

# Washington State Tribal Opioid and Fentanyl Response Taskforce Report to the Legislature

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## Recommendations from the Taskforce July 2024–May 2025

Washington State 2024 Supplemental Budget

Engrossed Substitute Senate Bill 5950; Section 145

June 30, 2025

# Washington State Tribal Opioid and Fentanyl Response Taskforce Report to the Legislature

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## Acknowledgements

The Health Care Authority thanks the American Indian Health Commission for their partnership in drafting this report and leadership in the Taskforce. Alongside other partners, we are fighting the opioid crisis to build stronger Tribal communities together.



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## Executive summary

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During the 2024 Washington state legislative session, the State Operating Budget included funding for the Health Care Authority (HCA) and American Indian Health Commission (AIHC) to establish the Washington State Tribal Opioid and Fentanyl Response Taskforce (Taskforce). The Taskforce is comprised of representatives from American Indian and Alaska Native (AI/AN) communities and Tribal governments, state agencies, local governments, persons with lived experience, and the Legislature.

The Taskforce coordinates a statewide response to the opioid crisis, which disproportionately impacts Tribal and Native communities in Washington state. The foundation of the Taskforce's work began during the first Washington State Tribal Opioid and Fentanyl Response Taskforce Summit—hosted by Lummi Nation in May 2023—and through the AI/AN Opioid Response Workgroup (AI/AN ORW).

The work we do in this Taskforce and workgroups is critical. The opioid crisis is not just a Tribal issue; it is an issue for local, state, and Tribal governments to work together to respond. Although many individual Tribes have declared a public health emergency declaration, there has been no state declaration; however, there is a public health emergency for the opioid crisis in our state, and the Taskforce is responding.

Funding for the Taskforce included money for a second and third Washington State Tribal Opioid and Fentanyl Response Taskforce Summit (Summit). The second Summit took place in July 2024 and the third in May 2025.



I think if we're gonna win this battle, we have to fight it together as one, and not just meaning my Tribe, my communities, and my people, but all the tribes and all the communities and all of our peoples. I think sharing our successes and our failures in, in, the meetings and the task groups and the various different forms that we have of sharing, we're learning from each other and we're learning how to build the, the programs and the services that are needed to help support our people to get back to the healthy community we once knew."

**Dayna Seymour**

Inchelium District Representative  
Colville Tribal Business Council

## 2024

The 2024 Summit—hosted by the Spokane Tribe of Indians on July 23–25—had three goals:

- Update on progress made on the priorities identified in the 2023 Summit.
- Develop priorities for the Taskforce to address in the next year.
- Share new resources available to support opioid and fentanyl response work.

## 2025

This year, the Cowlitz Indian Tribe hosted the Summit on May 20-22 and followed the same format as the previous two summits.

### Summit format

- **Day 1:** Update on work completed since the previous summit, followed by a living experience panel.
- **Day 2:** Breakout sessions on the five workgroups to gather input on work to be done in the next year. Workgroups are:
  1. [Continuum of Care](#) (prevention, treatment, harm reduction, recovery support services)
  2. [Public Safety and the Justice System](#)
  3. [Housing and Wrap Around Services](#)
  4. [Family and Community Services](#)
  5. [Community Response](#)
- **Day 3:** Discuss key takeaways and new priorities identified in the workgroup breakout sessions, convene a Tribal caucus, and hold a roundtable with the Governor, Tribal leaders, and state agency leaders.



Steve Kutz, Cowlitz Indian Tribe Council member and AIHC Chairman, and Tanna Engdahl, Elder and Spiritual Leader of the Cowlitz Indian Tribe

Tribal leaders requested that opioid and fentanyl crisis response work happen during existing meetings, where possible. As an outcome of the second Summit, HCA and AIHC worked with Tribes and state agencies to find existing meetings to focus on each of the above workgroups.

This legislative report shares workgroup findings and recommendations made by the Taskforce based on those findings. For the recommendations, we seek to use existing programs and funding sources wherever possible.

### Overall recommendations

- Continue funding for the Taskforce—including the five workgroups and annual summit—and amend Revised Code of Washington (RCW) 43.71B to codify the connection between the Taskforce and Governor’s Indian Health Advisory Council (GIHAC).
- Ensure state agencies follow RCW 43.376 and that Tribal liaisons report to agency leads.
- Engage early with new agency leadership.

### Overall funding and budget requests

- Use funding from the Opioid Abatement Settlement Account to fund:
  - Taskforce and Workgroup meetings: \$40,000
  - Annual Summits: \$250,000
  - Reporting: \$50,000

During the 2025 Summit—following three robust breakout sessions—five priority areas were further developed with targeted recommendations for each.

## Continuum of Care Workgroup

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AI/AN ORW has been meeting since 2018. The original purpose of this workgroup was to share input from the Tribes and Indian Health Care Providers for the Washington State Opioid Response plan. HCA and AIHC utilized the AI/AN ORW—co-hosted by AIHC and HCA Office of Tribal Affairs (OTA)—to address the Continuum of Care priorities.



Culturally based evidence has always existed.”

**–Tribal leader**

AI/AN ORW currently engages with Tribal leaders, urban Indian health leaders and their staff, Urban Indian Health Organizations (UIHOs), state agencies, behavioral health providers, subject matter experts, and community members to better understand the opioid crisis. AI/AN ORW also works with these groups to develop goals, objectives, and strategies to address the opioid crisis in Indian Country in Washington state.

The Continuum of Care Workgroup meets monthly via Zoom, on the second Tuesday from 3-5 p.m. It is led by Chairman Anthony Hillaire, Lummi Nation.

### Workgroup members<sup>1</sup>

- Tribal providers from the 29 federally recognized Tribes
- Providers at Native-serving organizations: The NATIVE Project, Seattle Indian Health Board, and American Indian Community Center
- HCA Office of Tribal Affairs (OTA): Lucilla Mendoza, Nakia DeMiero, Jaron Heller, Tina Anderson, Nicole Earls, and Raina Peone
- AIHC staff and consultants: Vicki Lowe, Jen Olsen, Kathryn Akeah, Heather Erb, and Lisa Rey Thomas
- Department of Social and Health Services (DSHS): Tim Collins and Leah Muasau
- Department of Health (DOH): Candice Wilson, Amber Arndt, and Kathy Pierre
- Washington Health Benefit Exchange (HBE): Charlene Abrahamson
- Office of the Insurance Commissioner (OIC): Todd Dixon and Larry Robinette
- Department of Children, Youth, and Families (DCYF): Shanel Squally-Janzen and Cassie Anderson
- Office of Superintendent of Public Instruction (OSPI): Rebecca Purser
- Office of the Attorney General (AGO): Asa Washines
- State Opioid Response Grant: Kris Shera and Megan Tripp
- Two community members with lived experience

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<sup>1</sup> Please note that at the time of this report writing, some workgroup members no longer work for their listed agency or organization. This note also applies to members of the other four workgroups.



