



# Growing Your Tribal Community's Capacity to Address Opioid Use Disorder

Guidance for Tribal Leaders, Policymakers, and Program Staff Based  
on Lessons Learned from the Swinomish Indian Tribal Community

WINOMISH INDIAN TRIBAL COMMUNITY



 didg<sup>w</sup>álič  
wellness center

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# Letter from the Tribal Chairman

Opioid use disorder (OUD) has deeply impacted the Swinomish Indian Tribal Community. Like many other communities, we have seen opioids challenge our people's ability to maintain strong family ties, do meaningful work, and participate in important cultural and community activities.

In response, tribal decision makers, program staff, and policymakers at Swinomish worked together to develop a strategy to address OUD. Initially, this strategy involved consulting with community members, healthcare providers, and others impacted by opioids. It also involved researching effective treatments.

Understanding the needs of those impacted by OUD, as well as having up-to-date information about how to treat this complex condition, helped the Swinomish Indian Tribal Community create an innovative approach for addressing opioids. Over time, we saw what elements of our approach were successful and which failed.

Through adapting our approach based on the lessons we learned, we crafted a uniquely Indigenous, evidence-based model for treating OUD. This approach is now known as the *didgwálic* (deed-gwah-leech) Treatment Model for Opioid Use Disorder. In just one year, this model resulted in a 50% decrease in opioid overdose deaths among Swinomish tribal community members.

As tribal people, we understand the value of sharing important lessons through storytelling. We created this document to share the story of how the Swinomish people developed the *didgwálic* Treatment Model. We believe sharing this knowledge may help other tribal staff, policymakers, and leadership take steps to grow their capacity to address OUD in their community.

Here at Swinomish, we have seen the healing that can occur when tribal policymakers, leadership, and program staff work collaboratively with relatives with OUD to meet their needs. Today, in our community, individuals who once could not care for themselves or their families, work, or participate in community activities, are now connecting, thriving, and moving forward to achieve their aspirations.

We strongly believe in tribal nations' ability to heal from opioids. Through growing the capacity of our program staff, policymakers, and leadership to take action, we can help our relatives who are suffering. Please join us in working to end the tribal opioid epidemic and supporting all of our relatives and relations on their recovery journeys.

In Health and Healing,

Steve Edwards, Swinomish Tribal Chairman  
Swinomish Indian Tribal Community



## Introduction

**Many tribal communities across Indian Country have been devastated by the impacts of the opioid crisis. Since 1999, drug-related deaths among American Indian and Alaska Native (AI/AN) people have quadrupled. In 2017, AI/AN people had the second highest opioid death rate of any group in the United States.**

The Swinomish Indian Tribal Community knows the devastation that opioid use disorder (OUD) causes just like many other tribal communities.

Swinomish decision-makers, policymakers, and staff, created and tested an approach to address OUD. This approach now known as the didg<sup>w</sup>álič (deed-gwah-leech) treatment

model for opioid use disorder, reduced opioid overdose deaths among Swinomish tribal members by 50% within one year.

As word of the didg<sup>w</sup>álič treatment model spread, tribal staff began fielding questions almost daily from those eager to learn more. Over a period of a year and a half, from 2018 to 2023, over 120 organizations from across



Photo by Eric Mickelson | <https://flic.kr/p/a7KipG>

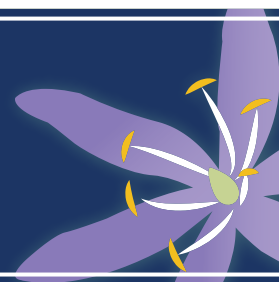
the nation visited didgʷálič Wellness Center. That number now exceeds 160


The Swinomish Indian Tribal Community in response to the impacts of the opioid epidemic in our community, decided to outline and describe our model.

In this document you will find:

- The story about how the didgʷálič Treatment Model for OUD was created
- Lessons we learned through helping our relatives with OUD recover
- Recommendations based on these lessons
- Detailed descriptions of our treatment model and facility
- Observable impact

You have the power to take steps to heal your people regardless of your community's current situation. It is our hope that this resource will help support you on your journey.





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

Reducing barriers to care is central to didg<sup>w</sup>álič Wellness Center's mission and successful model for treating OUD.

## The Creation Story of the didg<sup>w</sup>álič Treatment Model for OUD

Developing the didg<sup>w</sup>álič Treatment Model for OUD took time, deep reflection, and a strong commitment to changing our approach when it did not serve us. This model is community-tested and evidence-based, honors Swinomish perspectives on health and wellness, and reflects our lessons learned.

### A Trickster Crept In (1990s)

People with OUD are often surprised by the cunning ways drugs crept into their lives. Opioids change the way brains work; the drugs take command of the parts of the brain that control cravings, and they trick people into wanting more opioids in larger amounts. Without us even realizing it, opioids can take over our lives, making people feel they need more and more just to feel normal. It can happen to anyone.

