

# Tribal Opioid/Fentanyl Prevention, Education and Awareness Campaign Workgroup

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February 26, 2025

1:00 pm – 3:00 pm

# Welcome

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

# Opening Remarks Tribal Campaign Updates

# Overview of Opioid Educational Campaign Needs from the Opioid Task Force

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

# Native and Strong Suicide Prevention Media Campaign

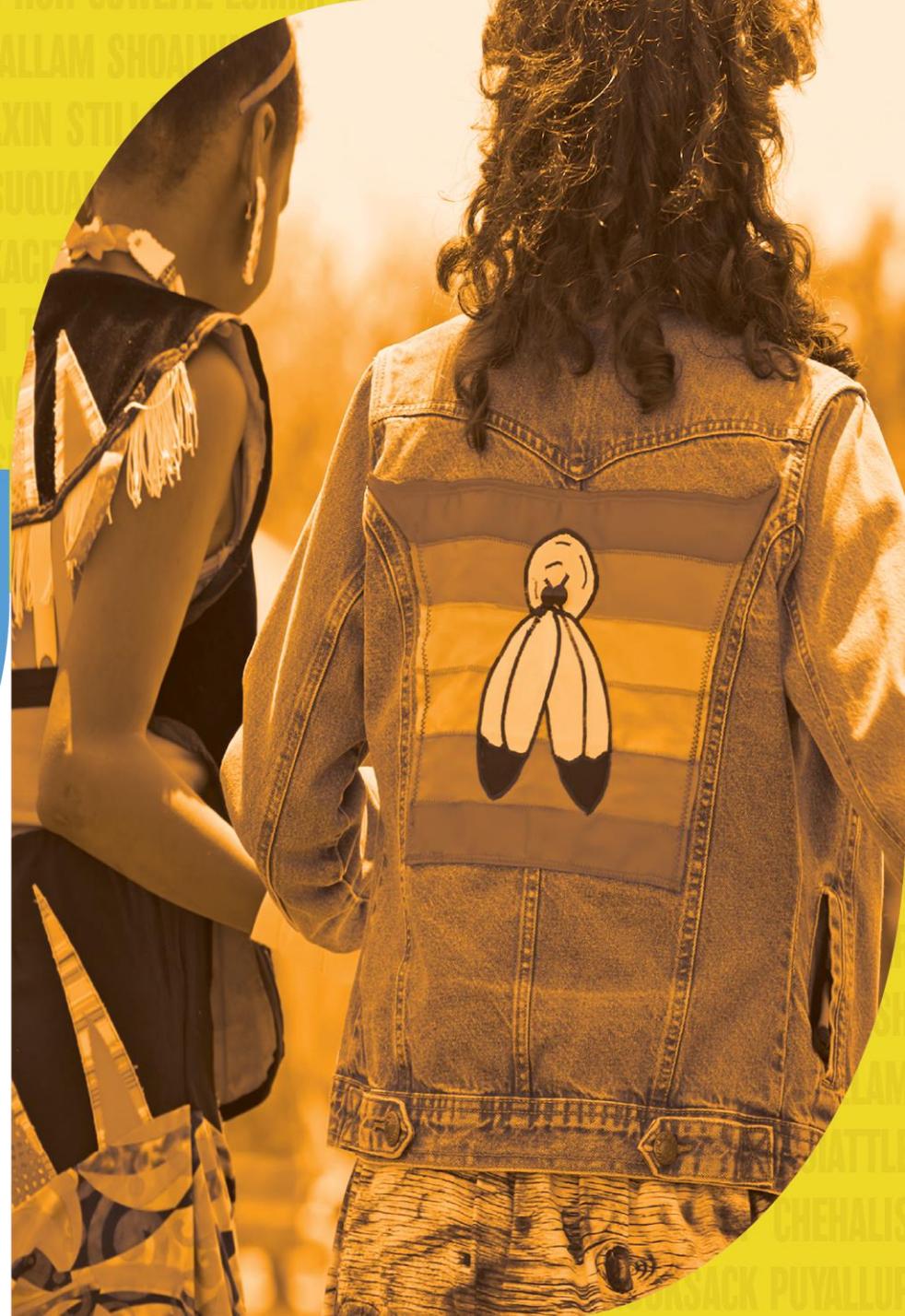
Gerry Rainingbird DOH &  
Rochelle Hamilton, Kaufmann & Associates

# Native & Strong Media Campaign

February 26, 2025



**NATIVE &  
STRONG** | Connection is  
Prevention





Washington State Department of  
**HEALTH**



**KAUFFMAN**  
AND ASSOCIATES INCORPORATED

**NATIVE &  
STRONG**



**Connection is  
Prevention**



## What is the Native & Strong Campaign?



The Native & Strong campaign is designed to inform and educate tribal communities about suicide prevention and advance Native American suicide prevention efforts across Washington state. We know that culture heals, and this media campaign centers on what we have always known as Native people —

**Connection is Prevention!**





**Make time to talk. Make space to listen.**

# Impressions

- **iHeart Media – 4,730,158**
  - Snapchat
  - Digital advertising
  - YouTube videos
- **Print Publications – 156,100**
- **Radio Stations – 131,714**
- **Gas Toppers – 2,500,000**



Across all regions: iHeart Media and Blue Line Media

## Total impressions throughout Washington state: 7,517,972

# Digital Ads and Snapchat Ads



**Connection is prevention.**

*Dial 988 and press 4*



Thoughts of suicide can be a hidden burden for anyone.

Connection is prevention.

Call 988 or visit [NativeAndStrong.org](https://NativeAndStrong.org).

