

Tribal Opioid/Fentanyl Prevention, Education and Awareness Campaign Workgroup

January 6, 2025

Meeting Minutes

10:00 am - 12:00 pm

Co-Chairs: Steven de los Angeles, Vice Chair, Snoqualmie Tribe;
Lucilla Mendoza, Health Care Authority (HCA); Candice Wilson, Department of Health (DOH)

[Teams Meeting Link](#)

10:00 AM Welcome, Blessing: Steven de los Angeles, Vice Chair, Snoqualmie Tribe

Tim Collins will co-host with Lucy in place of Vice Chairman de los Angeles. Lucy opened the meeting. Mona Miller from the Puyallup Tribe opened the meeting in a good way with a blessing.

10:05 AM Opening Remarks and Tribal Campaign Updates: Steven de los Angeles, Vice Chair, Snoqualmie Tribe, Lucilla Mendoza, HCA & Candice Wilson, DOH

Welcome and introduction of Tribal Elected Officials.

10:10 AM Overview of Opioid Educational/Campaign Needs from the Opioid Task Force: Vicki Lowe & Lisa Rey-Thomas, AIHC & Lucilla Mendoza, HCA-OTA

Vicki Lowe AIHC discusses the proposal to utilize the current group to address the priorities identified at the 2024 Opioid Summit, focusing on family and community services.

- Priorities include educating families and communities, improving communication between state and Tribal entities, and streamlining licensure requirements to increase the workplace.
- Emphasis on the need for increased prevention through low and no barrier activities for children and youth and cross-sector collaboration to address trauma. The workgroup already focuses on Tribal prevention frameworks and systems, including Positive Indian Parenting framework, and North Star Project.
- Goal is to create a resource guide for Tribal Opioid/Fentanyl Response for Tribes in WA. Requests members to bring resources to vet for inclusion in the resource guide. This group can help with solutions and resources. There has been a lot of topics discussed in this group, review past presentations and agenda to add to the resource guide to include system barriers.
- Integrate this WG to the Family and Community Services WG for the WA Tribal Task Force subcommittee meeting.
- Need to speed up the credentialing process for new workers to ensure they can bill and work effectively.

Family and Community Services Workgroup

The opioid and fentanyl public health crisis is impacting families and communities in addition to individuals. Therefore, identifying priorities and addressing them is important for reducing negative impacts and strengthening families and communities.

Purpose:

Develop a plan to address priorities identified at the 2023 and 2024 Tribal Opioid/Fentanyl Summits.

- Educating families and communities at the same level as was done for the covid pandemic (campaign work and education materials)
- Improve communications between State and Tribal entities through Taskforce, GTLSSC and GIHAC
- Streamline/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
- Cross-sector collaboration to address trauma, being unhoused, etc.
- Increase focus and funding on Tribal Prevention frameworks and systems: Positive Indian Parenting, Pulling Together for Wellness Framework, Healing of the Canoe, Reef Net, North Star, Tribal Canoe Journey, Powwows and Potlatches to strengthen the family unit.

- Create and review list of resources and resource documents for this priority to support development of WA Tribal Opioid and Fentanyl Response Resource Guide.

Through June 2025, with request for extension to the legislature through June 2025

Workgroup Members:

DOH (prevention funds) Tribal Opioid Fentanyl Prevention Campaign- Tribal Liaison Group, Vice Chair De Los Angeles (Snoqualmie), 2 Lived Experience Members, Native Owned Media Companies UIHOs and Native serving providers, DCYF, OSPI- STEC opioid program Rebecca Purser Include OSPI Contractor working on resource documents, Rebecca Purser already identified a person working on a resource document.

Here is a list of topics that came up from Tribal Task Force in November. Add to resources <https://stateofwa.sharepoint.com/sites/DOH-dailydose/archive/1/SitePages/Secondhand-Fentanyl-Exposure-Fact-Sheet-Now-Available-Online.aspx>

Add Friends for Life to the slides, identifying overdose and using Naloxone-toolkit material to address

Annie Hetzel- All schools are required to stock and students are allowed to have Naloxone and students can carry Here is the Senate bill passed last year [5804-S SBR HA 24](#)

Secondhand Fentanyl Exposure: [Second Hand Fentanyl Exposure](#)

