2015

Government-to-Government Report

Oregon Health Authority

DIRECTOR'S OFFICE
Tribal Affairs

Contents

Introduction

The Oregon Health Authority (OHA) is pleased to share the 2015 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 health care 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; and
- Public health.

Senate Bill 770

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

The Oregon Health Authority devotes a full-time position as the tribal affairs director. Each department within the Oregon Health Authority designates tribal liaisons who are the key contacts with the nine federally recognized tribes and other organizations with related interests. 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.

Health Systems Division

The OHA Health Systems Division's continued 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.

In 2001, Oregon enacted Senate Bill 770 (SB 770), which entered into statute as ORS 182.162. SB 770 requires that OHA meets quarterly with state tribes and representatives from Indian Health Service (IHS), tribally operated Indian programs and urban Indian programs (I/T/Us). Tribal stakeholders set the agenda for these meetings. Consequently, tribal stakeholders designate and send representatives who best represent their interests in 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.

Tribal consultation is required on any proposed Medicaid State Plan amendment (SPA), change or amendment to a waiver or demonstration project that may have a direct impact on tribal communities or I/T/Us. Before submissions of SPA to the Centers for Medicare & Medicaid Services (CMS), the state distributes information for input from tribal stakeholders. Discussions surrounding the proposed SPA are normally scheduled during the SB 770 Health Cluster meetings. Ten days before the meeting, the state tribal liaison sends out the Health Cluster meeting agenda and documents describing proposed action(s) to I/T/Us. Tribal stakeholders are 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 strengthens the government-to-government relationship through involvement of members with policy-making authority from both the state and tribes. This level of trust and respect is the result of years of relationship-building between the state and tribes, characterized by transparent, accurate and open communication, and a high degree of accountability.

The Oregon Health Authority Health Systems Division (HSD) communicates beyond formal gatherings or consultations and has regular communications and meetings throughout the year. Informal exchanges can include onsite visits with open-ended Q&A, email messages, sharing publications of interest, phone calls, billing and reimbursement trainings, troubleshooting for operational issues, and unscheduled discussions. These exchanges increase open communication between state and tribal stakeholders, and maintain a positive government-to-government relationship. Tribal

representatives know they have multiple contacts within the OHA's tribal liaison infrastructure who are readily available and encourage direct communication from tribal stakeholders with issues. A dedicated tribal issues email monitored by tribal liaisons is an example of this direct access.

The 2015 year saw maturing of the tribal liaison infrastructure in place since 2013. HSD 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 affecting Medicaid services. HSD 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.

Operational changes

Reorganization of the Oregon Health Authority has led to greater integration of Medicaid-funded programs with those funded with state General Fund and federal block grant monies. Most of Addictions and Mental Health (AMH) was merged with Medical Assistance Programs (MAP) to become the Health Systems Division (HSD). In November 2015 the Substance Abuse Prevention Unit staff was moved to the Health Promotion and Chronic Disease Prevention (HPCDP) section of the Public Health Division. The substance abuse prevention tribal liaison (formerly the AMH tribal liaison) was moved from HSD to better align agency business functions. The prevention tribal liaison will learn their new role at HPCDP, as well as maintain agency duties and relationships built over the years.

Because the former AMH and MAP were operated as individual programs for the majority of the year, their activities are reported herein separately. Future reports will be under the combined HSD and the reformed tribal liaison team.

The following are examples of key issues addressed by MAP staff on behalf of tribal health programs in 2015:

Verification of American Indian/Alaska Native status

A unique data-sharing agreement between the Oregon Health Authority (OHA) and the Northwest Portland Area Indian Health Board's Epidemiology Center, using Indian Health Service data, identified 40,000 plus American Indian or Alaskan Native (AI/AN) Medicaid recipients in OHA's Medical Management Information System (MMIS) that were not identified as Native Americans resulting in a potential loss of protections under federal law and matching funds for services rendered. The OHA MMIS system is being updated with this information. This data-sharing agreement was written so periodic updates can occur and ensure greater accuracy in the future.

Uncompensated care waiver

In late 2013, OHA's request to CMS for an 1115 waiver amendment to reimburse tribal health programs for services provided below the prioritized list was approved. In 2015, OHA obtained an extension of the waiver amendment through 2017. This program allows reimbursement to tribal health programs for Medicaid services provided within their own facilities that fall below Oregon's funding line. This is care delivered by these programs as part of their comprehensive services but which was not reimbursed. Thus the name, uncompensated care.

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 to become CCO providers. In 2015, OHA successfully negotiated more network provider contracts for tribal health programs. One tribal health program has a memorandum of understanding in place with a CCO while the federal contracting logistics are being worked on. 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. When a Tribal Health Program requests it, HSD provides technical assistance throughout the managed care contracting process and helps set up meetings between the parties.

Tribal targeted case management

Targeted case management (TCM) services assist individuals eligible under the state plan gain access to needed medical, social, educational and other services.

The target group for tribal TCM consists of:

- Elder care;
- Individuals with diabetes;
- Children and adults with health and social service care needs;
- Pregnant women;
- Medicaid eligible individuals served by tribal programs within the state or receiving services from a federally recognized Indian tribal government located in Oregon.

The TCM program served 659 individuals from January 1 thru December 31, 2014. Data from 2015 is not available at this writing but it is anticipated that more people will have been served through this program.

Tribal billing technical assistance and training

HSD provides ongoing technical assistance for day-to-day operations related to Oregon Health Plan. Oregon Administrative Rules (OAR 410-146-0000 thru 410-146-0460 and applicable FQHC OARs OAR410-147-0000-0610) guide Medicaid enrollment, billing and reimbursement. Day-to-day activities include assistance with billing and reimbursement issues, compliance with state and federal requirements, understanding and conveying policy and procedures, and technical assistance and training with the MMIS.

Program meetings that include Indian Health Services health clinics, tribal 638 health clinics, federally qualified health centers and rural health clinics are held every other month to review trends, issues, upcoming events and changes. These meetings provide opportunities to ask questions and provide input. Additionally, the Policy Analyst responsible for this area is available by phone or email for issues that arise.

The HSD trainer has made numerous visits to Native American health programs to offer onsite training on billing OHA for medical, dental and behavioral health services, TCM and uncompensated care.