At Swinomish, like many other communities, opioids first crept into people's lives through prescription medications. During the 1990's,



The Swinomish Tribe gives back to the local community thru funding arts, education, safety, and social and medical services. This is a sign welcoming visitors to our reservation.



doctors were told that opioid medicines were not addictive. Not wanting their patients to suffer from pain, they provided opioids to their patients in larger numbers than ever before.

Opioids that were intended to heal our people were actually hurting our people. Many community members became dependent on opioids without realizing it until it was too late. When prescriptions ran out, our relatives sought other ways to find opioids. This put many people in compromising situations and at times had harmful effects on our community.

## Then Heroin Walked Through the Door (2000s)

When larger amounts of the powerful and illegal opiate, heroin, made its way into Northwest Washington and onto our homelands, our people were deeply impacted. The tribe's existing alcohol treatment program, among the first generation of Indian Health Services funded substance use programs, did not have the proper tools to address the growing opioid crisis.

As more of our relatives developed OUD, the program opened its doors to those in need. Patients with OUD were offered counseling, as well as referrals to social and medical services, but they were expected to stop taking opioids "cold turkey."

## Our People Demanded Change (2010)

By 2010, the opioid epidemic had deepened at Swinomish. Treatment program staff were overwhelmed. It was apparent that the needs of our relatives with OUD were far outpacing



The Swinomish Tribe is committed to improving the wellbeing of tribal members through offering vital services, protecting a way of life that honors our ancestors and future generations, and being in good relationship with the land.



the program's capacity to address them. Staff saw patients continuously cycling through the program, only able to stop opioid use for a short period before suddenly dropping out of treatment.

Treatment was not working for the majority of our relatives with OUD, and program staff came to believe that our approach needed to change.

At the same time, as broader awareness of the impacts of the opioid crisis spread, a tipping point was reached at Swinomish. After witnessing several deaths over a short period of time, a few brave parents and grandparents of children who were lost to the epidemic began to share their stories. Elders asked



Forming a cross-departmental Tribal Opiate Task Force was key to addressing the opioid crisis at Swinomish.

## Creating the Tribal Opiate Task Force (2010-2012)

In response to community members' demands for change, the tribe hired a new treatment director with knowledge and experience in opiate treatment programs.

One of the director's first initiatives was to form a new cross-departmental Tribal Opiate Task Force. This Task Force included community members impacted by opioids, as well as representatives from Tribal departments including Wellness, Mental Health, Probation, Courts, Police, Indian Child Welfare, Health, and Culture. The Task Force's role was to identify the scope of the opioid crisis at Swinomish and gather tools that could be used to address it.

tribal leadership, "What will become of the next generation if action is not taken now?"

Like a dam breaking from the weight of a rising river, a coalition of tribal community members flowed forth to demand change.

By holding quarterly meetings with community stakeholders, the Tribal Opiate Task Force was able to swiftly gather vital input needed to understand the community's opioid epidemic and make critical recommendations to transform the struggling treatment program.

**“** It was at the funeral of a young man, where the former chairman of the tribe went to the family and asked permission to share what killed their son. After the family agreed to share this story, the taboo of talking about opioids was broken. What was once private suffering all of the sudden became public knowledge. That young man's family agreeing to speak out saved our community. It changed everything. We knew we had to take action. **”**

- John Stephens, Retired Founding CEO, didg<sup>w</sup>álic Wellness Center

“The Swinomish Tribal Court is responsible for protecting the health and safety of our community. By having staff on the Tribal Opioid Task Force, the Court was able to better collaborate with our medical, mental health, and social services programs to address the root of many ancillary crimes: addiction. As Task Force members, we realized that by all of us working together, the tribe could quickly mobilize its resources to address the epidemic. Since mobilizing we have seen attention focused on solving addiction from the highest levels of our leadership.”

- Mark Pouley, Former Tribal Court Judge,  
Swinomish Indian Tribal Community



## Offering Medication-Assisted Treatment (2012)

The Tribal Opiate Task Force made several key recommendations involving medication-assisted treatment (MAT). MAT combines behavioral health counseling and medications to treat OUD. This treatment method helps individuals address cravings and withdrawal while focusing on changing their behaviors to break the cycle of addiction.

