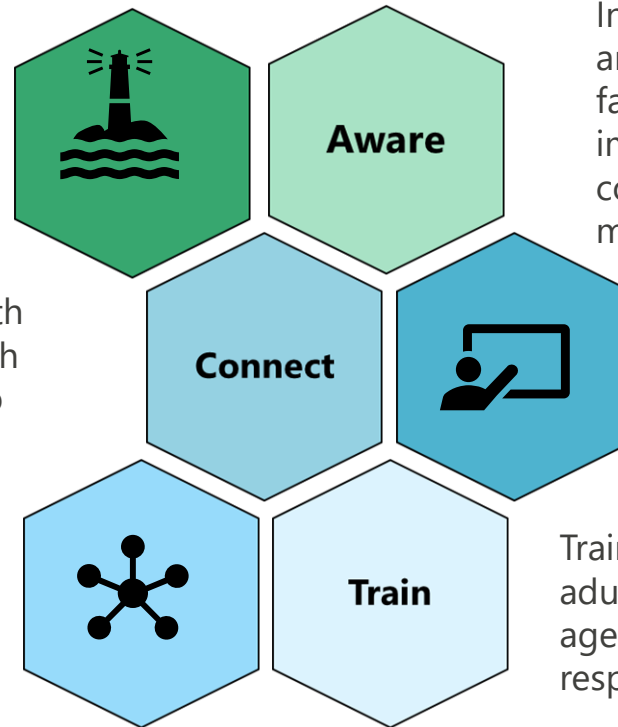
Tribal Land Acknowledgement

I would like to acknowledge the Indigenous people who have stewarded this land since time immemorial and who still inhabit the area today, the Steh-Chass Band of Indigenous people of the Squaxin Island Tribe.



AWARE – We will ACT

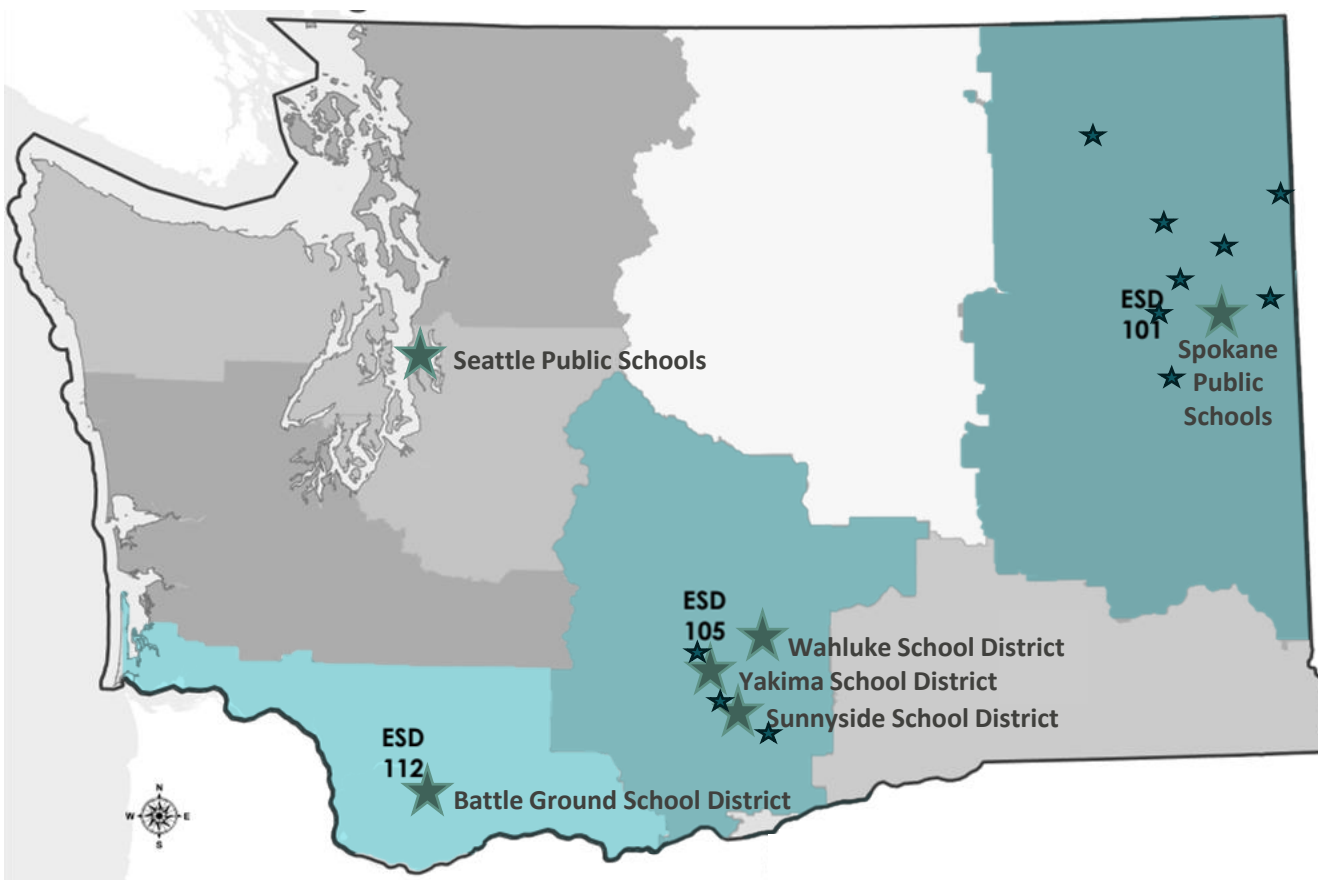
Connect school-aged youth who have behavioral health issues and their families to needed services



Increase awareness of mental health issues among school aged youth and their families through the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports.

Train school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues.