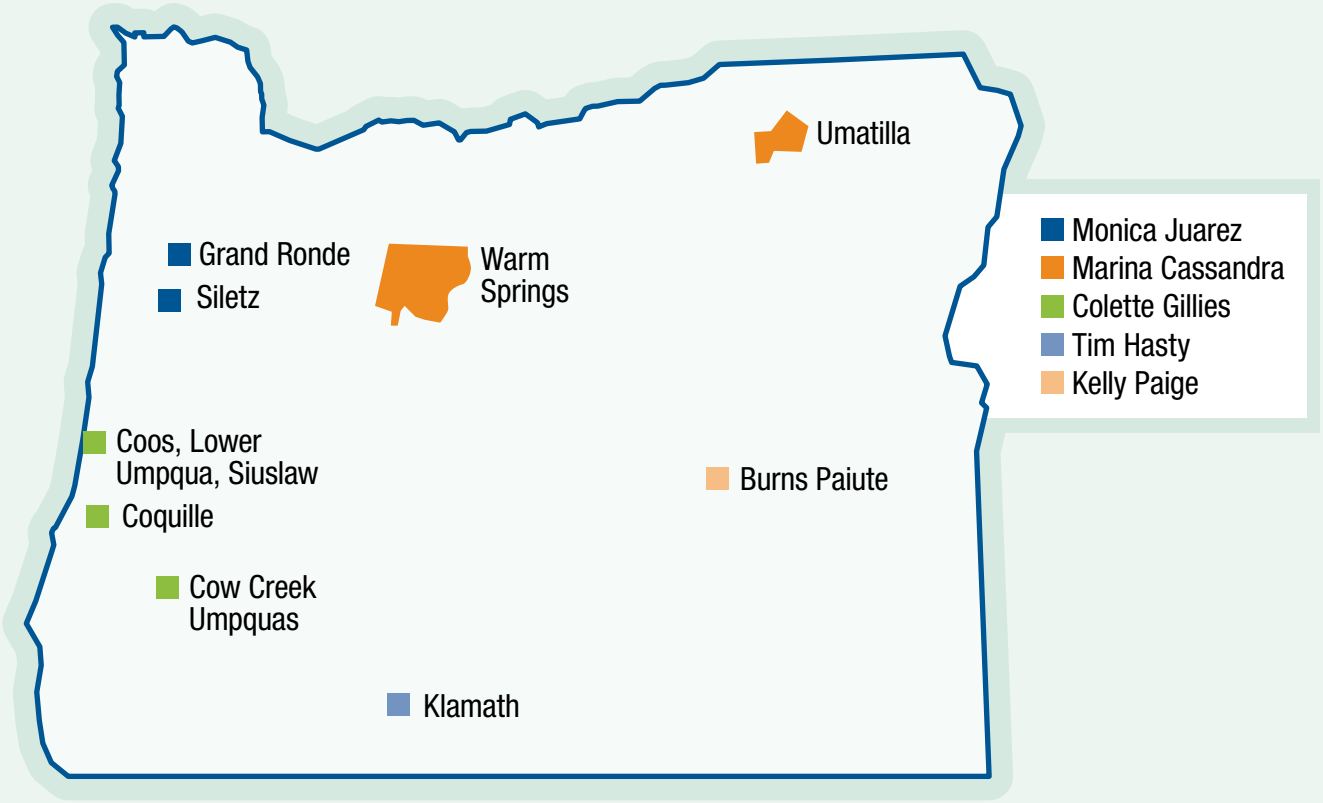
Community Partner Outreach Program

The goal of the Community Partner Outreach Program is to ensure all eligible Oregonians are able to enroll in health coverage. The program has been an integral part of working with community partners, especially tribal communities, to help enroll over 1.1 million Oregonians into Oregon Health Plan. The Community Partner Program includes regional outreach coordinators, a provider campaign coordinator, a community engagement coordinator, a business team, an operations manager and a program manager.

Our community partners are tribes, social service organizations, other community-based nonprofit programs, public health departments, school districts and educational programs, health care providers (clinics, hospitals, medical groups), and other civic organizations.

The regional outreach coordinators (ROCs), train tribal community partners, provide ongoing support, help develop successful outreach strategies, track and report on enrollment assistance activities, and provide opportunity for tribal community partners to share best practices.

The following ROCs work with the tribes



A work session was held in October 2014 with Oregon tribes to discuss outreach and enrollment in year one. One of the main questions asked was what support they needed moving forward. The responses were:

- Want updated material
- Tax exemption and penalty needs to be on the application
- Create PSAs
- Create either monthly or bimonthly tribal-specific collaborative

As one tangible result of the work session was a monthly tribal collaborative. The purpose of the collaboratives is to share system and policy updates, foster networking and collaboration, and help troubleshoot issues affecting tribal members' enrollment. Currently all nine federally recognized tribes, NARA, NAYA, other community partners who are working with tribal members participate in the collaborative.

Additionally, the community engagement coordinator attends the Health Cluster meetings and provides quarterly updates. The community engagement coordinator met with eight of the nine tribes in person to ascertain their progress and what additional support could be offered.

We worked closely with HSD tribal liaison and the OHP Processing Center to develop a streamline process for submitting tribal applications including a dedicated "tribal team" with expertise on the specific needs of Native American applicants.

We have also created health literacy documents used by the tribes and are in the process of creating tribal-specific outreach flyers.

Prevention communication

The prevention tribal liaison and other agency staff from behavioral health prevention, promotion and treatment and recovery services, communicate on a regular basis with staff of the nine tribes by phone, email and face-to-face meetings. The prevention tribal liaison travels to tribal programs and reservations to keep those communication lines open. Some of the meetings the prevention tribal liaison attends are:

- SB 770 Health Services Cluster;
- Tribal Consultation;
- Oregon Indian Council on Addictions;
- Nine Tribes' Prevention Quarterly Meetings;
- Oregon Youth Authority-Native American Advisory Council;
- Tribal Best Practice;
- Youth Suicide Prevention and Intervention Steering Committee;
- Strategic Prevention Framework-Partnerships for Success work group; and
- Newly formed Columbia River Intertribal Multi-Disciplinary Team.

Consistently meeting with tribal staff is essential to learn about program efforts, promote positive communication through government-to-government relationship, and to share successes and challenges in the field.

Substance abuse prevention

During 2015, eight of the nine Oregon federally recognized tribes were each granted $61,250 a year for alcohol and drug prevention services. The ninth tribe received $76,250 because it is a community mental health provider (CMHP) 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 they provide. These programs continue to provide community-based prevention services to the tribe's service area; many serve more than one county. Each tribe is currently working on their biennial implementation plan to guide their efforts. There is a new database system developed this year called the Oregon Prevention Data System (OPDS). Each tribe has or will be submitting their plan into the system and then will be able to report data directly associated with their plan that includes goals, objectives and outcome indicators. This will allow better data collection directly related to the services they are providing in their communities. A requirement for this new biennium is each month, the tribal prevention coordinator enters the number of prevention services and demographics of participants into the database.

