

didgʷálič Immersion Training – January 2024

Tribal health teams who would like to or are currently providing treatment for patients with opioid use disorder are invited to register for a two-day orientation and training with the didgʷálič immersion program. The training will be structured with the first half of each day being held at the Swinomish Casino and Lodge in Anacortes, Washington, followed by afternoons spent observing and interacting with the clinicians and staff at the didgʷálič Wellness Center.

Teams that will be considered are those who are positioned to champion change in their tribe and provide care to patients with opioid use disorder within the primary care, behavioral health, oral health, or opioid treatment program setting. Team members might include Leadership (e.g. tribal health directors, council members, and administrators), clinicians (prescribing MD/DO/NP/PA/DMD/DDS, nurses, social workers, pharmacists, nurse care managers, behavioral health specialists, etc.), and quality improvement specialists.

Up to 10 teams will be selected to participate, with a maximum of 30 individual participants, based on interest level and geographic distribution throughout Indian Country.

Many tribal governments have begun to institute promising solutions that could be expanded upon as well as serve as models for other tribes. The didgʷálič model is a proven tribally driven solution that is lifesaving. The purpose of the immersion training is to share the didgʷálič model with other tribes. The didgʷálič model can be modified to fit local native community needs.

Integrated Treatment Approaches: the didgʷálič wellness model

After suffering a series of devastating losses in the tribal community due to opioid overdoses, the Swinomish Tribe designed and developed a unique treatment program called didgʷálič. didgʷálič integrates evidence-based substance use disorder treatment with holistic, culturally competent care to successfully deal with the effects of OUD. The program provides a full array of medications for opioid use disorder, primary medical care, dental care, mental health care, treatment of co-occurring disorders, and social services support with domestic violence, legal, housing, employment, parenting, and other issues both causing and resulting from OUD. didgʷálič also provides on-site childcare and free transportation to eliminate barriers to treatment. The didgʷálič model embraces a team approach to care: each patient is treated by a medical provider, a certified substance use disorder professional counselor, nursing staff, a mental health counselor, as well as peer support specialists.

The didgʷálič model of care centers on and incorporates the tribe’s culture and values. The program promotes long-term, life-saving treatment rather than classic short-term “fixes” that all too often end in overdose death. Outpatient addiction care allows patients to stay in the community with their families during treatment. The tribal government and individual tribal members also provide cultural leadership and advice on the use of Native culture in the program.

didgʷálič differs from standard referral-based models, by providing fully integrated care, placing all components of effective OUD treatment under one roof. The standard referral-based model is ineffective, with community members not receiving the care that they need. The didgʷálič model replaces ineffective referrals with integrated care under one roof.

Agenda – Day 1

January 17 (all speakers to be invited)

- | | |
|-----------|--|
| 7:30-8 | Arrival/Breakfast (Provided) |
| 8-8:15 | Blessing/Prayer |
| | - <i>Huge Edwards and Canoe Family</i> |
| | - <i>Tribal Leadership Welcome</i> |
| 8:15-8:30 | A Mother’s Story of Recovery |
| | - <i>Cheryl Rasar</i> |



- 8:30-9:30 **Introductions**
- Participants are invited to introduce themselves, give an overview of Opioid Use Disorder within their community, current treatment practices, share barriers, stigma around opioid use and methadone.
- 9:30-9:45 **Break**
- 9:45-10:30 **Ending the Opioid Crisis: Recommendations for Elected Leadership**
- Jeremy Wilbur, kuts bat soot - Chairman of the Swinomish Development Authority and Swinomish Senator
 - Leon John, sməkəla - Outreach Director, didg^wálič Wellness Center (Former Chairman of the Swinomish Development Authority)
- 10:30-12 **The didg^wálič Model for Addressing the Opioid Crisis in Indian Country (Part 1)**
- Beverly Keyes, DNP, RN, Chief Executive Officer, didg^wálič Wellness Center
 - Bryce Parent, MD, FASAM, Chief Medical Officer
- 12-1 **Lunch (Provided)**
- 1-2:30 **The didg^wálič Model for Addressing the Opioid Crisis in Indian Country (Part 2)**
- Huge Edwards, Transportation and Security Director, Swinomish Culture
 - Holle Edwards, SUDP, advocate in Swinomish Wellness Court and Anacortes Court
 - Rachele Bellefleur, SUDP, Pregnant and Parenting programming, and SUD Lead Counselor
 - Akila Osakwe, LMHC, Mental Health Manager
 - Keren Gott, LMHC, Housing and Social Services Director
- 2:30-4 **Treatment and Program Management Discussion**
- Break Out Sessions: Participants are matched with didg^wálič staff for two rotating 45-minute sessions.