Through their research, Task Force members learned that MAT was more than twice as effective at decreasing overdoses than counseling alone. Since the treatment program's current approach was not working, providers and leadership were open to change. In response, the Tribe's treatment program - now called the Swinomish Wellness Program - began offering office-based buprenorphine (Suboxone®) treatment, alongside intensive outpatient counseling. Generally, office-based buprenorphine programs allowed clients to fill prescriptions of large quantities at pharmacies. Task Force

members recognized the inherent risk of patients using prescriptions improperly or diverting their medications into the community. To address potential dangers, the Swinomish Wellness Program recommended that patients being treated with buprenorphine:

- Participate in intensive individual and group counseling
- Pick-up small amounts of their medication at the pharmacy more frequently
- Remain accountable to the terms of their treatment plan

This structure helped patients in early recovery stay engaged in their treatment process and remain accountable. As our relatives progressed through the program and reached key milestones in their recovery plan, they slowly earned greater responsibility over managing their medications.



*“I was homeless and heard about didgʷálič through a friend. Now I am on methadone, which helps me not be sick. I am not homeless anymore. I have a job, and I can take care of my kids. I’m going to be on methadone and in counseling for as long as it takes for me to not go out and use heroin.”*

– Lana James, Swinomish Tribal Member,  
didgʷálič Wellness Center patient

## Integrating Our Services and Hiring the Best (2010)

To ensure we offered clients high-quality services, the Swinomish Wellness Program hired competent staff who were well-trained in evidence-based practices. Counseling was provided by Substance Use Disorder Professionals, and all staff received specialized education to meet the needs of those with OUD.

To reduce the likelihood of losing patients to the referral system, the Swinomish Wellness Program embedded a physician in the program. After receiving a SAMHSA DATA waiver (which allowed him to prescribe buprenorphine to patients), he spent one day per week at the program diagnosing

patients presenting with OUD and providing prescriptions as needed.

## Reflecting on Important Lessons Learned (2015-2017)

After offering community members with OUD office-based buprenorphine and intensive counseling for several years, Swinomish Treatment Program staff and members of the Tribal Opiate Task Force took time to reflect.

Taking this time to reflect helped identify what elements of our approach were successful and which needed to be modified. From 2015-2017, the Swinomish Indian Tribal Community identified six important lessons learned from operating the Swinomish Wellness Program.

*“Through having our own in-house physician, patients were able to have their needs met for both medication and counseling under one roof. Plus, our services and staff were integrated, which was better for patients. This was key to the Swinomish Wellness Program’s early successes.”*

– John Stephens, Founding CEO, didgʷálič Wellness Center (retired)



From these lessons flowed six principals upon which the foundation of the didg<sup>w</sup>álič Treatment Model for OUD was built.

## Lesson 1 - Healing OUD Requires Treating the Whole Community

As is common in other communities, many families at Swinomish consist of both tribal and non-tribal people. Too often, we observed that a Swinomish tribal member would begin treatment at our program but then relapse, because their partner, who was not eligible for services, was also dependent on opioids.

### **Foundational Principle:**

Tribal members with OUD often live with non-tribal community members with OUD. To effectively address the opioid epidemic in our community, we realized that we needed to offer treatment services to both Swinomish and non-Swinomish community members.

## Lesson 2 - Referrals to Essential Services Often Do Not Benefit People with OUD

Commonly people with OUD have undiagnosed and untreated medical and mental health conditions. Many also have insecure housing, no transportation, unreliable childcare, and legal needs. To assist patients, the Swinomish Wellness Program developed an active referral system for medical and social services. However, most patients referred to services did not get the help they needed. Patients often encountered providers unfamiliar with treating their condition, as well as stigmatizing language and behaviors. These negative experiences stopped many patients from actively engaging in services essential to their recovery.



People with OUD benefit from integrated services. At didg<sup>w</sup>álič, clients can go from medication dosing services (as seen here) to an appointment with their counselor or medical provider, then move on to group counseling.



### **Foundational Principle:**

Our relatives with OUD have complex medical and social service needs that must be met so they can recover. Expecting patients to secure travel, childcare, and other resources to meet with providers outside of their local treatment program is not feasible. To effectively address the opioid epidemic in our community, we realized that we needed to eliminate the need to refer individuals outside of the tribe for essential medical and social services

## Lesson 3 - Integrated Services Are Better for People with OUD

The benefits of treatment for individuals with OUD become fragmented when healthcare services are physically separated and providers do not communicate regularly. Separate services and providers can create cracks in the system that individuals on the road to recovery can fall through as they attempt to walk from one service to the next.



People who fall out of treatment for OUD are often housing insecure. That is why didgʷálic offers clients access to transitional housing services.

### **Foundational Principle:**

Providers who communicate regularly are able to provide better individualized services. To effectively address the opioid epidemic in our community, we realized we must offer patients care that is integrated and team based under one roof.

### **Lesson 4 - People with OUD Benefit from Removing Barriers to Care**

Swinomish Wellness Program staff recognized that many clients experienced barriers to care and were not able to fully access services.