Prevention planning

The tribal prevention coordinators build on the foundations of community, family and culture. Many use tribal best practices (TBPs) alongside evidence-based practices to form a comprehensive plan to implement 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 on substance abuse prevention. Such requests ask for assistance in writing their biannual implementation plans, completing reports, suggestions on working with their coalitions and or communities, gaining support from within their organization, and arranging needed trainings. The state prevention unit has also provided cohort trainings for the prevention coordinators to increase capacity and prepare prevention professionals for certification. There were eight tribal employees who recently completed 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) for prevention services provided from July 1, 2014 to June 15, 2015. With the transition from MDS to the new Oregon Prevention Data System (OPDS), data was pulled for the last year of the biennium. During this time, tribal programs served a total of 22,173 individuals; 10,120 of them were male and 12,051 were female. Youth aged 0–17 made up 13,401 of the population served and there were 8,772 adults aged 18 and older.

Strategic Prevention Framework-Partnerships for Success Grant

During the summer of 2015, the nine tribes had an opportunity to apply for the Strategic Prevention Framework-Partnerships for Success Grant through HSD. This is phase two following the Strategic Prevention Framework-State Incentive Grant (SPF-SIG) that each of the nine tribes received from 2011–2014. The focus of this grant is underage drinking, high risk drinking, and prescription drug misuse and abuse, using the five-step process of the SPF-SIG. Five tribes have completed the application process and will start this new project at the beginning of 2016. The tribal prevention liaison will continue to assist in this project and support the tribes moving forward.

Alcohol and drug treatment

Seven of the nine federally recognized tribes in Oregon receive varying amounts from $54,339–$55,042 per year for outpatient treatment services. The one community mental health provider (CMHP) receives $193,627. 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. The tribal prevention liaison maintains relationships with the treatment programs through the Oregon Indian Council on Addictions to help coordinate technical assistance as needed.

From January 1 through August 31, 2015, providers across the state served 2,486 enrolled tribal members/American Indian/Alaska Native individuals. The number of individuals served during the past five years has been fairly consistent. This data was taken from the Medicaid Management Information System (MMIS).

Tribal-based mental health services

With the continued goal of increasing the mental health of individuals and families, the nine tribes are again receiving funding to implement strategies for the Tribal Mental Health Initiative. These amounts range from $200,000–$346,677 for the biennium, depending on the size of the tribe. Each tribal mental health coordinator submits an implementation plan that proposes activities aligned with the funding areas. The plans will use the following strategies based on community need:

- Mental health promotion and prevention
- Crisis services
- Jail diversion
- Supportive housing and peer delivered services
- System of care and care coordination
- School access to mental health services

Each tribal implementation plan will describe data used to determine priority areas and actions to address the strategies chosen. The performance requirements will show the person(s) responsible for each strategy, outcomes and outputs for each strategy, and an itemized budget that includes costs such as personnel, programs, contractors, travel, training and administrative/indirect costs. This year a new tribal mental health team was formed to help review and approve the plans, and will also provide technical assistance for projects chosen. This team consists of representation from the children's mental health team, the adult mental health team, and tribal liaisons from prevention and medical assistance programs. A tribal mental health investment narrative report and outcome report is used for reporting purposes. Currently all tribes are up-to-date with these reports and the next report is due in February.

Mental health individuals served

Thousands of Native American clients receive mental health services each year. From January 1, 2015 to August 31, 2015, 7,719 enrolled tribal members/American Indian/Alaska Native individuals received mental health services throughout the state.

Problem gambling services

Health Systems Division's Problem Gambling Services (PGS) has looked for opportunities to partner and collaborate with the tribes during the past few years. This last year, the program staff regularly attended the tribal quarterly meeting to discuss partnerships and how gambling treatment and problem gambling prevention could be incorporated within existing tribal substance abuse services. Early this year, PGS attended a tribal quarterly meeting and presented on gambling treatment services provided to Native Americans over the last five years. A short focus group discussion was held to get feedback for a four-year improvement plan. Feedback was incorporated into the improvement plan and additional discussions, ideas and activities will be developed over the next years with the program staff and tribes.

In 2015, PGS had additional funds in their budget to fund small mini-grant projects for up to $10,000 to be used through December 2015. This one-time opportunity was made available to problem gambling prevention providers and the tribes; eight tribes participated. This was the first time some had brought problem gambling prevention to the attention of tribal youth and communities. One of the large projects that eight of the tribes collaborated on was the Tribal Prevention Camp. This is a weeklong camp with one day focusing on prevention of problem gambling, substance abuse and suicide. Youth learned how problem gambling can affect their communities and ways to address it. There were 75 youth in attendance with 20 adult chaperones, representing eight of the tribes and NARA. These mini grants will be evaluated for outcomes and successes to inform future partnership opportunities.

Highlights of the year

Burns Paiute Tribe

The initial SPF-SIG process has created a strong foundation for the prevention program. The ability to evaluate their program for the long-term is a necessity for their future success. The collaboration between departments during the summer months has created an influx of youth opportunities during their 12-week summer vacation. Summer does create an environment with additional risk factors; their strategy was to create more summer opportunity and decrease potential summer incidences. The plan of action was measured by total youth participation rates for those aged 5–18.

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 spring break camp, culture camp and after school activities. Families and elders participate, share and interact. The program focuses on bringing families together, promoting bonding and working together.

Confederated Tribes of Grand Ronde

The tribal prevention program successes include the Canoe Family (a tribal best practice and a large part of their community), the Native Youth Wellness Day and the Annual Agency Creek Round Dance. They also disseminate information about prevention topics in their local tribal newspaper (Smoke Signals) and at their community resource fair.

Confederated Tribes of Siletz Indians

Siletz has continued to grow their use of tribal best practices and have built stronger connections between providers and community agencies and the critical systems that support efforts in prevention. Their youth respond well to learning their cultural and indigenous ways and this provides parents and providers with a chance to interact with youth in a positive setting that enhances their early intervention efforts. A positive atmosphere was created for parents and youth to discuss and resolve problems, teach core values, and dispel the subtle messages the youth receive about drug and alcohol use. This also contributes to a deeper understanding about healthy lifestyle choices and personal responsibility while also creating new, healthy and positive experiences together.

Confederated Tribes of the Umatilla Indian Reservation

Transitioning the Alcohol and Drug Oversight Committee to become their prevention program's coalition has been a recent success. It has been insightful for them to be able to share and get feedback from a diverse group. This is a board of trustees-appointed committee formed to make an impact on alcohol and drug issues in the community.

Confederated Tribes of Warm Springs

Recent successes include hiring and training a new SPF prevention coordinator. It is important to the tribes to have someone who can connect with the young adult population (age 18–25). The hope is to cultivate a vested interest with this age group in the community.

Another success was engaging 2,411 people through social media between September 1, 2014 and August 31, 2015. The SPF prevention coordinator has earned a steady and increasing presence with their tribal community on Facebook. Through this outreach, the tribes know who the prevention coordinator is and that this resource is here to stay.

Coquille Indian Tribe

Tribal youth prevention programs including: after school program/summer programs, teen/tween groups, community education nights, snow camp/youth mentoring trips and prevention team outreach events out of county continue to be the most successful objectives in the implementation plan. Youth and family participation continues to flourish, and relationships built during these events are strong.