## Why the Continuum of Care Workgroup is important

All people deserve access to effective, compassionate, timely, and culturally grounded services, regardless of where they are on this continuum to recovery. This includes access to prevention, treatment, harm reduction, and recovery support services. There are many barriers within the health care systems in our state that keep people from receiving care when needed.

## Findings

Addressing access to effective, compassionate, timely, and culturally grounded services is an important part of addressing the opioid and fentanyl crisis in Indian Country. Between June 2023 and May 2024, the workgroup developed a plan to address priorities identified at the 2023 and 2024 Summits. The Continuum of Care Workgroup is working to address the following priorities:



Vicki Lowe, AIHC Executive Director

- Improve and increase access to effective, compassionate, timely, and culturally grounded services across the continuum of care, including transportation and workforce development. Work in progress on this priority includes:
  - Expand Tribal and UIHO facilities
  - Train non-Tribal providers about the Indian Health Care Delivery System
  - Gain a better understanding of how Ricky's Law can help
  - Connect to 988/Crisis, support IHCPs and Hear Me WA
  - Implement Tribal data-sharing with 988 system
- Expand residential care to accommodate children and families in services and care
- Provide access to prevention, treatment, harm reduction, and recovery support services
- Further integrate Indigenous culture and practices into prevention, treatment, harm reduction, and recovery support services, including funding mechanisms
  - Traditional Indian Medicine Waiver applications and implementation
- Fund Tribes directly, rather than through state and other entities
  - Develop operational plan for Tribal Behavioral Health – Administrative Services Organization (BH-ASO), as required in [HB 1813 Washington State Legislature](#), which passed legislature in the 2025 session.
  - Implement case rates for Tribal designated crisis responders and Tribal court
  - Fund mobile crisis teams through 988 fees
- Advocate at the federal level for timely and appropriate adjustments to medications for opioid use disorder (MOUD) dosing
  - Create talking points and template letters for Tribal Leaders to advocate through the Taskforce and other Tribal organizations

- Include advocacy for permanently authorizing telemedicine
- Streamline onboarding new providers at MOUD and opioid treatment programs (OTP)
- Identify Tribal-specific data and outcome measures to improve best practices for AI/AN communities
- Coordinate with Housing and Wrap Around Services Workgroup to develop treatment-related housing
  - Implement cost-based rates
  - Support different types and levels of recovery housing
    - State plan that could qualify one level for cost-based rate
  - Implement Oxford-style housing and honor MOUD as treatment
- Explore and enhance interstate compacts for treatment for opioid use disorder (OUD) and other substance use disorders (SUDs)
- Create and review list of resources for this workgroup to support development of WA Tribal Opioid and Fentanyl Response Library

## Recommendations

### Legislative recommendations

- Continuing support of capital budget funding for Tribal- and UIHO-operated behavioral health facilities to expand access to care with a focus on youth withdrawal management (detox) services, expanding dual diagnosis capabilities and care, and recovery/transitional housing. This includes support for admitting youth to a behavioral hospital for medical withdrawal management prior to transferring them safely to a treatment facility.
- Require hospital and behavioral health agency staff to receive training on Tribal Sovereignty, Indian Health Care Delivery System, sharing behavioral health information between hospitals and Indian Health Care Providers and training in trauma-informed care that includes intergenerational trauma and intergenerational clarity.

### Policy recommendations

- Advocate for policies that incorporate place-based models into treatment and carceral facilities for Tribal youth. This approach must prioritize culturally accurate curricula that integrate historical values and environmental elements as well as align with cultural practices.
- Continued support of telemedicine services for treatment of OUD, including MOUD.

### Programmatic recommendations

- Develop a program for hospital emergency departments to connect patients to peer support specialists or recovery coaches for follow-up after an opioid and/or fentanyl overdose.
  - Connect with hospitals on use of emergency room social workers and discharge planning to ensure people are connected back to services within their community using recovery coaches, Community Health Aide Program Behavioral Health Aides (BHA)s, recovery navigators, or peer support specialists
  - Connect with [Scala NW](#)

- Develop a process for hospitals to connect patients with local providers when methadone is the needed MOUD
- Share success stories

## Funding and budget request

### Fiscal analysis

- Capital budget funding – \$50 million per year for expanding Tribally or UIHO-operated behavioral health facilities and housing (see Housing and Wrap Around Services Finding and Recommendations)
- Identify funding for recovery coaches, BHAs, or PSSs to launch pilot project one for each Tribe and urban Indian Health Programs, up to 31 team members at least \$3.1 million per year, (100,000 per staff for 31 sites)
- Leverage funding through the Native Coordination Hub to support further work with hospitals – estimated \$2.4 million

## Public Safety and the Justice System Workgroup

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This workgroup is established to resolve public safety, justice, and jurisdictional issues that create barriers in the opioid response. This workgroup engages with a diverse group of partners committed to enhancing public safety and justice within Tribal communities.

Participants in this workgroup include Tribal leaders, legal experts, high-intensity drug trafficking areas (HIDTA), and representatives from various Tribal and non-Tribal law enforcement agencies who collaborate to address pressing issues in public safety and justice delivery. These engagements strengthen partnerships within the justice system, improve policy framework, and promote culturally responsive strategies. Importantly, this work results in individuals releasing from custody while being connected with care systems, which reduces the risk of recidivism and potential fatal overdoses. The workgroup uses these strategies to develop effective justice and public safety systems in Tribal communities within Washington state, including resolving jurisdictional issues.

The Public Safety and the Justice System Workgroup meets monthly via Zoom, on the second Monday at 10 a.m. It is led by Councilman James Salazar, Quileute Tribe, and Co-Chair Asa Washines, AGO.

