

# We Care

## Daily Clinics

How Collaboration  
Built a Tribal-led Opioid  
Treatment Program





# A Tribal Response to a Long-standing, American Epidemic

In 2017, the U.S. Department of Health and Human Services **declared a public health emergency to address the opioid crisis**. That same year, **70,237 Americans died from drug overdoses**. According to the Centers for Disease Control and Prevention, more than 140 Americans die from drug overdoses every day and about 91 of these individuals overdose specifically on opioids.

These facts from the CDC and the HHS declaration are responses to a distinctly American problem. The opioid epidemic stems from over-prescription of drugs like oxycodone and hydrocodone beginning in the 1990s. These **types of medications eventually became the most prescribed drug class** in the United States.

Opioid prescriptions are inexpensive treatments for chronic pain, but not always the most effective option. They are an easy intervention for a patient, even when a better solution **might involve a lifestyle change or an alternative first-line treatment**.

While there are higher concentrations of opioid misuse and overdoses in particular states and regions, the **crisis reaches just about every corner** of American society.

Tribal nations exist at a unique intersection in this epidemic. American Indian and Alaska Native (AI/AN) populations are disproportionately affected. Among racial/ethnic groups in the US, **they endured the second highest opioid overdose rates in 2017**.

Underfunding of critical health infrastructure is just one of the reasons why AI/AN populations are so vulnerable. Fortunately, recent expansion within the Medicaid program has broadened treatment coverage for AI/AN communities. Included in this expansion are provisions for the treatment of individuals with opioid use disorders (OUD). With these new guidelines and the support of federal disbursement & funding, Indian Country is able to help change the tides of the opioid crisis.

In 2018 Indigenous Pact, a Tribal healthcare consultancy, partnered with the Muckleshoot Indian Tribe on a project that could address public health issues facing Tribal citizens and their surrounding communities: We Care Daily Clinics.

# The History of We Care Daily Clinics

“Indigenous Pact found a deep base of knowledge within the Muckleshoot Behavioral Health Program”

The launch of We Care Daily Clinics (WCDC) represents a concerted, Tribal-led effort to assist people struggling with opioid use disorders towards recovery. This new clinic, fully funded by the Muckleshoot Indian Tribe, is the first of its kind and created in a collaborative effort between two parties sharing a mission and vision.

The ideation for WCDC began in meetings between leaders from Muckleshoot and Indigenous Pact. The Muckleshoot Indian Tribe recognized the Indigenous Pact team’s adeptness at navigating complexities of the healthcare industry and ability to create sustainable revenue through programming initiatives. Indigenous Pact found a deep base of knowledge within the Muckleshoot Behavioral Health Program as well as a Tribe ready to encourage their citizens and neighbors toward wellness. The established and respected Muckleshoot Indian Addiction Treatment Program also provided a foundation from which WCDC could grow.

Indigenous Pact Collaboratives (IPC) was born from these discussions and became the managed service operation (MSO) behind the development of WCDC. See footnote for more information about MSO operations.<sup>1</sup>

By first identifying strengths and then creating a close partnership between Muckleshoot Indian Tribe and Indigenous Pact, Indigenous Pact Collaboratives began to address the opioid crisis as it affects those living on the Muckleshoot Reservation and King County in Washington State.

In many ways, WCDC would blaze a whole new trail in opioid treatment centers. The clinic was going to challenge previous conceptions of opioid treatment facilities by garnering appropriate funding allocation and building a team that strived toward the best result. To most effectively support patients on their way to recovery, IPC aimed to set a new standard.

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<sup>1</sup> **What is a Managed Service Organization?** A managed service organization (MSO) is a common relationship in the healthcare industry. Most well-established organizations contract with specialty services (e.g. oncology, cardiology, etc.) to provide care. However, there are few examples of Tribally affiliated MSOs. IPC is proudly leading the way with WCDC, its joint program with the Muckleshoot Indian Tribe. By providing relief in technical aspects and assuring programming flow, IPC helps reduce fear and doubt that might face a Tribe wishing to pursue new healthcare initiatives or infrastructure. IPC ensures a return on investment based on federal legislation and hands-on experience from decades of healthcare consulting experience.



