

# Swinomish Indian Tribal Community didg<sup>w</sup>álic Wellness Center Model *History, Planning, and Operations*



**Immersion Training  
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**John Stephens, Consultant (Former didg<sup>w</sup>álic Executive Director)**



# Overview

- 1. Opioid Use Disorder Treatment**
- 2. Swinomish Opioid Treatment Program Evolution**
- 3. Regulatory Agency Compliance**
- 4. Overview of the Swinomish didg<sup>w</sup>álic Wellness Center**
- 5. Personnel**
- 6. Removing Barriers to Care**
- 7. Lessons Learned**
- 8. The Impact**

# Opioid Epidemic Critical Treatment Gaps

- 1. MAT is not available for most patients.** Only 23% of publicly funded treatment programs and fewer than 50% of private programs offer MAT.  
*American Journal of Public Health*
- 2. Most MAT patients don't have adequate access to counseling.** “[B]y itself, medically supervised withdrawal is usually not sufficient to produce long-term recovery, and it may increase the risk of overdose[.]” *New England Journal of Medicine*
- 3. Referrals to primary care are ineffective.** Research demonstrates referrals result in only 35% of patients actually receiving primary care.  
*American Journal of Public Health*

# Investing in Safer Communities

“[M]edication-assisted therapy is associated with reduced general health care expenditures and utilization, such as inpatient hospital admissions and outpatient emergency department visits”

– Mohlman, et. al.



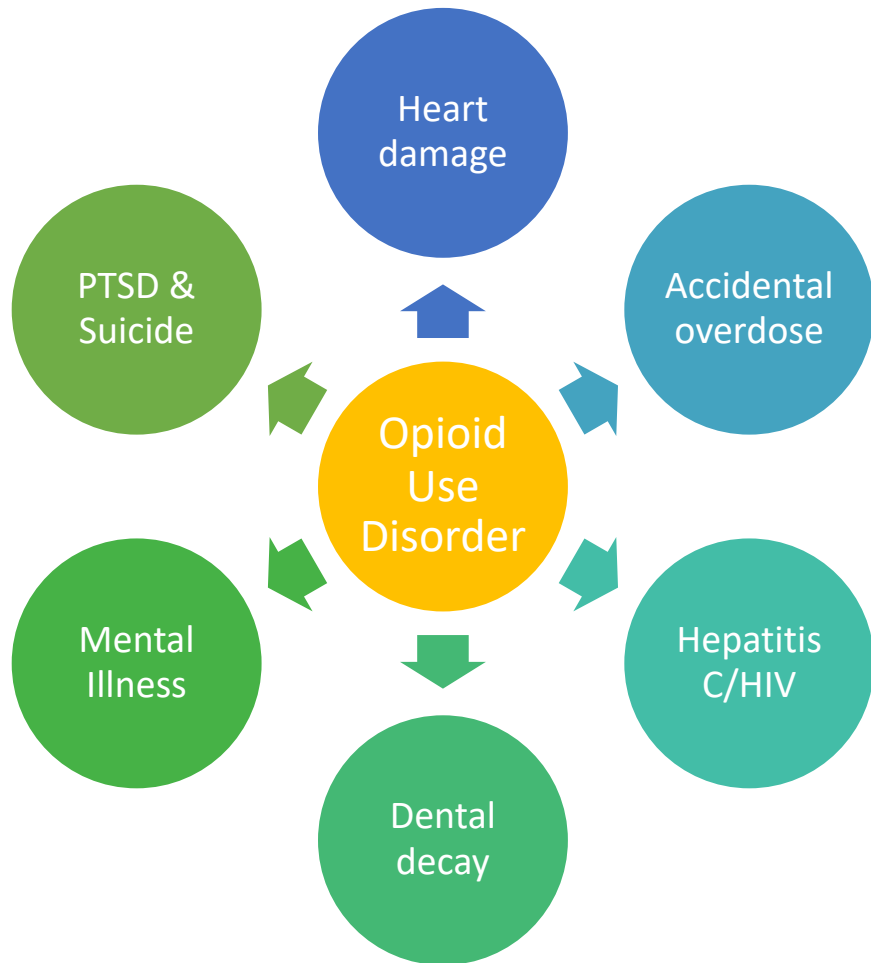
Swinomish Program will mitigate community impacts of the opioid crisis