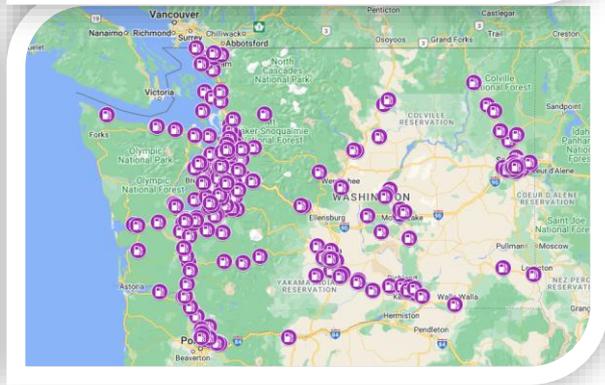


**Connection is prevention.**

*Dial 988 and press 4*

## Digital and Print Gas Toppers

- Located throughout the state, as shown on the map
- Over 200 gas pumps will have monthly graphics promoting this campaign



# Gas Topper Graphic



**"All things are bound together.  
All things connect."**

Chief Seattle, Duwamish

Visit [NativeAndStrong.org](https://www.NativeAndStrong.org) for mental health resources.  
For immediate mental health support dial 988 and press 4.

NATIVE &  
STRONG



Connection is  
Prevention

# Radio PSAs

Radio Station	Estimated Monthly Impressions and Reach
<b>KNKX</b>	75,614: Reach the western side of Washington state
<b>KDRK</b> 	56,100: Reach the eastern side of Washington state

## Community Events

Affiliated Tribes of Northwest  
Indians (ATNI) 2025 Winter  
Convention: January 26-30,  
2025

HCA's Washington State  
Prevention Summit: October  
30-31, 2024



## **What Support is Available?**

**Access an online toolkit with  
downloadable resources:**

[NativeAndStrong.org/partner-toolkit](https://NativeAndStrong.org/partner-toolkit)

## **Technical assistance is available for campaign support:**

Order materials or other suicide-  
prevention resources by contacting  
[NativeAndStrong@kauffmaninc.com](mailto:NativeAndStrong@kauffmaninc.com)

Or, fill out the contact form to have  
our team reach out you





**What's Next? Join us!**

***Native Resilience and Healing: Connection is Prevention***

**A Native & Strong Campaign Webinar  
Tuesday, March 11, 10 a.m. Pacific Time**

This webinar highlights the resilience and strength of Native communities in addressing the impacts of historical trauma. It will also explore how the Native & Strong campaign empowers community prevention activities with tribal populations in Washington state.



# Questions? Please Reach Out!

## **Rochelle Hamilton, MSc**

Ehattesaht First Nation

Tribal 988 Advisor

Kauffman and Associates, Inc.

[Rochelle.Hamilton@kauffmaninc.com](mailto:Rochelle.Hamilton@kauffmaninc.com)

## **Cortney Yarholar, LMSW**

Sauk & Fox, Mvskoke, Pani', Otoe

Technical Assistance Specialist

Kauffman and Associates, Inc.

[Cortney.Yarholar@kauffmaninc.com](mailto:Cortney.Yarholar@kauffmaninc.com)

**NATIVE &  
STRONG**



**Connection is  
Prevention**

# Healthy Youth Survey Data Reporting Template

MichaeLynn Kanichy, WSU IREACH-HCA-OTA &  
Megan Suter DOH



Healthy Youth Survey Overview and HYS Tribal Reporting Model

# Overview of HYS

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- Administered in fall of even years 2002-2018 and in odd years from 2021 forward.
- Students in 6<sup>th</sup>-12<sup>th</sup> grade
- Administered through school setting
- Some questions asked on surveys of WA youth since 1988



# HYS Topics

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- Abuse
- Alcohol, tobacco and other drug (ATOD) use
- Bullying and harassment
- Community risk and protection
- Demographics and miscellaneous
- Disability, health conditions and care, sleep
- Family risk and protection
- Hope
- Mental health, social and emotional, and quality of life
- Nutrition
- Disordered eating, body shaming, intentional weight loss
- Peer-individual risk and protection
- Problematic internet use
- Safety, fighting, gangs and gambling
- School risk and protection
- School support, prevention, attendance
- Sexual behavior
- COVID-19-related worries and behaviors

# New Tribal HYS Reporting Model

## Objective:

Launch a pilot program with an enhanced reporting approach to share Tribal youth data directly with Tribal communities across Washington.

## Key Points:

### Community Focus

- Tailored to focus on Tribal youth voices.

### Guided Development

- Shaped collaboratively by Tribal leaders, adults, and youth.

### Data Sovereignty

- Reports will be distributed to Tribal communities statewide.

# Listening Sessions

**Duration:** 20 – 60 minutes

## Agenda:

1. Review Existing Tribal Reporting Models (HYS vs MMIWG, 2018)
2. Community Needs and Priorities
3. Data Needs and Usefulness
4. Suggestions for Improvement on Existing HYS Reporting
5. Identifying Gaps and Concerns

**Adult Approach: Request folding presentations into existing meetings for Tribal adult guidance.**

**Youth Approach: Promote Tribal Youth Listening Sessions through school outreach and advertising.**

New Tribal HYS Reporting Model



Graphic used to present statistics in MMIWG Report by UIHI, 2018

Would you be open to including us and this discussion in an upcoming agenda with Tribal adults? *A DTLL is coming soon.*

If yes, please email [Healthy.Youth@doh.wa.gov](mailto:Healthy.Youth@doh.wa.gov) and we will work with you to fit into your schedule.

# DOH updates Tribal School-Based Health report from Seven Directions

Kathy Pierre, DOH &  
Nicole Casanova, University of WA



SEVEN DIRECTIONS

A CENTER FOR INDIGENOUS PUBLIC HEALTH

**Community Listening Sessions Report:  
Tribal School-Based Health Centers  
Programming, Needs, Interests & Preferences**

# Greetings! Today's Agenda



1. Introductions
2. Project Background
3. Listening Session Key Findings
4. DOH Opportunities and Strategies
5. Discussion

# 1 Introductions & Community Partners

## Washington State Department of Health Adolescent and Young Adult Health team

- Work is supported by the Health Resources & Services Administration (HRSA) Title V Maternal & Child Health Block Grant

## Seven Directions



**Maya Magarati**  
She/her  
(Indigenous Magar from Nepal's Himalayas)



**Myra Parker**  
She/her  
(Mandan-Hidatsa-Cree)



**Steven Nez**  
He/Him  
(Diné and Oneida)



**Marina Van Pelt**  
She/her  
(Umatilla and Cochiti)



**Analisa Jimenez**  
They/them  
(Tāp Pīlam Coahuiltecan and Kickapoo)

## Used Community-based participatory research (CBPR) practices :

- met regularly with AYAH team to establish project deliverables and implement feedback throughout the process
- Collaborated closely with participating school sites, co-creating the listening sessions and ensuring actions were culturally appropriate