We identified seven key barriers to care that prevented individuals with OUD from successfully engaging in treatment:

1. Lack of transportation
2. Lack of childcare
3. Insecure housing
4. Lack of health insurance
5. Undiagnosed and untreated mental illness
6. Untreated health conditions, including dental problems
7. Social stigma and marginalization

### **Foundational Principle:**

Services that remove barriers to care are an essential part of treating people with OUD. To effectively address the opioid epidemic in our community, we realized that we needed to comprehensively address patients' barriers to care.

### **Lesson 5 - Not Everyone with OUD Benefits from Buprenorphine**

The Swinomish Wellness Program offered one medication (buprenorphine) to treat opioid use disorder; however, clinicians observed that this "one size fits all" approach did not work for everyone. For some patients, buprenorphine was not effective.

### **Foundational Principle:**

MAT works best when treatment is tailored to the individual. To effectively address the opioid epidemic in our community, we realized that we needed to offer patients customized medication treatment.

## Lesson 6 - A Culturally Competent Approach Helps Patients with OUD Recover

Treatment program staff observed that honoring Swinomish teachings and perspectives, increased patient buy-in, participation in treatment, and ultimately improved patient outcomes.

### ***Foundational Principle:***

We realized that we needed to offer patients a treatment approaches that honored and incorporated Swinomish culture, as well as Native perspectives on health and healing to effectively address the opioid epidemic in our community.

## **Developing the didg<sup>w</sup>álič Treatment Model for OUD (2017-2018)**

We gathered lessons learned from the Swinomish Wellness Program, as well as information collected by the Tribal Opiate Task Force to create a treatment model that better served our community. In addition, we consulted with program staff, clinicians, and community members affected by opioids.

The didg<sup>w</sup>álič treatment model for opioid use disorder emerged and was designed to offer everything an individual might need to recover from opioid use disorder all under one roof.

To house the recovery program and personnel required, the Swinomish Senate approved the purchase of a 10,000 square foot property.



Practicing our culture and living in a good way is vital for optimal health and wellness for Swinomish tribal members.





Our dedicated staff are at the heart of what we do. didg<sup>w</sup>álič staff are committed to creating a welcoming environment and providing the best possible services to our community.

## The didg<sup>w</sup>álič Wellness Center

On January 8, 2018, after a year of groundwork, the didg<sup>w</sup>álič Wellness Center opened its doors.

The didg<sup>w</sup>álič Wellness Center is owned and operated by the Swinomish Indian Tribal Community. This multi-specialty community health organization provides adults with OUD and behavioral health disorders counseling, medication, primary care, and social services under one roof.

didg<sup>w</sup>álič means in Lushootseed *“where the camas was dug.”*

The camas bulbs were harvested and baked as a sweet, fructose-rich food by Native peoples throughout the Pacific Northwest.



didg<sup>w</sup>álič serves Swinomish tribal members, members of other tribes, and non-Native individuals residing within a 50-mile radius that includes Skagit, Whatcom, San Juan and Island Counties.

didg<sup>w</sup>álič accepts walk-in patients, referrals from other opioid treatment programs, as well as individuals referred by local county courts and the Swinomish Healing to Wellness Court.

