WTOF Taskforce Workgroup Session: Continuum of Care Minutes
08/25/2026 12:30 PM PDT to 5:30 PM PDT
American Indian Health Commission
Qwenes Room at the Lummi Business Council Administration Building - Address: 2665 Kwina Road, Bellingham, WA 98226 or virtually via Zoom: https://us02web.zoom.us/j/88299355111

Please submit any questions or feedback to Elaina Perry <elaina.perry@doh.wa.gov> or Kris Shera <kris.shera@hca.wa.gov>

Recording Access:

https://us02web.zoom.us/rec/share/mxC4PzMQ9uGPZIF0EZzJ40Mp45mjRziW553R9ZzuyF4xxl9gGlWQHN4MpvCp3q5P.f8rxmhUTo4SIi31Q
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Attendees:

Aliza Mail-Brown: Quinault Nation
Christine Winn
Cindy Gamble: AIHC
Dave McLeod
Elaina Perry: DOH
Faith Turk: AIHC
Hannah Sloan: HCA/OTA
Heather Holzer: AIHC
JanMarie Ward
Jaron Heller: HCA/OTA
Jessica McKee: AIHC
Judy Zerzan-Thul: HCA
Julie Owens
Laura Kluever: AIHC
Leah Muasau
Lena Nachand; Medicaid
Linda Lauch

Lyndee Retzlaff
Marci Halverson: AIHC Admin Marci
Maria Ness: Legislative Liaison
Maureen Kinley: Lummi
Nicole Earls: HCA
Sher Stecher, DSHS
Stephen Kutz
Sue Wallin, Samish Nation
Tatyana Barron, AIHC

Tim Collins: DSHS
Tony Walton: HCA
Val Vargas: Colville Tribes
Vicki Lowe: AIHC
Wendy Stevens: AIHC

Zoom Chat Information Documents:

Patrick Depoe AWT patrick.depoe@watribes.com
2026 State Opioid and Overdose Response Plan DRAFT.docx
AIHC Tribal Behavioral Health Integration Toolbox: 3.iii. IHCP Behavioral Health Integration Model Documentation
Appendix - SOORP Strategies List DRAFT.docx
Continuum of Care info -Meeting Control Sheet.docx
Investigative Series Focuses on Inequities Native American Youth Face in Washington State's Criminal Justice System: Investigative series focuses on inequities Native American youth face in Washington state's criminal justice system - OPB
OSPRI: OSPRI - Google Sheets
SOORP Update - Tribal Listening Session Slide Deck.pptx
SOORP Update WTOF Workgroups Slides.pptx
WA Tribal Opioid Fentanyl Taskforce Appointed Reps FY2025-FY2026.pdf
WTOF Taskforce 08252026 Agenda.docx
www.nativeplantsandfoods.org.url

I. Welcome and Introductions

- The meeting opened with acknowledgements and expressions of gratitude to the Lummi Nation for hosting, including thanks for room arrangements and food. Blessings were given for the day and meal.
- No formal motions, action items, or decisions were raised during this section. The focus was on welcoming participants and establishing presence.
- Attendees introduced themselves, both in-person and virtually, including their roles and affiliations. Participants represented various tribal nations, state departments, and health commissions, with a focus on behavioral health, opioid response, and tribal affairs.