Project AWARE across WA



AWARE FY20 OSPI Subgrantees

- Sunnyside SD
- Wahluke SD
- Yakima SD
- ESD 105 (capacity building focus)

AWARE FY22 OSPI Subgrantees

- ESD 105
- ESD 112
- Spokane PS

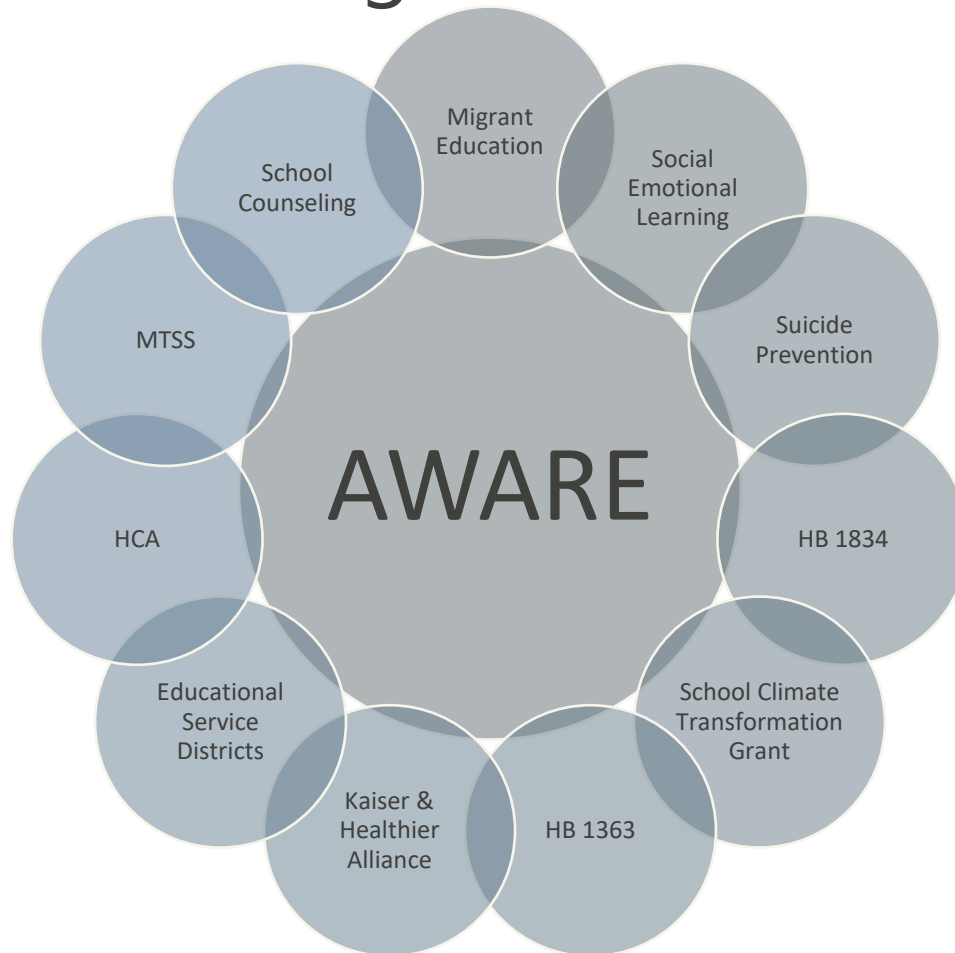
AWARE FY22 Grantees

- ESD 101
- Seattle PS

AWARE FY23 Grantees

- Battle Ground SD
- ESD 105

Breaking Down Silos



Partnerships

Five community-based behavioral health providers are currently in partnerships with the three AWARE LEAs, providing licensed mental health therapists as well as substance abuse prevention/intervention professionals (e.g., Student Assistance Professional [SAP]):

Sunnyside School District

Together 105 Treatment
Services
Yakima, WA

Comprehensive
Healthcare Sunnyside, WA

United Family Center
(UFC)
Grandview, WA

Wahluke School District

Together 105 Treatment
Services
Yakima, WA

Grant County Behavioral
Health
Moses Lake, WA

Columbia Basin Health
Association
Mattawa, WA

Yakima School District

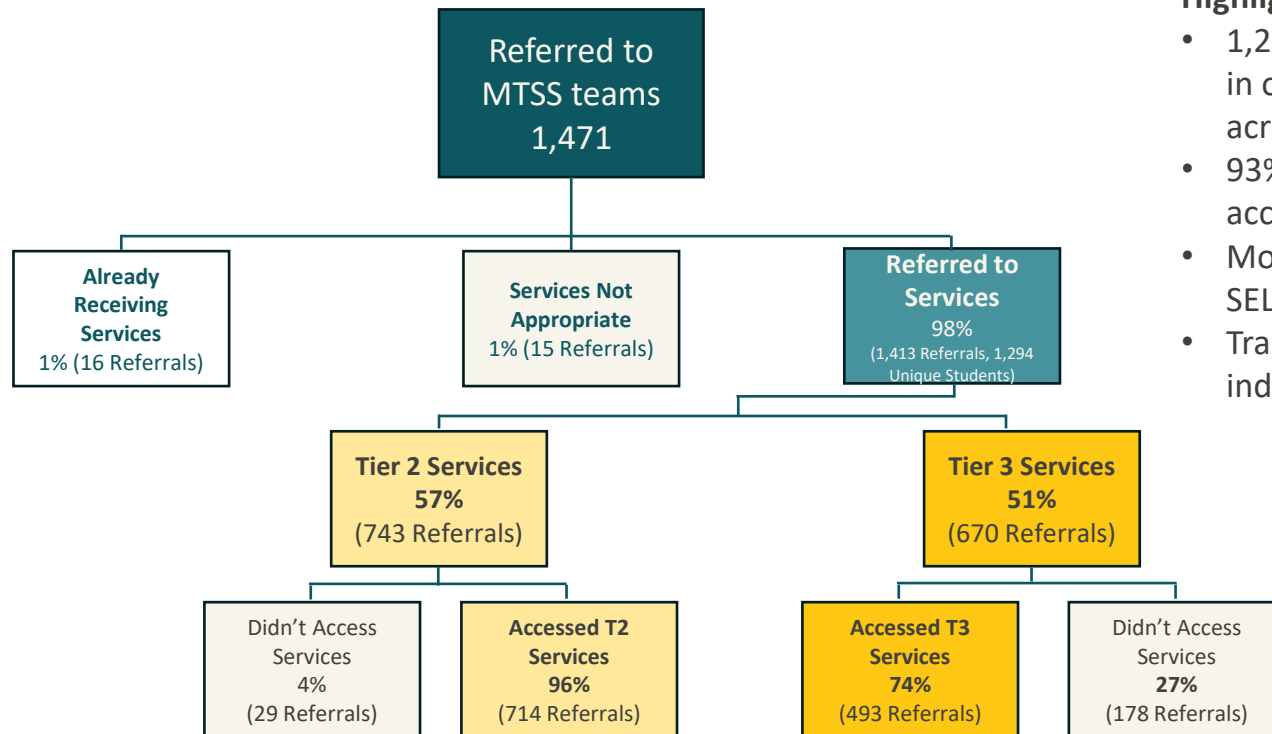
Together 105 Treatment
Services
Yakima, WA