### Workgroup members

- Washington State Patrol (WSP): Emily Maine
- Attorney General's Office (AGO): Asa Washines
- Washington Association of Sheriffs & Police Chiefs (WASPC): Sam White, Elwha Chief of Police
- Tribal Prosecutors and defenders: Chelsea Sayles, Quileute Tribal Attorney, Christa McAllister, Upper Skagit
- HIDTA staff
- Public defenders' groups: (invited)
- Federal representative for jurisdictional issues: U.S. Attorney's Office (invited)
- HCA OTA: Nakia DeMiero, Lucilla Mendoza
- Other HCA Staff: Kris Shera
- AIHC staff and consultants: Vicki Lowe, Heather Erb
- Two community members with lived experience

## Why the Public Safety and the Justice System Workgroup is important

Effective responses to the opioid crisis are negatively impacted by the complexity of jurisdiction on Tribal lands; this workgroup is developing recommendations for finding solutions to the jurisdictional issues, providing appropriate services in carceral settings, and linking people to care when they are released.

### Findings

The priorities for this workgroup were initially addressed through the Tribal Warrants Implementation workgroup established under [Senate Bill \(SB\) 6146](#). The workgroup began meeting in January of 2025 to look at the 2023 and 2024 Summit priorities not addressed in the Tribal Warrants Bill. This Workgroup is working to address the following priorities:

- Create clear, consistent process for jurisdictional transfer between counties and Tribes
- Strengthen collaboration between different sectors including law enforcement and providers
- Assess local laws to determine where they need to be strengthened or revised
- Address the need for juvenile justice services for Tribal youth



Nick Brown, Washington State Attorney General

#### Addressing complexity of jurisdiction on Tribal lands:

- Establish Tribal warrant reciprocity

Note: SB 6146 passed in 2024 – [Tribal Warrants Implementation workgroup](#) was established to implement the new RCW.

- Provide appropriate services in carceral settings, including withdrawal management and reentry at both state and local levels
- Link people to care at release
- Expand access to diversion programs and other supportive services, including reentry programs

On July 1, 2025, as part of the Medicaid Transformation Project (MTP) 2.0, the Reentry Initiative officially began, which includes county, AIHC works directly with Community Health Plan of Washington (CHPW) to ensure IHCPs, Tribal governments, UIHPs, and other Native-serving health programs participate in this program to:

- Increase coordination with Tribal wellness courts
- Support Tribal drug taskforces
- Strengthen and integrate traditional judicial systems and cultural practices
- Enhance collaboration between Tribal law enforcement and other law enforcement agencies

On March 12, 2025, the first-ever WA Tribal Law Enforcement Conference was held at Camp Murray. The conference was a collaboration between the Department of the Military, AGO, and AIHC. During the

Conference, Tribal Chiefs of Police learned about the resources available for counterdrug response. This conference should be held annually and include Tribal leaders.

## Recommendations

### Legislative recommendations

- Fund the Annual Tribal Law Enforcement Conference, inclusive of Tribal leaders
  - Focus 2026 Conference on opioid and fentanyl response
- Establish legislation and funding for pilot programs for Tribal juvenile courts developed through a Tribally led process
- Allocate \$2.7 million of Judge Advocates General (JAG) funding for 16 drug taskforces to continue operating

### Policy recommendations

- Create training for local and county law enforcement and government to address misinformation, stigma, and other barriers for justice involving citizens with SUD and needing treatment. Include training on complex jurisdictional issues
- Ensure urine drug analysis (UDAs) are tested for fentanyl; make it known that fentanyl is in everything
- Incorporate mental health into criminal justice services across the state

### Programmatic recommendations

- Create education for implementation of SB 6146

## Funding and budget request

### Fiscal analysis

- Annual Tribal Law Enforcement Conference – \$40,000 per year
- Tribal Juvenile Courts Pilot Project – \$40,000
- \$2.7 million of Judge Advocates General (JAG) funding for 16 regional drug taskforces

## Housing and Wrap Around Services Workgroup

To make use of existing workgroups and their expertise, HCA and AIHC partnered with the Governor's Tribal Leaders Social Services Council (GTLSSC) to implement the Housing and Wrap Around Services Workgroup.<sup>2</sup> GTLSSC collaborates through the Governor's Office of Indian Affairs (GOIA) with Tribes, UIHOs, and agencies involved with human services work. It functions as an oversight committee over all advisory committees involved with social services, health care, and justice issues that impact AI/AN people in Washington state.

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<sup>2</sup> In addition to serving on the Housing and Wrap Around Services Workgroup, GTLSSC continues to function as its own workgroup.



We're not just housing people – we're building the wrap around structure that helps them heal."

**Monica Tonasket**

Councilwoman, Secretary  
Spokane Tribe of Indians

The workgroup meets monthly via Zoom, on the fourth Tuesday of each month at 3 p.m. It is led by Council Secretary Monica Tonasket, Spokane Tribe of Indians, and Co-Chair Michelle Gladstone-Wade, Department of Commerce (COM).

## Workgroup members

- DSHS: Tim Collins, Leah Muasau, Sher Stetcher, Office of Indian Policy
- U.S. Department of Housing and Urban Development (HUD)
- OSPI: Rebecca Purser, Tribal Relations
- DCYF: Cassie Anderson Tribal Relations
- Department of Corrections (DOC): Colleen Cawston, Tribal Liaisons
- Urban Indian Organizations, Tribal-serving organizations
- HCA Division of Behavioral Health and Recovery (DBHR) – Housing Team
- HCA OTA: Lucilla Mendoza
- AIHC staff and consultants: Vicki Lowe, Lisa Rey Thomas
- Two community members with lived experience

## Why the Housing and Wrap Around Services Workgroup is important

Accessible and affordable housing is critical to the health of an individual, family, and community. Housing with supporting services is essential for at-risk individuals and those on a path to recovery. Supportive services can make all the difference.

## Findings

Access to affordable housing touches every stage of the continuum of care. This workgroup developed a plan to address priorities identified at the 2023 and 2024 Summits. Priorities include:

- Tribal set-aside in Housing Trust fund  
In the 2025 Legislative Session, COM included a 10% Tribal set-aside in the Housing Trust Fund. Tribal Leaders have called out the need for housing on and off Reservation land to address housing for Tribal community members across the continuum of care.