The increase in staff training has also been an extremely successful objective. Regularly scheduled meetings have increased communication and understanding between tribal departments. This opportunity to come together to problem solve, learn and draw from personal experiences has improved the ability to provide services to tribal youth and families.

Cow Creek Band of Umpqua Tribe of Indians

Cow Creek has had recent success with the alcohol and other related behaviors survey sent to their entire tribal membership. Cow Creek was able to collect much needed data to help determine the course of action for this year's prevention plan addressing substance abuse prevention, Strategic Prevention Framework and other tribal programs.

Klamath Tribes

Over the course of this year, the prevention strategies under the Mental Health Promotion grant were the most effective for bringing awareness to the community. Activities included speaking openly about unhealthy norms, need for change, personal responsibilities to wellness, and restoring healthy beliefs and standards among the tribe. The results from these efforts are an increased number of self-referrals, engagement in cultural activities, and requests from community partners for cultural sensitivity training.

System improvement initiatives

The Certified Alcohol and Drug Counselor Cohort, a training series designed to increase the number of Native American certified counselors, has continued through 2015. This second training series also included a peer mentor training component. Twenty individuals participated. A committee has been developed to determine needs of native programs for addiction services and how to identify and distribute resources.

The Oregon Tribal Best Practices (TBPs) effort was formed to document that "Indian and minority people have been conducting, implementing and doing practices for years that have been shown to be effective within their own communities."[1] For the 2015–2017 biennium, there was a proposal and budget submitted to AMH to continue with the tribal best practice work. The proposal is to provide the coordination of the TBP effort including:

- Coordinate TBP panel and stakeholder meetings;
- Translation of TBPs to an updated form that includes NOMS (national outcome measures);
- Provide technical assistance in the replication of TBPs at programs across the state; and
- Evaluate TBPs at tribal programs to increase effectiveness and look for opportunity to improve the practices.

The prevention tribal liaison collaborates with the TBP panel members in the review and approval of TBPs and offers support to oversee contract services. In February of 2015, Oregon's Tribal Best Practices was recognized as 2015 Harvard Ash Center Bright Idea in Government. Below is part of the news release:

Salem, Oregon – February 18, 2015 – The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government, Harvard University, recognized today Oregon's Tribal Best Practices as part of the 2015 Bright Ideas program. This year's cohort includes 124 programs from all levels of government — school districts; county, city, state, and federal agencies; as well as public-private partnerships — that are at the forefront in innovative government action.

Respectfully submitted,
Varsha Chauhan, M.D.
Chief Health Systems Division

1 Cruz, C. Many Pathways to Follow: Tribal and Minority Based Practices. Proceedings of the National Prevention Network Conference. 2015 Nov 18. Seattle.

Public Health Division

The mission of the Oregon Health Authority Public Health Division (PHD) is to promote health and prevent the leading causes of death, disease and injury in Oregon.

Office of the State Public Health Director

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

In 2015 and continuing into 2016, a large focus for the Office of the State Public Health Director is the planning and implementation of House Bill 3100 which calls for the modernization of Oregon's governmental public health system. While the bill addresses state and county governmental public health, the nine federally recognized tribes in Oregon are critical components in Oregon's public health system. PHD's policy officer met with the SB 770 Health Services Cluster in October to provide an overview of public health modernization and responded to questions about its impact on tribal public health efforts. Similarly, the policy officer also met with tribal health directors during the October 2015 Northwest Portland Area Indian Health Board (NPAIHB) quarterly meeting to discuss how tribal health leadership would like to be involved and stay updated on public health modernization efforts. NPAIHB will be serving as a conduit for Oregon tribal health leadership on these issues.

To strengthen partnerships to support training and development for Oregon's public health workforce, the Public Health Systems Innovation and Partnerships Unit in the Office of the State Public Health Director works closely with the NPAIHB to identify opportunities to support professional development for tribal public health professionals. PHD is sponsoring a four-day Portland State University project management training at no-cost for state, county and tribal public health professionals. The NPAIHB publicized this opportunity to our tribal partners and provided funds to support travel costs for tribal participants.

Program Design and Evaluation Services, a research and evaluation unit within both Multnomah County Health Department and the Office of the State Public Health Director, prepared a case study, Drawing on Old and New Traditions to Prevent Commercial Tobacco Use within the Confederated Tribes of Warm Springs, in partnership with the state and tribal tobacco prevention and education programs.

Acute and Communicable Disease Program

The Acute and Communicable Disease Program (ACDP) works regularly with the NPAIHB. The NPAIHB's mission is to assist the tribes improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.

In February 2015, the public health director and chief medical officer for Health Security, Preparedness, and Response in the Public Health Division appeared before the Legislative Commission on Indian Services (LCIS) 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 health care resources) and to review how tribal and Indian Health Service facilities might be involved in related planning and implementation. The LCIS executive director noted this was the first appearance by a Public Health Division director before the commission.

ACDP works with NPAIHB's Northwest Tribal Registry to improve accuracy of American Indian/Alaska Native race data in the PHD communicable birth, cancer and mortality databases. A new link to improve accuracy of data in the state communicable disease database will be added in the first half of 2016.

In June 2015, the NPAIHB medical epidemiologist and the tribal epi liaison presented 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. Twenty-four people attended.

The tribal epi liaison worked with the preparedness coordinator for the IHS Portland area and the NPAIHB medical epidemiologist to develop a scenario-based exercise to review potential roles for tribal health to recognize and investigate disease outbreaks involving tribal members. This exercise was conducted with tribal preparedness coordinators and emergency managers, and also with tribal preparedness personnel from around the IHS Portland area at the 2015 NW Tribal Preparedness Conference.

The tribal epi liaison regularly attends quarterly SB 770 Health Cluster meetings with tribal health directors to share information and explore areas of collaboration. In the past year, the epi liaison also presented to the group about Ebola virus and seasonal influenza, and led discussions about the preparedness implications of these illnesses for tribal health clinics and communities.

Center for Health Statistics

The Center for Health Statistics has a data sharing agreement with the NPAIHB to provide birth and death data to complete health assessments of the tribes. Vital statistics data are matched with IHS data to check the quality of the tribal information on the vital records data.

Health Security, Preparedness and Response

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 affect the health of the people in Oregon. HSPR is built upon two federal cooperative agreements, the Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) and Health and Human Services Assistant Secretary for Preparedness and Response Health Care Preparedness Program (HPP) agreements. The intention of each is to build resiliency across the state and ensure all communities are able to respond and recover from any public health emergency.