# WCDC Emphasizes

## **A Patient Centered Care Continuum**

With Medication Assisted Treatment at the core of care, We Care Daily Clinics also provides Behavioral Health Counseling, Family and Social Supports, Basic Primary Care Services, and other Wraparound Services to address the holistic needs of those it treats.

## **A Tribal Wraparound System of Care Outperforms the Private Industry**

Sustainable federal funding without grants, sets up tribes as an optimal partner to address the opioid crisis.

## **Twin Benefits of Economic Development & Social Impact**

A tribally led opioid treatment center not only improves the lives of its patients but enables reinvestment into the tribal community on initiatives like education, housing, and child/elder care services.

With these principles in mind, WCDC was built with certain considerations to establish it as a long-term

support for the community and a sustainable resource of revenue for the Muckleshoot Indian Tribe:

## **Design and Construction**

Lean principles, well design, and a human centered approach for program management and overall construction of the clinic;

## **Policy and Implementation**

Medication assisted treatment, behavioral health counseling, and a modern understanding of recovery to maximize patient satisfaction and reduce returns to drug use; and

## **Staffing and Results**

A top-notch team of professionals, a welcoming environment, and a resilient approach to care to create a new kind of culture for an opioid treatment program.

# Design and Construction of We Care Daily Clinics

Before any designs were created, any permits were granted, or any crews began construction, the IPC team asked a question. *"Where do contemporary opioid treatment facilities fall short?"*

In this discovery phase, IPC researched a handful of treatment facilities in New York, Alaska, and Washington. The team found that the patient experience in these clinics was influenced by a recurring theme: fear. The spaces were unwelcoming, overly sterile, and – most critically – created boundaries between the staff of care providers and those seeking care. This fear-based approach limited the effectiveness of care and support for recovery.

Along with the knowledge gained from research, the entire WDCD project was informed by the principles of human centered design and **WELL design**.

Human centered design considers the perspective and needs of people for whom a product or service is being created. The WELL Building Standard, developed from scientific and medical research, provides guidelines for the design, construction, and furnishing of buildings that enhance health and wellness. The concept of WDCD adhered to these principles to envision a space responsive to a patient's holistic needs.



From the interior layout to the furniture choices, every aspect was intentional. After client approval on the proposal, the project moved into its subsequent stages.

Keith Novenski, Director of Transformational Design at Indigenous Pact, led the planning and construction process. His focus was on creating the most ideal patient experience at WDCD at its launch while leaving space for iterative improvements. With his background in lean principles, he guided the team to build WDCD right the first time.

Bringing design, furniture, construction, technology, and architecture together from day one provided teams with the same information. They could work toward an already identified goal. Collaboration through each stage was crucial. It allowed estimating, permitting, bidding, and construction to move smoothly.

To facilitate the build process, IPC held weekly calls with Muckleshoot Indian Tribe business leaders for project status reviews and another call with clinical leaders to review process, policy, design, and flow. The business leaders would take a summary of details, budget, and timeline to the monthly Tribal council.

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# WCDC Timeline Phases

Managing expectations, especially in the busy contractor market of the Pacific Northwest, kept accountability on the teams and allowed WCDC to move from ideation to opening within a short time frame.

- The clinical team intensively developed the patient care and processes while referring to clinic blueprints. This helps to refine the treatment procedure ahead of construction finishing.
- Specialty vendors (security, electrical, signage, etc.) were brought in as needed. The IPC team's alignment of vendors helped reduce time to market.
- A diverse, strong, and engaged coalition of leaders were willing to improve on each other's decisions and enable the strongest possible outcome.