- Participants introduced themselves, including representatives from Lummi, WA Medicaid, Health Care Authority, Samish Indian Nation, AIHC, Colville Tribes, and Puyallup Tribe.
- Maureen Kinley outlined the meeting objectives: to review the process for this and the next three meetings, provide an overview of the Washington State Tribal Green Fentanyl Task Force, discuss workgroup priorities and accomplishments, and determine the status of each priority (completed, partially done, or outstanding).
- The group will identify any new priorities to add, conduct a poll to rank priorities, and use these rankings to inform the October meetings and preparation for the summit with the governor.
- Action Item - Maureen Kinley stated that a copy of the workgroup's 'control sheet' document would be shared in the chat and is available in the room and on screen for participants to follow along.
- Maureen Kinley provided background on the Washington Tribal Opioid and Fentanyl Task Force, explaining it originated from the 2023 summit at Lummi in response to the growing opioid crisis in Native and tribal communities, exacerbated by changes in federal pain medication policies and the rise of fentanyl.
- The initial American Indian, Alaska Native Opioid Response Workgroup was established to collaborate with the state on the opioid overdose response plan. As the crisis worsened, the workgroup evolved and expanded its focus.
- Following the 2023 summit, priorities were identified and, in 2024, legislative funding was secured to formally establish the Washington Tribal Opioid and Fentanyl Task Force.
- The Task Force structure includes five work groups: Continuum of Care, Housing, Family and Community Services, Public Safety and Justice, and Community Response. These groups address specific priorities, meet monthly, and make recommendations regarding resources, funding, and barriers to care.
- The Task Force is composed of representatives from each of the 29 federally recognized tribes in Washington, two urban Indian health programs, state agency leadership, the governor's Office of Indian Affairs, Washington State Patrol, two positions for people with lived experience (still to be filled), and local government representatives (currently only the mayor of Shoreline).
- There are currently two unfilled positions on the Task Force for individuals with lived experience.
- The Task Force meets quarterly, while work groups meet monthly. Information and recommendations are funneled up from work groups to the Task Force, which approves items that may require legislative action or budget requests.

II. Review Priorities from Past 3 Summits or Any Added Since

- Reviewed progress on expanding access to effective, compassionate, timely, and culturally grounded services to address the opioid and fentanyl crisis in Indian country. Noted significant increases in treatment bed capacity, including Lummi's expansion

from 16 to 32 beds, Thunderbird Treatment Center's 92 beds, and a total of approximately 180 new beds planned for the year.
- Discussed ongoing efforts to expand tribal and urban Indian health program-operated facilities, including new inpatient and detox centers, and the importance of culturally appropriate care.
- Highlighted the need for oor consortium.
- Action Item - Maureen Kinperational funding for a new 360-bed facility in Vancouver, with tribal listening sessions held to gather input on utilization, and consideration for operation by a single tribe ley will release the actual report from the tribal listening session soon, aiming for completion by the end of the month.
- Reviewed ongoing training for non-tribal providers about the Indian healthcare delivery system, including hiring Kyle Pittman for sovereignty education and launching learning modules for staff at HCA and TOH.
- Noted the challenge of understanding and implementing Ricky's Law (involuntary treatment for substance use disorder) and the need for further exploration over the next couple of years.
- Action Item - Announce and attempt to pass the new mental health code at the next General Council meeting, scheduled for Wednesday, after failing to achieve quorum at a previous special meeting.
- Ongoing efforts to implement tribal data sharing with the 988 crisis system; progress is being made but not yet complete.

A. Accomplishments and Open Items

III. Review Resources Developed from Workgroup

- Reviewed expansion of residential care to accommodate children and families, including the Young People Home (formerly Youth Academy) serving ages 14-18, with 19 residents and a need for further expansion and funding.
- Discussed hybrid models of youth prevention and residential care, emphasizing social determinants of health and educational support, and the importance of sustainability.
- Reviewed challenges in developing a payment model for tribal and urban programs, with lack of consensus on Medicaid encounter rates and ongoing deliberations at the Association of Washington Tribes (AWT).
- Action Item - Tribes need to vote on four options presented at consultation for the traditional Indian medicine waiver; only 6-7 tribes have voted so far, leaving 22-23 outstanding. Christine Winn emphasized urgency to submit the 1115 waiver application by end of September to avoid new federal budget neutrality requirements effective January 1.
- Action Item - Maureen Kinley will work to obtain the list of tribes that have not responded to the waiver vote and push for decisions, either via email or by encouraging participation.