Will alleviate burdens on first responders, public hospitals, law enforcement



# Opioid Use Disorder Causes High Morbidity and Mortality

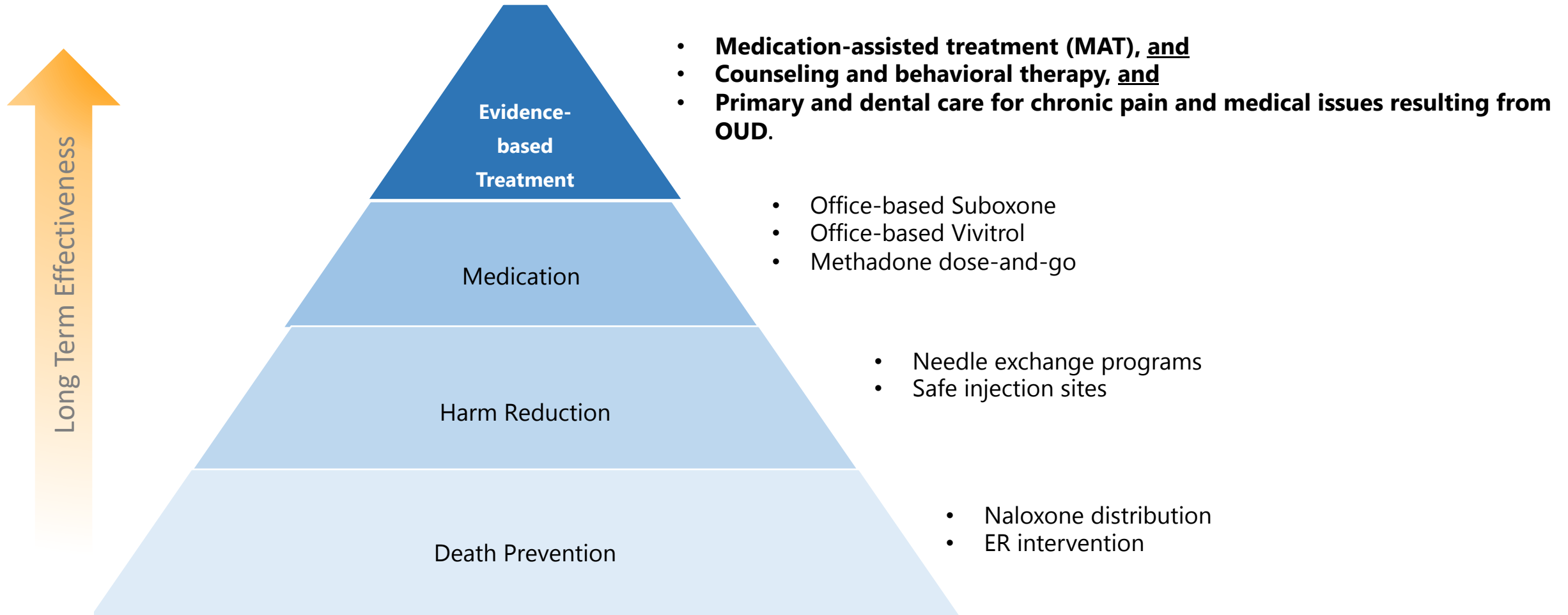


- Opioid use disorder is a chronic, relapsing medical condition.
- High mortality of OUD stems primarily from complications, such as accidental overdose, trauma, suicide, or infectious disease (e.g., Hepatitis C, HIV).
- There is no known cure. But OUD can be managed long-term with appropriate treatment.

Kosten, Thomas R., M.D. and Tony P. George, M.D., "The Neurobiology of Opioid Dependence: Implications for Treatment," **Science and Practice Perspectives**, July 2002.

Schuckit, Marc, M.D. "Treatment of Opioid Use Disorders," **New England Journal of Medicine**, July 2016.