**Project Discovery** – Defining the roles, expectations, sign-off process of client; vendor research; site selection; lease negotiation

**Concept Approval** – Sign-off by client, building owner, and city zoning

**Design** – Final architectural design sign-off submitted for construction permit

**Estimating** – General contractor provides cost estimate based on final plans

**Permitting** – Approval granted by city or state

**Bidding** – General contractor requests sub-contractors to provide detailed costs for equipment, furnishings, fixtures, install, and completion timeline

**Construction** – Including demolition and construction to occupancy permit granted

**FFE Install** – Allows furniture to set in place based on floor plan layout; final placement of modular wall systems and cabinets

**Technology Final Install** – Place and operationalize technology

**Agency Approval** – Agency approvals granted and operations takes over







# Policy and Implementation at We Care Daily Clinics

“to create a treatment program that relied on a person-first approach to assist patients in recovery”

Scalability of the WCDC project was a consideration from the start. Building an effective treatment clinic meant building an exemplary space for patient experience and providing more people with a pathway to recovery. These processes and design could be transplanted into other communities. And while scaling the business model was intended as a goal, profit never surmounted purpose.

The vision of WCDC was to create a treatment program that relied on a person-first approach to assist patients in recovery and support their families. This patient-centric method echoes the design principles of the space, but WCDC also needed to implement practices attentive to the holistic needs of those it serves.

Understanding the broad array of federal, state, and local laws, regulations, and policies that govern opioid treatment, WCDC understood that program development and operation is critical to ensure long-term sustainability and success. Moreover, there were several key policies that helped unlock the revenues necessary to implement the full spectrum of services, including primary care, local transportation, onsite child care, and other benefits. Developing personal working relationships by engaging directly with state and federal partners was another extremely valuable practice which proved helpful in bringing clarity and uniform understanding how existing laws and policies could be used to the clinic's and patient's benefit.

Because this project was the first of its kind for IPC, many foundational processes were created week-to-week. These iterations were honed over time – and will act as a roadmap for future clinics like WCDC. The recovery program at WCDC is built on the best practices established by the addiction medicine field. There are three main principles WCDC utilizes to differentiate itself from other treatment programs but also adheres to so more individuals can find their path to recovery.



1. A modern understanding of recovery was an essential facet to the format of a responsive, patient-first clinic. In particular, the **SAMSHA Working definition of recovery** provided some of the critical points in building WCDC policies and rules of operation. Some of these ideas include:

- Recovery emerges from hope;
- recovery is holistic;
- recovery is based on respect
- recovery is supported by peers & allies/ through relationship; and recovery; and
- recovery is supported by addressing trauma

While all SAMSHA's guidelines inform WCDC policy, the examples above are perhaps the most apparent in each individualized treatment plan created for every patient that passes through its doors.

2. In fact, the guideline "Recovery is supported by addressing trauma" explains WCDC's adherence in providing counseling services to its patients. Counseling, whether in individual or group sessions, helps individuals unpack the challenges they face in their unique situation. It can also help to modify behaviors that lead individuals to improper use of opioids.

The Muckleshoot Behavioral Health Program was foundational to how WCDC approached counseling services. The knowledge provided

through their years of experience and connections to the regional behavioral health care network proved invaluable to developing and delivering counseling to WCDC patients.

3. Medication assisted treatment (MAT) is another cornerstone of care at WCDC. MAT is an evidence-based and recognized methodology for combatting addiction and substance misuse. WCDC treats patients with the FDA-approved drugs methadone, buprenorphine, and naltrexone. These medications allow patients to feel more stable and resist the urge to use opioids.

MAT is supported by years of medical research; it is proven to reduce opioid misuse more effectively when compared to programs that use placebos or no medication intervention. Implementing MAT within a clinic building requires multiple levels of regulation to be met.