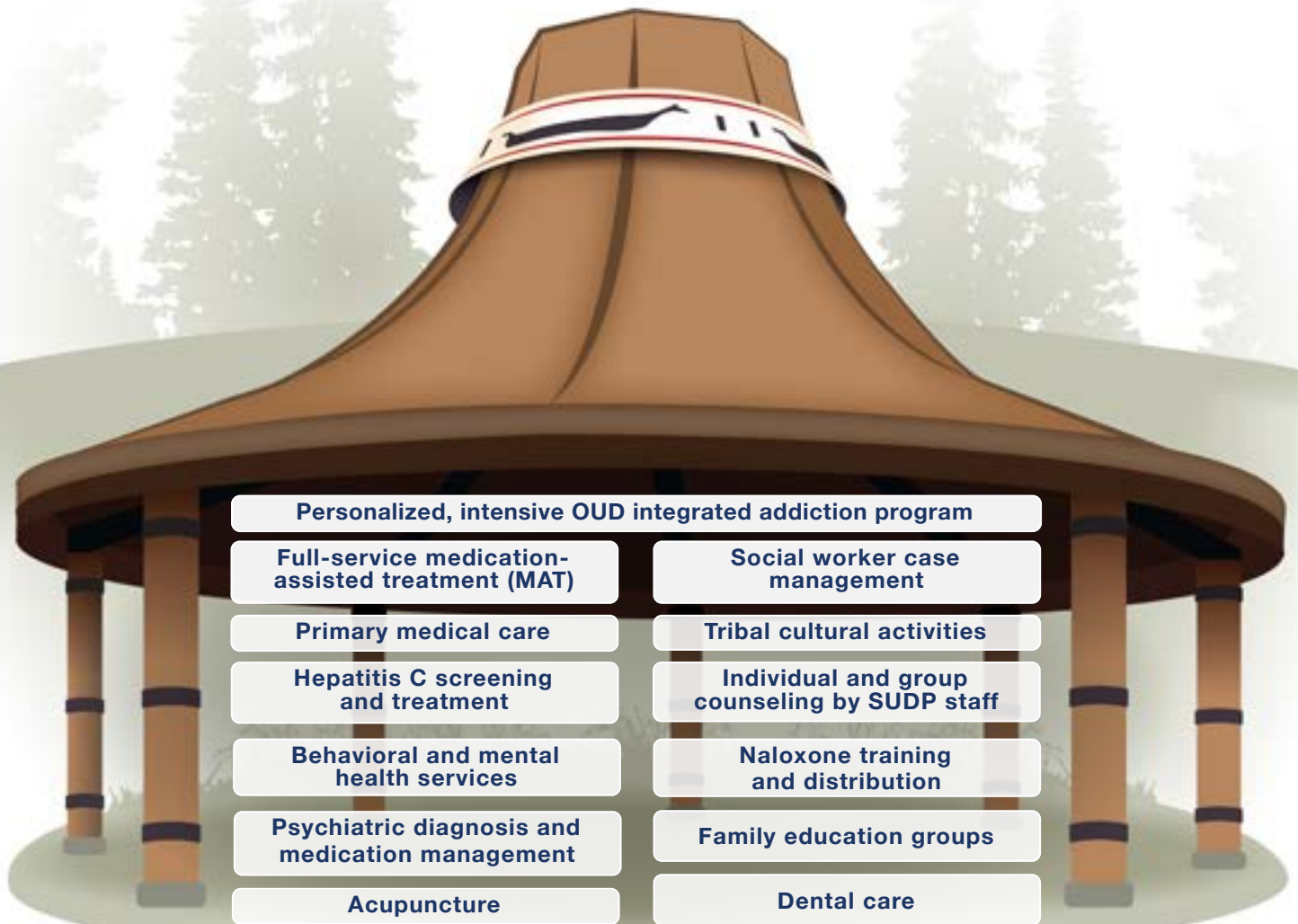


# The didg<sup>w</sup>álič Treatment Model for Opioid Use Disorder

The didg<sup>w</sup>álič Treatment Model has several core components that make it successful.

## Core Component 1: Medical and Social Services Under One Roof

We offer each patient an individualized treatment plan designed to address their unique medical, psychological, and social needs. We offer under one roof:





*didg<sup>w</sup>álič Wellness Center's ground-breaking treatment model has won several awards for innovation. These include the Award for Excellence in Leadership from the Portland Area Indian Health Services and the Director's Award from the Indian Health Service. Through combining evidence-based medicine, Tribal community knowledge, and patient-centered strategies, didg<sup>w</sup>álič is saving lives and reuniting families.*

## **Core Component 2: Tailored Medication- Assisted Treatment**

The didg<sup>w</sup>álič Treatment Model offers customized medication options. Medications provided include both methadone and buprenorphine to help decrease cravings. We also offer naltrexone, a medication that can help prevent relapse through blocking the effects of opioids and alcohol.

At the same time patients are administered medications, they are also required to participate in intensive behavioral health and substance use disorder counseling. Combining medications and intensive behavioral health counseling is called medication-assisted treatment or MAT.

## **Core Component 3: Ensuring Medications Heal Rather Than Harm**

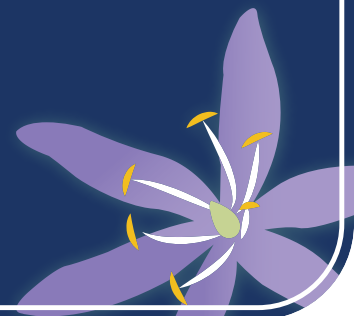
The medications we provide to patients with OUD are used to support their recovery. To ensure that medications are beneficial, the didg<sup>w</sup>álič Treatment Model requires that all individuals in the program initially receive medications through observed daily dosing at the Center.

We also require that patients utilizing MAT consistently:

- Attend their scheduled appointments, groups, classes, and counseling sessions

**Medication-assisted treatment (MAT), when delivered in conjunction with appropriate supportive counseling and behavioral therapies, has long been recognized as the best and most highly effective, evidence-based treatment for opioid addiction.**

-American Society of Addiction Medicine, National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015)





Our skilled providers work respectfully with patients to understand their individual needs and hopes for maintaining their health.

