

Tribal Opioid/Fentanyl Prevention, Education and Awareness Campaign Workgroup

February 26, 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

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

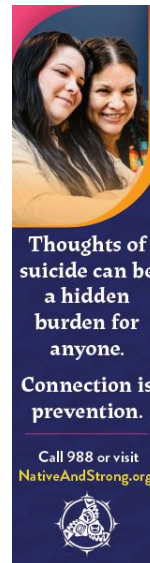
- **iHeart Media – 4,730,158**
 - Snapchat
 - Digital advertising
 - YouTube videos
- **Print Publications – 156,100**
- **Radio Stations – 131,714**
- **Gas Toppers – 2,500,000**



Across all regions: iHeart Media and Blue Line Media

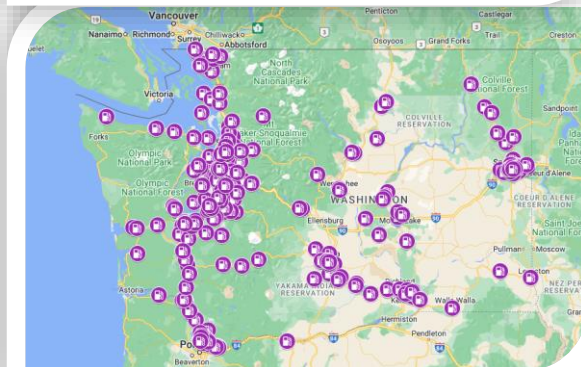
Total impressions throughout Washington state: 7,517,972

Digital Ads and Snapchat Ads



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 for mental health resources.
For immediate mental health support dial 988 and press 4.

Radio PSAs

Radio Station	Estimated Monthly Impressions and Reach
KNKX	75,614: Reach the western side of Washington state
KDRK 	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

Technical assistance is available for campaign support:

Order materials or other suicide-
prevention resources by contacting
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

Cortney Yarholar, LMSW

Sauk & Fox, Mvskoke, Pani', Otoe

Technical Assistance Specialist

Kauffman and Associates, Inc.

Cortney.Yarholar@kauffmaninc.com



Healthy Youth Survey Data Reporting Template

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



Healthy Youth Survey Overview and HYS Tribal Reporting Model

Overview of HYS

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



HYS Topics

- 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 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)



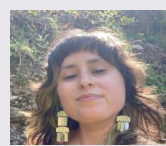
Myra Parker
She/her
(Mandan-Hidatsa-Cree)



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

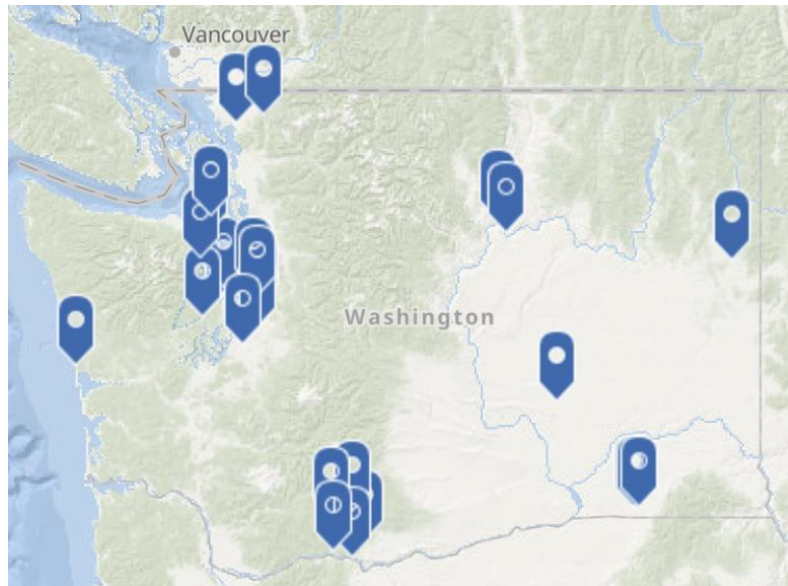
Advance American Indian and Alaska Native health and wellness by honoring Indigenous knowledge, strengthening Tribal and Urban Indian public health systems, and cultivating innovation and collaboration.

