



2014
Government-to-Government Report

Oregon Health Authority

December 2014

INTRODUCTION

The Oregon Health Authority (OHA) is pleased to share the 2014 Government-to-Government Report with the Legislative Commission on Indian Services and with the Governor as required by Senate Bill 770. This report demonstrates OHA's commitment to working with the tribes of Oregon in our healthcare programs.

According to the 2013 census, Oregon's Native American population is slightly more than 70,000 individuals. All Native Americans residing in Oregon, regardless of tribal enrollment, also are Oregon citizens and are entitled to receive the services provided by OHA to Oregonians.

Key topics covered in this report include:

- Health care;
- Alcohol and drug abuse prevention and treatment;
- Mental health;
- Public health; and
- Additional human services issues as determined by the tribes.

TABLE OF CONTENTS

Introduction.....2

Senate Bill 770.....4

Medical Assistance Programs5

Addictions and Mental Health Division9

Public Health Division.....19

Office of Equity and Inclusion.....30

Oregon State Hospital34

Summary37

Participating OHA Staff.....38

Glossary of Terms.....39

HEALTH SERVICES CLUSTER MEETINGS

Senate Bill 770, passed in 2001 and entered into statute as ORS 182.162, requires state agencies to promote communications between the agencies and the tribes of Oregon. The Legislative Commission on Indian Services established a Health Services Cluster to meet quarterly with the tribes of Oregon to address intergovernmental and tribal issues. OHA is the lead agency for these meetings, which also includes Oregon Housing and Community Services, Oregon Insurance Division, the Department of Business and Consumer Services and other agencies. OHA organizes and provides logistical support for the meetings.

Tribal Liaisons

Each department within the Oregon Health Authority designates a tribal liaison who is the key contact with the nine federally recognized tribes. Liaisons interact with the tribes on a regular basis either on the phone or through face to face meetings oftentimes on tribal lands.

Positive Government-to-Government Relations

OHA strives to maintain positive relations with the nine federally recognized Tribes. To reach this goal, we seek tribal consultation on a regular basis to listen to concerns and make improvements on our system according to tribal input.

MEDICAL ASSISTANCE PROGRAMS (MAP)

Day-to-Day operations:

Oregon Health Authority provides ongoing technical assistance for day-to-day operations related to the Oregon Health Plan (OHP) through the Medical Assistance Programs (MAP). This includes member eligibility and client services, assistance with claims billing, compliance with state and federal requirements; understanding MAP policy and procedures, and providing technical assistance with the Medicaid Management Information System (MMIS).

MAP holds program meetings to ensure tribal programs are informed in advance of program changes, to provide the opportunity to provide input on changes effecting tribal programs, to prepare for implementation of changes, troubleshoot emerging issues and provide opportunities to ask questions of MAP staff.

MAP staff continues to share information with the Northwest Portland Area Indian Health Board (NPAIHB), Portland Area Indian Health Services Unit and Tribal Health Clinics regarding federal and state changes impacting Medicaid services. MAP continues to participate in national conference calls with CMS and State Medicaid Directors about new regulations, and continues to share and consult with NPAIHB and Tribal Health Directors about the impacts of changes.

The Division continues to assure that tribal representatives have opportunity for review and input on all State Plan and 1115 Demonstration Amendments before being submitted to CMS. The Division consults at the earliest opportunity and to the extent possible, giving the appropriate tribal and urban Indian program representatives adequate time to consider and respond to proposals.

OHA's Medical Assistance Program continues its maintenance of a formal consultation policy and more efficient communication provide a stable foundation upon which Oregon has established a successful state-tribe consultation process.

To meet federal consultation requirements outlined in ARRA, the state established Senate Bill 770 (SB 770). SB 770 stipulates that OHA meet quarterly with state tribes and representatives from Indian Health Service (IHS), tribally operated, and urban Indian programs (I/T/Us). Tribal stakeholders largely set the agenda for discussion for these meetings. Consequently, tribal stakeholders designate and send representatives who best represent their interests given the topics under discussion for the particular consultation event. In expedited circumstances, OHA will communicate with tribal representatives and stakeholders outside of the regular quarterly meeting.

The state requires consultation on any proposed SPA, rule-making change, or proposal or amendment to a waiver or demonstration project that may have a direct impact on tribal communities or I/T/Us. Thirty days prior to any submissions to CMS, the state distributes information regarding any Medicaid SPAs. Discussions surrounding the proposed SPA are normally scheduled during the SB 770 meetings. Ten days prior to the meeting, the state staff tribal liaison sends out the meeting agenda and documents describing proposed action to I/T/Us. Tribal stakeholders are also invited to attend all Rule Advisory Committee meetings to provide input on rule concepts and language. The active presence of tribal and state leaders contributes to meaningful, informed discussion during consultations and further strengthens the government-to-government relationship by demonstrating the involvement of members with policy-making authority from both the state and tribes. This level of trust and respect, participants noted, is the result of years of efforts to build the relationship between the state and tribes. It is characterized by transparent, accurate, and open communication, as well as a high degree of accountability.

The Oregon Health Authority Medical Assistance Programs goes beyond formal gatherings or consultations with regular communications and meetings throughout the year. Other informal exchanges can include everything from onsite visits with open-ended Q&A, email messages and sharing publications of interest to phone calls, billing and reimbursement training, claims processing and troubleshooting, and unscheduled discussions. They encourage more regular, open communication between State and tribal stakeholders, and help maintain a positive government-to-government relationship. Tribal representatives know that they have multiple contacts within the OHA's tribal

liaison infrastructure that are readily available and encourage direct communication from anyone with an issue. A dedicated tribal issues email that is monitored by tribal liaisons is an example of the level of direct access.

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The following are examples of key issues addressed by MAP staff on behalf of tribal health programs in 2014:

Verification of American Indian/Alaska Native status: For purposes of eligibility and enrollment in for Medicaid OHA rules were changed such that American Indians and Alaskan Natives no longer had to submit verification documents to claim their heritage and have it entered into their client record. This removed a barrier for some individuals seeking Medicaid enrollment while preserving certain protections afforded that American Indians and Alaskan Natives.

Uncompensated Care Waiver: In late 2013 we learned that OHA's request to CMS for a 1115 waiver amendment to reimburse tribal health programs for services provided below the prioritized list of services was approved. Unfortunately that approval was only for the remainder of the 2013 calendar year. In 2014 we were successful in obtaining an extension of the provisions of the waiver amendment for this calendar year. We are presently submitting another extension request for calendar years 2015 through 2017.

Tribal/Coordinated Care Organization Contracting: Although many Coordinated Care Organizations (CCOs) have integrated with medical, dental and behavioral health, their contracting is often not as integrated. Consequently tribal health programs must navigate three or more contracts in order to become providers. In 2014 we have been successful in facilitating the network provider contracts of four tribal health programs with five CCO entities. Additionally, one tribal health program has a Memorandum of Understanding in place with a CCO while the federal contracting logistics are worked out. There are currently six more contracts in various stages of negotiation. One tribal health program has decided not to pursue a provider contract at this time.

Addictions and Mental Health (AMH)

COMMUNICATION BETWEEN AMH AND THE TRIBES

AMH has a committed relationship with the nine federally recognized tribes of Oregon.

Earlier this year, AMH's tribal liaison applied for and was offered the position of tribal affairs director for the Oregon Health Authority. AMH recruited for a new prevention tribal liaison and was fortunate to be able to offer the position to a local tribal provider with experience in behavioral health, specifically alcohol and drug prevention.

The AMH prevention tribal liaison as well as other agency staff in behavioral health prevention, promotion, treatment and recovery services communicate on a regular basis with staff of the nine tribes by phone, email and face-to-face meetings. The AMH prevention tribal liaison travels to tribal programs and reservations across the state to keep those communication lines open. Some of the meetings that the AMH prevention tribal liaison attends are the SB 770 Health Services Cluster meetings, Tribal Consultation Meetings, Oregon Indian Council on Addictions, Nine Tribes' Prevention Quarterly Meetings, and Tribal Best Practice Meetings. Consistently meeting with tribal staff is essential to learn about program efforts, promote positive communication through the government-to-government relationship, and to share successes and challenges in the field.