Leadership	Medical
Beverly Keyes, DNP, RN, Chief Executive Officer Cheryl Rasar, Community Relation Director Leon John, Outreach Director Sarah Sullivan, Policy Director	Bryce Parent, MD, FASAM, Chief Medical Officer Annette Macartney, Psych NP Sheila Tomas, BSN, RN Nursing Manager

Behavioral/SUD Counseling	Support Services
Erik Ostergaard, SUDP Clinical Supervisor Chris Curtis, SUDP Lead Holle Edwards, SUDP Rachele Bellafleur, SUDP, PPW Program Coordinator, and SUD Lead Counselor Akila Osakwe, LMHC, Mental Health Manager	Patsy Solomon, Elder Coach Huge Edwards, Transportation/Security Director Keren Gott, LMHC, Social Service Director Alette Ford, Recovery House Director

4-5 **Travel to didg^wálič Wellness Center - Tour**

Agenda – Day 2

January 18

- 8-8:30 **Arrival/Breakfast** (Provided)
- 8:30-9 **The Data Behind the Opioid Crisis in Indian Country**
 - *Crisandra Wilkie, MPH, Epidemiologist, Northwest Portland Area Indian Health Board*
- 9-10 **Screening, Treatment, Management of Opioid Use Disorder at didg^wálič**
 - *Bryce Parent, MD, FASAM, Chief Medical Officer*
- 10-10:15 **Break**
- Trauma and Substance Use Disorders/Trauma Informed Care**
- 10:15-10:45 - *Danica Brown, MSW, PhD, Northwest Portland Area Indian Health Board*
- 10:45-11:15 - *Akila Osakwe, LMHC, Mental Health Manager*
 - *Keren Gott, LMHC, Housing and Social Services Director*
- A Syndemic Response: Infectious Disease Evaluation in People with SUDs**
- 11:15-11:45 - *Jorge Mera, MD, FACP, Indian Country ECHO Medical Director*
- 11:45-12:15 - *Beverly Keyes, DNP, RN, CEO, & Bryce Parent, MD, FASAM, Chief Medical Officer, integration of Syndemic response in care at didg^wálič*
- 12:15-1:15 **Lunch** (Provided)
- 1:15-2:45 **Treatment and Program Management Discussion**
 - *Break Out Sessions: Participants are matched with didg^wálič staff for two rotating 45-minute sessions.*

Leadership	Medical
Beverly Keyes, DNP, RN, Chief Executive Officer Cheryl Rasar, Comm Relations Director Leon John, Outreach Director Sarah Sullivan, Policy Director	Bryce Parent, MD, FASAM, Chief Medical Officer Annette Macartney, Psych NP Sheila Tomas, BSN, RN Nursing Manager

Behavioral/SUD Counseling	Support Services
Erik Ostergaard, SUDP Clinical Supervisor Chris Curtis, SUDP Lead Holle Edwards, SUDP Rachelle Bellafleur, SUDP, PPW Program Coordinator, and SUD Lead Counselor Akila Osakwe, LMHC, Mental Health Manager	Patsy Solomon, Elder Coach Huge Edwards, Transportation/Security Director Keren Gott, LMHC, Social Service Director Alette Ford, Recovery House Director

2:45-4 **Travel to didg^wálič Wellness Center - Tour**