

Swinomish Indian Tribal Community didg^wálič Wellness Center



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Vice Chair Jeremy Wilbur
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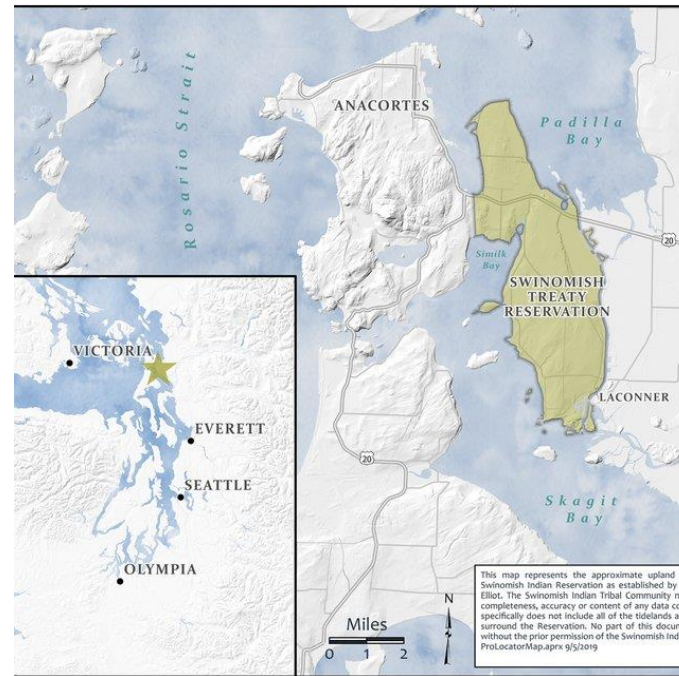
Overview

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Swinomish Indian Tribal Community

- **The Swinomish Indian Tribal Community are People of the Salmon.**
- **The way of life of the Swinomish People is sustained by cultural connection to the land and water where they have fished, gathered, and hunted since time immemorial.**
- **Swinomish ancestral land is located on Fidalgo Island in Western Washington State.**
- **The Swinomish Reservation was established in the 1855 by the Treaty of Point Elliott.**



Opioid and Substance Use Epidemic Nationwide Stats

- **2019: opioid overdose deaths were over 6 times higher in 2019 than in 1999.**¹
- **2020: overdose death rates for American Indians and Alaska Native people increased 39% compared to a 22% increase for non-Hispanic White people.**²
- **From 1999-2020 American Indians and Alaska Natives had the largest percentage increase in overdose deaths compared to any other racial/ethnic group.**³

Resources:

1 [CDC, Understanding the Epidemic](#)

2 [CDC, Overdose death rates increase for Black, American Indian/Alaska Native people in 2020.](#)

3 [CDC, 2019-2020 MMWR](#)



Opioid and Substance Use Epidemic Washington Stats

- **2018 – 2021:** The mortality rate for AI/ANs from drug overdose has more than doubled (*2.4 times higher*) and the opioid-specific overdoses quadrupled (*4 times higher*).
- **2020:** Overdose deaths among AI/ANs in Washington was *2.7 times higher* than the State average.
- **2021:** Overdose deaths among AI/ANs in Washington was up to *3.5 times higher* than the State average.

Resources:

1 Northwest Portland Area Indian Health Board Tribal Epi Center



Swinomish Opioid Treatment Program Evolution

- **1976-1997: Typical IHS Alcohol Program**
- **1997-2006: IHS State Medicaid Certified Alcohol Program**
- **2009-2010: Community consensus and awareness of overdose deaths drive Swinomish Tribal government response**
- **2012: Swinomish's first medication-assisted treatment program launched with outpatient suboxone and intensive counseling therapy**
- **2015: Initial program was very successful but still did not fully meet the community needs**
- **2016: Property purchased to expand services**
- **2018: Grand opening of didg^wálic Wellness Center Program**