ALCOHOL AND DRUG PREVENTION SYSTEM

In the 2013-2014 year of the current biennium, eight of the nine Oregon federally recognized tribes received \$61,250 for alcohol and drug prevention services. The ninth tribe received \$76,250 because it is a Community Mental Health Provider and therefore receives a small amount of beer and wine tax dollars in addition to funds identified for prevention services. These funds support tribal prevention coordinator positions and the services that they provide. These programs continue to provide community based prevention services to the tribe's service area, to the best of their ability with many of them servicing more than one county. Each tribe works on their AMH approved biennial implementation plan to guide their efforts. Eight tribes have a current Letter of Approval (LOA) from AMH to operate their prevention programs, and one tribe is due for a site review.

In the 2013-2014 year, each tribe received \$62,500 from the Strategic Prevention Framework, State Incentive Grant (SPF-SIG) to follow the five-steps of SPF-SIG; (1) Assessment, (2) Capacity, (3)

Planning, (4) Implementation, and (5) Evaluation. This was the third year of this project that the tribes received funds. The SPF-SIG goals are to reduce heavy use of alcohol, binge drinking, underage drinking from 18-25, and over-representation of Native Americans in the consequences related to alcohol use. Funding for this project continued into an extension period for one additional year and AMH allowed tribes to carry over unspent funds from the previous year and supplemented the current year with funding amounts that would provide each tribe with the \$62,500 per year funding level, going in to a fourth year. SPF-SIG has helped build capacity for many of the tribes by providing funding that supports an additional position in prevention. Learning the process of SPF has helped in local data collection and analyzing of data, coalition building, and prevention planning.

PREVENTION PLANNING

The tribal prevention coordinators build on the foundations of community, family, culture, and utilizing Tribal Best Practices (TBPs) when implementing the prevention framework in their communities. They focus on increasing protective factors and reducing risk factors that fall within four domains: individuals and peers, family, school, and community. Additionally, the tribes use the six Centers for Substance Abuse Prevention (CSAP) strategies in the delivery of their prevention services: information dissemination, education, alternatives, problem identification and referral, community-based process and environmental strategies.

TRAINING AND TECHNICAL ASSISTANCE

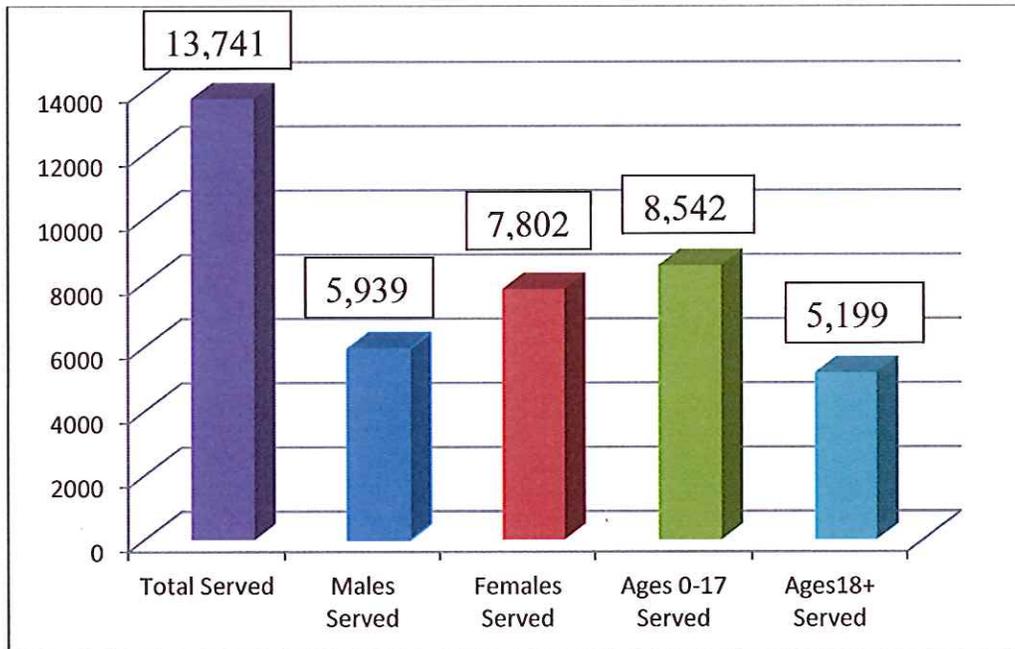
Periodically, tribes request training and technical assistance related to substance abuse prevention. For example, assistance in writing their biannual implementation plans, completing reports, suggestions on working with their coalitions and or communities, support from within their organization, and arranging needed trainings such as prevention ethics. AMH has also provided cohort training for the prevention coordinators with the goal of increasing capacity and preparing tribal prevention professionals for certification. Two tribal prevention coordinators recently received their CPS—Certified Prevention Specialist—certification after going through the cohort.

PREVENTION SERVICES TO INDIVIDUALS AND FAMILIES

The tribes continue to provide many prevention services throughout the year, touching the lives of thousands of tribal and community members. This data was taken from the minimum data set (MDS) prevention services provided from January 1, 2014 to November 1, 2014. Each quarter the tribal

prevention coordinator electronically enters the prevention services provided and demographics of participants into the database which can be used to run reports and track services. In 2014, tribal programs served a total of 13,741 individuals. 5,939 of them were male and 7,802 were female. Youth ages 0-17 made up 8,542 of the population served and there were 5,199 adults ages 18 and up. This was an increase compared to 11,486 individuals served last year.

Tribal A/D Prevention Programs Individuals Served in 2014



BURNS PAIUTE TRIBE

The tribal prevention coordinator along with team members provided several educational and alternative activities throughout the year including: education on the dangers of substance use, youth opportunity program with life skills classes, tutoring and after school program, school support, activity support and cultural activities. The program also offered women’s support groups, family support, and had collaboration with their local tribal substance abuse prevention coalition, as community based programs.

CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS

The tribal prevention coordinator uses prevention education strategies woven throughout many activities for tribal and community members. Education and tribal culture are infused in various events throughout the year including: family gatherings, healing of the canoe program, culture camps, after school

prevention education, and traditional food gatherings. The program focuses on bringing families together, promoting bonding and working together.

CONFEDERATED TRIBES OF GRAND RONDE

The tribal prevention coordinator and team provided services throughout the year for tribal and community members including: the canoe family, a tribal best practice and a large part of their program, which is a community-based process and alternative activity. The program also sponsored the Native Youth Wellness Day which includes prevention education and the Annual Agency Creek Round Dance and Powwow. They also disseminate information around prevention topics in their local tribal newspaper *Smoke Signals* and at their community resource fair. The tribal prevention coordinator is a member of the SPF-SIG State Advisory Council, and is a key tribal contact for state agency staff.

CONFEDERATED TRIBES OF SILETZ

The tribal prevention coordinator has utilized tribal best practices to help build the program to teach tribal youth traditional songs, dances and ceremonies. They also co-facilitate the Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) Coalition including recruiting membership, and assisting in the implementation of coalition goals and plan. The tribe has many ongoing programs including leadership activities, school-based prevention education, drug awareness program, and hosted numerous prevention activities throughout the year.

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

The tribe continues to offer Daughters of Tradition classes at the middle school, facilitation of New Beginnings coalition meetings, working with the Alcohol and Drug Oversight Committee for the SPF project, and Sons and Daughters of Tradition summer session and traditional camp out. The coordinator also provided prevention education classes and assisted in the annual Basketball against Alcohol and Drugs tournament. PSAs on the tribal radio station were successful with their coalition members participating on a regular basis.