- Reviewed operational plan for American Indian/Alaska Native Behavioral Health Administrative Services Organization (BHASO) to direct funds to tribes and urban programs, bypassing state and regional entities.
- Noted implementation of new case rates for tribal designated crisis responders, tribal courts, and tribal mobile crisis teams, with funding through 988 fees and rural transformation.
- Discussed challenges in Medicaid billing for nurses and uncompensated care, especially for youth homes, and the need to resolve funding pathways.
- Reviewed ongoing advocacy for timely and appropriate adjustments to opioid use disorder medication dosing, including microdosing and methadone access, and the need for best practice language.
- Confirmed completion of advocacy for permanent authorization of telemedicine, with CMS continuing to authorize telemedicine and tribal providers reporting no major issues

IV. WA State Opioid and Overdose Response Plan

Presented By Elaina Perry, DOH, Tony Walton, HCA

- Action Item - Develop a roadmap or flowchart for streamlining onboarding of new MOUD providers and opioid treatment programs, including step-by-step guidance and agency contacts. Maureen Kinley and team are working on this internally and plan to bring it to monthly tribal meetings for further engagement.
- Action Item - Provide education and continuing education opportunities for existing providers to increase confidence in MOUD prescribing, including presentations, expert sessions, and hotline resources.
- Reviewed need to identify tribal and American Indian/Alaska Native-specific data and outcome measures to improve best practices, including tracking treatment retention, post-discharge outcomes, housing, employment, and cultural event participation.
- Action Item - Build out evaluation plans and identify key outcome measures for tribal programs, including collecting and tracking data points such as number of beds, housing access, employment, and youth served.
- Action Item - Coordinate with housing and wraparound services work group to develop treatment-related housing, including hiring a Director of Health Policy to consolidate and address gaps in housing services. Meeting scheduled in Spokane on Monday.
- Action Item - Capture and share innovative models for treatment-related housing from tribes (e.g., Salt River Pima Maricopa, Muckleshoot), including low-barrier housing and success stories, to spur new approaches.
- Action Item - Dave McLeod will provide information and facilitate connections for tribal representatives interested in touring Muckleshoot's sober housing and re-entry programs.
- Reviewed need to explore and enhance interstate compacts for treatment of opioid use disorder and other substance use disorders, especially for youth, addressing licensing and telemedicine barriers.

V. Identify Incomplete and New Priorities – RANK

- Action Item - Assess and address remaining barriers for youth-specific interstate treatment compacts and provider licensing, with agency commitment to follow up.
- Reviewed challenges in funding and startup costs for new youth treatment facilities, including operational funding, staff hiring, and consensus among tribes. Noted that startup costs can reach $1 million, and operational funding is difficult to secure.
- Action Item - Investigate opportunities for philanthropic funding and grants to support startup and operational costs for youth treatment facilities.
- Reviewed gatekeeping and funding challenges for youth behavioral rehabilitative services (BRS), including lengthy state assessment processes and need for streamlined tribal determinations.
- Action Item - Explore policy changes to allow full faith and credit for tribal youth assessments, enabling funding to follow youth and tribes to select appropriate services.
- Reviewed integration of substance use disorder and mental health services, including co-location, DBT group therapy, and train-the-trainer programs for culturally adapted therapies.
- Action Item - Prioritize identification and creation of statewide train-the-trainer programs for DBT and other therapies, with funding for single events to maximize reach.
- Action Item - HCA will provide upcoming training and technical assistance on co-occurring capable and co-occurring enhanced services (ASAM 4th edition), starting late September/October, and will share links and resources with the group.
- Action Item - Require hospital and behavioral health agency staff to receive training on tribal sovereignty, Indian healthcare delivery system, and trauma-informed care, with ongoing collaboration with HCA and privacy officers for information sharing.
- Action Item - Complete consultation and training plan for AIAN culturally appropriate DCR evaluation toolkit, with presentation scheduled for day 3 of the summit by Dr. Danica Brown.
- Reviewed advocacy for policies that incorporate place-based models and cultural modalities in treatment and carceral settings for American Indian/Alaska Native youth, including storytelling and hands-on activities.
- Action Item - Connect with DCYF, juvenile rehabilitation facilities, and reentry teams to assess current practices and barriers for cultural activities in youth carceral settings, and review existing policies on sacred items and smudging.
- Reviewed need to develop and expand programs for hospital emergency departments to connect patients to peer support specialists for follow-up post-overdose, ensuring connection to community services.
- Action Item - Connect with operationalizing peer support team and Health Management Associates to explore sustainable funding and Medicaid billing for peer support specialists in hospital settings, including step-by-step billing guides for tribes.
- Reviewed barriers to certified peer counselor licensing for justice-involved individuals, including costly and cumbersome requirements for certified judgment and sentence documents.