Comprehensive
Healthcare Sunnyside, WA



Project AWARE MTSS and Service Referrals

(October 1, 2023-September 30, 2024)



Highlights –

- 1,294 students referred in one “grant year” across 8 districts
- 93% of those students accessed care
- Most referrals were for SEL
- Trained over 4,000 individuals



Project AWARE Grantees PD Successes for Mental Health Training

FY20 Professional Development

- **14** trainings
- **475** individuals received training
- **Attendees:** school-based mental health providers (44%), students (20%), and classroom teachers (16%)
- **Topics:** mental health literacy, suicide prevention, supportive services, and treatment



FY 22 Professional Development

- **53** trainings
- **3,531** individuals received training
 - **520** of whom were in the mental health workforce
- Topics: prevention, supportive services, suicide prevention, mental health literacy, culturally specific practices, educator wellness and social emotional learning

School personnel trained:

- Counselors
- School psychologist
- School-based mental health counselors
- Student assistance professionals
- School social workers
- Teachers
- Paraprofessionals



Project AWARE Sustainability

Policy Change

OSPI continues to share at the state level the need for continued funding for imbedded school based mental health systems through agency and Legislative conversations including priorities supported from the Children's Behavioral Health Workgroup. Increases to the [prototypical school funding model](#) continue through 2025. OSPI agency request [SB 6216](#) utilizes Project AWARE asks in state funding requests.

Capacity Building

Project AWARE is an innovation grant, constantly learning from grantees and project partners how to best utilize available funding streams. HCA has created the [Medicaid billing toolkit](#) to support endeavors towards billing for tiered services and currently has a workgroup to investigate barriers to utilizing funds. ESD 105 supports billing practices and imbedded workforce.

Funding Sustainability

Grant/Project Funding

OSPI has created documentation on short and long term funding possibilities in the *Funding Opportunities* document at our [Project AWARE webpage](#). OSPI will continue to update this document as more opportunities become available and apply to state opportunities to continue funding supports across the state.

Braiding Funds

OSPI has supported efforts in connecting funding streams such as School Climate Transformation, Migrant Education Dollars, AESD and continues to facilitate support including the 2022-2025 increases to the [prototypical school funding model](#).



Legislative Proposal Impacts (2024–25)



SHB 1634 (HB 1547/SB 5126) – Boosts statewide coordination of behavioral health in schools



HB 1663/SSB 5369 – Provides regional technical assistance & targeted district funding



OSPI decision package and reports to the legislature



Over 30 school-based behavioral health bills came forward this session. The highlighted bills above are only a high level of AWARE impacts through state level policy. AWARE stories and data helped **validate need** and **accelerate legislative movement**



What's next for Project AWARE?

- Project ends September 29, 2025
- Planning for sustainability
- Continue to support LEAs through TA, Peer Learning opportunities
- Project ends September 29, 2026
- Year 4 Kick Off Meeting in October
- Build relationships across agencies identify Mental Health/SUD in Public/State Tribal Compact Education Schools



Project AWARE & Medicaid Transformation

Identified key barriers

- Disconnect between services billed and how funds are returned to support BH staff
- Preventive services (e.g., Tier 1, screening) often not reimbursable
- MAC underutilized: Medicaid Administrative Claiming not being leveraged effectively in many areas
- Administrative complexity: Billing and compliance are burdensome; districts are calling for ongoing TA, coaching, and professional development

AWARE voices shaped recommendations

- Billing simplification
- Training & TA infrastructure for LEAs led by OSPI and HCA
- Promotion of MTSS-aligned billing language and expanded allowable supports
- Outreach strategies using familiar tools (e.g., School Improvement Plans)
- Pilot/grant funding and project support

Bottom Line: Project AWARE is supporting the creation of a roadmap for how Medicaid can sustainably support behavioral health in Washington schools.



Mental Health Literacy Webpage LAUNCH!



Mental Health Literacy

Mental Health Literacy (MHL) involves students' understanding of age-appropriate mental health concepts and challenges, awareness of how stigma affects mental health, direction for available resources, and development of coping strategies and healthy routines. Mental Health Literacy is rooted in principles that prioritize strength-based, trauma-informed, equity focused and social emotional learning. The following mental health learning units are necessary core elements that make up a student's mental health and well-being:

- ***Mental Health Competency***
- ***Mental Health Promotion***
- ***Mental Health Stigma***
- ***Mental Health Advocacy and Seeking Help***

Check out NEW Webpage on OSPI Website!