CONFEDERATED TRIBES OF WARM SPRINGS

The tribe continues to provide many educational opportunities and community-based programs including "Back to the Boards," a tribal best practice; provided a meth and suicide prevention conference; and parenting classes such as Positive Parenting and Conscious Discipline. Other activities

that have been available to the community throughout the year include the Protecting You Protecting Me curriculum, and a successful new program, Soaring Butterflies, Warrior Spirits, which focuses on traditional teachings. Their prevention team has also utilized GONA-Gathering of Native Americans with their Native Aspirations Coalition, and their Canoe Family is growing as a tribal best practice as well.

COQUILLE INDIAN TRIBE

The tribal prevention program continues to have successes with their after-school program, teen and tween programs, and community nights and youth mentoring, all which provide an excellent opportunity for education and interaction. The staff continues to build strong, meaningful relationships with youth. The tribal prevention coordinator provides various educational and alternative activities including: snow camp, youth mentoring trip, an ATOD-free New Year's Eve party, a teen group which meets weekly, and a solstice celebration to name a few.

COW CREEK BAND OF UMPQUA TRIBE OF INDIANS

The tribal prevention coordinator and behavioral health staff provide opportunities for prevention education and family bonding at tribal events throughout the year, including the annual tribal powwow and health fairs. Staff collaborates with various partners and participates in the local coalition with county and non-profit staff. Youth activities included attending the THRIVE conference and teen prevention camp. Other community events held were the mini-prevention get-togethers with fun activities and prevention presentations, held twice monthly.

KLAMATH TRIBES

Throughout the year, there are many family bonding opportunities that include prevention education and ATOD-free activities, sports camp, spring break and Christmas break activities, powwow activities and the back to school fair. Positive Indian Parenting is one of their most successful community programs as well as American Indian Life Skills. Additionally, the coordinator provides early identification and referrals for tribal and community members in need of services.

PREVENTION INPUTS AND OUTCOMES

All tribes identify outcomes to be addressed with the prevention resources from the Addictions and Mental Health Division. The list below describes the prevention inputs coupled with outcome data.

Prevention Inputs	Prevention Outcomes
Provide A/D Prevention Education and Information Dissemination.	Tribal and community members felt like they learned new information on the dangers of ATODs and gave positive feedback on evaluations.
Tribal prevention coordinators reaching out to the community to increase capacity of the coalition, which is a community-based process.	Increased coalition attendance with members attending regularly and representation of various sectors of the community.
Prevention education and implementation of tribal best practices	Tribal members reported increased knowledge of traditional teachings and feeling a connectedness to their cultural identity.
Working with partners for problem ID and referral processes.	Increased ability to early identify youth and make referrals to services.
Alternative activities for family and community bonding	Families are reporting an increase in bonding and positive communication with family and community members.

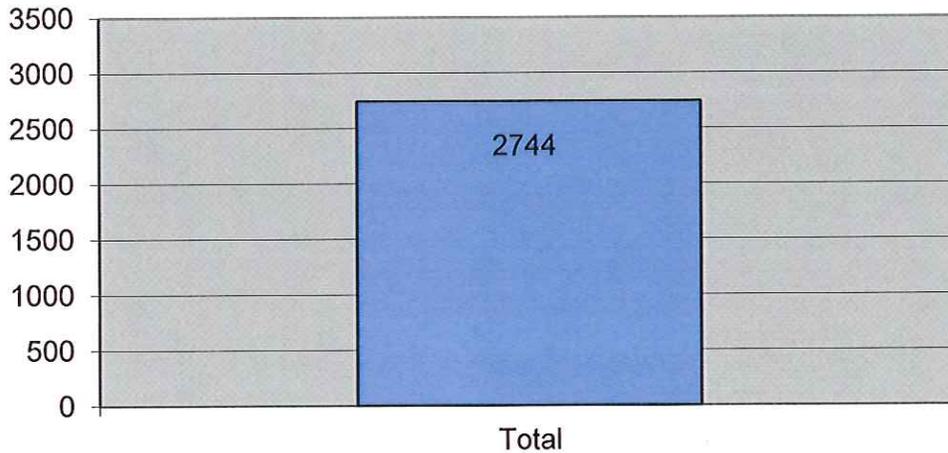
ALCOHOL AND DRUG TREATMENT SUMMARY

Seven of the nine federally recognized tribes in Oregon receive \$50,000.00 per year for outpatient treatment services. The Coquille Indian Tribe and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw do not receive outpatient treatment funds because they have not yet established the necessary infrastructure to provide these services. Native American Rehabilitation Association of the Northwest (NARA) receives both residential and outpatient funds to serve urban Indians, and receives referrals from the nine tribes of Oregon.

Providers across the state served 2,744 Native American clients during the 2014 fiscal year. There has been a slight increase of clients served in recent years. The data was taken from three data sources: Client Process Monitoring System (CPMS), Measures and Outcomes Tracking System (MOTS), and Medical Assistance Programs Decision Support/Surveillance and Utilization Review System (DSSURS) Clients were matched between the three systems in order to avoid duplication.

Data provided are for services rendered from January 1, 2014 to September 30, 2014.

Alcohol & Drug Treatment Services 2014 Total Clients Served



In the summer of 2014, AMH’s problem gambling services (PGS) began conversations with the tribes regarding problem gambling prevention and treatment services provided specifically to Native Americans and tribal members. Currently, there are conversations between the AMH PGS coordinator, AMH tribal liaison and a tribal workgroup on development of a Native American specific problem gambling awareness brochure. In December, PGS staff will present to the tribes on problem gambling treatment services across the state and continue the discussion of how to ensure that Native Americans receive local and culturally specific problem gambling treatment services, as tribes currently do not receive problem gambling services funds from AMH.

MENTAL HEALTH SYSTEM

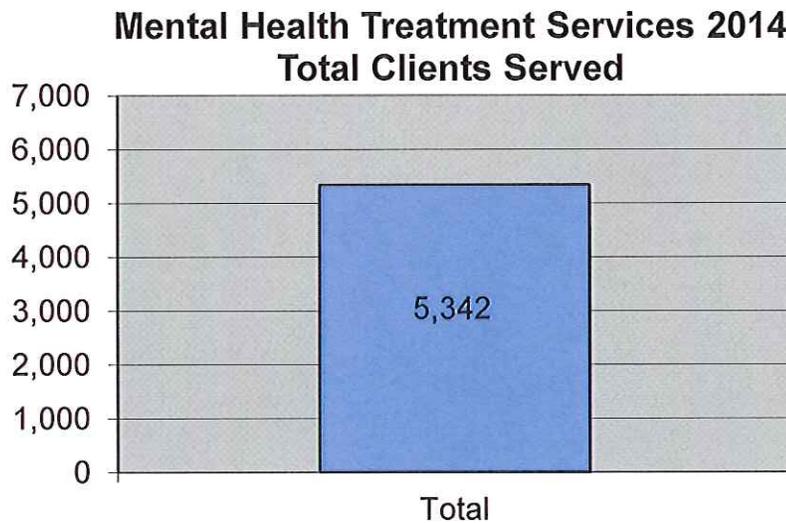
During the 2013-2015 legislative session, AMH received funds identified for specific services and system expansions that focus on promoting community health and wellness, keeping children healthy and helping adults with mental illness live successfully in the community. AMH created a tribal set-aside, which allocated 1.8 million dollars to go to Oregon’s nine federally recognized tribes to spend on mental health investments. In December 2013, AMH hosted tribal leaders to discuss the mental health new investments, implementation timeframes and allocation strategy. Tribal leadership decided to fund the tribes in three tiers, based on size. Tribal members were asked to submit implementation plans which proposed activities that aligned with the new investment funding areas. The funding areas for proposed activities are:

- Mental Health Promotion and Prevention
- Crisis Services
- Jail Diversion
- Peer Delivered Services
- Young Adult Community Hubs
- School Access to Mental Health Services
- System of Care and Wraparound
- Parent-Child Interaction Therapy

For reporting purposes, a tribal MH investment narrative report form was created. Tribes have requested that one reporting form for all AMH reporting be created and AMH is currently looking into its development. To date, all tribes have received their funding and submitted their first required reports.