Topic	Context	Resource
DOH resource that addresses fentanyl exposure in public and secondhand exposure to fentanyl	<ul style="list-style-type: none"> • Information for the public who might be near smoke from fentanyl or encounter fentanyl pills, powder, or liquid in public spaces • Describes secondhand exposure and actions to take once exposed 	<ul style="list-style-type: none"> • Second Hand Fentanyl Exposure • Fentanyl Exposure in Public Places Washington State Department of Health
Official Guidance from DOH on High Potency Synthetic Opioids (Considerations in Assessing Child Safety (around different age groups))	This guidance was developed to help Washington juvenile courts consider how high-potency synthetic opioids (HPSO) impact child safety. For the purposes of this guidance, child safety is generally defined as a risk of overdose that could cause fatality or near fatality.	Public Health Guidance on High-Potency Synthetic Opioids June 2024 141-154
Exposure to opioids through breast feeding	Opioids can transfer to breast milk. While this is often in low quantities, chronic exposure can lead to drowsiness, feeding difficulties, or, in severe cases, respiratory issues in the infant	<ul style="list-style-type: none"> • Lactation and Substance Use Guidance • Lactation Guidance and Patient Education Healthier Washington Collaboration Portal
Guidance needed on Naloxone in schools and laws around this	WA law requires school districts with 2,000 students or more to have at least one set of opioid overdose reversal medication dose. While overdose events are rare in schools, schools have prepared to recognize and respond to an overdose the way they prepare for other medical emergencies	Naloxone in High Schools

<p>American Academy of Pediatrics resource that addresses Fentanyl & Using Naloxone for Opioid Overdose</p>	<p>This guidance explains who should carry naloxone, signs of opioid overdose, etc.</p>	<p>What to Know About Fentanyl & Using Naloxone for Opioid Overdose - HealthyChildren.org</p>
<p>Expanding Naloxone instructions</p>	<p><i>How to Use</i> resource on administering and using Naloxone</p>	<p>Naloxone Instructions Washington State Department of Health</p>
<p>Tribal Naloxone Request Form</p>	<p>Tribes, tribal organizations, and Urban Indian Organizations can request naloxone</p>	<p>Tribal Naloxone Request Form</p>
<p>Overdose Education & Naloxone Distribution program at DOH</p>	<p>Resource describes who should carry naloxone, how to get naloxone, etc.</p>	<p>Overdose Education and Naloxone Distribution Washington State Department of Health</p>
<p>Guidance on using health coverage to get naloxone</p>	<p>Health coverage plans (e.g., health insurance) can help cover the cost of naloxone bought at a pharmacy</p>	<p>How to use health coverage to get naloxone at a pharmacy in WA State</p>
<p>Washington's Good Samaritan Law</p>	<p>FAQ providing some protection when calling 9-1-1 to save a life — even if drugs are at the scene.</p>	<p>FAQ on the Good Samaritan Law</p>
<p>Massachusetts guidance document for public health workers</p>	<p>Tools could be helpful for anyone who has responded to an overdose</p>	<p>Coping with Overdose Fatalities</p>
<p>Guidance on testing for fentanyl/opioids best practices:</p>	<p>Testing for different substances means measuring drug levels in hair follicles and in specialized urine tests, those sent to a lab. Most labs won't report below a certain baseline, as they fear lawsuits. Measuring fentanyl levels in tests is not meaningful as fentanyl is stored in fat tissue and it is not understood how it is released. Tracking levels is not informative as the science hasn't caught up with how the body processes and eliminates it.</p>	
<p>Northwest High Intensity Drug Trafficking Area addresses youth drug use and</p>	<p>According to the Washington State Department of Health, drug overdose deaths among children (fifteen years old and younger) have increased over the past four years,</p>	<p>Northwest HIDTA Drug Trends Overview November 2024.pdf</p>