- Action Item - Develop recommendations for waiving or streamlining the process for obtaining certified judgment and sentence documents for peer counselor licensing, including potential collaboration with the administrative office of the courts.
- Action Item - Compile and rank priorities using Menti, with participants to vote and provide input on their phones or computers after a short break.

VI. Summarize Outcomes (what we will review during the WTOF Taskforce Summit in September)

- Facilitators provided instructions for participants to rank priorities using the Menti platform, either by scanning a QR code or using a provided link and poll number (8381-3993). Participants were guided to rank items by importance.
- Facilitators clarified that the poll results are anonymous and explained how to use the ranking interface, including troubleshooting and guidance for ordering priorities.
- It was announced that the poll will remain open for 2 days, and the link was sent out via email to ensure those not present could participate.

VII. Closing

- Action Item - Charlene Abrahamson requested that Heather send her the document from yesterday, as she was unable to open it.
- Maureen Kinley noted that 25 survey responses were received, which is considered a high response rate compared to previous meetings.
- Action Item - Maureen Kinley stated she would send out the survey link from yesterday.
- The next community response work group meeting is scheduled for Thursday, with the following month's Monday meeting to be held on the east side in Spokane at the Spokane Tribe.
- A moment was taken to honor Sylvia Cayenne from Chehalis, including a blessing for her and her family.
- The following Thursday, a meeting will be held at Squaxin Island for public safety and justice, with all meetings also available virtually.
- Expressions of gratitude were made to the Lummi Nation and Laureen for hosting the meeting and providing support.
- The meeting was adjourned with thanks to all participants.

Zoom Meeting Summary

Tribal Opioid Task Force Meeting

The meeting was a Washington Tribal Opioid and Fentanyl Task Force Continuum of Care Workgroup session held at the Lummi Nation, with both in-person and virtual participants. The group conducted introductions and acknowledged the hospitality of the Lummi Nation, including the food provided by Maureen and Julianne Jones. The meeting was scheduled to

start at 12:45 PM, and participants included representatives from various tribes, health organizations, and state agencies, including Vicki Moraine, Kinley Council member for the Lummi Nation, and Lena Nashand from the Office of Tribal Affairs.

Tribal Opioid Task Force Updates

The meeting focused on the Washington State Tribal Opioid and Fentanyl Task Force's Continuum of Care Workgroup, which discussed priorities and accomplishments in addressing the opioid crisis in tribal communities. Key updates included the opening of new treatment facilities, including Lummi's expansion to 32 beds and the celebration of Jamestown's voluntary behavioral health inpatient facility. The group reviewed progress on priorities such as improving access to ORSFA services, training non-tribal providers about the Indian healthcare system, and connecting to the 988 crisis system, while noting ongoing challenges with implementing certain initiatives due to tribal council disagreements over payment models.