# 2 Our Story

## Our Mission

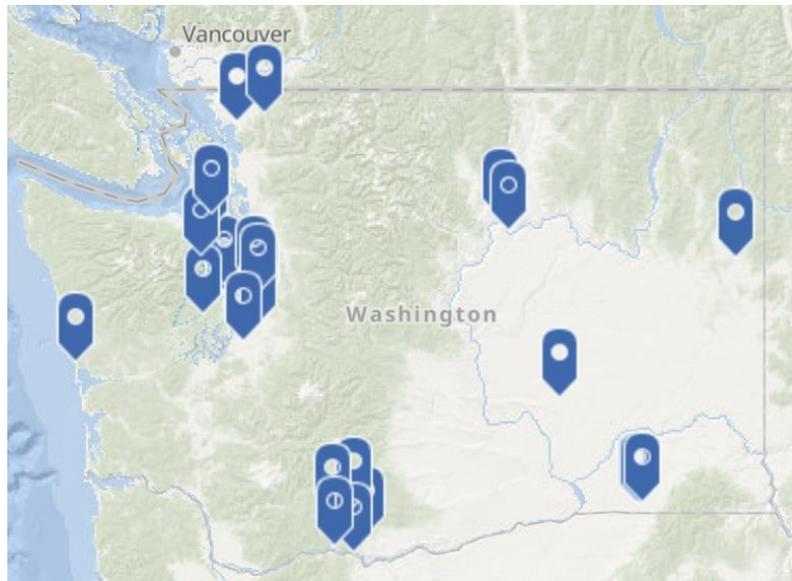
Advance American Indian and Alaska Native health and wellness by honoring Indigenous knowledge, strengthening Tribal and Urban Indian public health systems, and cultivating innovation and collaboration.

## Our Values

- Culture & Identity
- Families & Communities
- Tribal Governance
- Respect for Sovereignty
- Integration: Holistic Wellness
- Indigenous Knowledge
- Service



# Current SBHCs in Washington State



- 70 SBHCs, operating for more than 30+ years
- 25 health agencies
- 30 school districts
- **1 SBHC at tribal school**

**DOH has limited data on Tribal community interest, preferences, and needs related to school-based health care**

# Main Goal of Community Listening Session (Shared Understanding)



The gather insights from Washington's Tribal communities on needs and preferences related to school-based health programs (SBHC)

1



Is there **interest** in school-based health programs in WA Tribal communities?

2



If so, what should a **school-based health care model** look like for **Native youth**? **How can DOH support** school-based health programs for WA Tribal communities?

3



If not, how else might DOH's Adolescent and Young Adult Health team **support meeting the health care needs of Native youth**?

# 2 Community Listening Session

Sessions facilitated by Seven Directions staff

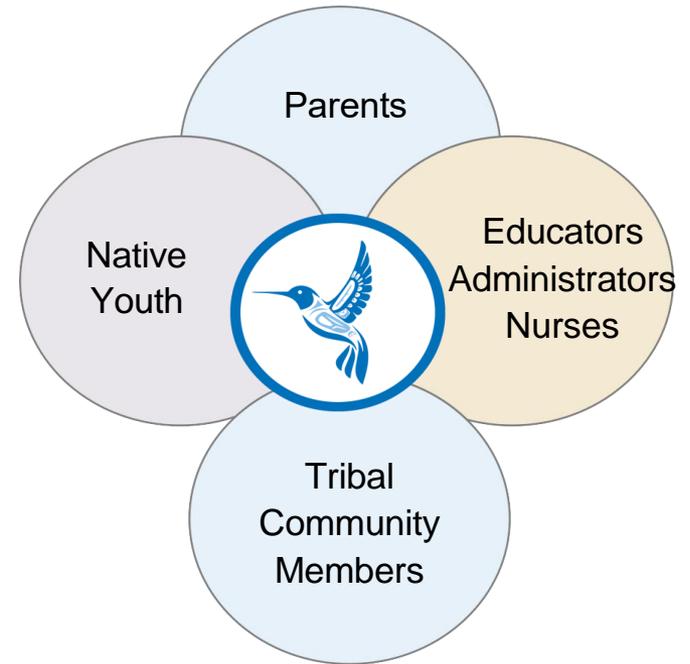
Location: [School Site]

Time: 60-90 minutes

Date: September

Agenda:

1. Introduction – Pass out Demographic Survey
2. Dinner
3. Brief Overview of WA DOH School-Based Health Centers
4. Open Discussion – Asked audience 8 relevant questions
5. Raffle



\*No personal information collected, all deidentified

# 3 Geographic Regions in WA

Community Listening Sessions were strategically chosen in different tribal communities to gain tribal representation across the state

School Site in Report	Region
1	East Region of WA
2	Central Eastern Region of WA
3	West Coastal Region of WA
4	North Region of WA



**Community Listening Sessions:  
Tribal School-Based Health  
Centers Programming, Needs,  
Interests, and Preferences in  
Washington State**

Final Report  
December 2024

All Data presented today is from our final report

# 3 Demographic Results

	<b>Total Participants (Combined, N = 86) N of Participants (%)</b>	
<b>Gender-Sex Identity</b>		
Female	45	(52.3)
Male	39	(45.3)
Other	0	(0)
<b>Age</b>		
14-18	24	(27.9)
19-54	39	(45.3)
55+	23	(26.7)
<b>Racial identity</b>		
AIAN or First Nations	49	(57.0)
<b>Ethnicity</b>		
Hispanic: Y	14	(16.3)
Hispanic: N	72	(83.7)
<b>Education Level</b>		
Highschool Diploma or Less	43	(50.0)
Associates Degree or higher	41	(47.7)
Did not disclose	2	(2.3)
<b>Tribal Affiliation</b>		
Affiliated with 1 Tribe	19	(22.1)
Affiliated with 2 or more Tribes	33	(38.4)
No response	34	(39.5)
<b>Child or Relative currently enrolled in tribal school</b>		
Yes	42	(48.8)
No	44	(51.2)
Not Now	0	(0)
<b>Years Active in tribal community</b>		
Less than 1 year	10	(11.6)
1-9 years	21	(24.4)
10 or more years	54	(62.8)