# Hierarchy of Opioid Use Disorder Interventions



# Combating the Opioid Crisis

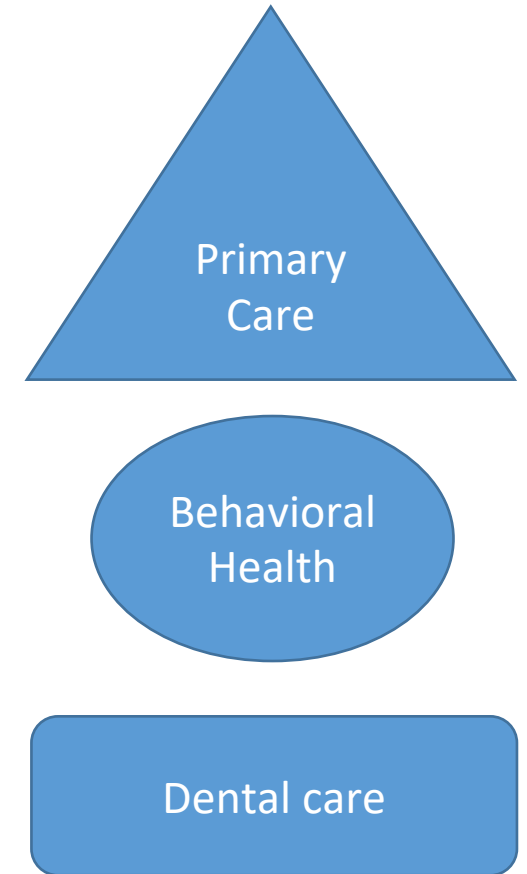
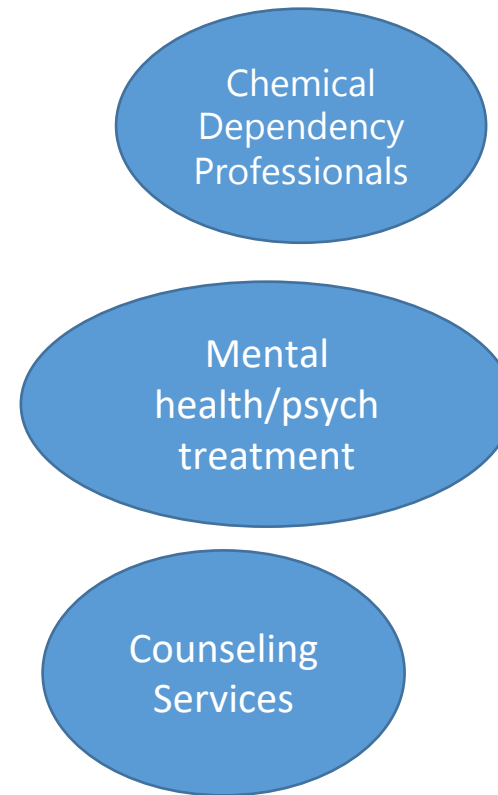
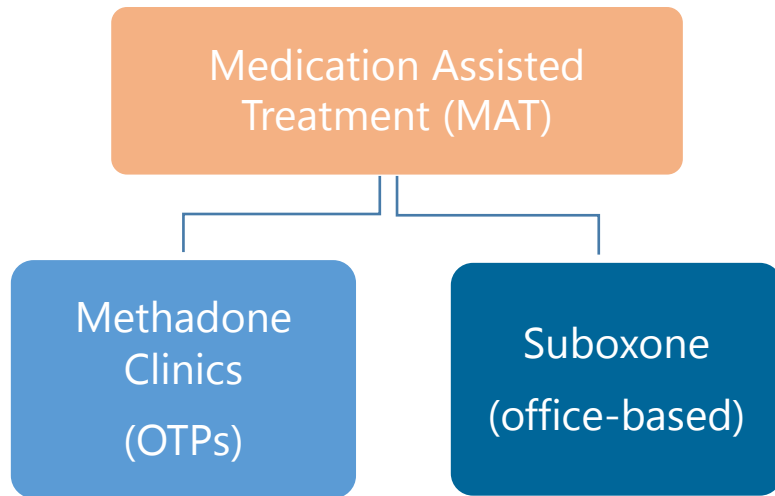
The Swinomish Senate ambitiously decides to use their own funds and resources to combat opioid crisis.

Community understands that this is a local and national issue affecting Native and non-Native populations.