Contact: Josh.Kent@k12.wa.us



OSPI Fentanyl and Opioid Prevention Free Training for Middle and High School Educators!



- Fentanyl-related overdoses are a growing concern among youth. Young people are unknowingly being exposed to fentanyl as the pills often resemble legal medications.
- To support efforts to address this issue, OSPI is offering free training for middle and high school educators on the Friends for Life lessons, prevention best practices, social emotional learning and additional materials and resources. These webinars will equip educators with knowledge and tools to confidently inform students about the risks of fentanyl and opioids.

Choose one of three times to attend the Online training:

Webinar #1: Wednesday, May 28, 2025, from 4-5:30PM

Webinar #2: Thursday, May 29, 2025, from 12-1:30pm

Webinar #3: Thursday, May 29, 2025, from 4-5:30PM

Register for a session [here](#).



Contact: Tammy.Bolen@k12.wa.us



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Resources!

[Indigenous Wellness](#)

[Student Mental and Behavioral Health Resource](#)

[Youth Behavioral Health](#)

[Project AWARE Fact Sheet](#)

[Social Emotional Learning Professional Development Menu
2024–2025](#)



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THRIVE/TOR Materials Sharing

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

Suicide and Substance Use Prevention Resources

Colbie Caughlan, MPH
May 28, 2025



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

About NPAIHB

- Northwest Member Tribes

Washington Tribes

1. Nooksack Tribe
2. Lummi Nation
3. Upper Skagit Tribe
4. Samish Indian Nation
5. Swinomish Tribe
6. Sauk-Suiattle Tribe
7. Stillaguamish Tribe
8. Tulalip Tribe
9. Port Gamble S'Klallam Tribe
10. Suquamish Tribe
11. Jamestown S'Klallam Tribe
12. Lower Elwha Klallam Tribe
13. Makah Tribe

Washington Tribes Cont.

14. Quileute Tribe
15. Hoh Tribe
16. Quinault Indian Nation
17. Shoalwater Bay Tribe
18. Skokomish Tribe
19. Squaxin Island Tribe
20. Chehalis Tribe
21. Cowlitz Tribe
22. Nisqually Tribe
23. Puyallup Tribe
24. Muckleshoot Tribe
25. Snoqualmie Tribe
26. Yakama Indian Nation
27. Colville Tribes
28. Spokane Tribe
29. Kalispel Tribe



Oregon Tribes

35. Grand Ronde Tribes
36. Siletz Tribes
37. Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
38. Coquille Tribe
39. Cow Creek Band of Umpqua
40. Klamath Tribes
41. Warm Springs Tribes
42. Confederated Tribes of the Umatilla Indian Reservation
43. Burns Paiute Tribe

Idaho Tribes

30. Kootenai Tribe
31. Coeur d'Alene Tribe
32. Nez Perce Tribe
33. Shoshone-Bannock Tribes
34. NW Band of Shoshone



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Tribal Opioid Response (TOR)

- The NW TOR Consortium is made up of 36 Tribes from OR, WA, & ID
- Our primary aim is to assist Tribes in prevention, treatment, and recovery efforts
- Our work includes:
 - Developing strategic approach for tribal opioid response
 - Expanding access to culturally appropriate prevention, treatment, and recovery activities
 - Promoting interventions that strengthen tribal nations and peoples



Overview of TOR Funded Activities

Activity	Tribe																																				
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	
Support for staff positions	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓				✓	✓	✓
Workforce development	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓
EHR adaptations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safer opioid prescribing practices	✓			✓	✓		✓	✓	✓				✓		✓								✓	✓		✓			✓							✓	
Naloxone purchase and distribution	✓	✓		✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓						✓	
Medication - Assisted Treatment ^a	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓			✓					
Policy development	✓			✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓			✓		✓			✓	✓			✓						✓	✓	
Recovery support services	✓		✓		✓		✓	✓		✓	✓		✓	✓		✓		✓		✓	✓		✓		✓	✓	✓		✓						✓		
Prevention programs	✓	✓	✓	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓	✓	
Wraparound services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓			✓		
Public awareness campaign	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓		✓					✓		
Social awareness campaign	✓	✓		✓	✓			✓		✓	✓		✓	✓	✓					✓				✓	✓	✓	✓	✓	✓	✓		✓			✓	✓	
Cost assistance	✓	✓	✓		✓	✓		✓			✓		✓		✓		✓			✓	✓		✓	✓	✓	✓		✓	✓								
Reentry services	✓	✓			✓								✓									✓	✓			✓			✓	✓		✓					
Clinical support	✓				✓		✓			✓	✓		✓	✓							✓		✓		✓										✓		
NW Behavioral Health Aid Manual ^b																																					✓

Note. Each letter corresponds to one Tribe.

^aTribes have a checkmark if they offered MAT through any clinic pathway (their own Tribal clinic or referrals to other clinics).

^bDevelopment of the NW Behavioral Health Aid Manual was led by the NPAIHB, with some Tribes contributing resources for this work.