- Adhere to the Center’s general safety and conduct rules
- Submit to random drug screens observed by staff
- Take three 60-minute group classes: one about the program, another about medication safety concerns, and the final on medication lockbox safety
- Demonstrate the safe use of their medication lockbox
- Receive naloxone training and a kit including naloxone for home

After becoming stable on their medication and consistently reaching treatment plan goals, patients may graduate from receiving daily doses of medication. Patients may begin to take a small number of doses of medication home. This is called “carrying” medications.

Throughout the period where patients are allowed to carry their medications home, they must continue to receive random drug screens, fully participate in services offered, and progressively work toward meeting the objectives of their treatment plan.

If patients do not actively participate in counseling and consistently demonstrate that they are progressing, a patient’s treatment team will meet and work with the patient to achieve compliance.

To develop a medication carry protocol that benefits your community, consult your federal and state treatment guidelines. Keep in mind that what meets the legal requirements for one facility may not meet the requirements for another.

## **Core Component 4: Integrated Services and a Team-Based Approach**

The didgʷálič Treatment Model embraces a team approach where each patient receives care from nursing staff, a medical provider, a substance use disorder professional, a mental health counselor, and a social worker.

Patients regularly meet with each one of their treatment providers. At weekly clinical team meetings providers collectively develop ways to improve the individual’s treatment plan.



“ Trying to treat patients with substance use disorder in a siloed setting [where services and providers are separated] hasn't been effective. At didg wálič, I can meet with a patient in an assessment, and if an emergent medical condition becomes present, I can just walk them downstairs, whereas in other settings this would require a referral.”

– Chris Curtis, Substance Use Disorder Professional,  
didg wálič Wellness Center

Twice per week all care team staff meet to discuss new enrollees and devise solutions to patients' treatment issues, share successes, and provide each other with support. We have found that offering an integrated, team-based treatment model:

- Makes it less likely that patients will get lost in referral systems
- Encourages providers to collaborate across disciplines
- Breaks down healthcare silos
- Helps providers quickly identify struggling patients and take prompt action
- Helps providers efficiently address multiple patient concerns
- Improves patient outcomes

“ The patient population at didg wálič Wellness Center is complex. A well-educated and experienced staff treat s the complexities of addiction. The clinical services are under the direction of a physician who is dual board-certified in addiction and primary care medicine. The staff is what gives didg wálič it's heart.. ”

– Leon John, Retired Swinomish Senator, Retired Swinomish Development Authority Chairman, Outreach Director didg wálič Wellness Center



## Core Component 5: Removing Barriers to Care

The didgʷálic Treatment Model stems from the philosophy that unless barriers to care are addressed, patients will remain excluded from accessing the services they need.

Common barriers to care for our relatives with OUD include, insecure housing, lack of health insurance, transportation, childcare, as well as stigmatization, undiagnosed and untreated health conditions, and culturally appropriate care.

To support patients in accessing care, we provide the following services as essential core elements of our treatment model:

- ✓ Free onsite childcare during visits
- ✓ Free transportation to/from visits
- ✓ Free assistance with insurance enrollment
- ✓ Transitional housing
- ✓ Client services
- ✓ Free clothing bank
- ✓ Private medication appointment rooms
- ✓ Thoughtfully designed physical spaces
- ✓ Culturally competent care
- ✓ Efforts to eliminate stigma
- ✓ Naloxone overdose kit and training

“By addressing barriers to care, we have observed that patients are better able to regularly keep clinic appointments, meet the goals of their treatment plan, and successfully participate in treatment and recovery.”

– John Stephens, Founding CEO, didgʷálic Wellness Center (retired)

### Onsite childcare

While receiving treatment services at the Center, individuals can bring their children. We offer onsite child watch for children 6 weeks to 12 years of age. Our child watch is staffed by professionals who provide healthy snacks, age-appropriate toys, and caring attention.

### Transportation services

We provide free transportation for patients to and from appointments, classes, and groups. Currently, didgʷálic Wellness Center operates 7-15 passenger vans, transporting approximately 100 clients each day.



We offer child watch services, so clients can feel comfortable attending services essential to their recovery.



## Assistance with insurance enrollment

didgwálič has staff who are certified as tribal assisters through the Washington State Benefit Exchange support patients by enrolling them in, and managing, their Medicaid, Medicare, or private insurance. These staff are also trained in supporting patients in accessing special benefits under the Affordable Care Act.

## Transitional housing

didgwálič Wellness Center offers a transitional housing program with separate houses for men, women, and families. While in the housing program, participants learn important life skills essential for recovery, including financial management and job readiness. Participants attend onsite support groups and are offered transportation to court dates and the grocery store. Finally, the housing program

provides participants a caseworker, with whom they meet weekly. Caseworkers help clients meet goals to transition to independent living.