86 community members across Washington participated in Listening Sessions

## Self-reporting as AI/AN tribal members:

- School site #1 having 76.9%
- School site #2 having 74.5%
- School site #3 having 9.1%
- School site #4 having 50%
- Overall, 57% self-identified as AI/AN tribal members

# 3 Desired Health

Desired Health Service	Level of Urgency
Mental and Behavioral Health (in-person)	Very High Level
Sexual and Reproductive Health	High
Primary care, Routine Check-ups, and Sports Physicals	High
School Nurse (On-site)	High
Vaccinations, Immunizations, and WIC	High
Dental Care	High
Traditional medicine, foods, healing practices	High

Desired Health Service	Level of Urgency
Administrative Assistance	High
Technical Assistance, school capacity	High
Prevention education and Health Promotion	High
Nutrition and Wellness	High
Hearing Care	Intermediate
Vision Care	Intermediate
Family Home-Based Educator	Low urgency

### 3 Key Themes (5)

Communities emphasized the critical role of **culture-centered community-based engagement approaches** in addressing **historical trauma**, fostering **trust** between WA-DOH, the community, and the providers, and promoting **cultural humility** in implementing a SBHC.

Communities strongly advocate for an in-person SBHC on Tribal school campuses.

Communities request support from the WA-DOH in grant writing and other technical assistance to implement a SBHC on their school site.

Mental and behavioral health services are crucial. School sites are struggling to meet the growing need for mental health services due to a shortage of providers.

Upstream/preventative healthcare services are crucial for the health and well-being of communities that have historically been affected by health inequity.

## 3 Key Theme #5

Upstream/preventative healthcare services are crucial for the health and well-being of communities that have historically been affected by health inequity.

*“When I think of a school-based health program, I would think a lot of teaching kids mostly for prevention purposes **down the road**, nutrition, physical activity, mental wellness, **everything that they’re going to need down the road to be able to take care of themselves.**” -Tribal community member/ participant*

### 3 Immediate Key DOH Opportunities

## Direct Relationship Building with Tribe(s) Education & Health Departments

Collaborate with Seven Directions and the four school sites for an introduction meeting to discuss individual next steps into building a SBHC. This can happen virtually.

Coordinate with Tribal health departments to connect with Tribal leaders or Tribal elders to plan an initial in-person site visit to each school site.

Once an in-person relationship is established, continue relationship-building via online webinars or other ways.

### 3 Immediate Key DOH Opportunities

## Education prior to meeting directly with Tribes

Prioritize researching, learning, and understanding WA state Tribes' unique history, values, experiences, and Treaty Rights before engaging in relationship building.

Become familiar with health-based Indigenous and holistic epistemologies. Explore how this model of health can be integrated into Western health frameworks to improve the health and well-being of American Indian / Alaskan Native communities. This can be completed as a literature review before the first in-person meeting with school sites.

# 3 Long Term Strategies



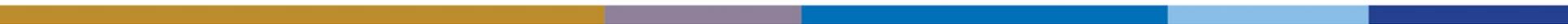
**Partner directly with WA-DOH Prevention and Community Health Division (PCH)**

- focus on long-term strategic planning to identify additional support and funding for the implementation of SBHCs in tribal communities
- develop a comprehensive, long-term strategy to increase the number of SBHCs in tribal areas
- continue to engage with the DOH-WA Office of Tribal Public Health and Relations (OTPHR) and follow their internal policies that honor the Centennial Accord

**Prioritize an equitable approach to grant distribution.**

- modify their current SBHC funding model to establish a dedicated funding stream to establishing SBHC in tribal schools different than the RFA process

# 4 Questions & Open



# Thank you!



SEVEN DIRECTIONS  
A CENTER FOR INDIGENOUS PUBLIC HEALTH

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*Cochiti & Umatilla*  
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Steven Nez (he/him)  
(Diné and Oneida)  
Research Coordinator

[Sdnez@uw.edu](mailto:Sdnez@uw.edu)

Maya Magarati (She/her)  
(Indigenous Magar from  
Nepal's Himalayas)  
Associate Director

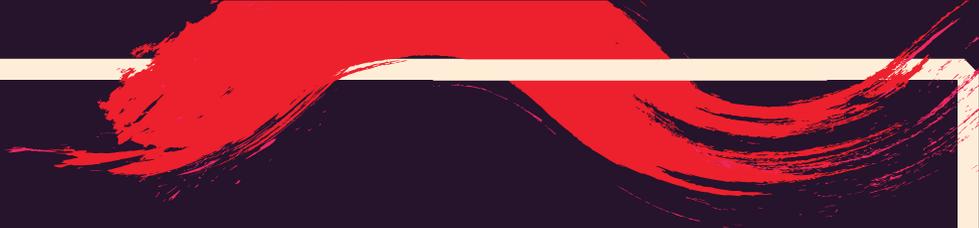
[magarati@uw.edu](mailto:magarati@uw.edu)

Myra Parker  
She/her  
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Director

[myrap@uw.edu](mailto:myrap@uw.edu)

# Youth Opioid/Fentanyl Education and Awareness Campaign Updates

Meg Mills, Paj Nandi, & Matthew Duncan  
Desautel-Hege (DH)



# FOR OUR LIVES

Custom campaign materials for Tribes



February 26, 2025





# Today we'll cover

- Youth Campaign Timeline Update
- 2024 Customization Funding
  - New campaign materials
  - Media buy placements

# Timeline

	<i><b>Nov.</b></i>	<i><b>Dec.</b></i>	<i><b>Jan.</b></i>	<i><b>Feb.</b></i>	<i><b>Mar.</b></i>	<i><b>Apr.</b></i>	<i><b>May</b></i>	<i><b>June</b></i>	<i><b>July</b></i>	<i><b>Aug.</b></i>
Campaign plan	Campaign plan									
Research and development	Youth listening sessions		Research Report							
Creative development and message testing			Draft new creative for testing		Focus groups with Native youth	Focus Group Report	Develop new Youth creative			
Tribe engagement and review			Internal evaluation of 2024 Tribal engagement efforts & initial outreach to Tribes		Scheduling	Meetings with Tribes		Tribal localization plans		

A photograph of two women sitting on a log on a beach. The woman on the left is wearing a bright yellow cable-knit sweater and has her arm around the woman on the right. The woman on the right is wearing an orange sweater and has her arm around the woman on the left. They are both smiling. The background shows a blue ocean, a grey beach, and mountains in the distance under a clear blue sky.