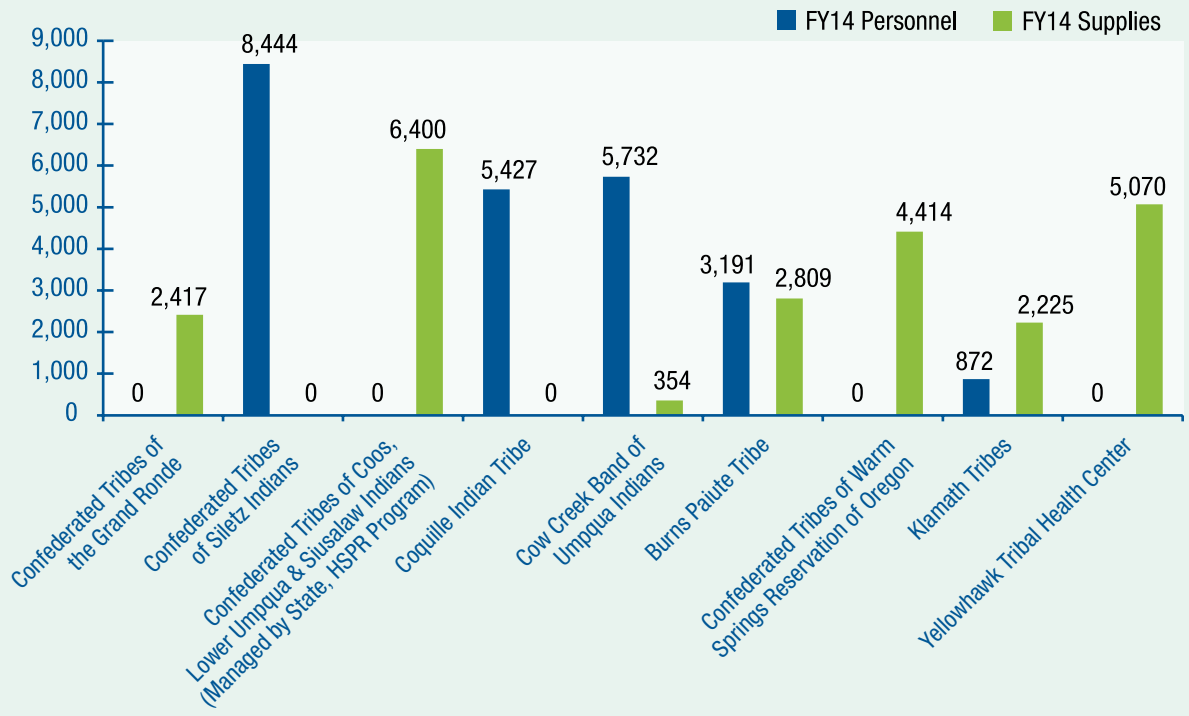
Each federally recognized tribe in Oregon received $17,555 in PHEP and $8,444 in HPP funding this year to continue planning, training and exercising emergency operation plans, attend regional coalition meetings and conferences, and further enhance communications and collaboration with all community partners.

The Confederated Tribes of Siletz hosted the annual tribal preparedness coordinators meeting in February in Newport where partners from the Federal Emergency Management Agency (FEMA), Bureau of Indian Affairs (BIA), IHS and Oregon Emergency Management came together to discuss the Sandy Relief Act and how this legislation affects tribes' ability to make a direct Presidential Disaster Declaration.

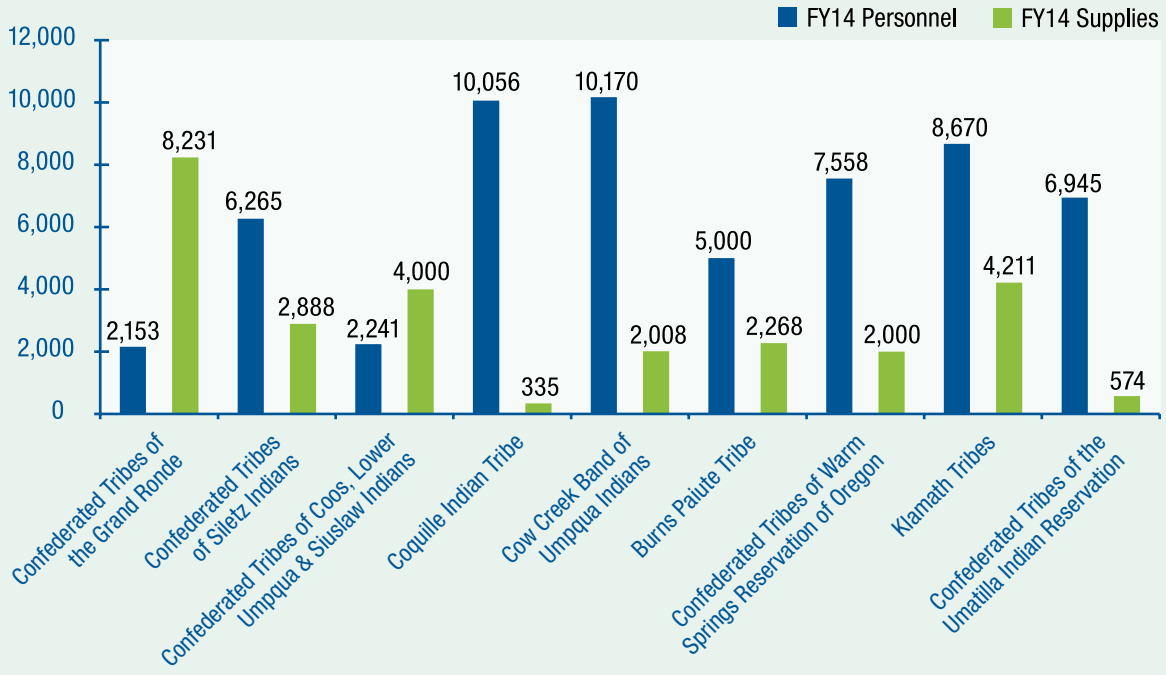
Oregon tribal preparedness coordinators were able to meet again at the 10th annual Tribal Public Health Emergency Preparedness conference hosted by the Quinault Indian Nation in Ocean Shores, Washington, in June 2015. This critical collaboration of regional partners is sponsored by the NPAIHB, PHD, Washington State Department of Health (WDOH), IHS, American Indian Health Commission and the Northwest Center for Public Health Practice. The conference theme was the Power of Positive Partnerships. There were 113 people in attendance with representation of 28 tribal nations from the Pacific Northwest, as well as federal and state agencies such as the Indian Health Service, Bureau of Indian Affairs, HHS/ASPR Region X, FEMA Region X, WDOH, PHD, the American Indian Health Commission, and the First Responder Network Authority.

The following two charts provide a snapshot of how the Oregon tribes are using HSPR funds. The first chart displays PHEP expenditures, while the second displays the HPP. Please note only the largest expenditure categories (personnel and supplies) are displayed; travel, training and indirect costs are not included.