## Client services

The primary goal of our Client Services Department is to remove barriers to care. Here, patients meet with a Social Worker to determine their immediate and long-term social service needs. Services offered include assistance: obtaining a valid driver's license, parenting, navigating Child Protective Services, navigating the legal system, securing transportation to/from medical and dental appointments, and completing social security disability and income benefits applications. Additionally, Client Services staff offer patients referrals to outside agencies and inpatient treatment services.

## Private medication appointment rooms

didgwálič offers private rooms for daily medication dosing that ensures the privacy and demonstrates respect for each client. Behind a closed door, patients have a personal appointment with a nurse who dispenses medications. This design creates the opportunity for private discussions to take place regarding treatment concerns or medication issues without fear of confidentiality being broken.

## Thoughtfully designed physical spaces

didgwálič Wellness Center offers clean, thoughtfully designed spaces to ensure patient comfort and safety. Inspiration was taken from nature and the camas- a medicinal plant which holds healing powers for the Swinomish



To cultivate a comfortable space that honors our patients' privacy, we offer clean and inviting rooms where confidential conversations can occur.



The didg<sup>w</sup>álic's Wellness Center is thoughtfully designed to create a warm and welcoming space.

people. Colors used and the design of the space evoke a relaxing and comfortable feeling.

### Culturally competent care

Culturally competent care is at the heart of creating a healing environment for tribal community members with OUD. To cultivate this environment, we developed an organization-wide cultural competency plan. Per this plan, staff are encouraged to actively participate in culturally centered activities, including lectures by Tribal Elders, language training, and events such as clam bakes and community dinners. We also offer staff culturally centered training relevant to their role and position. The didg<sup>w</sup>álic Treatment Model is also based on Swinomish perspectives on health. Unlike other treatment models, which tend to be based on western medical perspectives, our model recognizes the full scope of cultural, emotional, environmental, spiritual, and physiological factors that influence health. It also honors Swinomish perspectives through taking a

holistic approach that is both patient-centered and community-centered. As such, our model includes treating patients compassionately as relatives and relations in need of support and healing. It also includes working across the community to address the stigmatization and marginalization of people with OUD.

### Efforts to eliminate stigma

Community outreach and education are vital to eliminating stigma associated with OUD. We offer group sessions to family members on how to best support their loved ones. We also provide training to tribal service providers and community organizations on how to offer respectful and compassionate services to people with OUD.

Through this work, we have found that ensuring that community members and tribal service providers have accurate information helps to debunk myths and counteract stigmatizing behaviors.



Every client at didgʷálic learns how to prevent an opioid overdose using naloxone nasal spray. Clients also receive naloxone kits for home use.



## Core Component 6: Taking A Harm Reduction Approach

didgʷálic Wellness Center has over 80 professionals on staff who are dedicated to providing the best possible services to our community. Our skilled providers work with patients to understand their individual needs, relationship to opioid use, and hopes for maintaining their own health – all without requiring that they stop using drugs in order to receive services.

Stopping drug use “cold turkey” is not possible for most people with OUD. Therefore, requiring abstinence in order to receive services is harmful to the health and recovery for people with OUD.

## Naloxone overdose kit and training

Our harm reduction approach also involves offering naloxone. Naloxone is a powerful medication that can quickly reverse an opioid overdose. Naloxone kits and training are made available to clients, their families, and Swinomish tribal service departments as well as the Swinomish community.

We have found that making naloxone widely available and training community members how and when to use it has been essential to preventing deaths by overdose.

## Core Component 7: Redirecting Individuals from the Criminal Justice System into Treatment

We serve as an alternative treatment option for community members charged with drug-related offenses. As such, the didgʷálic Wellness Center accepts clients referred for services by the Swinomish Healing to Wellness Court and local county courts.

For clients who are referred to the Center via the court system, participation in the program is mandated as part of their sentence. Their progress is monitored by their probation officer, as well as our staff.

Offering treatment as an alternative option prevents many of our community members from being placed in facilities where they may not receive adequate treatment.





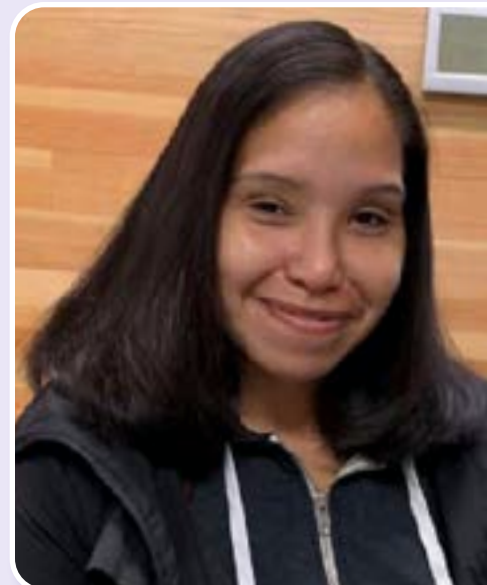
## Impacts of the didg<sup>w</sup>álič Treatment Model

After a long period of uncertainty, the Swinomish Indian Tribal Community has seen remarkable successes implementing the didg<sup>w</sup>álič Treatment Model for OUD.