# Integrated Care Treatment Model

*Pharma companies long misrepresented the nature of opioid addiction to doctors, patients and public health policymakers*



## **BARRIERS TO CARE:**

Homelessness, Mental Illness, Transportation, Lack of Childcare, Domestic Violence, Lack of provider participation

# **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<sup>w</sup>álic Wellness Center Program**

# Addressing the Need



Property purchased:  
September 28, 2016

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Grand opening:  
January 8, 2018



# Next Steps

1

- Initiate long and involved permitting/licensure process

2

- Convert property to medical facility

3

- Hire skilled staff

# Regulatory Agency Compliance



- 1 CITY/COUNTY/TRIBAL AUTHORITY
- 2 WA STATE DEPT OF HEALTH
- 3 WA STATE BOARD OF PHARMACY
- 4 WA STATE HEALTH CARE AUTHORITY
- 5 U.S. HHS-SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION
- 6 U.S. HHS-IHS and CMS
- 7 US DRUG ENFORCEMENT ADMINISTRATION

# **Swinomish didg<sup>w</sup>álič Wellness Center**

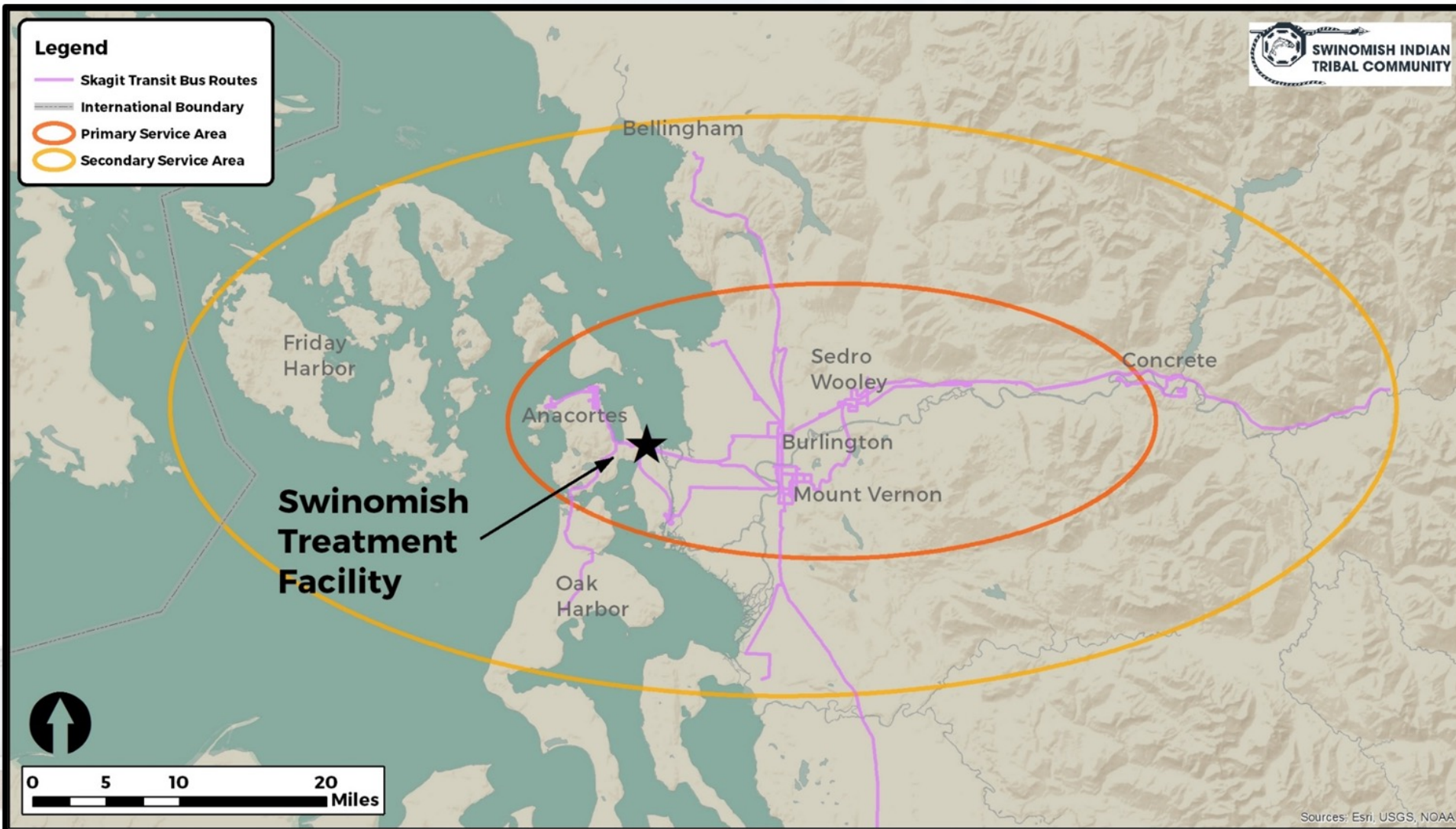
**Swinomish invested in a safer community by using tribal funds and resources to combat the opioid crisis by addressing the needs of the whole person.**