MENTAL HEALTH INDIVIDUALS SERVED

Each year thousands of Native American clients receive mental health services. From January 1, 2014 to September 30, 2014, there were 5,342 adults and children that received mental health services throughout the state. In recent years, there has been a slight rise in the number of clients served for mental health treatment.



SYSTEM IMPROVEMENT INITIATIVES

Certified Alcohol and Drug Counselor Cohort: In 2011, tribes stated that their alcohol and drug programs have a lack of CADCI (Certified Alcohol and Drug Counselors). AMH funded a training series designed to provide cultural relevant and specific addiction educational topics that would meet the addiction counselor certification training requirements in order to apply for certification examination. The goals of the training series are to increase the number of Native American certified addiction counselors in Oregon, and provide an opportunity for Native American treatment providers to shadow and co-train with professional trainers in the field of addictions with the goal of those shadowing one day teaching the course. The initial cohort, which was completed in May 2014, consisted of 15 tribal participants. At this time, of those participants, at least two tested and received their CADCI, along with numerous participants applying to be Certified Recovery Mentors (CRM). A new cohort begun in the fall of 2014 with 20 participants enrolled.

The Student Wellness Survey was implemented in 2010, 2012 and 2014 to provide data for tribes and communities in the areas of school climate, positive youth development, mental and emotional health, problem gambling, substance use, drug free community core measures and risk/protective factors. This data is used by the tribal prevention coordinators in assessments to plan prevention programming and to identify trends. In 2014, a box was created within the survey to allow students to identify if they belonged to one of the nine federally recognized tribes in Oregon. This provides localized data for their tribal members along with data of Native Americans in their school district.

The Alcohol and Drug Policy Commission was established during the 2009 legislative session to coordinate Oregon's priorities and policies related to alcohol and other drug prevention and treatment services across all human service and public safety agencies. The membership of the Commission consists of sixteen appointed positions including a representative of an Indian tribe. In 2013, a tribal member was elected Chair of the Commission and has actively continued in this role during 2014.

The Oregon Tribal Best Practices (TBPs) effort was formed to "document that Indian and minority people have been implementing effective cultural practices for years within their own communities" (Caroline Cruz, and Dr. John Spence). The AMH prevention tribal liaison collaborates with the Tribal Best Practices panel members, in the review and approval of tribal best practices, and offers support to state staff working in other departments. As of 2014, there are 20 practices that have been reviewed and approved. In October of 2014, the TBP held their fourth annual Tribal Best Practices Stakeholder

meeting to provide an update on the development of tribal best practices. AMH continues to support this effort, and the AMH tribal liaison is a member of the TBP Panel. AMH has provided \$15,000 annual funding to the TBPs effort from 2010 to 2014. During a Substance Abuse and Mental Health Services Administration (SAMHSA) state system review in 2014, TBPs was designated by SAMSHA as a notable process.

In the spring of 2014, AMH tribal liaison and the TBPs panel submitted an application for nomination for the Innovations in American Government Awards Program. This program is the nation's preeminent program devoted to recognizing and promoting excellence and creativity in the public sector. The program highlights exemplary models of government innovation and advances efforts to address the nation's most pressing public concerns. The awards serve as a catalyst for bringing creative and effective solutions to some of government's most urgent and seemingly intractable challenges. At the time of this report, notifications for awards have not been made.

PUBLIC HEALTH DIVISION

The Mission of the Oregon Public Health Division is to promote health and prevent the leading causes of death, disease and injury in Oregon. The Values of the Oregon Public Health are *Service Excellence, Leadership, Integrity, Health Equity and Partnership*.

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

The Office of the State Public Health Director provides public health policy and direction to the public health programs within the Division, and ensures that the disparate programs within and outside the Division create an effective and coherent public health system for the state. This includes extensive interactions with a range of state, tribal and local agencies and organizations.

IMMUNIZATION PROGRAM

- Awarded multiple organizations that serve AI/AN populations, or work on health outcomes that AI/AN populations suffer from (poverty, homelessness, etc.), mini-grants to improve immunization access and infrastructure, including Native American Rehabilitation Association (NARA), Outside In and North by Northeast.
- Conducted an all day, free educational event around immunizations in Northeastern Oregon
- Worked on strengthening relationships with AI/AN community providers by doing outreach
- Included a member of the Northwest Portland Indian Health Board in the Immunize Oregon coalition leadership committee and the Immunization Policy Advisory Team
- Immunize Oregon coalition coordinators have approached local AI/AN advocacy groups regarding their participating in the coalition
- Supplied vaccine and technical assistance to all nine tribal vaccine providers
- Site visit scheduled with Warm Springs Early Childhood Education Center
- Presented and hosted a table at the 2014 NW Tribal Preparedness Conference
- Worked extensively with all nine tribes on eligibility coding and data transfer issues
- Site visits with the Wadatika Health Center of the Burns Paiute tribe, and two newly enrolled NARA clinics to orient them to the VFC program

OREGON STATE PUBLIC HEALTH LAB

The Oregon State Public Health Laboratory (OSPHL) performs both communicable disease and newborn screening tests for Tribal members. From January 1, 2013 through October 31, 2014, the OSPHL performed 944 tests for the Warm Springs Health and Wellness Center. Specific tribes are not identified for Newborn Screening tests; however, every infant born in Oregon, including tribal members, should be screened through this program and are incorporated into the total Newborn Screening volume.

ACUTE AND COMMUNICABLE DISEASE PROGRAM

ACDC works regularly with the Northwest Portland Area Indian Health Board (NPAIHB), an organization established by and serving the tribes of Oregon, Idaho and Washington. The NPAIHB's mission is "to assist the tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care".

- Met with NPAIHB staff to develop rules to ensure proper protection of tribal affiliation data collected through state public health databases; used that input to develop and finalize a Center for Health Statistics policy to put these protections in place.
- Performed ongoing linkages with NPAIHB's Northwest Tribal Registry to improve accuracy of American Indian/Alaska Native race data in the PHD's communicable disease, cancer, and mortality databases.
- With the NPAIHB medical epidemiologist, the Tribal Epi Liaison developed and taught a five-day course in disease surveillance and outbreak investigation for public health staff in Indian Country. The program included case studies designed specifically to address issues of particular importance in Indian Country. This year, 24 people attended.
- Met with the Medical Director and Preparedness Coordinator for the Indian Health Service (IHS) Portland Area – comprising Oregon, Washington, and Idaho – to share information about the Oregon Crisis Care Guidance (a strategy to provide ethically grounded, effective, efficient health

care in the setting of mass casualties and limited healthcare resources) and how tribal and IHS facilities might be involved in related planning and implementation.

- With a clinician colleague, developed a presentation on implementation of the Oregon Crisis Care Guidance in Tribal and IHS clinics and presented this to the quarterly meeting of Clinic Medical Directors of Northwest tribes at the IHS Portland Area Office.
- Met with the medical epidemiologists and the Director of the NPAIHB Tribal Epidemiology Center to discuss their current data needs, and potential areas for collaboration to further the ability of NPAIHB, OHA, and Oregon tribes to assess and improve the health of American Indians and Alaska Natives living in Oregon.
- Tribal Epi Liaison met with staff at Yellowhawk Clinic on the Confederated Tribes of Umatilla Reservation to strengthen working relationships.
- ACDP staff worked with health staff from two Oregon tribes to investigate and control communicable disease outbreaks involving tribal members
- Tribal Epi Liaison regularly attends Senate Bill 770 Quarterly meetings with tribal health directors, and at the November meeting is leading a discussion about the preparedness implications of Ebola virus disease for tribal health clinics and communities.