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

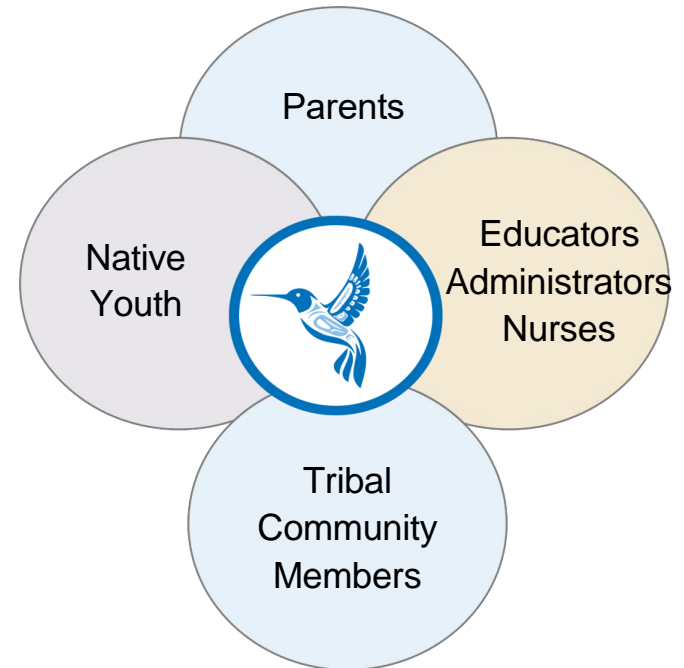
Location: [School Site]