overdose in Washington	particularly among very young children	
Washington National Guard Counter Drug Program provide counternarcotics training to federal, state, local, and tribal law enforcement agencies.	Trainings to enable persons to disrupt, degrade, and defeat drug trafficking organizations and transnational criminal organizations that threaten United States national security interests and the public safety of United States citizens	WRCTC Tribal overview.pdf
The National Center on Substance Abuse and Child Welfare provides a toolkit on Indian Child Welfare Act Active (ICWA) Efforts Support	Guidance documents on helping child welfare workers, substance use treatment staff, court personnel, attorneys, and healthcare professionals support AI/AN families specifically affected by substance use and increase their understanding of the ICWA	ICWA Active Efforts Support Toolkit National Center on Substance Abuse and Child Welfare
Secondhand Fentanyl Exposure Fact Sheet	Quick Facts from DOH on exposure to fentanyl smoke.	Second Hand Fentanyl Exposure
Friends for Life	Education, Overdose prevention, Get Naloxone, identifying overdose information, information on Good Samaritan laws. Toolkits for parents and caregivers, prevention and harm reduction.	Friends For Life Home
Naloxone in Schools	Student access to carry without disciplinary action. All schools are stocked with Naloxone	5804-S SBR HA 24 Model Policy: https://ospi.k12.wa.us/sites/default/files/2024-12/3424-opioid-related-overdosereversal.pdf Model Procedure: https://ospi.k12.wa.us/sites/default/files/2024-12/3424p-procedureopioidrelatedoverdosereversal.pdf

10:25 AM NorthStar WA State Tribal Prevention System (WSTPS) Overview: Aren Spark, Lucilla Mendoza, & Sarah Cook-Lalari HCA OTA, Naomi Jacobson NPAIHB

Sarah Cook-Lalari introduction: New to HCA OTA. State's Point of Contact and project coordinator for the 5 pilot Tribes' involvement with the 8 state agencies and the Office of the Governor. She will work

closely with the pilot Tribes, the NPAIHB, PY, and our agencies to make sure that we have a good flow of information, and to create inroads to collaboration to meet the needs of the pilot.

- NPAIHB is a Tribal organization, that includes membership of the 43 federally recognized Tribes in our region, and has a rich history of conducting projects, providing training, technical assistance, surveillance and research for Northwest Tribes. We are partnering with WA HCA to support in developing brighter futures for our youth.
- NPAIHB serves WA, OR, ID with emphasis on the importance of collaboration with state agencies and Tribal Preventions Systems.

North Star Pilot Tribes: Confederated Tribes of the Colville Reservation, Jamestown S’Klallam Tribe, Lower Elwha Klallam Tribe, Swinomish Indian Tribal Community, Tulalip Tribe.

- Tribes are in early phase of identifying their core needs and NPAIHB is providing funding and technical assistance.
- North Star Pilot Tribes are currently identifying their core needs, and the project is funded by the state of WA, NPAIHB, CDC, NIH, and other sources.
- Systems change takes time-comparison to planting a tree, suggesting the best time to plant was 20 years ago with the next best time being now.
- Icelandic model is a guideline for building a foundation for prevention, Tribes drive the project and provide their own cultural strengths and programs.
- Project involves identifying leisure activities within the communities and finding healthy alternatives for youth.
- Statistics from Iceland show a significant reduction in youth alcohol use over 20 years due to systems change.
- Project is community-led and involves building coalitions, data collection, planning, and community engagement.
- Highlights the importance of building upon cultural strengths and the role Tribal government in planning and implementing prevention efforts.
- Project involves a 10-year cycle with four stages, and the current focus is on coalition building and identifying funding and capacity.
- Coalition building includes engaging with surrounding schools and youth activity organizations.
- Upcoming gatherings and monthly meeting ensure continuous communication and adaptation of the project to Tribal communities.
- Upstream Prevention Model
- Project includes a visit to Iceland in March to attend their conference and discuss cultural adaptation.
- Included are quarterly gatherings and monthly meetings to discuss progress and challenges.
- Icelandic model is being implemented in other countries and the project will take 10 -20 years to see significant changes.
- Ferndale School District commitment to implementing the framework and growing interest in this model and is working closely with Lummi Nation.
- WA State Governor Office & Legislature committed \$1 million each year to stand up the program for 5 pilot Tribes. Hired 1.0 FTE WA State Tribal Prevention Systems Coordinator.