**didg<sup>w</sup>álič (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.**

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



# didg<sup>w</sup>álič Wellness Center Service Area







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



# Swinomish didg<sup>w</sup>álic “Integrated Care” Treatment Model



- Brings all necessary treatment components under one roof
- Integrated care vs. coordinated care
- Not a “triage” model
- Patient-centered care determined by patient need
- Fully integrated methadone/suboxone/vivitrol options
- Centralized primary care and behavioral health
- Removes barriers to care that otherwise prevent care
- Adaptive to rural or urban environments
- Accredited as OTP
- Goal is to remove barriers to care
- Providers do not require that patients stop taking substances to receive services.
- Everything people with OUD/SUD need under one roof.



# Our Treatment Model

- Holistic – treats the medical and psychological collateral damage caused by opioid use disorder
- Blends best practice, evidence-based treatment with culturally appropriate care
- Eliminates unreliable referrals
- Keeps families together – avoids need to send patients far away for treatment
- Continuity of care within the Tribal wellness eco-system

The background image shows the exterior of a modern building with a corrugated metal facade. Several tall, cylindrical smokestacks made of wood are visible. The building has several windows. The text 'didg'wálic wellness center' is visible on the building's facade, with a logo to the left of the text.

didg'wálic wellness center

# Services All Under One “Roof”



- ✓ **Personalized, intensive SUD counseling**
- ✓ **Full-service outpatient medication-assisted treatment (MAT)**
- ✓ **Primary medical care**
- ✓ **Comprehensive behavioral and mental health services**
- ✓ **Dental care**
- ✓ **Hepatitis C screening and treatment**
- ✓ **Social worker case management & referrals**
- ✓ **Psychiatric diagnosis and medication management**
- ✓ **Shuttle Transportation**
- ✓ **On-site Childcare**
- ✓ **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**



# Personnel based on initial 250 patients

CEO

COO/Program Sponsor

Chief Medical Officer

Medical Staff

- 4 LPNs, 2 RNs, 2 ARNPs

Substance Use Disorder Professionals

- Clinical Director/Supervisor, 7 SUDP's, 3 SUDPT's

.75  
FTE

1 FTE

.25 FTE

8 FTEs

12 FTEs

# Personnel based on initial 250 patients

Social Worker/SUDP

1 FTE

Licensed Mental Health Counselors

3 FTEs

- *Clinical Supervisor, 1 LMHC/SUDP, 1 LMHC*

Administration

8 FTEs

- *Office Manager, 3 Administrative Assistants, 2 Child Watch Attendants, 2 Data Entry/UA Techs*