NPAIHB TOR Resources



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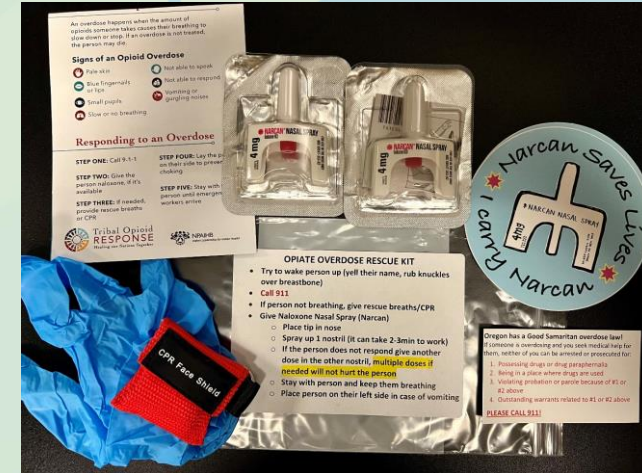
Harm Reduction

- The TOR team at the NPAIHB provides harm reduction resources to all Tribes in OR, WA, & ID:
 - Harm reduction kits
 - NARCAN kits
 - Factsheets/postcards around substance use prevention/treatment
 - Media messaging around substance use prevention/treatment



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Naloxone



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NPAIHB TOR Handouts



All our resources can be found at:
npaihb.org/opioid



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Drug Flashcards

**Magic Mushrooms**
(Shrooms)



Magic mushrooms are a hallucinogen that look like ordinary mushrooms. They can also come as dried powder in capsules. Magic mushrooms can be eaten, cooked, or brewed into a tea. The dried version is sometimes smoked or mixed with marijuana or tobacco.





Other names include shrooms, mushi


During some experiences with magic mushrooms, someone may feel joyful and see, feel, and hear pleasant things. During a bad experience, someone may have scary hallucinations and feel extremely anxious. People may also do dangerous things they would never normally do, like jump off a roof or act on suicidal feelings. As with any illicit substance, it is important to never use magic mushrooms alone to reduce risk of adverse hallucinogenic reactions.




Some people who use magic mushrooms experience random flashbacks of bad experiences. Flashbacks can happen years after the drug was last taken, and they may be triggered by stress, sleepiness, or another drug.

Substance
Overview and
Key Authors




www.npaihb.org/opioid

**MDMA** (Ecstasy, Molly)




MDMA, also known as ecstasy or molly, is a lab-made drug that often comes as a pill or capsule, which is swallowed or crushed and snorted. It can also appear as a liquid which is swallowed.

**Cocaine**




Cocaine is highly addictive and comes from the leaves of the coca plant. It often comes as a white powder that is snorted or injected. It can also look like a crystal rock that is heated and smoked.



Other common names include blow, bump, coke, crack, or snow



Other names include TX, E, X, beans, and ada





Can be laced with fentanyl. If so, Narcan can be used to reverse an overdose.

Cocaine may make you feel good in the short-term. However, once it wears off, you feel terrible - achy, weak, dizzy, and depressed. Some people even vomit.

To avoid feeling sick and emotionally low people often take more cocaine. This creates a harmful cycle where you gradually need more and more of the drug just to feel normal. Cocaine may also cause random nosebleeds, problems breathing, severe anxiety, paranoia, and deep depression.

The document was developed in part under grant number 7000243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



www.npaihb.org/opioid

All our resources can be
found at:
npaihb.org/opioid



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LET'S TALK ABOUT

LSD

LSD is a hallucinogen. It is a clear (or white), odorless, and tasteless material that comes as a pill or liquid that can be swallowed, injected, or soaked onto paper and absorbed through the lining of the mouth.



LSD can cause positive and negative experiences dependent on the amount taken and how your brain responds. During a good experience, someone may feel the sensation of floating, disconnection from reality, extreme joy, or feel superhuman.



During a bad experience, someone may have terrifying thoughts and scary hallucinations. Also, taking LSD over time, can result in serious side effects, like hard-to-manage anxiety, depression, schizophrenia, and flashbacks of past experiences on the drug.



For free 24/7 crisis support, you can **text NATIVE to 741741**

To learn about SUD treatment, prevention, or facts about other substances, visit our website at **www.npaihb.org/opioid**



Example of messaging



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NPAIHB TOR Services

The TOR team at NPAIHB offers:

- Free SUD/mental health services to all our Tribes in WA, OR, & ID
- Text messaging campaign to grow your knowledge on SUD



No-Cost Mental Health Services

The Tribal Opioid Response team, along with the NPAIHB, are offering **no-cost**, fully virtual substance use and mental health services to Indigenous individuals aged 15 years and older who live in WA, OR, or ID.

For information on how to access these services, visit:
bit.ly/TORmentalhealth

 **Tribal Opioid RESPONSE**
Healing our Nations Together

 NORTHWEST PORTLAND INDIAN HEALTH BOARD

Text OPIOIDS to 94449



www.npaihb.org/opioid

To receive videos, quizzes, and more to grow your opioid knowledge.

Porky's Party: A Wake-Up Call



NPAIHB THRIVE Resources



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**To GIVE help
or GET help:**

**WE ARE
CONNECTED.
We Need You Here.**

Dial 988 if you are having a mental health emergency to reach the Suicide & Crisis Lifeline.

Text NATIVE to 741741 to receive free, 24/7 counseling support.

Talk to trusted elders, healers, friends, family, clergy or health professionals.

Visit  **WE@NATIVE.ORG**



www.npaih.org

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Suicide & Crisis Lifeline

Dial 988

for mental health emergencies.

Text NATIVE to 741741
for free, 24/7 support.