HPP expenditures on tribal personnel and supplies



PHEP expenditures on tribal personnel and supplies



Immunizations

Centers for Disease Control and Prevention and IHS staff recently recognized the Oregon Immunization Program for its exceptional work with organizations serving American Indians and Alaska Natives (AI/AN). The program continually supports these populations by providing vaccine and ongoing technical assistance in all areas regarding the Vaccines for Children program and immunizations. Highlights from 2015 include:

- Completed site visits at four tribal clinics and four Native American Rehabilitation Association (NARA) NW clinics.
- Completed extensive onsite training during a staff transition at Grand Ronde Health and Wellness.
- As a preparedness exercise, the program supplied vaccine, technical assistance and staffing at NARA NW's annual conference and several smaller clinics to increase vaccination rates in the Portland area AI/AN population. The program also provided vaccine for NARA staff as part of the exercise.
- Provided data to Klamath Tribal Health and Wellness to support quality improvement work in their clinic.
- Included a member of the NPAIHB 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 participation in the coalition.

Oregon State Public Health Laboratory

The Oregon State Public Health Laboratory (OSPHL) performs both communicable disease and newborn screening tests for tribal members. From January 1, 2015 through October 31, 2015, the OSPHL performed lab tests on 731 specimens 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.

Adolescents, Genetics and Reproductive Health

The Reproductive Health Program continued to participate in the quarterly SB 770 Health Services Cluster meetings throughout 2015. Formal notice of tribal consultation on the state's intent to submit the waiver renewal application for the Oregon Contraceptive Care Program (CCare) was sent by email on August 11, 2015 to the tribal health directors and representatives of the nine federally recognized tribes in Oregon. A link to the application was provided for review. Further notice was presented (and tribal consultation requested) in person during the SB 770 Health Services Cluster meeting with tribal health directors on August 19, 2015.

The ScreenWise program (formerly called the Breast and Cervical Cancer/ WISEWOMAN/Genetics programs) contacted tribal health affiliates to update their program goals for FY 2016. Three tribal health facilities, Yellowhawk Tribal Health Clinic, Warm Springs Health and Wellness Center and Confederated Tribes of Siletz updated their program goals. ScreenWise expects to serve 40 patients who meet the program eligibility requirements (uninsured or underinsured, Oregon residents, earning less than 250% federal poverty level). The genetics program coordinator attended the NPAIHB Tribal Clinical Cancer Conference (April 2015), and represented ScreenWise at the NPAIHB Clinical Cancer Update, discussing the programs and providing brochures, contact details and resources. The ScreenWise engagement and equity coordinator attended the SB 770 Health Services Cluster meeting with tribal health directors on August 19, 2015 as a learning and networking opportunity.

Health Promotion and Chronic Disease Prevention (HPCDP)

The HPCDP section supports Oregon tribes in advancing chronic disease prevention, early detection and self-management. This support includes:

- Competitive and noncompetitive funding opportunities;
- Technical assistance provided by a state liaison to each tribe;
- A range of training options;
- Support for local data collection and use;
- Support for educating decision makers about the importance of addressing chronic diseases by strengthening the places we live, work, play and learn; and
- A funded partnership with the NPAIHB to support training opportunities and data sharing.

Oregon's nine federally recognized tribes play a vital role in building healthy communities for everyone living in Oregon. Commercial tobacco use is the number

one cause of preventable death and disease in Oregon. Tribal leaders, supported by tribal tobacco prevention and education programs, are reducing commercial tobacco use and exposure to secondhand smoke in their communities. The following are examples of tribal successes over the past year:

- The Confederated Tribes of Warm Springs passed a policy making the Simnasho Powwow commercial tobacco free.
- Cow Creek Band of Umpqua Tribe of Indians strengthened protocols and training for referrals by medical staff to the Oregon Tobacco Quit Line and the tribal tobacco cessation program.
- Confederated Tribes of Siletz Indians developed a culturally appropriate no smoking sign and manufactured portable signs for all area offices (Siletz, Portland, Salem and Eugene). The signs are used at tribal events and gatherings.
- All events sponsored by the Social Services Department of the Confederated Tribes of Grand Ronde are smoke free.
- The Human Resources Department of the Klamath Tribes implemented a policy to inform all new hires about cessation assistance services available through their health insurance and Indian Health Services.
- The Yellowhawk Tribal Health Center for the Confederated Tribes of the Umatilla Indian Reservation implemented a tobacco cessation intervention and referral program and trained three health care providers.
- Since the inception of the Nasomah Wellness Program at the Coquille Indian Tribe in 2007, commercial tobacco use has reduced through increased cessation services offered through the program.
- The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians is enlisting a newly established Tribal Youth Council to develop a Commercial Tobacco Free Youth Events and Gatherings policy.
- All Wadatika Health Center clients in Burns Paiute Tribe are now asked about tobacco use. Health providers advise all tobacco users to quit and refer them to the Oregon Tobacco Quit Line.

The HPCDP section is engaging Oregonians in dialogues about living tobacco free and about how the places where we live, work, play and learn shape our health. These conversations are part of larger campaigns and are taking place through social media (Facebook and Twitter) and the Web at www.SmokeFreeOregon.com and www.PlaceMattersOregon.com. Additionally, the Smokefree Oregon campaign includes advertising on television, radio and billboards. Tribes contribute content to both campaigns on topics, ideas and experience that tell the stories of American

Indians/Alaska Natives in Oregon. Currently, the campaigns feature people and stories from the Confederated Tribes of Warm Springs and Klamath Tribes. The Smokefree Oregon Web page (www.SmokeFreeOregon.com) has information about each tribe and HPCDP is working with tribes to develop more content.

A new cycle of the Oregon Behavioral Risk Factor Surveillance System (BRFSS) Race Oversample survey is currently underway. This survey collects information from adults who are American Indian and Alaska Native, Asian/Pacific Islander and African American. Among the data being collected are chronic disease status, health screenings, and health risk and protective factors. Data collection began in 2015 and will continue through 2017. Data will be available in fall 2018.

The Oregon State Cancer Registry (OSCaR), a program within HPCDP, collaborates with several organizations representing American Indian and Alaska Native (AI/AN) populations to improve the completeness and accuracy of cancer data for AI/AN populations in Oregon.

OSCaR conducts an annual record linkage with the Northwest Tribal Registry (a demographic data set of AI/ANs registered with the Indian Health Service, urban Indian clinics and tribal clinics), and also conducts an annual data linkage with National Indian Health Service patient registration data. These record linkages help identify and correct AI/AN patient records that may be miscoded as White or other race in the OSCaR database. These activities are very important for producing accurate cancer statistics for AI/AN populations in Oregon. It is estimated that racial misclassification for AI/ANs can range from 15–50% in various Northwest disease registries.

The NPAIHB uses race-corrected OSCaR data to produce annual tribal reports for health care planning and disease prevention efforts among tribal communities in Oregon. IHS uses the race-corrected data to produce national cancer reports (United States Cancer Statistics) that accurately reflect the national burden of cancer among AI/AN populations.