**FOR OUR LIVES**

**Acting now to end overdose**



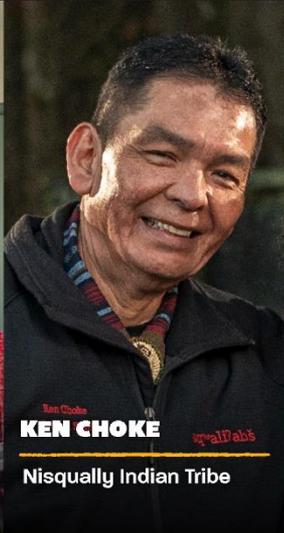
**TORI DENISON**

Spokane Tribe of Indians



**LEVI HORN**

Northern Cheyenne Tribe



**KEN CHOKE**

Nisqually Indian Tribe



**EVA JAMES**

Muckleshoot Indian Tribe



**DAKOTA FORD**

Spokane Tribe of Indians



**MONICA TONASKET**

Spokane Tribe of Indians



**ISAAC TONASKET**

Confederated Tribes of the Colville Reservation



**ROBERT COBERLY**

Tulalip Tribes



**VALARIE OGLE**

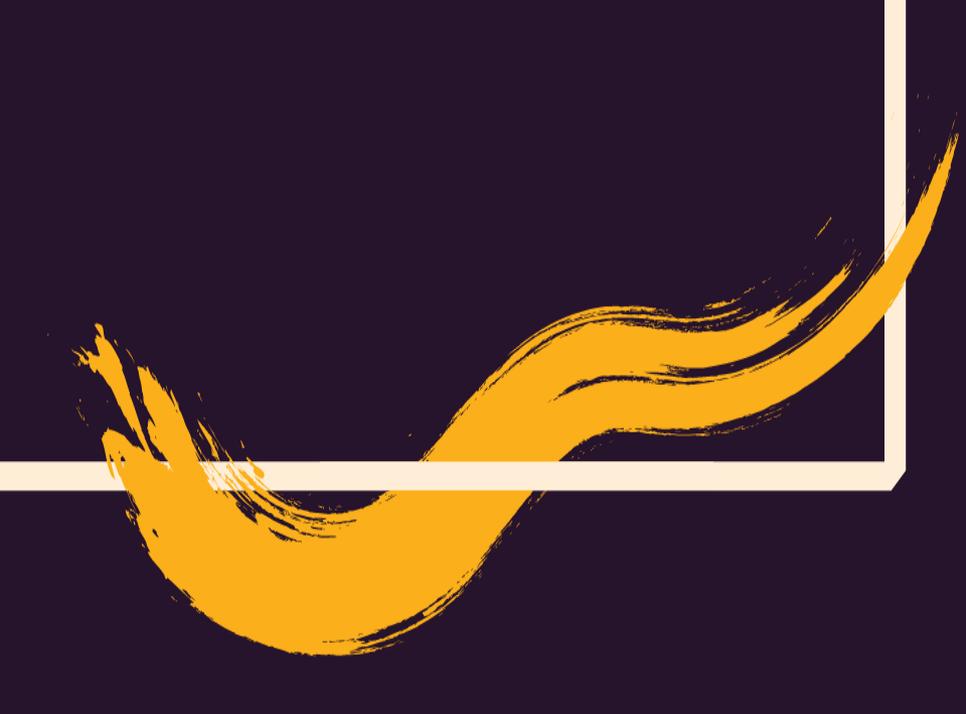
Port Gamble S'Klallam Tribe



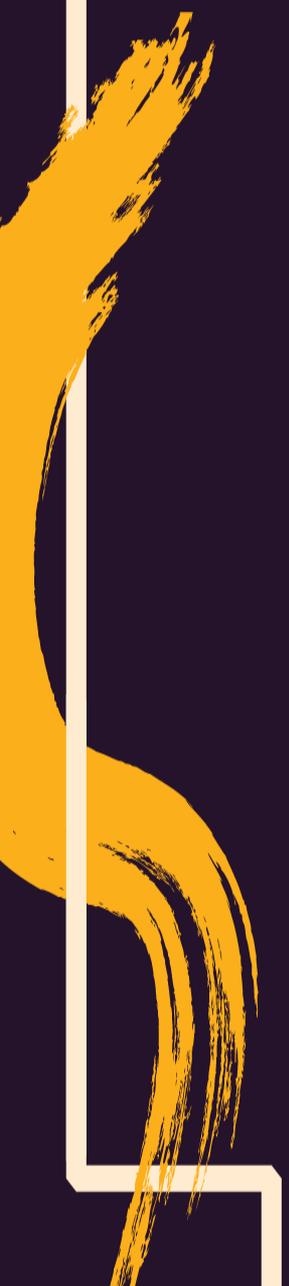
**SELINA RAMIREZ**

Port Gamble S'Klallam Tribe

**FOR OUR LIVES** Acting now to end overdose



# 2024 Customization Funding

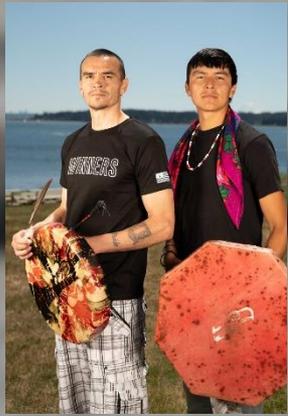


**29**  
TRIBES

**50+**  
MATERIALS

**300+**  
UNIQUE CUSTOMIZATIONS





Suquamish

Quinault



Makah

**SUPPORTING RECOVERY**



# FOR OUR LIVES

How to support a relative or friend living in recovery.