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

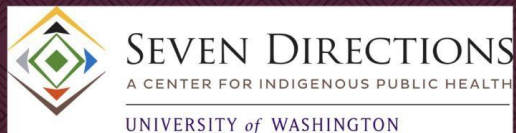


*No personal information collected, all deidentified

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

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

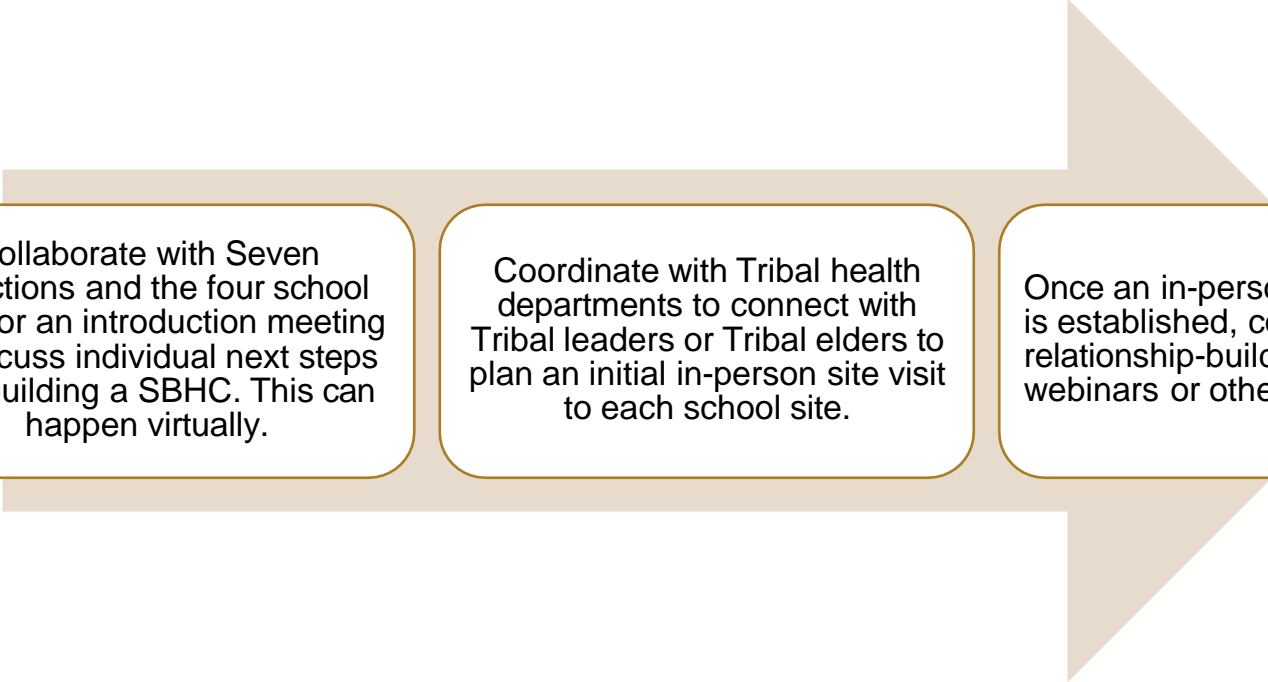
3 Key Theme #5

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.

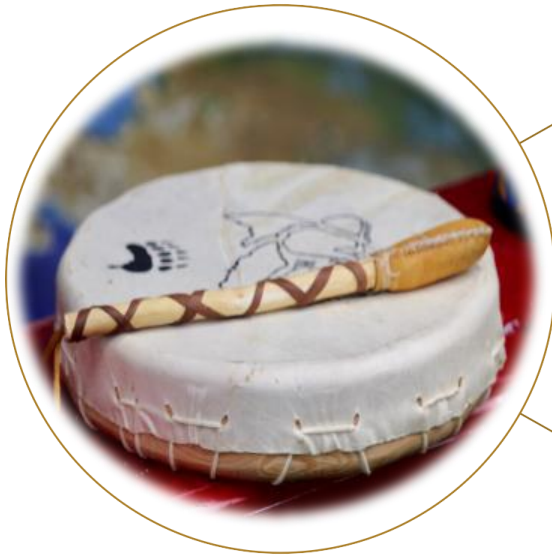
3 Immediate Key DOH Opportunities

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

Marina Van Pelt (she/hers)
Cochiti & Umatilla
Research Coordinator

Mvanpelt@uw.edu

Steven Nez (he/him)
(Diné and Oneida)
Research Coordinator

Sdnez@uw.edu

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

magarati@uw.edu

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

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



A large, expressive yellow brushstroke graphic on the left side of the slide, starting from the top and flowing down towards the bottom left corner.

Today we'll cover

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

Timeline

	<i>Nov.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</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 closely together on a log on a beach. The woman on the left is wearing a bright yellow cable-knit sweater over a black top and blue jeans. The woman on the right is wearing an orange textured sweater over a black top and black pants. They are both smiling at the camera. The background shows a sandy beach, a blue ocean, and a clear blue sky with distant hills.

FOR OUR LIVES

Acting now to end overdose



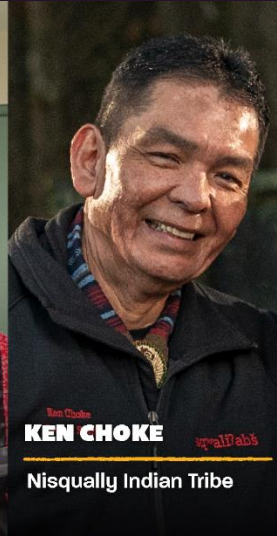
TORI DENISON

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



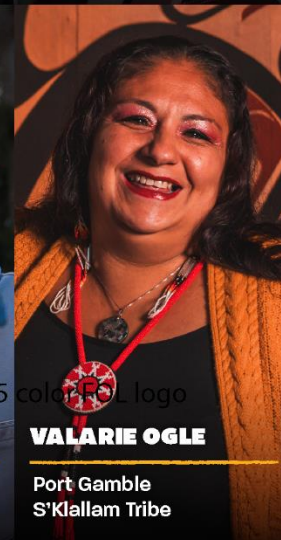
ISAAC TONASKET

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

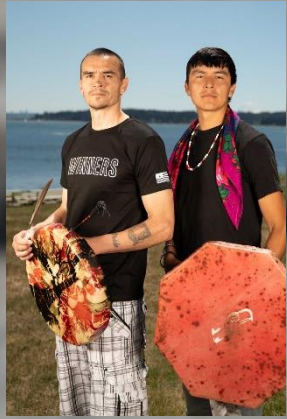


29
TRIBES

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.