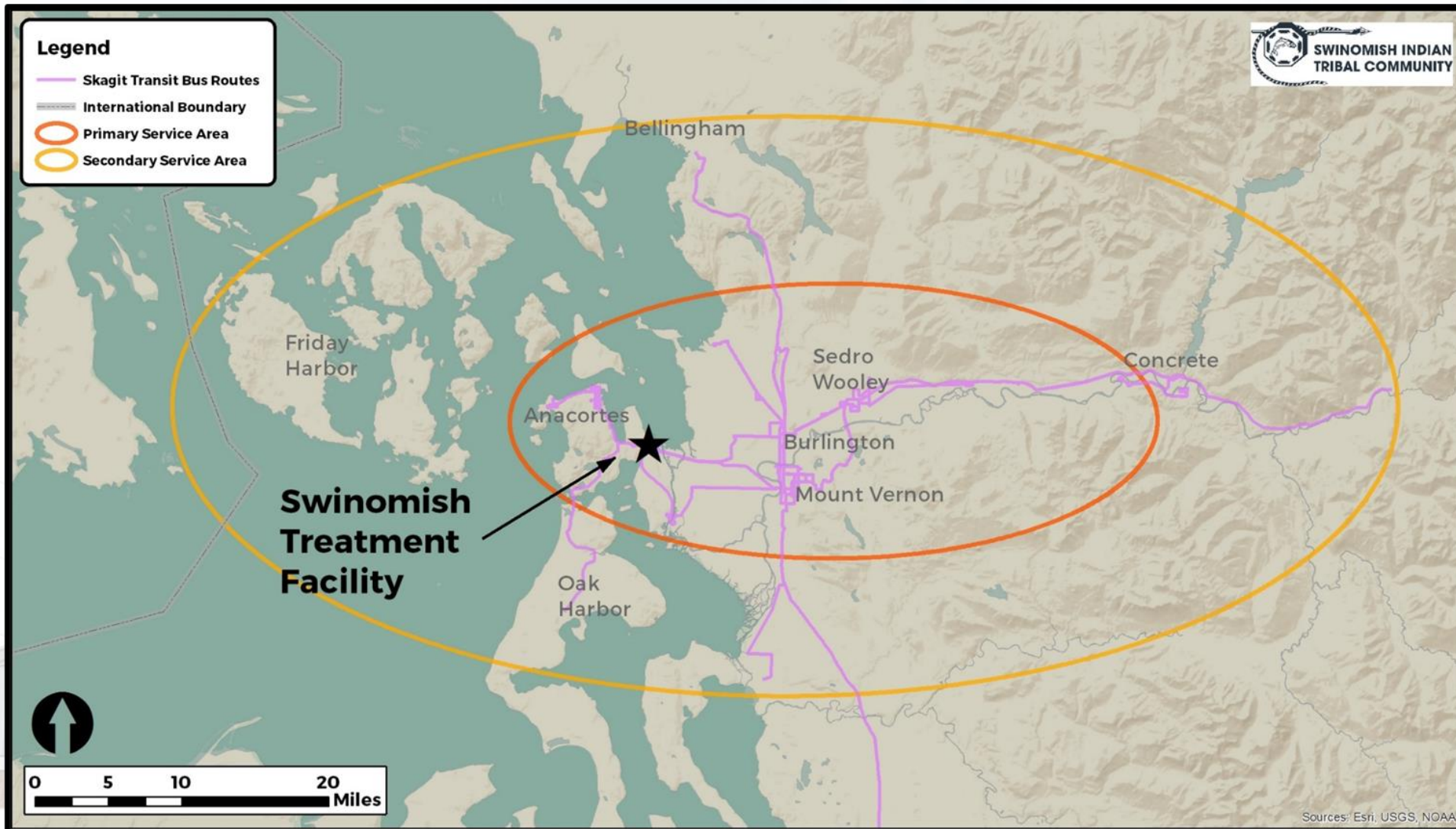
Swinomish didg^wálič Wellness Center

Swinomish invested in a safer community by using tribal funds and resources to combat the opioid crisis by addressing the needs of the whole person.

didg^wálič (deed-gwah-leech) Wellness Center is a multi-specialty community health organization owned and operated by the Swinomish Indian Tribal Community. We provide counseling, medication-assisted treatment, primary care, dental, and social services to both Native and non-Native patients with substance use and behavioral health disorders.




didg^wálič Wellness Center Service Area



Lessons Learned

- 1. Healing OUD/SUD requires treating the whole community.**
- 2. Referrals to essential services often do not benefit people with OUD/SUD.**
- 3. Integrated services are better for people with OUD/SUD.**
- 4. People suffering from OUD/SUD benefit from removing barriers to care.**
- 5. Not everyone with OUD/SUD benefits from Buprenorphine.**
- 6. Cultural competency helps patients with OUD/SUD recover.**



*Our mission is to improve outcomes with quality
health care solutions by removing barriers to treatment*

Video: www.youtube.com/watch?v=To3g3Cfnfol



Our Treatment Model



- **Staff work in care teams and hold monthly treatment plan meetings with patients.**
- **Providers do not require that patients stop taking substances to receive services.**
- **Staff meet patients' needs by removing barriers to care.**
- **Everything people with OUD/SUD need under one roof.**

Services All Under One “Roof”