We are all connected.

**USING NALOXONE (NARCAN)**



# FOR OUR LIVES

Learn the signs of opioid overdose and how to stop it.

We are saving lives.

**ENDING OVERDOSE**

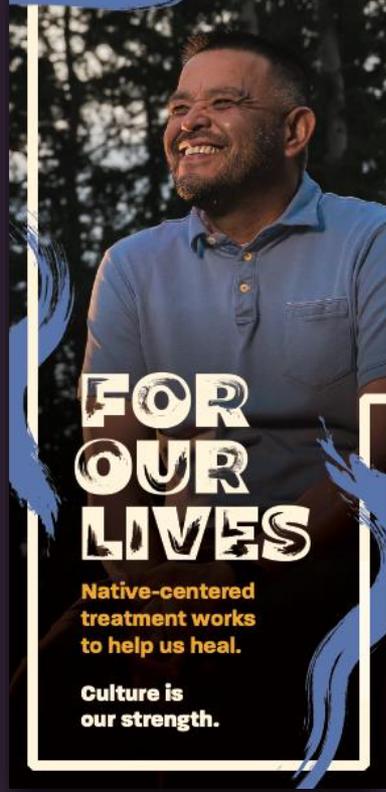


# FOR OUR LIVES

We are acting now to prevent overdose from fentanyl.

Learn how to help.

**TREATMENT**

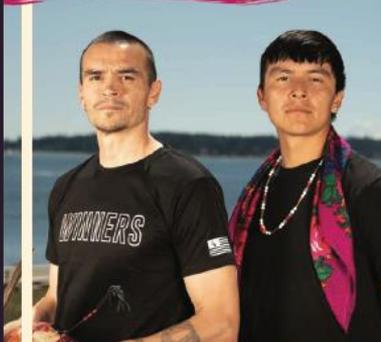


# FOR OUR LIVES

Native-centered treatment works to help us heal.

Culture is our strength.

**SUPPORTING RECOVERY**



**FOR OUR LIVES**

How to support a relative or friend living in recovery.

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Suquamish

**USING NALOXONE (NARCAN)**



**FOR OUR LIVES**

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Makah

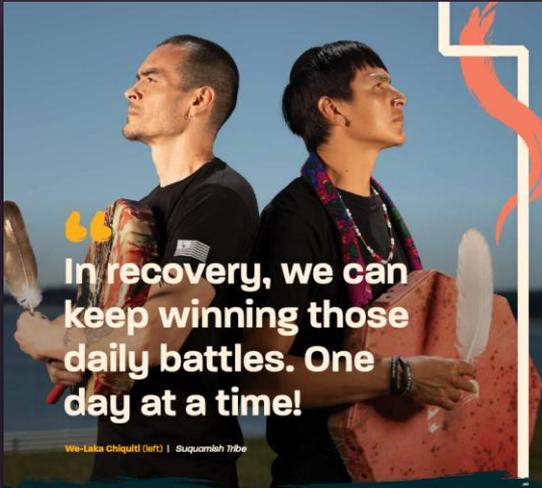
**TREATMENT**



**FOR OUR LIVES**

Native-centered treatment works to help us heal.

Culture is our strength.



“  
In recovery, we can keep winning those daily battles. One day at a time!”

We-Laka Chiquilt (left) | Suquamish Tribe

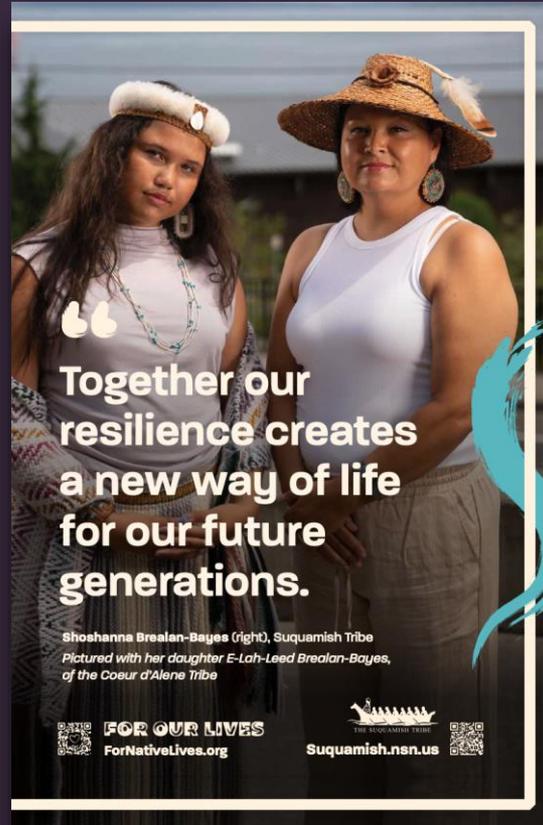
In recovery, we're living through a process of change.

WHAT WE CAN DO

- 🧠 Understand that recovery takes strength. Recovery from substance use disorder looks and feels different for everyone. It's a lifelong experience, with ups and downs, and relapse can be part of it.
- 🤝 Do activities that make you feel connected. If you're in recovery, do activities that feel good for your body and spirit. Make connections with your family, community, surroundings and culture.
- 👥 Welcome people into the community. If you know someone in recovery, invite them to gatherings and events. Give them opportunities to contribute to your family, tribe or community.

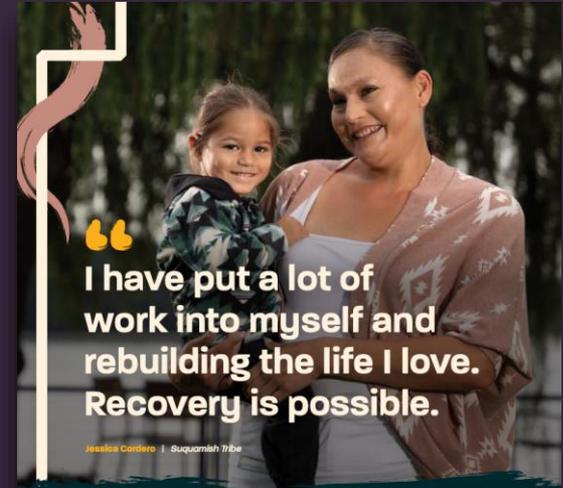


**FOR OUR LIVES**  
ForNativeLives.org/recovery  
Learn more about recovery from substance use disorder, including how to help others in your community.