We are all connected.

Suquamish

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.

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 Chiquiti (left) | Suquamish Tribe

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 nature.
- 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.

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





Suquamish.nsn.us



FOR OUR LIVES
ForNativeLives.org/recovery

Learn more about recovery from substance use disorder, including how to help others in your community.






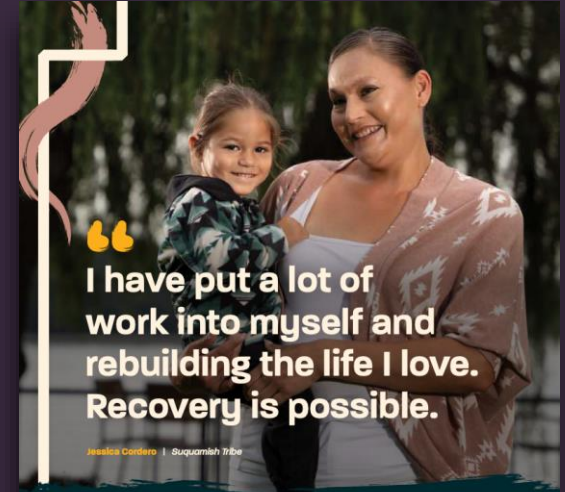
“Together our resilience creates a new way of life for our future generations.”

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

FOR OUR LIVES
ForNativeLives.org

Suquamish.nsn.us





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

Jessica Cordero | Suquamish Tribe


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 nature.
- 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.

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

Suquamish.nsn.us



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.



Muckleshoot Behavioral Health
1703 SE 86th St, Auburn WA 98002
(253) 804-8752
After hours: (253) 290-2824



Watch a video about Naloxone from Muckleshoot Behavioral Health.



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



STILLAGUAMISH
TRIBE OF INDIANS



**FOR
OUR
LIVES**

**Acting now
to end overdose**

ForNativeLives.org

Hoh

**FOR
OUR
LIVES**

**Acting now
to end overdose**

ForNativeLives.org

Lower Elwha Klallam

**FOR
OUR
LIVES**

**Acting now
to end overdose**

ForNativeLives.org

Stillaguamish

**FOR
OUR
LIVES**

**Acting now
to end overdose**

ForNativeLives.org

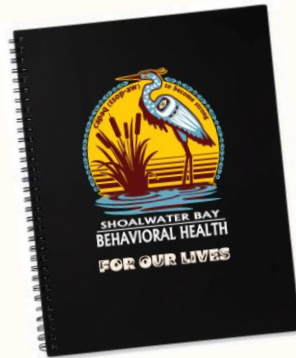
Quinault



New Campaign Materials



Colville



Shoalwater Bay



Nisqually



Jamestown S'Klallam



Multiple Tribes



Nooksack



Upper Skagit



Lummi



ᖃᖃᖃᖃ? hələhəb
Recovery is Sacred

SKOKOMISH
Wellness Center
Wellbriety Movement 2025

SKOKOMISH
Wellness Center
Skokomish Wellness Center
(360) 426-5755
100 N Tribal Center Rd
Skokomish, WA 98584
FOR OUR LIVES
ForNativeLives.org

NALOXONE



“

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.

”



“

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.

”



“

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.

”



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 customization.

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 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.org.

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



	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+
Medication lock bags	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 size)
Billboards	HCA - Sequim.pdf 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



STILLAGUAMISH
TRIBE OF INDIANS

FOR OUR
LIVES



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





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

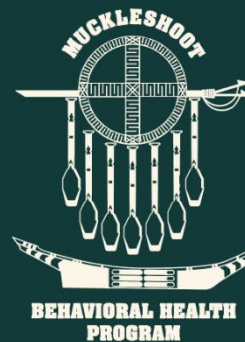


**Culture-based treatment
for a holistic approach.**

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