#WeNeedYouHere

 **NPAIHB**
 **THRIVE**
 **WE@NATIVE**



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Crisis Text Line Partnership

In crisis?
Text NATIVE
to 741741
for free, 24/7 support.
#WeNeedYouHere

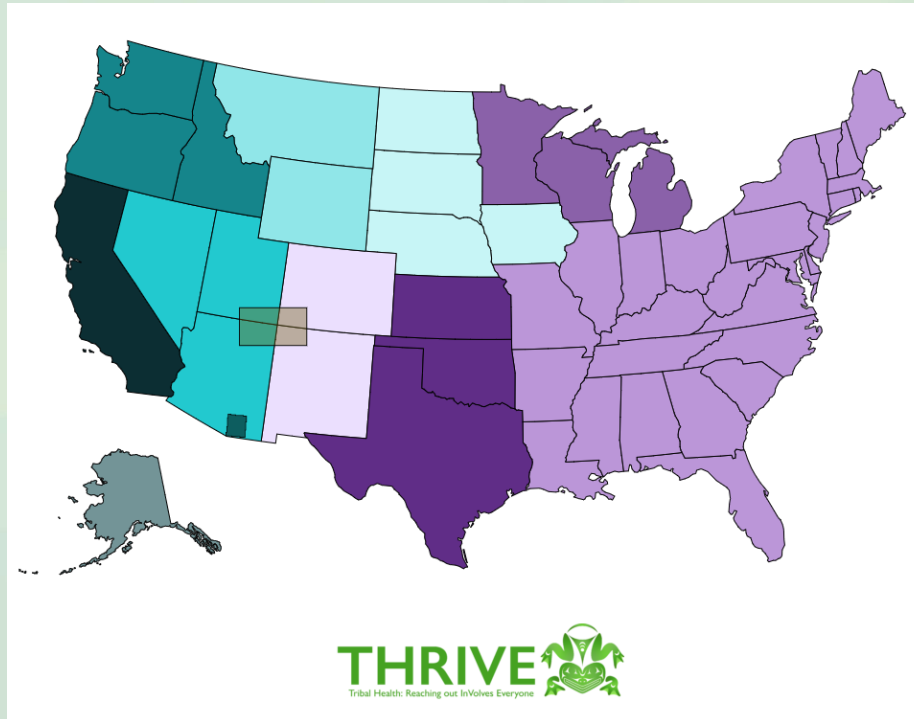
ISSUE	GROUP	VS. AVER
Depression/Sadness	30.9%	
Relationship	24.2%	▼
Suicide	23.6%	
School(*)	23.0%	
Anxiety/Stress	19.4%	▼
Isolation/Loneliness	16.4%	
Grief	9.7%	▲
Self Harm	9.1%	
Finances(*)	7.5%	
3rd Party	7.3%	▲
Substance Abuse	4.8%	▲
Bullying	4.2%	▲



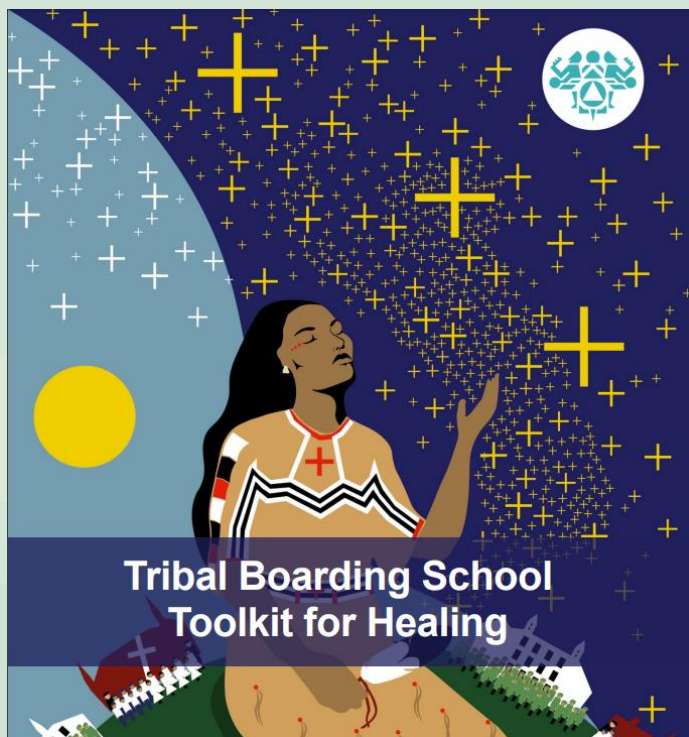
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Crisis Map

<https://www.npaihb.org/thrive/crisis-intervention-services/>



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The Tribal Boarding School Toolkit For Healing was created to provide **RESOURCES** for those working with AI/AN communities.

IT OFFERS:

- +Discussion Guides
- +Infographics
- +Experiential Therapies

Growing Together by Going Deeper

How to discuss U.S. Indian boarding schools with friends and strangers in order to foster empathy and build community.

Here Practice self-care using in conversations about Indian boarding experience, in order to ruminate and or on fatigue.

START

So, you want to know more about the Indian boarding school experience in the U.S.?




THRIVE
by the Northwest Portland Area Indian Health Board



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LOVED & ACCEPTED



#WENEEDYOUHERE



PREVENT SUICIDE.

TO GIVE HELP OR GET HELP:

- CALL THE TREVOR LIFELINE FOR LGBTQ YOUTH AT 1.866.488.7386
- **DIAL 988** TO REACH THE SUICIDE & CRISIS LIFELINE
- **Text "NATIVE" to 741741** FOR FREE 24/7 SUPPORT
- VISIT WWW.WERNATIVE.ORG TO LEARN ABOUT SUICIDE SIGNS AND PREVENTION RESOURCES
- TALK TO TRUSTED ELDERS, HEALERS, FRIENDS, FAMILY MEMBERS OR HEALTH PROFESSIONALS

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YOU PROTECTED US.

LET US WALK WITH YOU.