HIV/STD/TB PROGRAM

- In April 2014, the HIV/ STD/TB Section participated on a panel member during the Tribal BEAR Project Oregon regional training on HIV, Sexually Transmitted Diseases and Hepatitis C.
- In December 2014, the Northwest Portland Area Indian Health Board will be meeting with HIV and STD staff to discuss current HIV efforts in Oregon Tribal communities.

HEALTH SECURITY, PREPAREDNESS AND RESPONSE PROGRAM

The mission of Oregon's Health Security, Preparedness and Response (HSPR) program is to develop public health systems to prepare for and respond to major, acute threats and emergencies that impact the health of the people in Oregon.

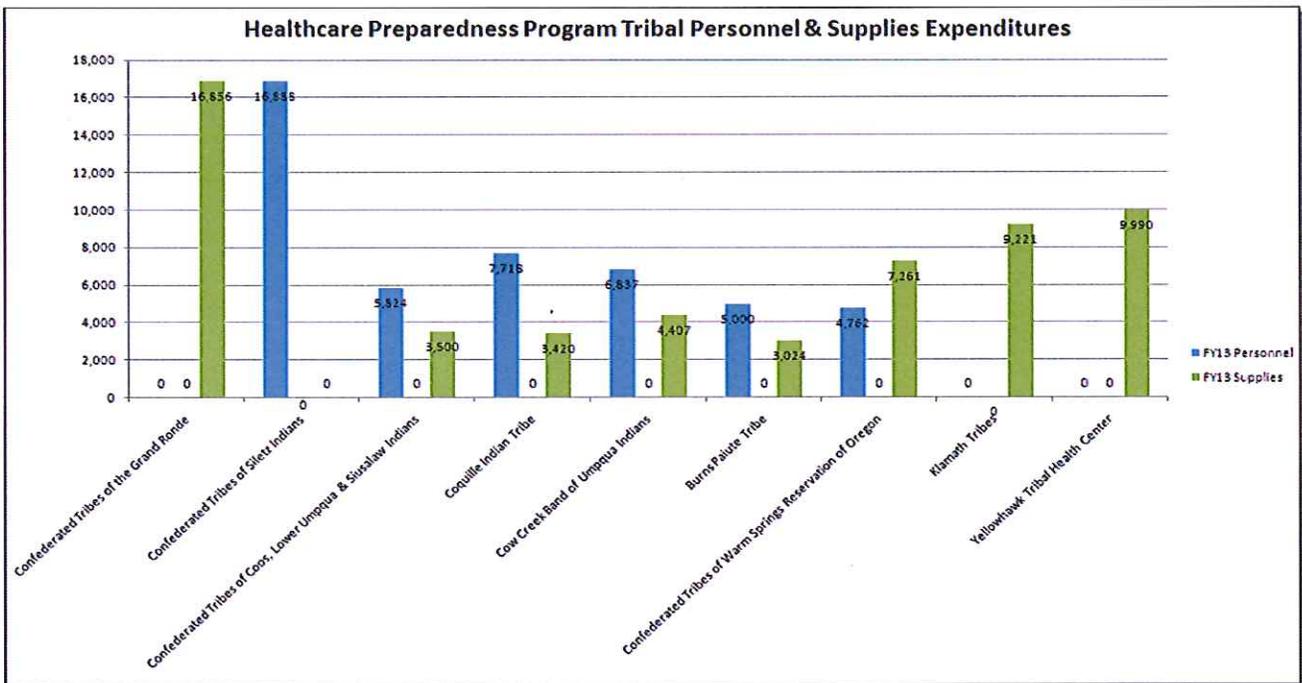
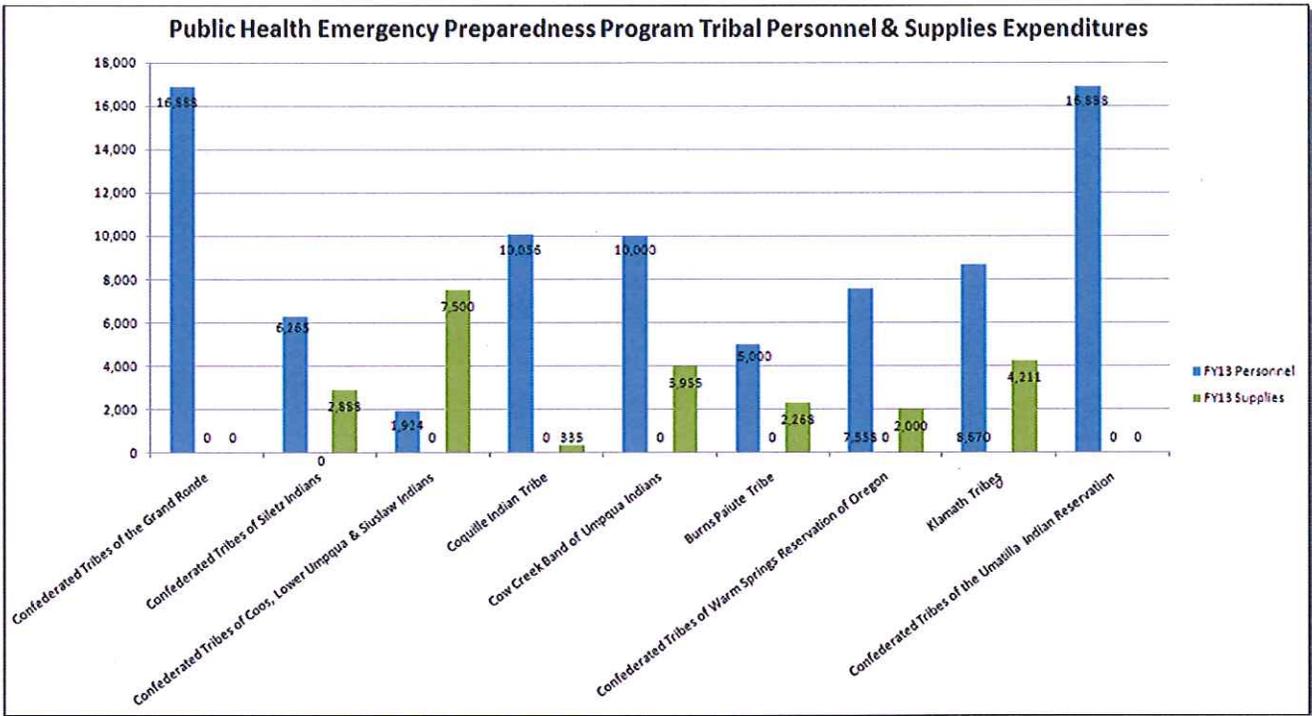
HSPR is comprised of two federal cooperative agreements, the Centers for Disease Control Public Health Emergency Preparedness (PHEP) and Health and Human Service's Assistant Secretary for Preparedness and Response Healthcare Preparedness Program (HPP) agreements. The intention of each is to build resiliency across the State and ensure that all communities are able to respond and recover from any public health emergency.

This year each tribe received \$16,888 in both PHEP and HPP funding to continue planning, training, and exercising Emergency Operation Plans, attend Regional Coalition meetings and conferences, and to continue to further enhance communications and collaboration with all community partners.

The Tribes also had carryover funding available this year from the FY12 allocation. This money was used to purchase portable water purification systems for each tribe that wanted one, and to bring Incident Command System (ICS) training onsite to the tribes.

The first training, ICS 300&400 was held April 15-17 hosted by the Confederated Tribes of Warm Springs and 35 people attended; the second training, ICS 100, 200, 700, 800 was held April 22-24 hosted by the Burns Paiute Tribe and 20 people attended; while the third training, ICS 300& 400, hosted by the Klamath Tribes also had 20 attendees.