Contact: Naomi Jacobson (Quileute Tribe), North Star Program Manager, njacobson@npaihb.org and Sarah Cook-Lalari (Lummi Nation) HCA OTA WS TPS Coordinator, sarah.cook-lalari@hca.wa.gov

10:35 AM Youth Opioid/Fentanyl Education and Awareness Campaign Updates: Megan Hathaway, Meg Mills, Paj Nandi with Desautel-Hege (DH) Paj- Megan Hathaway

Youth Listening Sessions Overview

- Total of 4 listening sessions
 - Two sessions on each side of the state
 - Offered 1:1 and small group conversations
 - Virtual and in-person options available
- 80 students (ages 9-18) participated across all sessions
- Students have volunteered to participate in other parts of the For Our Lives project

- Final reporting delivered by Sister Sky on January 10th

Diverse Tribal representation across listening sessions:

Spokane Tribe of Indians, Kalispel Tribe of Indians, Confederated Tribes of the Colville Reservation, Muckleshoot Indian Tribe, Puyallup Tribe, Nooksack Indian Tribe, Quinault Indian Nation, Suquamish Tribe, Snohomish Tribe, Makah Tribe, Aleut, Tlingit Indian Tribe, Haida Indian Tribe, Little Shell Tribe of Chippewa Indians, Navajo Nation, Cherokee Nation, Confederated Tribes of the Umatilla Indian Reservation, Nez Perce Tribe

- Important to have geographic diversity and diverse Tribal representation. Rich tapestry of lived experiences and perspectives.
- Eastern Washington: HOPE Immersion School (in person), Spokane School District 81 (virtual)
- Western Washington: River Ridge High School (in person), Native Youth from Western WA (virtual)
- Youth compensated for their time with thank you cards.

What We Heard

- Knowledge, awareness and understanding of opioids and naloxone varies widely among youth, especially by age
- While youth participants expressed confidence in their ability to refuse substances, they were often unable to describe how they would do that
- Youth are interested in learning more about opioids, including fentanyl, especially about the “science” and hearing personal stories
- Native youth look to adults, including guardians, teachers and Tribal leaders as a source for trusted information
- Existing knowledge was often learned in a school setting and youth expressed appreciation and a desire to learn more about this topic in that setting

Next Steps

- ***Continue research.*** Share final report of findings from Youth Listening Sessions, Message testing of early creative concepts
- ***Creative development.*** Develop new campaign materials tailored for Native youth, Establish and engage a Native youth review group
- ***Implementation.*** Implement tactics that support all the For Our Lives campaign, including Tribal localization, Tribal coordination and engagement, technical assistance, event promotion, and paid media placements
- Forming a Native youth review group to keep them engaged throughout the process.

Contact Meg Mills at meganm@wearedh.com

11:00 AM Youth Carrying Naloxone & Free Naloxone to Public High Schools: Annie Hetzel OSPI & TBD - DOH

- Suggestion on including CPR training with Naloxone to avoid panic and development of a comprehensive training.
- Clarification on school policies.
- Are students allowed to carry Naloxone in schools?
<https://ospi.k12.wa.us/sites/default/files/2024-12/3424-opioid-related-overdosereversal.pdf>

Districts may adopt policy or leave as is. Wrote updated guidance in the approval process with OSPI, pushing along as much as she can as it is vital information. Trying to expedite the process. Yes, youth can carry Naloxone. Not expected to respond to overdose while in school. Will not be confiscated from students. Youth are not aware that the school has Naloxone and have people trained to respond. Rather than discipline, offer support.

Students and teachers witnessing an overdose have not been getting support and it is added into policy.

Model Polity: <https://ospi.k12.wa.us/sites/default/files/2024-12/3424-opioid-related-overdosereversal.pdf>

Model Procedure: <https://ospi.k12.wa.us/sites/default/files/2024-12/3424p-procedureopioidrelatedoverdosereversal.pdf>

Youth need to be educated on the Good Samaritan law. Protect from prosecution but not disciplinary action.

11:20 AM **Healthy Youth Survey Data Reporting Template:** MichaelLynn Kanichy, WSU IREACH-HCA-OTA & Megan Suter DOH

Presentation will be at the February meeting.

11:50 AM **Meeting Wrap-Up/Next Agenda:** Steven de los Angeles, Vice Chair, Snoqualmie Tribe
Lucilla Mendoza, HCA & Candice Wilson, DOH

Open the meeting up to updates or anything else anyone wants to share starting with Tribal representatives.

- Charlene Abrahamson - encourage tribal leaders to share what resources were used during the holiday season.
- Tim Collins- will figure out the recording of these meetings.
- Candice Wilson closed us out in prayer.

12:00 PM **Adjourn 11:48 am**