Rep. Debra Lekanoff, 40<sup>th</sup> District and Steve Kutz, Cowlitz Indian Tribe Council member and AIHC Chairman

These three priorities are connected to the Continuum of Care Workgroup:

- Coordinate with reentry from justice system or treatment
- Improve access to supportive housing services, including education, food service, employment, health care, counseling, and SUD treatment
- Create and review list of resources and resource documents for this priority to support development of WA Tribal Opioid and Fentanyl Response Library

## Recommendations

### Legislative recommendations

- Codify trauma-informed policy design: require trauma-informed framework in all state legislation relating to housing, substance use recovery, and reentry
- Pass eviction mitigation legislation to protect those with adverse housing histories (especially domestic violence survivors) from being blocked from housing opportunities
- Increase eviction prevention funding – dedicate state resources to rental arrears, court-related eviction forgiveness, and application fee coverage
- Sustain and expand funding caps on rent increases to protect low-income renters from displacement and housing instability, especially in Tribal communities
- Create digital equity legislation to fund technology access and training specifically for underserved Tribal areas, tied to housing and recovery access.

### Policy recommendations

- Establish state-level policies or funding that address drug contamination testing and remediation for Tribal housing
- Create a statewide digital navigator network embedded within Tribal communities to help families and individuals access digital housing and recovery resources
- Require coordination between COM (lead), HCA, DOC, and DCYF to develop a universal intake system for housing-related services

### Programmatic recommendations

- Implement the Native Hub and operationalize a Tribally governed care coordination network under MTP 2.0, with payment pathways for Tribal services and reentry coordination
- Digital Equity Project: Navigator network to help families and individuals access digital housing and recovery resources. Utilize Tribal Assister model from Washington Health Benefits Exchange. Developed training for navigators through Housing and Wraparound Services Workgroup. Offer training and certification to existing staff at Tribes, Tribal organizations and other community-based organizations
- Launch community-based housing hubs to serve as walk-in centers for housing help, computer access, application support, and direct service connections in coordination with existing providers
- Sustain Tribal-led recovery housing and invest in Native-operated recovery homes, particularly transitional or [Oxford House](#) models that allow group housing with cultural support
- Develop and distribute print-based resource directories, especially for families or clients without digital access, covering housing, reentry, Apple Health (Medicaid), and peer services
- Create centralized communication systems to streamline awareness and updates on resource availability, program status, and referrals across agencies



- Establish state-level policies and Tribal nuisance abatement codes. Investigate funding that addresses drug contamination testing and remediation for Tribal housing

## Funding and budget request

### Fiscal analysis

- Increase eviction prevention funding and dedicate state resources to rental arrears, court-related eviction forgiveness, and application fee coverage – estimated \$1 million
- Develop and distribute print-based resource directories. – \$1 million
- Leverage the Foundational Community Supports program, Supportive Employment and Supportive Housing services through the Medicaid Transformation Waiver for a Tribal set aside to be administered by the Native Hub. – estimated \$700,000, 10% of current budget.

## Family and Community Services Workgroup

To make use of existing workgroups and their expertise, HCA and AIHC worked with the Tribal Opioid/Fentanyl Prevention Education Awareness Campaign Workgroup (campaign workgroup) to create the Family and Community Services Workgroup.



If I could say one thing to the youth in my community about prevention, it would be to stay strong and don't be afraid to use your voice.

**Dayna Seymour**

Inchelium District Representative  
Colville Tribal Business Council

The campaign workgroup was formed as a priority of GTLSSC to address Tribal requests made during Summits Summits and the Centennial Accord. This group guides the development of education materials that address the opioid crisis impacting Indian Country with a focus on youth.

The Family and Community Services Workgroup meets monthly via Zoom, on the fourth Wednesday from 1-3 p.m. It is led by Vice Chariman Steven de los Angeles, Snoqualmie Indian Tribe, and Co-Chair Lucilla Mendoza, HCA OTA.

## Workgroup members

- DOH: Candice Wilson, Executive Director, Office of Tribal Public Health and Relations
- DSHS: Tim Collins, Senior Director, Office of Indian Policy
- OSPI: Tribal Liaisons, Rebecca Purser, and contractor working on resource documents
- DCYF: Shannel Squally-Janzen, Tribal Prevention Services Specialist, Office of Tribal Relations
- DOC: Colleen Cawston, Tribal Liaison
- HBE: Charlene Abrahamson, Tribal Liaison
- HCA OTA: Lucilla Mendoza, Behavioral Health Administrator
- AIHC staff and consultants: Vicki Lowe, JanMarie Ward



- UIHOs and Native-serving providers
- Native-owned media companies
- Two community members with lived experience

## Why the Family and Community Services Workgroup is important

The opioid crisis impacts individuals, families, and communities alike. To reduce negative impacts and strengthen families and communities, it is crucial to identify and address family and community services priorities to support Tribal Leaders, staff, and community members with prevention resources developed specifically for Tribal and Native communities that address prevention and healing. Resources need to be trauma-informed, acknowledging and addressing intergenerational trauma and ongoing racism.



Naomi Jacobson, NPAIHB North Star Program Manager; Lucilla Mendoza, HCA OTA Tribal Behavioral Health Administrator; Amira Caluya, DOH 988 Implementation Specialist; Rebecca Purser, OSPI Native Education Cultivation Specialist; Kathy Pierre, DOH ESJ Strategist for Tribal Relations; JanMarie Ward, AIHC Consultant; Steve de los Angeles, Vice-Chairman for Snoqualmie Tribe

## Findings

- Develop a plan to address priorities identified at the 2023 and 2024 Summits. This workgroup will address the following priorities:
  - Educate families and communities with campaign and educational materials, like what was providing during the COVID-19 Pandemic
  - Improve communications between state and Tribal entities through Taskforce, GTLSSC, and GIHAC - GTLSSC Staff approved to be hired!
  - Streamline and revise licensure requirements to increase workforce, especially for those with lived experience – connect to Continuum of Care Workgroup.
  - Increase prevention through low- and no-barrier activities for children and youth.
  - Collaborate across sectors to address trauma, being unhoused, etc.
  - Increase focus and funding on Tribal prevention frameworks and systems: Positive Indian Parenting, Pulling Together for Wellness, Healing of the Canoe, Reef Net, Washington State Tribal Prevention Systems, Tribal Canoe Journey, Powwows, and Potlatches to strengthen the family unit.
  - Create and review list of resources to support development of WA Tribal Opioid and Fentanyl Response Library

## Recommendations

### Legislative recommendations

- Compel OSPI to work to leverage state and federal funds to ensure a Tribal liaison at each public school, including elementary school – this includes, but is not limited to, Title VI and other resources
- Set aside funding to address trauma-informed care training for public school educators to support students who suffer family and community losses

- Continue funding for Prevention Campaigns, including localizing for use within each community: For Our Lives, Native and Strong, Native and Strong Lifeline/988, Native Resources Hub
- Fund prevention work with **culturally based evidence**; this should be woven into any legislation for prevention