The following two charts provide a snapshot of how the Oregon tribes are utilizing HSPR funds. The first chart displays Public Health Emergency Preparedness (PHEP) expenditures, while the second displays the Healthcare Preparedness Program (HPP). Important to note that only the largest expenditure categories; personnel and supplies are displayed; while travel, training and indirect costs are not included.



CENTER OF HEALTH STATISTICS PROGRAM

The Center for Health Statistics has an agreement with the Northwest Portland Area in Health Board to provide birth and death data so they can complete health assessments of the tribes.

DRINKING WATER SERVICES PROGRAM

Drinking Water capital projects: The Drinking Water Services continues to include each of the nine tribes in our statewide solicitation of letters of interest. These letters of interest become the basis for identifying potential projects for low or no-cost funding of eligible capital drinking water projects to address public health and compliance issues. The program has received no tribal letters of interest.

INJURY & VIOLENCE PREVENTION PROGRAM

The Youth Suicide Prevention (YSP) program collaborates with the Umatilla tribe on their federal SAMHSA grant to institute protective factors against suicide for youth. Grant activities engage youth directly and adults as mentors and help strengthen cultural ties. The YSP program also collaborates closely with the tribal liaison in the Addictions and Mental Health Division of OHA and attends tribal meetings to promote healthy mental health practices.

The Oregon Fall Prevention Program partners with the NAYA Family Center to implement Tai Chi: Moving for Better Balance. The practice helps older adults improve their balance and reduce the likelihood of falling. Tribes engage in regular community practice which also helps strengthen tribal ties.

The Oregon Prescription Drug Monitoring Program (PDMP) collaborates with IHS to recruit Oregon tribes to participate in the program. All but one of the Oregon tribe pharmacies submit controlled substance data to the PDMP system, and several practitioners and pharmacists serving the Oregon tribes have PDMP accounts that they use to identify potential prescription drug misuse and abuse and assess treatment options.

HEALTH PROMOTION & CHRONIC DISEASE PREVENTION PROGRAM

The state's Tobacco Prevention and Education Program (TPEP) have issued \$1,000,000 in tobacco prevention program grants to federally recognized tribes in Oregon for the 2013-2015 biennium (\$500,000 each year). Grant funds are divided according to a funding formula developed in partnership with the tribes. The formula includes a \$32,500 base for each tribe, and the remaining funds are

distributed on a per capita basis. With these resources, tribes are working on policy and systems change to monitor tobacco use, protect people from secondhand smoke exposure, promote quitting, warn of the dangers of commercial tobacco use, limit exposure to pro-tobacco influences, and reduce the burden of tobacco-related chronic disease. Grant objectives emphasize policy development in tribal worksites, outdoor venues, events, multi-unit housing, tribal health centers and tribal services settings. TPEP enlists guidance from the National Native Tobacco Prevention Network (called “Keep It Sacred”), the Northwest Portland Area Indian Health Board (NPAIHB) and tribal members working on TPEP grants to ensure that trainings are culturally appropriate and successfully build capacity for tobacco use prevention within tribal communities.

In 2010 and 2011, TPEP conducted a Behavioral Risk Factor Surveillance Survey (BRFSS) race oversample to gather additional data about American Indians and Alaska natives in Oregon. These data show:

- Cigarette smoking rate among American Indian and Alaska Native adults is 35.3% which is significantly higher than among White, non-Latinos (21.4%). Smokeless tobacco use among American Indian and Alaska Native males is 11.7%
- Fifty eight percent (58.4%) of American Indian and Alaska Native cigarette smokers and former cigarette smokers started smoking regularly before the age of 18.
- Among American Indian and Alaska Native adult cigarette smokers, 48.7% attempted to quit during the previous year and 40.1% report that their health care provider offered assistance to help them quit.

In 2011, the Health Promotion and Chronic Disease Prevention (HPCDP) section issued a three year, competitive funding opportunity open to all tribal and county health departments for Healthy Communities funding to address chronic disease prevention, early detection, and self-management efforts within their communities. Coquille Tribe was awarded funding and as a result is working towards establishment of a healthy tribal worksite, promotion of chronic disease self-management programs, improved nutrition in health care settings and promotion of screening for colorectal cancer.

During the past year, advancements were made in tribal policy related to health promotion and chronic disease prevention:

- Burns Paiute Tribe developed a Wellness in the Worksite policy to allow for physical fitness during the work day.
- The Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians received signed letters of commitment from four tribal departments to sponsor youth events as commercial tobacco free.
- To support implementation of a systematic referral system to the Oregon Quit Line, The Klamath Tribes held a competition for health care providers giving an award for the most referrals.
- The Confederated Tribes of Warm Springs implemented a policy of no tobacco use within 25 feet of tribal buildings.
- The Confederated Tribes of Grand Ronde Health and Wellness Center is a commercial tobacco-free environment inside the building and smoke-free for 30 feet outside the building.
- Coquille Tribal Council approved a Healthy Meetings and Events policy and a Healthy Vending policy.

ADOLESCENTS, GENETICS AND REPRODUCTIVE HEALTH PROGRAM

The Reproductive Health (RH) Program continued to participate in the quarterly SB 770 Health Services Cluster meetings throughout 2014. Formal tribal notification for the conversion of the CCare Family Planning Waiver into the State Plan Amendment (SPA) was submitted along with other SPA notices from MAP in August.

In 2014, four tribal health centers participated in the Breast and Cervical Cancer Program: Klamath Tribal Health and Family Services, Siletz Community Health Center, Warm Springs Health and Wellness Center and Yellowhawk Tribal Health, which was added as a new BCCP provider in 2012.

June 2014 – State Genetics Program provided brief informational session and hosted a display table at the Northwest Portland Area Indian Health Board Tribal Clinical Cancer Update in Portland, Oregon, including Breast and Cervical Cancer professional education and program promotional materials, provided by Genetics Program staff.

Sept 2014, per a request from the Project Director of NW Portland Area Indian Health Board (NWPIA), the Breast and Cervical Cancer Program provided a year-to-date data report on BCCP tribal agencies for FY14, including data on the number of eligible BCCP clients served by these tribal agencies, the services received and the lag in days between the Date of Service and the claim entry date.

NUTRITION & HEALTH SCREENING (WIC) PROGRAM

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) contracts with both the Confederated Tribes of Warm Springs and Confederated Tribes of Umatilla to provide WIC Program services to tribal members and their families on the reservations.

Tribal members can access WIC services at any WIC Program throughout the state. Several WIC agencies run a WIC clinic at a local tribal location to provide tribal members on-site services.

Confederated Tribes of Warm Springs:

- From January through October 2014, 648 tribal members received monthly WIC preventative health services and monthly vouchers for healthy foods, including 184 pregnant and postpartum women, and 463 infants and children less than five years of age. The total WIC grant for the tribe for FY 2013-2014 was \$79,392.

Confederated Tribes of Umatilla Indian Reservation:

- As of October 31, 2014, 201 tribal members received WIC preventative health services and monthly vouchers for healthy foods, including 53 pregnant and post-partum women and 148 infants and children less than 5 years of age. The total WIC grant for the tribe for FY 2012-2013 was \$19,960.

Confederated Tribes of Siletz:

- From January through October 2014, Lincoln County WIC Program resumed on-site WIC services one day per month at the Siletz Health Center. In the first three quarters of 2013, WIC services were received by 84 tribal members, including eight pregnant and post-partum women and 56 infants and children less than 5 years of age. The clinic had more than a 30percent increase in participants at this clinic compared to the year before.

Coquille Indian Tribe:

- In the first 10 months of 2014, the Coos County WIC Program provided on-site nutrition screening, individualized preventative health education, monthly food vouchers and referral services at the Coquille Tribal Office to 44 tribal members, including 10 pregnant and postpartum women and 33 infants and children less than 5 years of age. This clinic is open one day quarterly, and Coquille tribal participants can also access WIC services through the local Health Department in North Bend.