#WENEEDYOUHERE



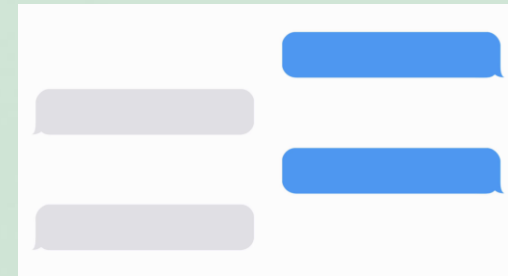

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The Power of Text Messaging

We use text messaging to meet youth where they are

Our Health Based Text Campaigns:

- Address a variety of health needs in the community
- Regularly send fresh content through a range of methods
- Scheduled Messages
- Pre-Formulated Messages in a Sequence
- Multimedia – text + image or video
- Youth are very rarely on their computers
- Phones are everywhere and convenient



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I know your future is great and bright, and I can't wait to see you shine as you should.

Text "COLLEGE"
to
65664

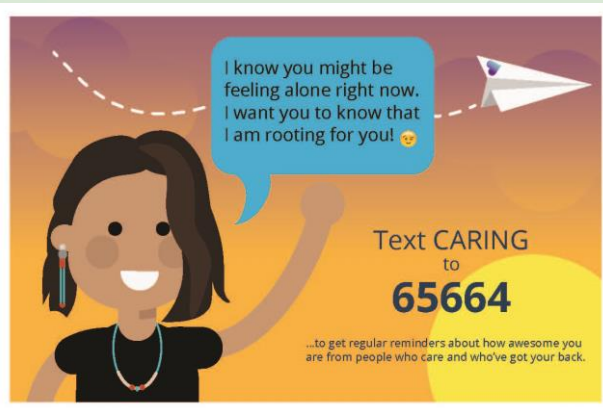
...to get regular reminders about how awesome you are from Native college students and people who have been there and care about what you're going through.



You are not alone.
We all struggle.
We all have trying experiences, which connects each of us to one another.

Text "VETERANS"
to
65664

...to get regular reminders about how much you are appreciated and cared for from Native Veterans who have been there and care about what you're going through.



I know you might be feeling alone right now. I want you to know that I am rooting for you! 🙌

Text CARING
to
65664

...to get regular reminders about how awesome you are from people who care and who've got your back.



I know that the path to recovery is hard. I want you to know it is worth it and you can do it.

Text "RECOVERY"
to
65664

...to get regular reminders about how awesome you are from people who care and who've got your back.





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

How many messages will I get?

You'll receive 1 to 2 text messages a week with conversation starters, tips, video demonstrations, and words of encouragement.

Who's it for?

For caring adults of Native youth

Talking is Mental Health and can spark healing, growth, and connection with our youth.



What is it?

offer tips to help you talk with youth about mental health and wellness skills



**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
Indian Leadership for Indian Health

What Kind of Messages will I get?

Respond



When talking to youth about mental health, the goal is to ensure they feel loved, respected, heard and seen.



Heal



As Indigenous people our experience with mental health is unique due to our collective historical trauma. Our answer to this trauma is HEALING.



Grow



I will walk in my beauty. We will walk in our beauty together.



Scan QR Code for THRIVE Linktree

To Get Mental Health Resources



#WeNeedYouHere[®]



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NORTHWEST PORTLAND AREA
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Questions

Visit our website for all our handouts, videos, and other resources at:
npaih.org/opioid or npaih.org/thrive



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NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

SUD Support for Staff & Clients at DCYF

James Vallembois,
Substance Use Disorder Program Manager,
Department of Children, Youth & Families

Tribal Opioid/Fentanyl Prevention, Education and Awareness Campaign Workgroup

Jimmy Vallembois

Olympia HQ

Original Date: October 29, 2024, | Revised Date: May 20, 2025

Division of Partnership, Prevention and Services | Integrated Health Service Unit

| Approved for distribution by James Vallembois, SUD Program Manager

www.dcyf.wa.gov



Washington State Department of
CHILDREN, YOUTH & FAMILIES



DCYF efforts to address Fentanyl

- Increasing Resources
 - Harm reduction kits
 - SUDPs
 - Contracts
 - CDT
- Increasing Partnerships
 - Community-based services
 - Department of Health
 - Court Partners
- Increasing Knowledge
 - Training and Guides





Not yet being tested for:

Fentanyl Analogs
4-ANPP
4'-Methylacetyl fentanyl
Acetyl norfentanyl
Alfentanyl
alpha-Methylacetyl fentanyl
alpha-Methyl fentanyl
beta-Hydroxythio fentanyl
Butyryl norfentanyl
Carfentanil
cis-3-Methyl fentanyl
Cyclopentyl fentanyl
Cyclopropyl fentanyl
para-Fluorobutyryl fentanyl
Fluoroisobutyryl fentanyl
Furanyl norfentanyl
Ocfentanil
para-Chloroisobutyryl fentanyl
para-Methoxybutyryl fentanyl

DCYF Testing

Urine
Fentanyl Analogs - Confirmed
Acetyl fentanyl
Acryl fentanyl
Butyryl fentanyl
Fentanyl
Fluoro fentanyl
Furanyl fentanyl
Isobutyryl fentanyl
Methoxyacetyl fentanyl
Norfentanyl
Tetrahydrofuranyl fentanyl
Valeryl fentanyl

Oral
Fentanyl Analogs - Confirmed
Fentanyl
Acetyl fentanyl
Acryl fentanyl
Butyryl fentanyl
Furanyl fentanyl

Original Date: October 29, 2024

Revised Date: May 20, 2025

Division of Partnership, Prevention and Services

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www.dcyf.wa.gov

Thank you!