Tribal Medicine Options Discussion

The group discussed the need for tribal decisions on four options for traditional Indian medicine, with six or seven tribes having voted so far and 22-23 tribes still needed to respond. CMS indicated positive feedback if a decision could be made by the end of September to avoid federal budget neutrality requirements starting January 1. The discussion also covered funding approaches for tribal behavioral health programs, including direct funding through an American Indian Alaska Native Behavioral Health Administrative Services Organization and various case rates for tribal crisis responders and courts. The conversation concluded with concerns about medication dosing requirements for opioid use disorder and questions about billing pathways for youth programs at young people's homes.

Opioid Treatment and Recovery Priorities

The group discussed several key priorities for opioid treatment and recovery services. They gave themselves a gold star for completing work on permanent telemedicine authorization and identified the need to streamline onboarding processes for new medication for opioid use disorder (MOUD) providers through creating a roadmap between DOH and HCA agencies. The team also explored developing tribal-specific data measures to track outcomes beyond overdose deaths, including housing stability, employment, and access to social supports. They planned to meet with the Housing and Wraparound Services Workgroup in Spokane to develop treatment-related housing models, with particular interest in innovative approaches like Muckleshoot's low barrier housing program and Salt River Pima Maricopa's 15-month integrated treatment model.

Substance Use Disorder Service Expansion

The meeting focused on discussing priorities and resources for substance use disorder and behavioral health services, particularly for youth. Dave shared information about sober housing programs and an upcoming gathering involving multiple tribes. The group discussed expanding access to care, including streamlining processes for behavioral rehabilitative services (BRS) and co-locating mental health and substance use disorder services. Lyndee shared her experience working with tribes where mental health services were available in the same building as SUD treatment, suggesting this as a feasible approach for expanding dual diagnosis services.

Mental Health and SUD Integration

Maureen discussed the importance of integrating mental health and substance use disorder treatment, particularly through DBT (Dialectical Behavioral Therapy) sessions in SUD treatment groups. She emphasized that providing skills and tools without giving permanent diagnoses can help individuals manage their challenges, citing a successful example from Richfield casino where DBT made a significant difference. The group also discussed the need for tribal sovereignty training for hospital and behavioral health staff, ongoing work on culturally appropriate DCR (Crisis Response) evaluations for American Indians and Alaska Natives, and the importance of incorporating cultural modalities in treatment settings.

Tribal Youth Reentry Programs Discussion

The group discussed connecting tribal reentry programs with DCYF juvenile rehabilitation facilities and exploring policies created by behavioral health agencies regarding sacred items and smudging. They examined the high incarceration rates of Native youth in Washington and the challenges of implementing peer support specialists in hospital emergency departments. The discussion also covered information sharing between hospitals and tribes, with concerns raised about hospitals' willingness to provide information about tribal members' care. The group concluded by exploring potential complaint processes against hospitals through DOH, though they noted that complaints require substantial evidence and a clear violation of law or standard of care.

Complaint Follow-Through and Licensing Barriers

The group discussed challenges with complaint follow-through by families and tribes, with Maureen explaining that investigations require corroborated evidence from someone able to provide it. They reviewed progress on various initiatives including provider onboarding, treatment housing models, and cultural care approaches, while identifying barriers around certified peer counselor licensing for justice-involved individuals due to costly and cumbersome requirements for obtaining certified judgment and sentence documents. The discussion concluded with agreement to explore potential solutions with the administrative office of the courts regarding waiver processes for licensing requirements.

Credentialing Barriers for Peer Support

The meeting focused on discussing barriers to credentialing for peer support specialists, particularly those with criminal backgrounds or tribal affiliations. Maureen and Charlene discussed challenges in the application process, including financial barriers, complex approval processes, and the importance of having professionals with lived experience. The group agreed to create a list of recommendations for improving the system, with particular attention to supporting individuals through the credentialing process and exploring ways to streamline background checks. The conversation ended with participants ranking priorities using a Menti poll, and Charlene shared a personal reflection about a recent service for Sylvia Cayenne from Chehalis.