Again, collaboration was a key component to implementation. Ashley Hesse, Program Development Specialist at Indigenous Pact, described the policy building for WCDC as "process via conversation." Weekly meetings helped facilitate moving the MAT programming and permits forward in a timely fashion. The IPC team navigated these legal and regulatory stages, ensuring that federal and state policies were upheld. And while this framework was being put in place, Muckleshoot leaders provided connections to the existing opioid treatment network and advice on best practices.



## Staffing and Facility Launch of We Care Daily Clinics

When the WCDC project was announced to a Muckleshoot Indian Tribe general assembly, the proposal was met with a standing ovation and overwhelming positive support.

“Meeting, and exceeding, the expectations of Muckleshoot tribal citizens was important to us from the start,” said Kurt Brenkus, CEO and Founder of Indigenous Pact.

To exceed expectations, the culture and philosophy of the clinic was carefully planned. As previous sections have shown, it was designed from the ground up to deliver a space that was also comfortable and responsive to patient needs – while also facilitating patient recovery.

The individuals who would handle daily operations at WCDC had to facilitate the compassionate and holistic approach the clinic adopted. To that end, leaders like Dr. David Beck and Dr. Joni Buffalohead were brought onto the project. Their experience helped shape the newly founded clinic into a transformative space for the community.

Dr. Beck, Medical Director at We Care Daily Clinics, brings decades of experience in supporting healthcare organizations. He is a primary care internist/addictionist, leader, and consultant with wide experience and skills in clinical practice, practice management, integration of primary care and behavioral healthcare, supervision of professionals,

quality improvement, program development, practice management, public health, and community service.

Dr. Joni Buffalohead, Managing Director of Indigenous Pact Collaboratives, is a committed advocate for improving healthcare and making positive changes for all Native Peoples and their communities. With 20+ years of work experience serving Indian Country in both urban and rural Tribal settings, she is a force for evolving the standards of care that AI/AN communities can expect.

The leadership of these individuals provides guidance for the WCDC program in both daily operations and long-term goals.

Mr. Brenkus again, “While the concerns of the tribe were our priority, we also set out to ensure this initiative would be met with likeminded support from the wider Auburn area. The Muckleshoot Tribe is not the only benefactor of WCDC.”

Stakeholder engagement involved canvassing amongst heads of the community, business owners, government, social service programs, and other local organizations. The team that collected feedback from the general populace found overall positive feelings toward the creation of WCDC.





# WCDC Launch

## Key Insights

- Outreach to city, county and state government, business owners, law enforcement, non-profits and others created strong relationships resulting in overwhelming community support.
- Bring Design, Furniture, Construction, Technology and Architecture into the fold from day one to develop and maintain a shared goal.
- Licensing and certification processes took significantly longer than what was advertised which meant having additional OpEx cash on hand.
- Staff may need continual reinforcement or retraining by a seasoned Medical Expert to meet a higher set of clinical standards.
- Scrutiny over details in P&P by regulatory agencies was much higher than expected and resulted in multiple changes for compliance.

Providing a clinic that goes against the stigmas of opioid treatment facilities (and its treatment of its patients) empowered positive community support. The reach of WCDC is intended to go beyond acceptance; the goal is to deliver hope and healing for those it serves and optimism within the community they live.







# About Indigenous PACT

Indigenous Pact helps tribal health leaders generate sustainable revenue from patient services and deliver better outcomes and access for all tribal citizens. Every Tribal community faces a unique set of challenges when it comes to healthcare delivery. Our solutions provide clarity, support, and guidance to enable better lives for your citizens.

## Mission

**To create health equity for American Indians and Alaska Natives in one Generation.**

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## Vision

**Our work with Tribes is focused on developing sustainable revenue, increasing access, and improving health outcomes for all Native Americans. As we embark on this critical work, we aim to build a PACT between all Native Nations who are committed to health equity for Indian Country.**

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## Values

**Indigenous Pact is a Public Benefit Corporation. We hold ourselves to a specific standard and carefully consider how our business decisions impact Tribal communities. Our bottom line isn't only about creating financial returns, but social benefits as well.**



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