Native American Youth & Family Center (NAYA):

- In November 2011, the Multnomah County WIC Program in collaboration with NAYA, started a satellite WIC clinic at the Native American Youth & Family Center (NAYA) on Columbia Boulevard in Portland. The clinic is open two days per month. As of October 31, 2041, WIC services were provided to 51 women, infants and children, including 13 pregnant and postpartum women and 38 infants and children less than 5 years of age.

The Confederated Tribes of Grand Ronde:

- In collaboration with the Grand Ronde Tribal Head Start Program, in October 2013, the Polk County WIC Program started a clinic at the Grand Ronde Youth Program Building. The clinic is open two half days per month. From January through October 2014, 46 tribal members received services.

Burns Paiute Tribe:

- The Harney County WIC Program is moving forward with plans to expand services with a satellite WIC site at the Burns Paiute Tribe health clinic. The State WIC program is providing additional equipment (computer, printer, measuring and lab equipment) to be used at the tribal WIC clinic site. It is anticipated that this satellite clinic will begin operation in early 2015.

MATERNAL & CHILD HEALTH PROGRAM

In 2005, the Oregon Legislature adopted ORS 431.375 directing the Oregon Health Authority to provide contracts and funding with federally recognized tribal government under the federal Title V Maternal and Child Health Block Grant Program. The State MCH Program grants approximately \$110,000 annually to tribes. Funding amounts are based on a funding formula which includes data submitted by the tribes reflecting the numbers of births, women of childbearing age, and member's age 0-44 in their client or member populations.

Since 2012, the Maternal and Child Health Section has funded an MCH Tribal Liaison position to work with Oregon Tribes on their identified Maternal and Child Health needs and programs. Activities of the MCH Tribal liaison include site visits and technical assistance on a range of issues including the use of state MCH data, and improving access to oral health and WIC services.

Five tribal clinics currently participate in the State's MCH Block Grant Program: Coquille, Cow Creek, Klamath, Warm Springs, and Umatilla. The MCH priorities being addressed by the tribes with State Title V Block Grant dollars and technical assistance include:

- Early childhood oral health (Coquille, Cow Creek and Klamath);
- Perinatal health and parenting (Warm Springs); and
- Early childhood care coordination (Umatilla).

In 2014, the Maternal and Child Health Section began their state Title V Needs Assessment process.

The tribes have been involved in this process in the following ways;

- All Oregon tribes were invited to participate in the on-line Needs Assessment discussion with local health departments (November 2014)
- Participated in a Title V Listening Session for Tribes (November 3, 2014) via Webinar
- The Oregon Tribes Currently funded by Title V have been invited to participate in the Needs Assessment Prioritization Work Group which will meet in Feb. – March 2015.

OFFICE OF EQUITY AND INCLUSION

The Oregon Health Authority Office of Equity and Inclusion's mission is to engage and align diverse community voices and the Oregon Health Authority to ensure the elimination of avoidable health gaps and promote optimal health in Oregon. The Office works with community partners and government agencies to improve health and human services programs and policies for underrepresented populations in Oregon through culturally specific and culturally competent approaches.

To achieve its mission, OEI worked with representatives of several Oregon tribes, as well as organizations serving tribal members living in urban areas, to identify and address health inequities experienced by tribal members living across Oregon.

Regional Health Equity Coalition-Jefferson County/Confederated Tribes of Warm Springs

In 2014, OEI distributed \$150,000 in grant funds to the Let's Talk Diversity Coalition, a regional health equity coalition designed to identify regional health inequities and develop strategic policy priorities to address health disparities. The Coalition is located in Jefferson County and serves both Jefferson County and the Confederated Tribes of Warm Springs Indians. In addition to the large Native American Population, the region has a growing Hispanic/Latino population. The Let's Talk Diversity Coalition has brought these communities together to foster cross-cultural education and dialogue to improve health outcomes within their community.

Tribal members are active in the Coalition activities. In addition to working closely with PacificSource Community Solutions, the regional Coordinated Care Organization, tribal members provide key leadership in the delivery of training and education to build awareness of health inequities and culturally competent service delivery. In 2014, the Coalition organized five community events, including three trainings with the Court staff of Jefferson and Crook Counties. These trainings discussed cultural competency, health equity, disparities and diversity. Let's Talk Diversity also organized two story-telling town hall meetings and participated in outreach activities at a local health fair. Their efforts reached over 1000 community members.

State of Equity Report

In 2011 and 2013, OEI produced two versions of the State of Equity Report, illuminating significant disparities in health and service outcomes for Native Oregonians. In 2013, OEI convened an advisory committee to identify strategies to address these disparities and develop a tribal community response. Advisory Members include: Jacqueline Left Hand Bull, Northwest Portland Area Indian Health Board; Jolene Estimo, Confederated Tribes of Warm Springs; Rose Highbear, Wisdom of the Elders; Matt Morton, NAYA (Urban Indian communities); Jackie Mercer, NARA; Sande Bea Allman, NARA; Victoria Warren-Mears, Northwest Portland Area Indian Health Board; and Cary Watters, NAYA. Additionally, OEI staff presented information about the State of Equity Report at the August 2013 SB770 Health Services Cluster meeting.

The Committee identified a Multicultural Storytelling strategy, a National Association of County and City Health Officials “promising practice.” This strategy was implemented and identified tribal activities and priorities to address the findings in the State of Equity Report. OEI Contributed \$5,000 grants to the Confederated Tribes of Siletz Indians, Native American Youth and Family Center (NAYA) and Wisdom of the Elders to support this project and is still actively engaging members of Oregon’s federally recognized tribes.

OEI staff conducted Multicultural Storytelling trainings with Tony LookingElk at the Confederated Tribes of Warm Springs and Native American Youth and Family Center (NAYA). As follow up, OEI staff with the help of Jolene Estimo provided approximately 40 hours of consultation from September through December in 2013 to the Confederated Tribes of Warm Springs members, staff and facilitators as they planned, implemented, and debriefed their storytelling process as part of both their Annual Health Fair and year end Canoe Family Community Celebration at the Agency Longhouse this activity involved 100 participants.

DELTA Program

Developing Equity Leadership Through Training and Action (DELTA) is a comprehensive leadership training initiative, designed to build and strengthen the capacity of Oregon’s public health and health systems, and community-based leaders to promote equity and diversity. The program has recruited 3 (2013-15) cohorts of individuals representing community leaders, policy makers, administrators and

clinicians. The nine-month health equity and diversity leadership training program includes classroom sessions, technical assistance and the application of skills through organizational projects.

Jolene Estimo, a Palouse and Wasco Lineal Descendent member of the Confederated Tribes of Warm Springs, participated in the 2014 pilot DELTA Program.

In the 2014 DELTA Cohort, an OEI staff conducted a Multicultural Storytelling training (primarily through presentation and three roundtables). This training further informed the Confederated Tribes of Warm Springs' efforts to implement a story telling process with PacificSource, their local CCO, as a Community Advisory Council member.

Sonya Littledeer-Evans (Warm Springs), Kate Wells (PacificSource), and Emily Wang (OEI) will be co-presenting this work and its impacts involving a cultural competency assessment at the upcoming Coordinated Care Organization Summit on December 4, 2014 as a Community Advisory Council Roundtable.

Delphi Project

Beginning in spring 2012, the Office of Equity and Inclusion (OEI) conducted a two-phase community engagement process to inform its five-year policy platform. In 2014, OEI utilized Multicultural Storytelling and popular education techniques to share Policy Delphi survey results with Regional Health Equity Coalitions (RHEC), including Confederated Tribes of Warm Springs staff, at Annual RHEC Spring gathering in Bend, Oregon. At the gathering, OEI introduced phase ythree of the community engagement process: to conduct a strength-based Social Determinants of Health Environmental Scan that will involve key informant interviews and focus groups regarding education, employment, housing and neighborhoods to name a few. The results of the environmental scan will influence health equity policy priorities for the next several years.