## Policy recommendations

- Ensure there is support at schools for Tribal liaisons
- Create and conduct training for administrators, behavioral counselors, and educators on being trauma-informed with an understanding of intergenerational trauma and intergenerational clarity

## Programmatic recommendations

- Develop OSPI resources toolkit for families
- Expand school counseling services to address Native students' needs for culturally based prevention and behavioral health services

## Funding and budget request

### Fiscal analysis

- Leverage federal grants and state funds for up to 30 Tribal liaisons across the state along with a regional supervision for Tribal liaisons to be under the supervision of a Tribal liaison. \$5 million annually
- Continue annual support for Tribal campaign messaging for suicide prevention, Tribal crisis services 988, Native and Strong Lifeline, and Opioid Prevention, Treatment and Recovery using opioid abatement, 3 million each year.
- Expansion for all 29 Tribes and 2 UHIPs to access baseline funding for prevention coalition building and cultural practices using Tribal based models, such as Pulling Together for Wellness, Reef Net Model, Communities that Care, Community Prevention and Wellness Initiative, Icelandic Prevention Model and more as Tribes see fit. Up to 166,000 per Tribe and funding for community data gathering, up to \$190,000 per Tribe (not including Tribes participating in the WSTPS), 24 Tribes and 2 UHIPs, total \$5 million per year in addition to the WSTPS allocation (\$1 million).
- Develop cultural based evidence comprehensive list building upon existing best practices list \$200,000.

## Community Response Workgroup

To make use of existing workgroups and their expertise, HCA and AIHC worked with the AIHC Current Issues in Public Health and Emergency Response Workgroup to create the Community Response Workgroup.



Our community is taking action to protect ourselves by educating our people. Not only, you know, the adults' kids, but our law enforcement, our EMS crew, our psychologists, our mental health people. Just keeping them updated with other

outside resources that they bring to the community. We are having community meetings and dinners and bring the whole community together to educate them with guest speakers in specializing in fentanyl and other drugs.”

**Marla Tolliver**

Makah Tribal Council  
Makah Tribe

Tribal Nations possess the inherent power to self-govern. This power includes protecting the safety and general welfare of community members and promoting public health. Tribal health jurisdictions have a wide range of governmental responsibilities, including:

- Maintaining essential governmental functions
- Issuing public health mandates
- Implementing non-pharmaceutical interventions
- Distribution of medical countermeasures, such as naloxone
- And more

The Community Response Workgroup meets monthly via Zoom on the third Thursday of each month, from 8:30-10:30 a.m. It is led by Chariman Steve Kutz, Cowlitz Indian Tribe and Co-Chair Dr. Herbie Duber, DOH.

## Workgroup members

- AIHC: Jessica Mckee, Heather Erb, and Faith Turk (emergency response)
- DOH: Nate Weed, Heleen Dewey, and Travis Sugarman (emergency response)
- Tribal public and behavioral health officers
- Tribal and non-Tribal emergency managers
- Law enforcement
- HCA OTA
- Two community members with lived experience

## Why the Community Response Workgroup is important

People in Tribal communities not specifically trained to respond to opioid and fentanyl misuse, overdose, and death are interacting with people and families who are experiencing crisis. These community members are oftentimes frontline workers like child care providers, bus drivers, case managers, Indian Child Welfare workers, teachers and other school staff, office staff in non-clinical settings, and more. Providing training and access to resources to a variety of community members strengthens the ability to respond to opioid and fentanyl related issues effectively and in a timely manner.



## Findings

- Develop a plan to address priorities identified at the 2023 and 2024 Summits. This workgroup will address the following priorities:

Nakia DeMiero, HCA OTA Tribal Opioid Response Coordinator (panel moderator); Mona Miller, Director for Puyallup Tribe Reentry and Community Family Services; Ray Oen, CFO for Seattle Indian Health Board; Jeff Riggins, Community Health Program Manager for Suquamish Tribe; and Kay Culbertson, HHS Executive Director for Cowlitz Indian Tribe

- Strengthen the Tribal-state-local cross-jurisdictional coordination to address the crisis
- Declare a state-wide public health emergency in Indian Country in Washington state
- Continuity of Operations Planning: support frontline workers like childcare providers, bus drivers, case managers, Indian Child Welfare workers, teachers and other school staff, office staff in non-clinical settings, with education and tools for responding to a public health crisis
- Create and conduct trainings to help reduce and eliminate stigma and understand providing trauma-informed care
- Create and review list of resources to support development of WA Tribal Opioid and Fentanyl Response Library

## Recommendations

### Legislative recommendations

- Identify where RCW/Washington Administrative Code (WAC) needs to change scope of work to support more providers who can address patients with co-occurring needs for mental health services and SUD treatment.

### Policy recommendations

- Ensure private insurance pays for services provided by a Peer-Support Specialist; work with OIC to ensure this happens
- Provide training (and/or additional training) for ALL staff on trauma-informed care and addressing co-occurring disorders
- Support Tribes coordinating with the Bureau of Indian Affairs (BIA) drug taskforce and other federal partners to address drug trafficking issues on Reservations

### Program recommendations

- Utilizing current Tribal Foundational Public Health Services funding to the American Indian Health Commission, develop model or toolkit from successful community-based responses in other areas
- Organize a gathering of storytellers to help reduce and eliminate stigma and promote cultural approaches to prevention and treatment

## Funding and budget request

### Fiscal analysis

- Gathering of Storytellers – \$50,0000

## Conclusion

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The opioid and fentanyl crisis has disproportionately impacted Tribal and Native communities for many years. More importantly, Tribes and UIHPs are leading comprehensive, effective, and culturally appropriate responses to this crisis.



It will take the community to battle this crisis. Tribes have always taken care of their own, and that's kind of what we try to do at Lummi, is to take care of our own. Our ancestors have done it for many, many years and we want to continue that work.

**Maureen Kinley**

Lummi Indian Business Council  
Lummi Nation

Tribal leaders asked that the opioid and fentanyl crisis be treated the same as the COVID-19 public health emergency. In response to this request, AIHC is crafting a WA Tribal Opioid and Fentanyl Response Library, which will include resources that address the priorities identified across the Taskforce. The Resource Library brings together programs, services, tools, and guidance across Tribal, state, federal, and local governments. The Tribal liaisons at each agency have been key to help identify existing programs and services to support each of the workgroup areas: Continuum of Care, Public Safety and the Justice System, Housing and Wrap Around Services, Family and Community Services, and Community Response.