Billing – Manager, 3 Specialists

4 FTEs

Security/Transportation

12 FTEs

- *Director, Manager, 3 Security Guards, 7 Transporters*

# Personnel based on initial 250 patients – Administrative Support

Human Resources – HR Manager

1 FTE

Accounting – Accountant

1 FTE

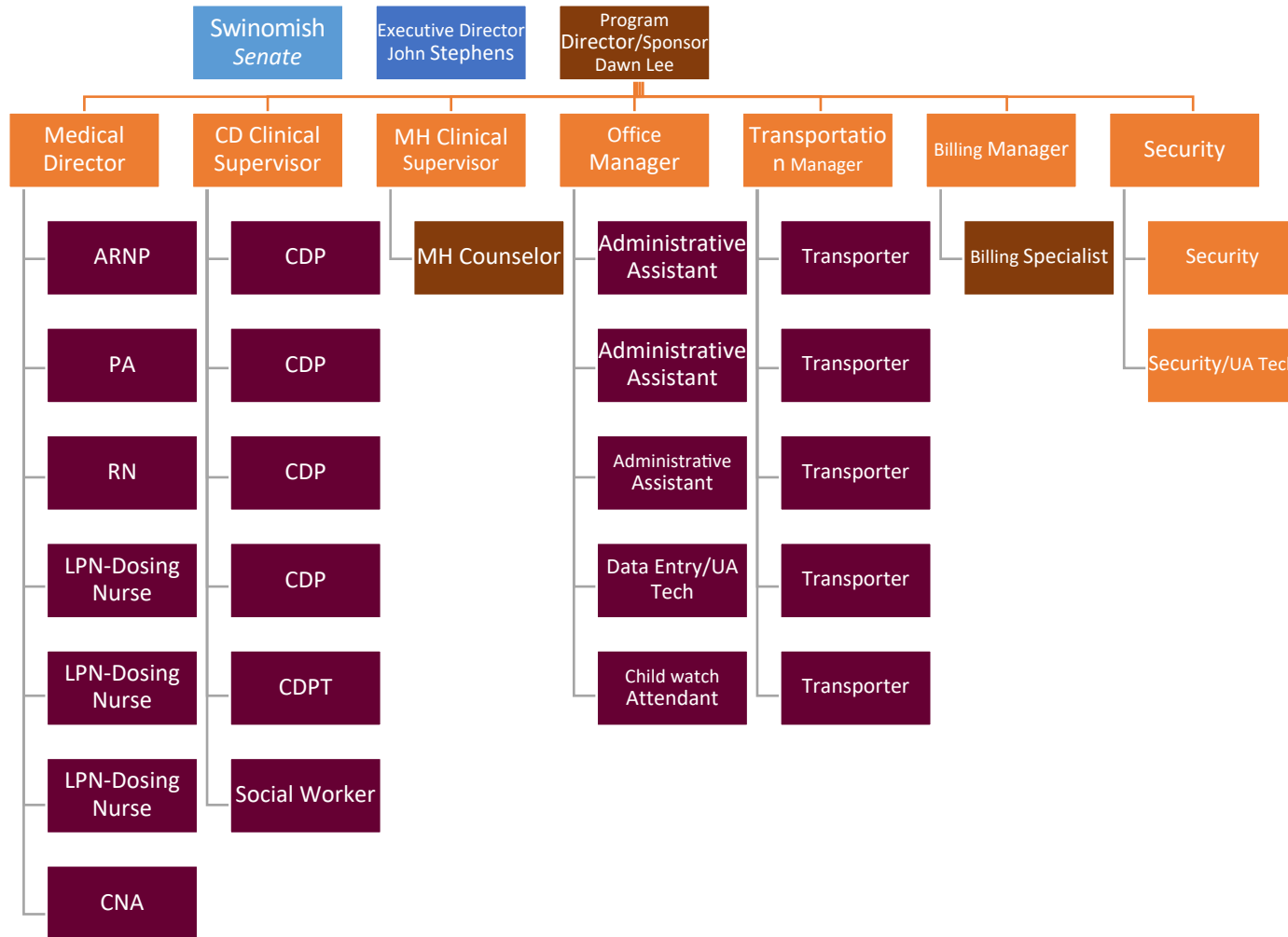
Information Technology

3 FTEs

- *Senior IT Tech, IT Developer*



# 2018 didgwálic' Org. Chart



# 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<sup>w</sup>álic offers:

- Free transportation to our patients in 3 counties (Skagit, Island, and Whatcom) beginning at 4AM.
- 50% of our patients use our transportation service.



# On-site Child Watch



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

## **didg<sup>w</sup>álic 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.**



# Transitional Housing



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

## **didg<sup>w</sup>álic 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.**

# 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.**



# 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**

# Questions