Race, Ethnicity, Language and Disability status data collection

House Bill 2134 requires that the Oregon Health Authority and Department of Human Services develop uniform standards for the collection of race, ethnicity, and language and disability status data. In 2014, the Office of Equity and Inclusion HB 2134 Rules Advisory Committee held four two-hour meetings. Victoria Warren-Mears of Northwest Portland Area Indian Health Services and her colleague, Jim

Roberts', participation were instrumental to ensuring that the proposed data collection standards were as aligned with "Indian Country" practice in Oregon, as much as OHA leadership would allow.

Sponsorships

In 2014, OEI sponsored two capacity-building events. \$1,000 was contributed to the work of Wisdom of the Elders and \$2,500 was contributed to Native American Youth and Family Center (NAYA).

OREGON STATE HOSPITAL – TRIBAL SERVICES

In the spring of 2014 the Native American Services at Oregon State Hospital were administratively linked to the Spiritual Care Department. This was done so that the services would have an improved administrative voice that could facilitate the communication within the Hospital. Rev. Luzviminda Barela-Borst, the director of the Spiritual Care Department was charged with hiring new Native American Services contractors in addition to the current ones to provide essential services for Native American patients. Under her leadership, Dusty MacKay, Michelle Maher and Art McConville were contracted, and Richard Mayuk, Loye Ryan and Robert Ryan are currently in the contracting process. In September Walter Balk was hired to coordinate the Native American Services.

As early as 2013 there were patient complaints that Oregon State Hospital did not provide sufficient services for Native American patients. As a result, at the request of Superintendent Greg Roberts, Forensic & Legal Services at Oregon State Hospital compiled a report that included a number of recommendations for an improved program.

Native American Ceremonies

Our hospital continues to provide ceremonies for our patients. Currently Sweat Lodges for men and women in Salem OSH are held on the first and third Fridays of every month and attended by approximately 8-15 patients. This is actively supported by our Native American Advisory Group. Every Saturday, two Smudge Ceremonies and a Talking Circle are held. The attendance for the Smudges is between 20 and 30 each week and for the Talking Circle around 10 patients. Every Monday, we have Smudges, Native Culture and Talking Circles for patients at Portland OSH.

Native American Celebration

On November 5, 2014 Oregon State Hospital held its first Annual Native American Celebration Festival in the Kirkbride Gym which this year was presented by the Federated Tribes of Grand Ronde. Besides a presentation on the history of Native Americans in the Willamette Valley (which led into an engaged Question and Answer session) staff and patients also experienced drumming and singing; they were introduced to the Chinuk Wawa language app and could learn to weave bracelets. Significantly, there was also an information table for staff on the appropriate and reverential handling of Native American

sacred items. This event was about healing and coming together. It was a great opportunity that showed to the community that our services have therapeutic benefits to our patients as well as education for our staff around Native American history, culture, spirituality, practice and tradition.

On November 23, 2013, Oregon State Hospital celebrated the first Native American Heritage day with a hospital-wide meal of Native American first foods served for all patients featuring Pacific Northwest salmon, berries, local greens, and squash. To honor the tradition of sharing this food, one to two staff from each unit in Salem and Portland were invited to dine. Both patients and staff had a great experience in sharing this meal. Informational articles about the importance of first foods, notably salmon, were made available in all patient dining areas. The Hospital will be celebrating this meal yearly in honor of Native American Heritage Day.

Plans for 2015

Treatment Mall groups planned for 2015 include a Medicine Wheel/Twelve Step class, a class on living with grief and loss from a Native American perspective, a drum-making group and a beadwork class, groups on Native American Ceremony and History, a Native American Film Series Talking Circle and a group on Native American Storytelling.

The Spiritual Care Department is also updating its guidelines and policies for Native American Services in general and for the appropriate handling of Native American Sacred items. This will be accompanied by in-services to educate staff to ensure that Native American sacred items like feathers, medicine bags, feather fans and others are handled with honor and respect. We are currently consulting with a Native American Elder, Art McConville, who is providing services for us and are planning to send a draft to the nine federally-recognized Tribes to receive input.

Native American Services that will be offered for OSH-Junction City campus (due to open in March 2015) will mirror the services that we offer to our patients at the Salem-OSH campus. A Native American Sweat Lodge will be built at the Junction City Campus as well.

With the change in the patient population and an increasing number of patients who need to have a more secure environment at the Salem Campus, the Hospital is currently discussing the idea to build a sweat

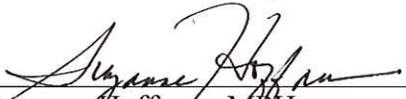
lodge in a higher security area. There also are plans to landscape the Sweat Lodge areas with native plants of cultural and spiritual significance such as lavender as indicators of sacred space.

Native American Services plan to have another Native American Celebration Festival next summer. In preparation for this event we will consult with the Nine Tribes to define and finalize the plan that would meet the requirements of the Nine Tribes for this event.

Native American Services will continue collaborating with other state agencies like the Department of Corrections to establish best practices in providing Native American services

Summary

OHA is committed to maintaining and improving our government to government relationships with the nine federally recognized tribes. We devote significant resources and energies across the agency with the goal of reducing health disparities and increasing healthcare access and delivery to tribal members. We appreciate the collaborative relationship we have with the nine tribes and look forward to working together in 2015.



Suzanne Hoffman, MPH
Interim Director

12-15-2014
Date

PARTICIPATING OHA STAFF

Medical Assistance Programs.....Rhonda Busek and Dennis Eberhardt
Addictions and Mental Health Division.....Julie Johnson, Greta Coe and Karen Wheeler
Public Health Division.....Lillian Shirley, Priscilla Lewis, Jan Kaplan and various staff
Office of Equity and Inclusion.....Tricia Tillman
Oregon State Hospital.....Luz Barela-Borst and Walter Balk
Director’s Office.....Suzanne Hoffman and Jason Yarmer

GLOSSARY OF TERMS

AAA.....	Area Agency on Aging
AMH.....	Addictions and Mental Health Division
BRFSS.....	Behavioral Risk Factor Surveillance System
CAF.....	Children, Adults and Families Division
CDC.....	Centers for Disease Control
CFSR.....	Child, Family and Safety Review
CMS.....	Centers for Medicare and Medicaid Services
DHS.....	Oregon Department of Human Services
DRA.....	Deficit Reduction Act
FAS.....	Fetal Alcohol Syndrome
FFY.....	Federal Fiscal Year
HB.....	House Bill
HIPAA.....	Health Insurance Portability and Accountability Act
ICWA.....	Indian Child Welfare Act
HIS.....	Indian Health Service
ILP.....	Independent Living Program
MAP.....	Division of Medical Assistance Programs
MCH.....	Maternal and Child Health
MMIS.....	Medicaid Management Information System
NARA.....	Native American Rehabilitation Association
NPAIHB.....	North Portland Area Indian Health Board
NRC.....	National Resource Center
NWAIHB.....	North West Area Indian Health Board
OHP.....	Oregon Health Plan
OPIC.....	Oregon Partnership to Immunize Children
ORS.....	Oregon Revised Statutes
OVRS.....	Office of Vocational Rehabilitation Services
PDTS.....	Psychiatric Day Treatment Services
PHD.....	Public Health Division
PRTS.....	Psychiatric Residential Treatment Services
QMB.....	Qualified Medicare Beneficiaries
SB.....	Senate Bill
SBHC.....	School-Based Health Center
SOC.....	System of Care
SPD.....	Seniors and People with Disabilities Division
SSBG.....	Social Services Block Grant
TANF.....	Temporary Assistance for Needy Families
TCM.....	Targeted Case Management
TPEP.....	Tobacco Prevention and Education Program
WIC.....	Women, Infants and Children