Although the opioid crisis has disparate impacts on Tribes and Natives across Washington state, this is not a Tribal issue; **it is everyone's issue**. The Taskforce brought together Tribes, UIHPs, Tribal and Native-serving organizations, and federal, state, and local partners to create resources needed to respond to the crisis. It is only through partnerships like this that the state and country can truly begin to address the devastating impacts of opioids.

## Appendix A: Taskforce Bylaws

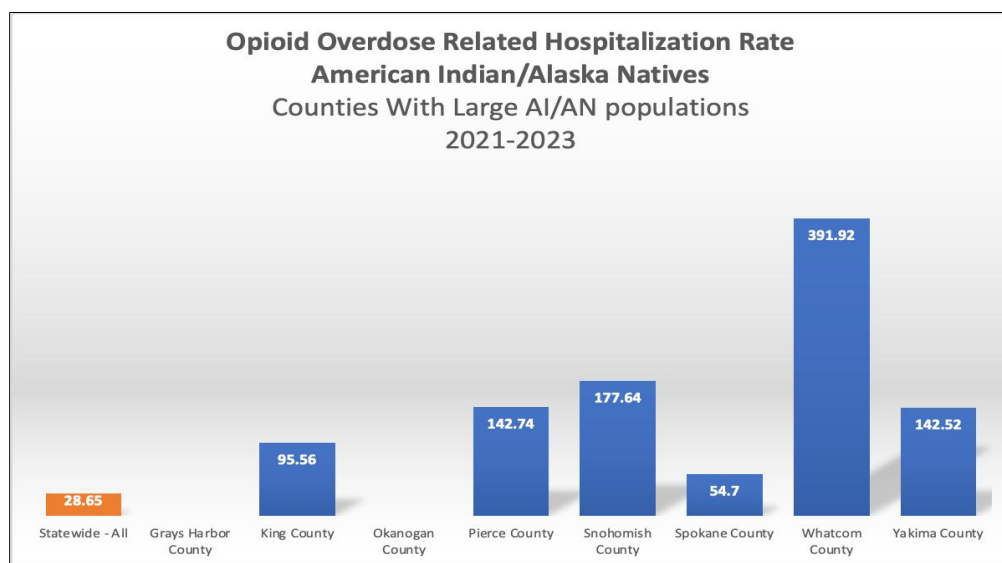
[View the Taskforce Bylaws, including a list of members.](#)

## Appendix B: AI/AN opioid-related overdose data

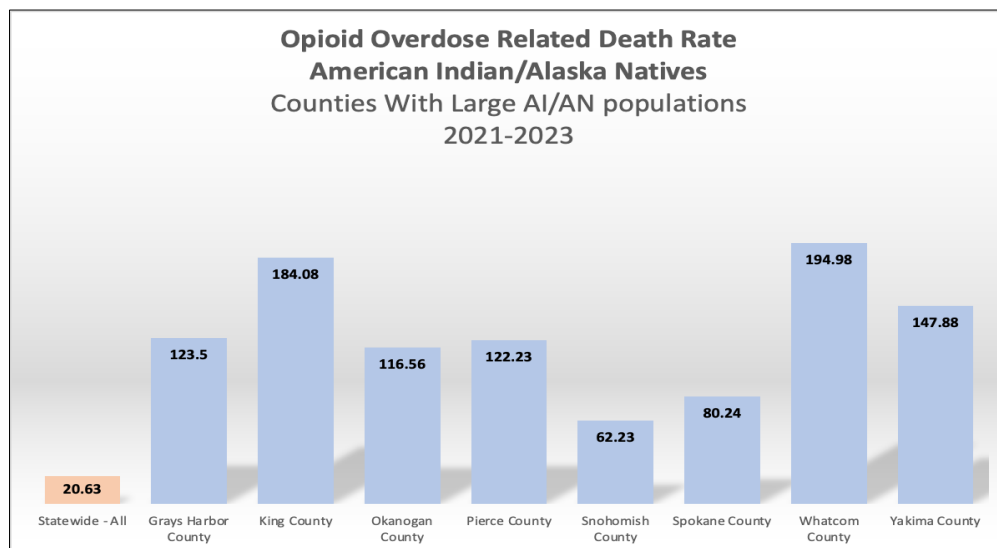
### Tribal impact

Opioid-related hospitalization and death rates are substantially higher for AI/AN individuals in Washington state, compared to the general population. To illustrate these points, rates from Washington counties with large Tribes or Urban Indian populations are represented below.

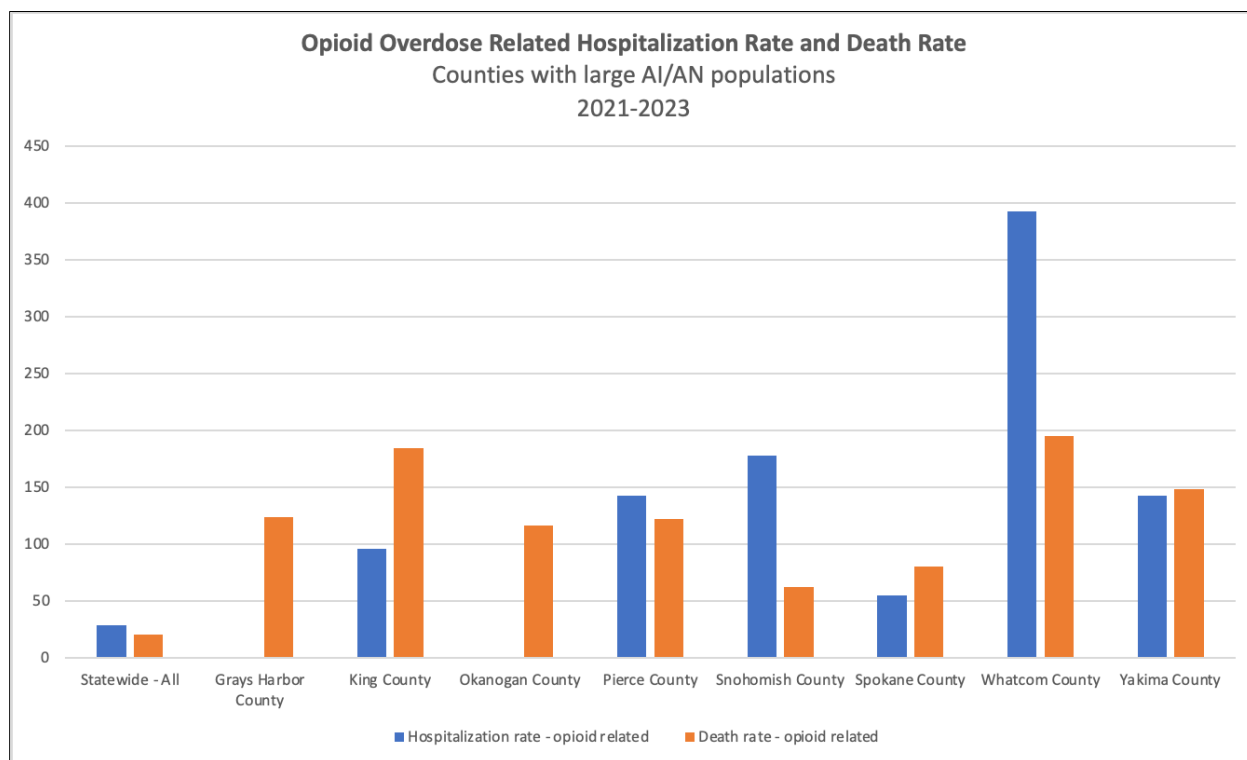
**Image 1: Opioid overdose-related hospitalization rate for Washington counties with the largest AI/AN populations (2021–2023)**