We have observed community members who were once homeless and struggling, begin to participate in community gatherings, maintain stable employment and housing, and be active parents and grandparents.

“*didg<sup>w</sup>álič has loving, caring staff, and they would go above and beyond to make sure you are living a healthy, better life. I think that’s what keeps people coming back. didg<sup>w</sup>álič is a really good place to be if you want to seek help, be in recovery, and change your life for the better.*”

– Leanna Johns, Swinomish Tribal Member,  
didg<sup>w</sup>álič Wellness Center patient





To protect our relatives and relations with OUD and stop their suffering, the Swinomish people demanded change. Today we are seeing the positive impacts of our community working together to nurture our most vulnerable.

Across the community, people have taken notice of the positive changes in their family members and friends who once struggled with OUD. Patients at didg<sup>w</sup>álic Wellness Center are keeping appointments and meeting the goals of their treatment plans. And over a 12-month period from 2018 to 2019, we nearly reached our client capacity, our client retention rate was over 75%, and opioid overdose deaths among Swinomish tribal members dropped by 50%.

Today, many new clientele are self-referred by family and friends who are also in services. In some cases, three generations from one family are concurrently participating in the program and recovering together.



*“When you are helping someone through their recovery, it’s mainly about letting them know that we care and trying to keep their hope alive. didg<sup>w</sup>álic has helped people in our community keep that hope alive. ”*

-Barbara James, Swinomish Elder



Leon John, Swinomish Indian Tribal Community Senator (ret) and Chairman of Swinomish Development Authority (ret).

## Final Words

**Independent of where your community currently stands on addressing opioid use disorder, you have the power to take steps forward to heal your people and break the cycle of addiction.**

For some, those steps may include adapting several core components of the didg<sup>w</sup>álič Treatment Model. For others, those steps may include forming an opiate task force and presenting findings to your tribal council.

Here at the Swinomish Indian Tribal Community, we have seen the healing that can occur when tribal policymakers, leadership, and program staff work together to create a comprehensive plan to address the opioid epidemic. Thanks to the vision of our Tribal leadership, insights and critical recommendations gathered by our Opioid Task Force, and the strength of our community members, we began a journey that brought us to this place.

By being responsive to the needs of our people, we have learned several lessons and guiding principles. We are taking away as

many roadblocks as possible, so our clients can get the treatment they need. These are the foundation upon which the didg<sup>w</sup>álič Treatment Model was built.

By using the didg<sup>w</sup>álič Treatment Model, we have observed widespread public health benefits that have extended beyond the borders of our reservation. However, what matters most is that we all take action to assist our relatives with OUD based on their needs and the needs of our individual tribal communities.

Through adapting our approach to meet our community's needs and being open to trying evidence-based treatment options, we can heal our communities.

Please join us in taking action to support our relatives with OUD.



## Additional Information

To learn more about the didg<sup>w</sup>álic Treatment Model for Opioid Use Disorder, please view our free educational print materials, videos, and details about our in-person trainings at [didgwalic.com](http://didgwalic.com).

## References and Resources

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**Aimee Campbell, PhD**

Division on Substance Use Disorders  
New York State Psychiatric Institute  
Department of Psychiatry  
Columbia University Medical Center

**Kamilla Venner, Ph.D.** (Ahtna Athabascan)

Assistant Professor  
Department of Psychology  
Center on Alcohol, Substance use, And Addiction  
(CASAA)

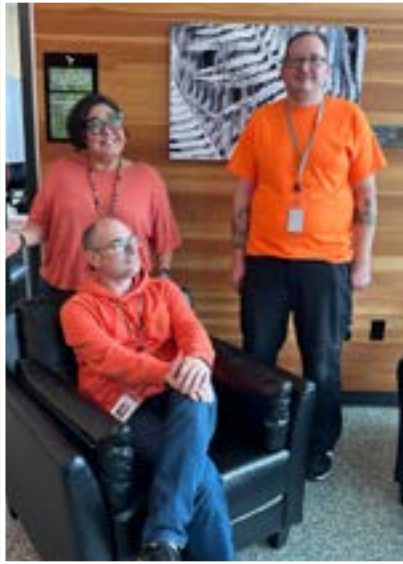
**Sandra M. Radin, Ph.D.**

Research Scientist  
Alcohol and Drug Abuse Institute  
University of Washington

**Stacy M. Rasmus, PhD**

Institute of Arctic Biology  
Director, Center for Alaska Native Health Research  
University of Alaska Fairbanks









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