- ✓ **Personalized, intensive SUD counseling**
- ✓ **Full-service medication-assisted treatment (MAT)**
- ✓ **Primary medical care**
- ✓ **Comprehensive behavioral and mental health services**
- ✓ **Dental care**
- ✓ **Hepatitis C screening and treatment**
- ✓ **Social worker case management**
- ✓ **Psychiatric diagnosis and medication management**
- ✓ **Naloxone training and distribution**
- ✓ **Medication lockbox training**
- ✓ **Acupuncture**
- ✓ **Yoga**

Client Services-Peer Support

- ✓ **Elder Care Group**
- ✓ **Native Art Group**
- ✓ **Group counseling and classes**
- ✓ **Peer Navigator**
- ✓ **Housing Vouchers**
- ✓ **Legal Support**
- ✓ **Community Services**
- ✓ **Social & Health Advocacy**
- ✓ **Transportation**



Removing Barriers to Care



- ✓ Free on-site child watch during visits
- ✓ Free transportation to/from visits
- ✓ Culturally appropriate care
- ✓ Assistance with social services
- ✓ Transitional housing
- ✓ Private medication appointment rooms
- ✓ Free clothing bank

Transportation

- **Barrier:** Majority of people with OUD/SUD lack a valid drivers license, access to a car, and have limited public transportation access.

didg^wálic offers:

- Free transportation to our patients in 3 counties (Skagit, Island, and Whatcom) beginning at 4AM.
- 50% of our patients use our transportation service.
- In 2018, we started off with 3 buses and 3 drivers, now we have 12 buses and 16 drivers.



Food Program

- **Barrier: Persons suffering from OUD/SUD are at an increased vulnerability to food insecurity and its adverse health outcomes. When our patients are hungry, they leave**

didg^wálic offers:

- **Created a lunch program for patients as an integrated part of engagement in comprehensive treatment services. Removes a significant barrier to engage in therapy and other health care services.**
- **Sometimes it is the only meal they have in a day.**
 - **Ex. Receive a boxed lunch (sandwich and fruit) with completion of on-time primary care, dental, lab, SUD, and mental health appointments.**
- **Lunches and meals provided to patients from Swinomish vendors (gas station deli and casino).**

On-site Child Watch



- **Barrier: Families who lack access to child care are often unable to enter or remain in SUD/ODU treatment.**

didg^{wálic} offers:

- **3-hour on-site child watch for children 6 weeks to 12 years of age.**
- **Encourage new moms to bring babies with them into dosing and appointments or leave with trusted staff.**
- **Our child watch is staffed by professionals who provide healthy snacks, age-appropriate toys, and caring attention to the children of our patients.**

Maternal SUD Patient Program

- **Barrier:** Stigma and perceived judgment from health care providers prevents mothers with SUD from seeking care.

didg^wálic offers:

- Partnership with Swedish hospital system's "Chemically Using Pregnant Women" program for inpatient rapid stabilization, including stabilizing on methadone when appropriate.
- Pre-natal education and connection to prenatal care.
- Post-partum check-ins.
- Set-up with maternity support services (i.e. WIC, TANF, and Parent-Child Assistance Program)



Transitional Housing



- **Barrier:** Majority of patients are housing insecure or homeless.

didg^wálic offers:

- **Transitional housing program with separate houses for men, women, and families.**
- **In the housing program residents learn important life skills and attend onsite support groups.**
- **Provides residents with a caseworker to meet transition goals for independent living.**

Response to Flooding and Snowstorm Emergencies

- **Barrier:** November 2021 Nooksack River flooding and December 2021 snowstorms. Flooding and mudslides on the roads meant many area residents were cut off from essential supplies.

didg^wálic offered:

- A quick and strategic patient-centered emergency response. Our Transportation Director partnered with Swinomish Police and Swinomish Fish & Game, to utilize a 35-foot Swinomish-owned boat.
- Emergency response team arranged for 3 temporary clinics off the dock per week.
- New emergency response policies and procedures have been developed. These measures were put in place to ensure patients are taken care of regardless of the barrier to care.



The Impact



- **Within the first year, opioid overdoses among Swinomish Tribal members decreased by 50%**
- **Client retention rate over 75%.**
- **76% report significant improvements in their quality of life.**
- **Majority of new clientele are self-referred or referred by family and friends who are also in services**

Remaining Challenges

- 1. Rapid emergency of fentanyl dependence presents new challenges for addiction medicine.**
- 2. COVID-19 pandemic societal and economic stressors exacerbated the opioid crisis, especially in Indian Country.**
- 3. Adequate reimbursement for services such as non-emergency transportation, child watch, and food security program.**
- 4. Workforce development. Trained workforce shortage for provision of services with OUD/SUD. Lack of providers and lack of education/training programs to prepare people to serve individuals with OUD/SUD.**



Questions

Video:

<https://drive.google.com/file/d/1kx0AnCOTQ8sXh387nJvCw0jbggkZtvjV/view>



Thank You!

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