**Image 2: Opioid overdose-related death rate for Washington counties with the largest AI/AN populations (2021–2023)**



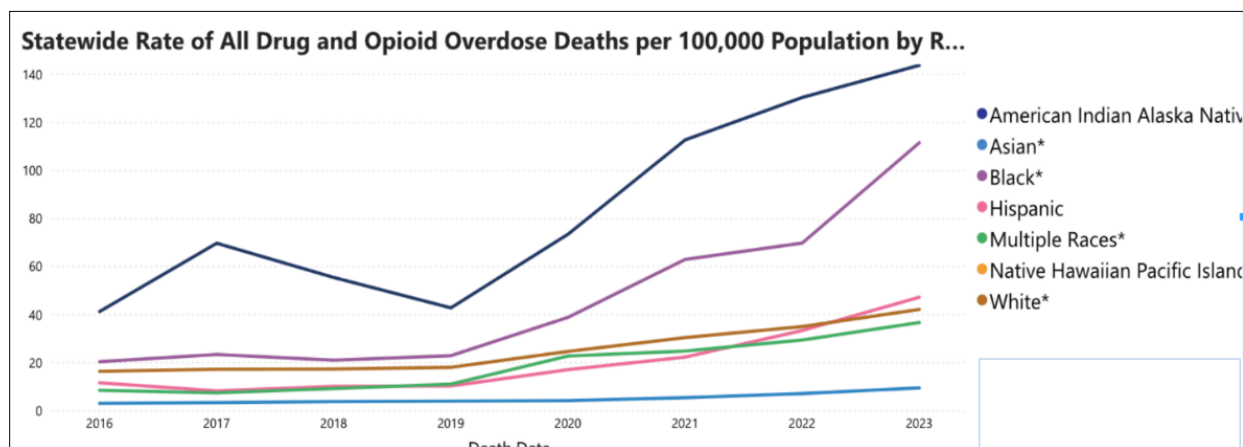
**Image 3: Combined opioid overdose-related hospitalization and death rate for Washington counties with the largest AI/AN populations (2021–2023)**



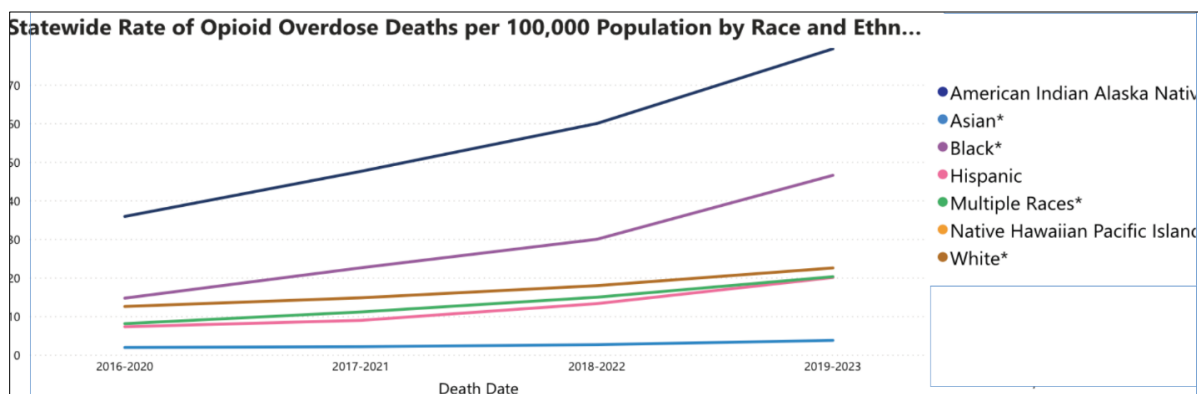
## Disparities in drug overdose deaths

According to the most recently published DOH data, the statewide trend in the drug overdose-related death rate per 100,000 continues to be four times that of the white population and increasing at a higher rate for AI/AN than any other race.