“  
Together our resilience creates a new way of life for our future generations.”

Shoshanna Brealan-Bayes (right), Suquamish Tribe  
Pictured with her daughter E-Lah-Leed Brealan-Bayes, of the Coeur d'Alene Tribe



“  
I have put a lot of work into myself and rebuilding the life I love. Recovery is possible.”

Jessica Cordero | Suquamish Tribe

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**FOR OUR LIVES**  
ForNativeLives.org/recovery  
Learn more about recovery from substance use disorder, including how to help others in your community.

Suquamish

Our roots belong where we began. We don't give up on our people.

Eva James | Muckleshoot Indian Tribe

**FOR OUR LIVES**  
ForNativeLives.org

**We're here to help.**

Call us to learn about treatment, recovery and mental health services.

**(253) 804-8752**  
After hours:  
**(253) 290-2824**

**We provide services for adults and youth affected by addiction.**

Muckleshoot Health & Wellness Center supports tribal members and others moving out of addiction and into recovery. Services include:

- Treatment for adults with substance use disorder.
- Adult recovery housing.
- Mental health services for adults.
- Mental health and substance use disorder counseling for children 6 and older and their families.

Call us to learn about treatment, recovery and mental health services.

**(253) 804-8752**  
After hours:  
**(253) 290-2824**

“Our roots belong where we began. We don't give up on our people.”

Eva James | Muckleshoot Indian Tribe

**Fentanyl is taking Native lives. We are taking action.**

- We are talking about the unpredictable drug supply.
- We are carrying naloxone (also called Narcan).
- We are finding culturally grounded treatment and recovery.

**FOR OUR LIVES**  
ForNativeLives.org

Learn more about what people like Eva James are doing to prevent fentanyl overdose.

Muckleshoot Behavioral Health  
1703 GE Road St. Auburn WA 98002  
(253) 804-8752  
After hours: (253) 290-2824

Watch a video about Narcan from Muckleshoot Behavioral Health.

Muckleshoot



STILLAGUAMISH  
TRIBE OF INDIANS



**FOR  
OUR  
LIVES**

Acting now  
to end overdose

[ForNativeLives.org](http://ForNativeLives.org)

Hoh

**FOR  
OUR  
LIVES**

Acting now  
to end overdose

[ForNativeLives.org](http://ForNativeLives.org)

Lower Elwha Klallam

**FOR  
OUR  
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Stillaguamish

**FOR  
OUR  
LIVES**

Acting now  
to end overdose

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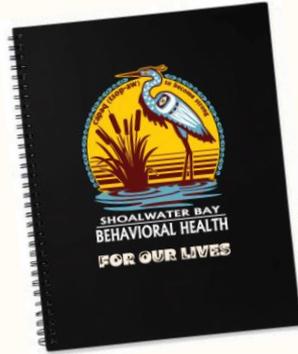
Quinault



# **New Campaign Materials**



Colville



Shoalwater Bay



Nisqually



Jamestown S'Klallam



Multiple Tribes



Nooksack



Upper Skagit



Lummi



ᖃᖃᖃᖃ? hələhəb  
Recovery is Sacred

SKOKOMISH  
Wellness Center  
Wellriety Movement 2025



Skokomish Wellness Center  
(360) 426-5755  
100 N Tribal Center Rd  
Skokomish, WA 98584

**FOR OUR LIVES**  
ForNativeLives.org





“

We are so happy with the items we've received. We used the canopies for our groundbreaking ceremony for our 16-bed inpatient psych evaluation and treatment center we are building.

”



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# Media Buy Placements



TO: Jamestown S'Klallam Tribe  
FROM: For Our Lives  
DATE: April 11, 2024  
RE: For Our Lives Customization

## Customized For Our Lives

The below table includes some options you may consider for customization with corresponding costs. The costs are an estimate based on various variable factors to give you a feel for the typical cost of various materials, quantity selected and regional availability. Everything can be up or down interested in and how you'd like to spend the \$28,000 available for this project.

This list is not exhaustive. In fact, there are likely many other options through For Our Lives that you are aware of in your community, so please let us know those options together.

Please note that the costs of customizing or designing new For Our Lives materials are covered by separate funding. The \$28,000 you have available will cover the materials you select. If you have questions about any of the details in this order, please email Megan Hatheway at [MeganH@WeAreDH.com](mailto:MeganH@WeAreDH.com).

MATERIALS | Details + Timeline - Budget

TACTIC / ITEM TYPE	DETAILS	TIME
Print materials	Posters (7 versions): 100+ of each	N/A
	Rack cards (5 versions): 500+ of each	N/A
	Pocket cards: 2000+	N/A
Event collateral	Stickers (4 versions): 500+ of each	N/A



Medication lock bags	Window clings: 100+	N/A	~\$200+
	Bookmarks: 1000+	N/A	~\$200+
	Pop sockets (4 versions): 500+	N/A	~\$700+
	Magnets: 750+	N/A	~\$500+
	Pop up banners: 2+ banners	N/A	~\$600+
	300-600 bags (varying sizes and materials)	N/A	~\$8,000+
Vehicle wrap	Low end of budget is for partial wrap of decals, high end of the budget is for a full vehicle wrap	N/A	\$3,000-\$10,000+ (cost depends on vehicle)
Billboards	<a href="#">HCA - Sequim.pdf</a> Subject to availability. We can also update our list of options based on your location preference.	Budget for 4 weeks of billboard placement	\$1,500-\$2,500
Yard signs	250-500 yard signs	N/A	\$2,300-\$4,000
Digital media	Social media: Facebook/Instagram	4 months of ads	~\$1,000
	For zip code of 98382 (can be adjusted based on your preference)	Estimated daily reach = 1,300-3,800 Estimated audience size = 19,100-22,500	
	Social media: Snapchat	4 months of ads	~\$5,500
	For zip code of 98382 (can be adjusted based on your preference)	Estimated daily reach = 690-4,000 Estimated audience size = 7,500-9,500	
	Pre-roll ads	2 months of ads	~\$10,877
		Estimated audience size = 26,856	