James Vallembois

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

For Our Lives Campaign Update


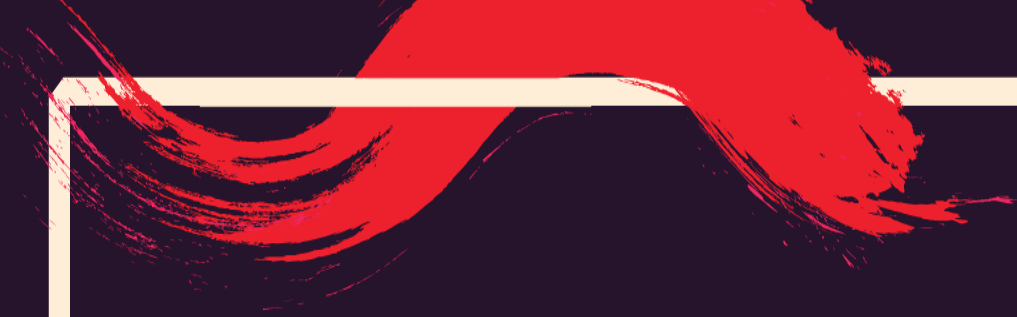
Megan Mills &
Paj Nandi, Desautel Hauge



Treatment Research Insights

FOR OUR LIVES

Acting now to end overdose



Research and listening overview

Overview

- DH conducted research between April and May of 2025 to inform the development of new treatment-focused materials
- Our team wanted to get a better understanding of
 - barriers to receiving treatment
 - awareness of MOUD as a form of treatment
 - stigma surrounding MOUD
 - opportunities to connect people to treatment and support services
- Listening and research activities included:
 - insight interviews and listening sessions
 - visits to treatment centers (including Tribally operated OTPs)

Insight interviews & listening sessions

- Insight interviews or listening sessions with:
 - professionals working at treatment / recovery centers across WA
 - people with positive experiences using MOUD as a form of treatment
- Interviews and listening sessions include:
 - Lummi Healing Spirit Clinic (staff interviews)
 - Quinault Wellness Center (staff interviews)
 - Muckleshoot Behavioral Health Program (staff and patient interviews)
 - Jamestown Healing Clinic (staff interview)
 - Camas Health Recovery Center (staff interview)

Treatment center visits

- Treatment center visits helped our team get a deeper understanding of treatment options and support services available across WA
 - Demonstrate various approaches to care and wrap-around services to support the healing process
- Treatment Centers visits include:
 - Didgwalic Wellness Center (*2023 visit*)
 - Muckleshoot Behavioral Health
 - Jamestown Healing Clinic
 - Camas Health Recovery Center




Key findings

Key finding 1

Stigma varies by community and MOUD type

- For some, MOUD is widely accepted as a treatment option for OUD
 - OUD accepted as a “disease” that requires treatment
- For others, stigma appears in different ways and with different groups of people
 - Provider stigma
 - Community stigma
 - Peer and/or family stigma
 - Self-focused stigma
- Greater stigma associated with Methadone as compared to other forms of MOUD

- 
- **Provider stigma**
 - Historically held notions of MOUD as a “swap” of one substance for another
 - Perception that recovery only comes with abstinence
 - **Community stigma**
 - Concerns that MOUD facilities will increase visibility of substance use within the community
 - **Peer and/or family stigma**
 - Perception that use of MOUD is still considered “use”
 - OUD not always seen as a “disease” that benefits from medical treatment
 - **Self-focused stigma**
 - Perception that use of MOUD means they are not “clean” or “sober”
 - Fear of testing positive while pregnant and using MOUD
 - Use of needle or pill can be “triggering”

Key finding 2

Varied access to MOUD

While acceptance of MOUD as a form of treatment for OUD is increasing, access still varies dramatically by Tribal community and region.

- Urban and suburban areas in WA are most likely to have access to MOUD options
 - When MOUD is available, transportation, cost and awareness remain major barriers
 - Rural areas still have the most limited availability
- Methadone has lower availability given prescription guidelines

Key finding 3

Wraparound services

Comprehensive support services are a critical part of the treatment and healing process.

- Treatment protocols which include comprehensive services often see the highest rate of success
- Patients receive great benefit from programs that, in addition to treatment protocols, include
 - mental health services
 - cultural and/or group activities
 - childcare resources
 - transportation
 - primary/dental care, and more!

Key finding 4

Welcoming, safe spaces facilitate successful treatment

Those seeking and undergoing treatment benefit from spaces that demonstrate they are valued and safe.

- When individuals feel welcome, they are more likely to attend and continue treatment
 - Treatment facilities that make recipients feel “less than” can detract from the healing process
 - Culture and warmth reflected in the treatment facility improve patient experience and healing process



Key finding 5

Opportunities for education about treatment

Despite increasing awareness, acceptance and use of MOUD, there are still opportunities to educate both communities and individuals seeking treatment.

- What is MOUD?
 - Increase awareness as a treatment for OUD as a disease
 - Explain reasons for use, how it can help the healing process
- Various forms of MOUD
 - MOUD isn't one size fits all and can vary by substance use and personal preference

Repeated, judgement-free opportunities for treatment

Treatment is a cyclical process that takes time and hard work. People need to be met with ongoing opportunities to begin treatment that are free from pressure and judgement.

- Relapse and return to treatment as a part of the healing process, rather than a failure
- Language like “*are you ready*” and “*what more do you need before you are*” were suggested terms for opening the door to treatment

Accessibility of resources

To meaningfully reach intended audiences, resources about treatment should prioritize accessible language and visuals.

- Consider language that is recognizable and inviting
 - MOUD vs MAT (most individuals are most familiar with the term “MAT”) - consider those who are less familiar with MOUD as a form of treatment
 - Avoid overly clinical terminology
- Feature familiar faces and stories
 - Photos and stories from trusted providers/caregivers and people with lived experience are most welcoming for those seeking treatment



Questions or feedback?

Email Megan Hatheway at
meganh@wearedh.com

Discussion/Questions

Meeting Wrap-Up Next Agenda

Steven de los Angeles, Vice Chair,
Snoqualmie Tribe
Lucilla Mendoza, HCA OTA &
Candice Wilson, DOH

Adjourn