**Image 4: Statewide rate of all drug and opioid overdose deaths per 100,000 population by race**



**Image 5: Statewide rate of opioid overdose deaths per 100,000 population by race and ethnicity**



### Washington state overdose death rate per 100,000 by any drug

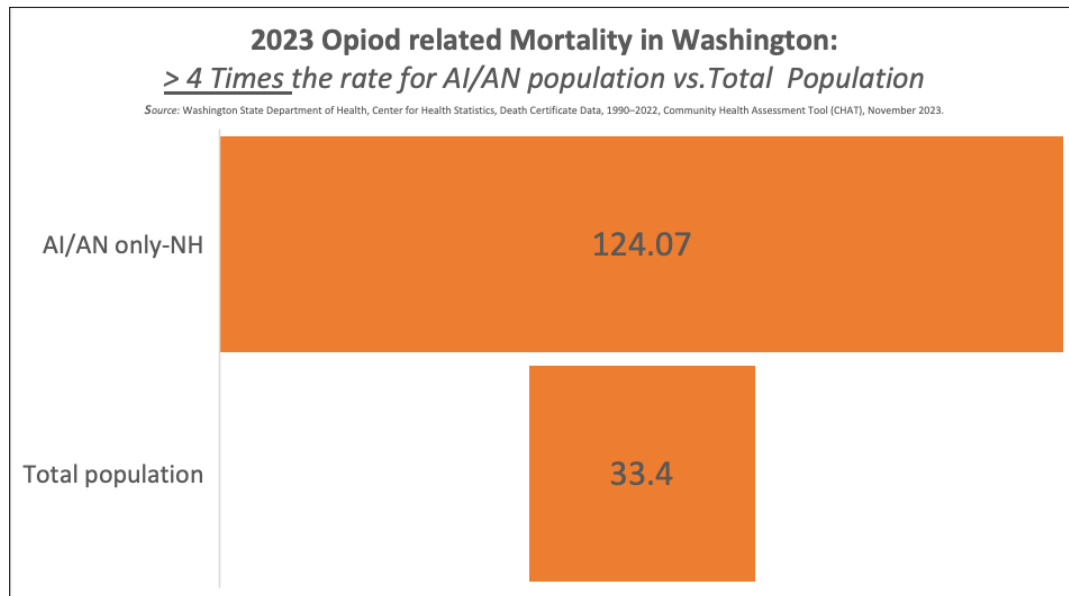
- **2016:** 41.1 AI/AN, 16.2 white
- **2023:** 143.1 AI/AN, 41.9 white

### Washington state overdose death rate by any opioid

- **2016:** 29.3 AI/AN, 10.7 white
- **2023:** 123.2 AI/AN, 34.3 white

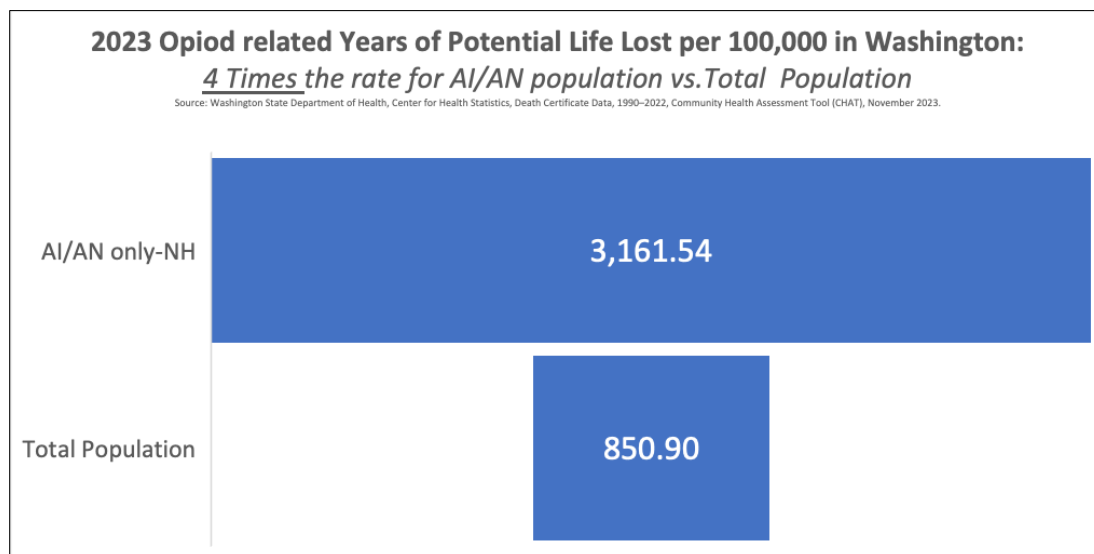


**Image 6: 2023 opioid-related mortality in Washington state**



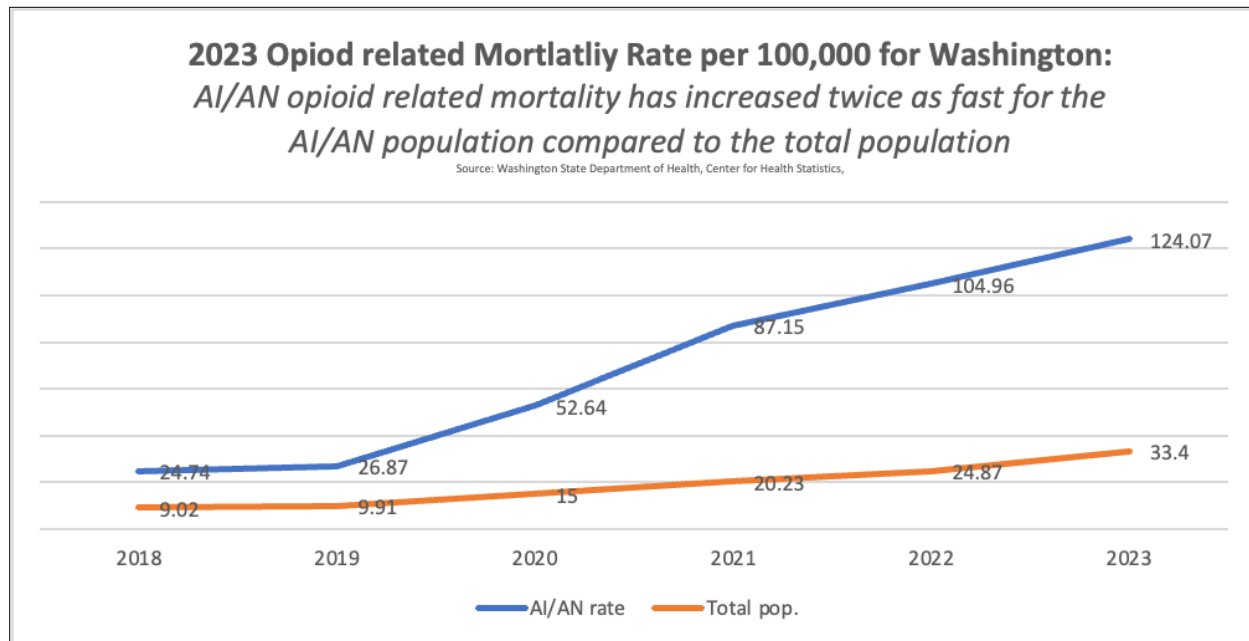
The above image shows that opioid-related mortality for AI/ANs is more than four times the total population in Washington state.

**Image 7: Disparities in premature deaths**



The image above shows that in 2023, opioid-related years of potential life lost (per 100,000) for AI/ANs was four times the total population in Washington state.

**Image 8: 2023 opioid-related mortality rate per 100,000 for Washington state**



The above image shows that in 2023, the opioid-related mortality rate (per 100,000) increased twice as fast for AI/ANs compared to the total population in Washington state.