Bar media	For zip code of 98382 (can be adjusted based on your preference)	Estimated impressions = 3,625,560	
	OTT ads	2 months of ads	~\$15,661
	For zip code of 98382 (can be adjusted based on your preference)	Estimated number of households reached = 14,501 Estimated impressions = 5,220,360	
	Digital radio ads (ie Pandora/Spotify)	4 months of ads	\$1,100
	For zip codes 98382, 98362, 98368 (can be adjusted based on your preference)	Estimated reach = 2,900-5,600 Estimated frequency = 15.7-56.4 Estimated impressions = 88,000-163,600	
	Traditional radio ads	TBD	Price varies by local radio station and timing
	Coasters: ~10 locations	Price for 4 week placement	~\$9,000 OR ~\$1,000 for coaster printing only (ie self placement)
	Posters: ~5 locations	Price for 4 week placement	~\$1,700
Mirror clings: ~10 locations	Price for 4 week placement	\$1,500 minimum	

“Everyone should be carrying naloxone.”

Stillaguamish Behavioral Health Program

**360-435-3985**



**JAMESTOWN  
HEALING CLINIC**

Your healing  
journey starts **here.**

Daily dosing of FDA-approved medications  
to treat opiate use disorder.

**(360) 681-7755 | Sequim, WA**

**FOR OUR LIVES**



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**(360) 681-7755** | Sequim, WA



**Culture-based treatment  
for a holistic approach.**

**Call 564-544-1950**

**FOR OUR  
LIVES**

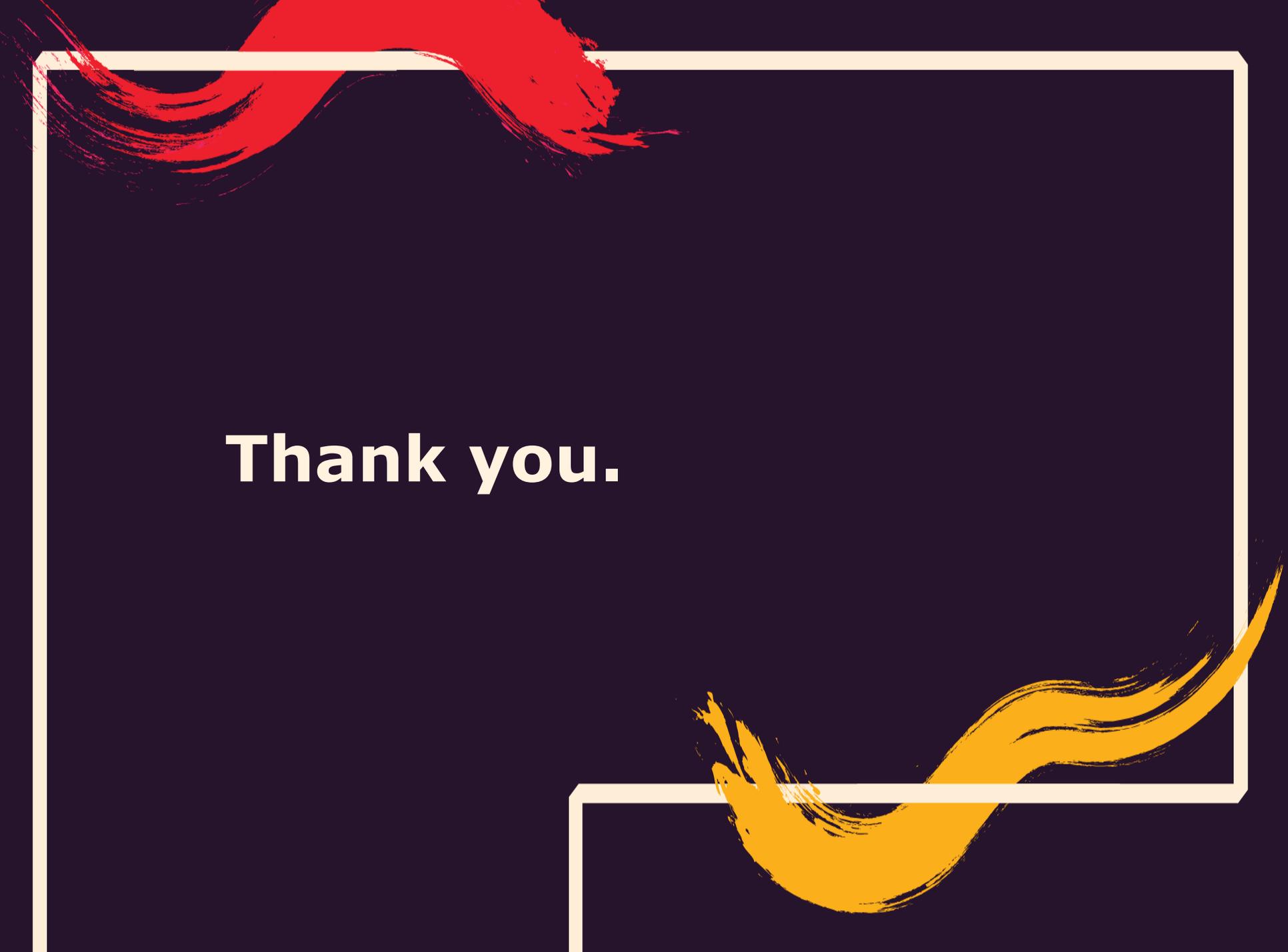




**(253) 804-8752**

17813 SE 392nd St. | Auburn WA 98092

Muckleshoot



**Thank you.**

# OSPI Update

Rebecca Purser, OSPI

# Meeting Wrap-Up Next Agenda

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

# Adjourn