OSCaR recently collaborated with NPAIHB and the Yellowhawk Tribal Health Center to produce a cancer report to be used by tribal health network partners to increase cancer screening, diagnosis and treatment services. OSCaR also provided data to the Native American Rehabilitation Association (NARA) Breast and Cervical Cancer Early Detection Program (BCCEDP) to supplement cancer records for patients diagnosed through the NARA BCCEDP program.

Injury and Violence Prevention Program

The Injury and Violence Prevention Program (IVPP) has issued $20,000 to the NAYA Family Center for 2015–2016 for senior falls prevention. With this funding, NAYA elders will conduct a series of tribal site visits throughout the state to promote the evidence-based falls prevention program, Tai Chi: Moving for Better Balance (TCMBB). They will provide demonstrations and testimonials, raise awareness about falls prevention strategies, and invite tribes to participate in a TCMBB instructor training hosted by NAYA in Portland in 2016. In addition to this work with NAYA, IVPP trained staff and elders from the NPAIHB and Yellowhawk Tribal Health Center to lead TCMBB and Stepping On falls prevention programs. IVPP also provided technical assistance and a letter of support for the NPAIHB's 2015 senior falls prevention grant application to the Administration for Community Living.

The IVPP Youth Suicide Prevention Program collaborates with the Confederated Tribes of the Umatilla Indian Reservation on their federal Substance Abuse and Mental Health Services Administration grant to institute protective factors against suicide for youth. Grant activities engage youth directly and adults as mentors and help strengthen cultural ties.

The Oregon Prescription Drug Monitoring Program (PDMP) collaborates with IHS to recruit Oregon's federally recognized 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 they use to identify potential prescription drug misuse and abuse and to assess treatment options.

Maternal and Child Health Section

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

Title V Block Grant

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 2015, the Maternal and Child Health Section conducted 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 online needs assessment discussion with local health departments. Their input was incorporated into the final recommendations.
- A listen session webinar was Public Health's opportunity to listen to tribes on their recommendations for Title V programs.
- The five Oregon tribes currently funded by Title V participated in the Needs Assessment Prioritization Work Group that had two day-long meetings.
- The five Oregon tribes receiving Title V funding also continue to participate in the Title V Steering Committee meetings. The purpose is to guide the development of strategies, measures and parameters for local implementation.
- In December 2015, tribes will be surveyed on strategies and measures to be used for Title V work in the coming years.

Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality

The MCH section is spearheading the CoIIN to Reduce Infant Mortality in Oregon. The Warm Springs and Umatilla tribes are active and important partners in this work and their tribal health centers are serving as pilot sites focused on quality improvement initiatives to provide tobacco cessation support to pregnant and postpartum women.

In addition, two nurses from the Confederated Tribes of Warm Springs attended the three-day MCH public health nurse training in October 2015.

Oral Health

The NPAIHB submitted an application in October 2015 to test a dental pilot called the Tribal Dental Health Aide Therapist Project (TDHATP). They will be using the Alaska dental health aide therapist (DHAT) program model in select Oregon tribal communities to develop a new category of dental personnel and teach new oral health care roles to previously untrained individuals.

Warm Springs K–8 Academy is participating in the School Fluoride Rinse Program during the 2015–16 school year. They also participated in the program during the 2014–15 school year.

Two representatives from the Cow Creek Band of Umpqua Tribe of Indians are co-leads on the Title V MCH Steering Committee for the oral health priority area.

Nutrition and Health Screening (WIC)

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 Indian Reservation 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 provide staff and support for WIC satellite clinics at a local tribal location to provide on-site services. Approximately 3,500 Oregon WIC participants identify as American Indian or Alaska Native, which represents 2.4% of the total WIC caseload in Oregon.

From January through October 2015, 615 participants from the Confederated Tribes of Warm Springs visited the tribal clinic and received WIC preventive health services and monthly vouchers for healthy foods, including 164 pregnant and postpartum women, and 451 infants and children less than five years of age. The total WIC grant for the tribe for SFY 2014–2015 was $74,629.

As of October 31, 2015, 186 participants from the Confederated Tribes of Umatilla Indian Reservation received WIC preventive health services and monthly vouchers for healthy foods at the tribal clinic, including 48 pregnant and post-partum women and 138 infants and children less than five years of age. The total WIC grant for the tribe for SFY 2014–2015 was $23,041.

The Lincoln County WIC Program serves the Confederated Tribes of Siletz through on-site WIC services one day per month at the Siletz Health Center. From January through October 2015, WIC services were provided to 96 participants. The number of participants visiting this clinic increased about 15% compared to the year before.

The Coos County WIC Program provides on-site nutrition screening, individualized preventive health education, monthly food vouchers and referral services to 30 women, infants and children at the Coquille Indian Tribe office one day per quarter. Coquille tribal participants can also access WIC services through the local health department in North Bend. Almost 100 American Indians and Alaska Natives accessed services at a Coos County WIC clinic from January through October 2015.

In November 2011, the Multnomah County WIC Program in collaboration with the Native American Youth and Family Center (NAYA), started a satellite WIC clinic at the NAYA site on Columbia Boulevard in Portland. The clinic is open two days per month. From January through October 2015, WIC services were provided to 66 women, infants and children, which was a 30% increase from the same time frame in the previous year. Over 540 participants who identify as American Indian or Alaska Native received WIC services in Multnomah County at one of the four clinic locations.

In October 2013, in collaboration with the Grand Ronde Tribal Head Start Program, the Polk County WIC Program started a clinic at the Grand Ronde Youth Program Building to serve the Confederated Tribes of Grand Ronde. The clinic is open two half-days per month. From January through October 2015, 32 American Indians/Alaska Natives received WIC services at either the Grand Ronde or other Polk County clinic sites.

In July 2015, the Harney County WIC Program opened a satellite WIC site at the Burns Paiute Tribe health clinic, which they have named the Wadatika WIC clinic. In addition, a new WIC coordinator in Harney County has worked closely with the tribe to improve communications and provide a more welcoming and inclusive clinic environment at the Harney County Health Department. This has resulted in Harney County serving 31 participants in 2015 who identify as American Indian or Alaska Native. The WIC coordinator and tribal staff are planning an open house at the Wadatika Clinic to market the availability of this new clinic.

Drinking Water Services

The Drinking Water Services program continues to include all nine federally recognized tribes in Oregon in its statewide solicitation of letters of interest for drinking water capital projects. 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.

Environmental Public Health

The Environmental Public Health Climate and Health Program is a technical advisor on the Confederated Tribes of the Umatilla Indian Reservation's Climate Vulnerability Assessment Project. The program provides relevant research on health risks and input on assessment progress. The Climate and Health Program was invited to give a plenary workshop at the 2015 Northwest Tribal Public Health Preparedness Summit. The workshop involved a short training on climate and health risks and table discussions that generated qualitative feedback to inform both OHA and tribal programs. The Climate and Health Program coordinated and convened four tribal experts for a panel discussion on tribal resilience strategies. The session was attended by environmental public health professionals and led to further information exchange between our tribal partners.

Harmful Algae Bloom Program staff presented information about harmful algae blooms and toxins at the annual Oregon Tribal Environmental Forum. The presentation focused on how drought and climate change are increasing the

occurrence of bloom events; how these blooms affect fish, shellfish and other tribal foods; symptoms of exposure; and how to reduce exposure to toxins produced through proper cleaning and preparation.

The Fish Advisory and Fish Consumption Program issued a health advisory for softshell and gaper clams along the Oregon coast in August 2015. Before the advisory and update were issued, OHA and Oregon Department of Environmental Quality staff contacted all coastal and some inland tribes to make them aware of the data, the proposed advisory, the potential health impacts, and to solicit input on tribal consumption of clams and on education and outreach to the tribes.

Oregon State Hospital

Since the spring of 2014, the Native American Services at Oregon State Hospital were administratively linked to the Spiritual Care Department. Rev. Luzviminda Barela-Borst, the director of the Spiritual Care Department hired Kqalsan (Richard) Mayuk as Native American Services coordinator to fill the position held in the interim by Lani Wright. Native American Services contractors at that time were Dusty MacKay, Art McConville and Michelle Maher. Art McConville submitted his resignation on Monday, June 22, 2015, due to health issues. Michelle Maher's contract was terminated on November 24, 2015. The hospital is currently establishing contracts for Christie Dort, Shane Wilson and Shaniko Jackson.

Native American ceremonies

Oregon State Hospital continues to provide ceremonies for patients on a regular, scheduled basis. Richard Mayuk and Dusty MacKay provide Sweat Lodge ceremonies for men and women of the Salem campus on the first and third Fridays of every month. Eight to 16 patients regularly attend.

At the Junction City campus, Richard Mayuk and Dusty MacKay provide Sweat Lodge ceremonies for men on the second and fourth Mondays of every month. Two to five men attend. Native American Services is in the process of establishing a contract for a female Native American provider of Sweat Lodge ceremonies for women at the Junction City campus. Every Wednesday, Native American Services offers a Talking Circle and a Smudge ceremony

At the Salem campus, patients participate in the Red Road to Wellbriety every Saturday along with two Smudge ceremonies and a Talking Circle. Weekly attendance for the Smudge ceremonies is approximately 20 to 30 patients; 10 patients attend the Talking Circle. Other Native American Services Treatment Mall classes currently provided at the Salem campus include:

- Thirteen Moons - attendance of five to 10 patients per week;
- Native Ways of Knowing - attendance of 10 to 15 patients per week;
- Native American Beading - attendance of five to 10 patients per week;
- Native American Ceremony and Culture - attendance of 5 to 10 patients per week; and
- Sweat Lodge and Smudge schedules remain the same.

In addition to the above classes, the Salem campus will add a Native Drumming group, Talking Circle and Native Way of Knowing on Fridays when there are no scheduled Sweat Lodge ceremonies.

Native American celebrations

On November 10, 2015, Oregon State Hospital held its second annual Tribal Culture Event. Richard Mayuk coordinated the celebration with inhouse resources and the Spiritual Care Department. Contractors Dusty MacKay and Christie Darst performed a Traditional Round and then invited patients and staff to participate. Patients and staff experienced singing of traditional native Pow Wow songs, participated in a question-and-answer session about tribal culture, viewed information and display tables and sampled traditional fry bread. The goal was to share and educate about Native American culture, spirituality, practices and traditions.

On November 23, 2015, Oregon State Hospital celebrated its second Native American Heritage Day with a hospital-wide meal of traditional native foods served for all patients. The meal featured Pacific Northwest salmon, berries, local greens and squash. To honor the tradition of sharing food, two staff from each unit dined with the residents. Both patients and staff had a great experience sharing this meal, with many positive comments received about the salmon in particular.

Accomplishments

With the opening of Junction City campus, Native American Services constructed a new Sweat Lodge to provide ceremonies on the second and fourth Mondays of each month. Also, the Junction City campus offers Circle groups, Talking Circle and Smudge ceremonies to the patients.

In August, 2015, Native American Services rebuilt the Salem Sweat Lodge and introduced tribal knowledge groups and traditional ways of drumming. The Medicine Wheel is a central part of the ongoing groups at both campuses.

Ten to 15 residents, escorted by staff, attended the Native American Rehabilitation Association's Fourth Annual Spirit of Giving Conference September 1–3, 2015.

To date, Native American Services has met their goal of no cancellation of services in 2015.

The spiritual care director, five patients, the Native American coordinator and three OSH staff landscaped the Sweat Lodge area of Salem with native plants of cultural and spiritual significance on November 12, 2015. Plants gathered from the natural environment by Native American Services contractors and support staff were cultivated in the Oregon State Hospital greenhouse. A Smudge ceremony began the planting. Staff member and landscape designer Herschel Underwood gave the instructions and led the landscaping.

The Native American Advisory Group continues to meet regularly every first Thursday of the month.

Plans for 2016

Native American Services continues to provide the successful traditional {Medicine Wheel-based) groups: Native American Beading, Native American Ceremony and Culture, the Native American Film Series, Red Road to Wellbriety and the Talking Circle, along with the Sweat Lodge and the Smudge ceremonies. New groups are planned, including the gathering of sage and herbs as seasons allow for the Smudge ceremony, plus traditional arts and crafts such as making drums, moccasins and gloves.

Native American Services is already planning a 2016 Annual Tribal Culture Event in conjunction with the Native American Advisory group. The celebration is proposed for late summer. In preparation for this event, Native American Services will consult with the nine federally recognized tribes of Oregon to define and finalize the plan that would meet their requirements for this event. Native American Services will continue collaborating with the nine tribes and other state agencies to establish culturally appropriate best practices to safely meet the spiritual needs of our residents.

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 health care access and delivery to tribal members. We appreciate the collaborative relationship we have with the nine tribes and look forward to working together in 2016.

Respectfully submitted,

Lynne Saxton

Lynne Saxton, Director
Oregon Health Authority

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Oregon State Hospital	Luz Barela-Borst and Kqalsan (Richard) Mayuk
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Glossary of terms

AAA	Area Agency on Aging
AMH	Addictions and Mental Health Division
APD	Aging and People with Disabilities 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
IHS	Indian Health Services
ILP	Independent Living Program
MAP	Medical Assistance Programs
MCH	Maternal and Child Health
MMIS	Medicaid Management Information System
NARA	Native American Rehabilitation Association
NPAIHB	Northwest Portland Area Indian Health Board
NRC	National Resource Center

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
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

Oregon Health Authority

DIRECTOR'S OFFICE
Tribal Affairs

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