

2016

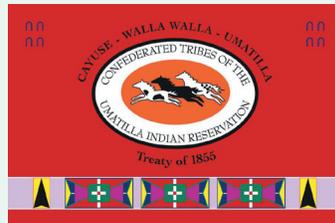
>> Government-to-Government Report



Oregon
Health
Authority

DIRECTOR'S OFFICE
Tribal Affairs

Oregon's Nine Federally Recognized Tribes



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Director's message

Dear Governor Brown and the Legislative Commission on Indian Services:

The Oregon Health Authority (OHA) is committed to improving the health of the people of Oregon. This includes working closely with the nine federally recognized tribes in Oregon to provide quality, affordable health care to all tribal members.

OHA is working to making health care more accessible and accountable to tribal members. Our focus over the past year has been to develop deeper relationships with the tribes, track opportunities to affect tribal health and respond to tribal health needs. OHA, through the tribal affairs director and staff, has made significant strides over the past year, including ensuring access to health care services for American Indians and Alaska Natives is at the forefront of our Medicaid waiver application. As we move forward with negotiations with the Centers for Medicare and Medicaid Services, I am confident we will begin to address the health inequity among American Indians and Alaska Natives.

Additionally, OHA developed a partnership with tribes in Oregon and the Indian Health Services to pursue a 100 percent Federal Medical Assistance Percentages (100% FMAP) on health care services. At the request of tribes, OHA focused on Tribal Uncompensated Care Program claims and streamlining the process. As a result, over \$400,000 in claims were paid out in May of this year.

As you will see throughout this report, each division within the agency is working to tackle the issues that affect tribal members in Oregon, deepen our relationships with the tribes and address the serious health inequity among tribal members. While great work has been accomplished this year, we still have more work to do, but I believe that the infrastructure we have put in place will ensure that we continue moving forward toward the goal of providing all tribal members with quality health care, better health outcomes, and an affordable price.

Sincerely,

Lynne Saxton

Director, Oregon Health Authority

Introduction

The Oregon Health Authority (OHA) is pleased to share the 2016 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 to provide high quality, affordable health care.

Oregon is home to nine federally recognized tribes and an estimated 126,944 Native Americans (U.S. Census Bureau, 2014). All Native Americans residing in Oregon, regardless of tribal enrollment, also are Oregon citizens and are entitled to receive the services provided by OHA. This report describes the work OHA does to support Oregon's nine federally recognized tribes. The term "tribes" throughout the report refers to these tribes.

The Oregon Health Authority (OHA) was established in 2009 to address health care cost, quality and access in the state. OHA's goal is better health and better care at lower costs. Today, OHA continues to:

- Help all Oregonians achieve their best physical, mental and social well-being through programs and initiatives that improve lifelong health
- Increase the quality, reliability and availability of care
- Lower costs so everyone can afford health care

In 2015 OHA went through a reorganization to better align the work we do. OHA now has seven divisions that support the work with tribes. These divisions include:

- Fiscal and Operations
- Health Systems
- Health Policy and Analytics
- Public Health
- Office of Equity and Inclusion
- External Relations
- Oregon State Hospital

Enrolled Senate Bill 770

Sponsored by Senators BROWN, CLARNO; Senators CASTILLO, CORCORAN, DECKERT, FERRIOLI, GORDLY, MESSERLE, METSGER, NELSON, SHIELDS, STARR, TROW, Representatives GARDNER, KNOPP, KRIEGER, MONNES ANDERSON, NOLAN, ROSENBAUM, G SMITH, VERGER, V WALKER, WESTLUND (at the request of Commission on Indian Services)

CHAPTER

AN ACT

Relating to government-to-government relations between the State of Oregon and American Indian tribes in Oregon.

Be It Enacted by the People of the State of Oregon:

SECTION 1. As used in sections 1 to 4 of this 2001 Act:

(1) "State agency" has the meaning given that term in ORS 358.635.

(2) "Tribe" means a federally recognized Indian tribe in Oregon.

SECTION 2. (1) A state agency shall develop and implement a policy that:

(a) Identifies individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.

(b) Establishes a process to identify the programs of the state agency that affect tribes.

(c) Promotes communication between the state agency and tribes.

(d) Promotes positive government-to-government relations between the state and tribes.

(e) Establishes a method for notifying employees of the state agency of the provisions of sections 1 to 4 of this 2001 Act and the policy the state agency adopts under this section.

(2) In the process of identifying and developing the programs of the state agency that affect tribes, a state agency shall include representatives designated by the tribes.

(3) A state agency shall make a reasonable effort to cooperate with tribes in the development and implementation of programs of the state agency that affect tribes, including the use of agreements authorized by ORS 190.110.

SECTION 3. (1) At least once a year, the Oregon Department of Administrative Services, in consultation with the Commission on Indian Services, shall provide training to state agency managers and employees who have regular communication with tribes on the legal status of tribes, the legal rights of members of tribes and issues of concern to tribes.

(2) Once a year, the Governor shall convene a meeting at which representatives of state agencies and tribes may work together to achieve mutual goals.

(3) No later than December 15 of every year, a state agency shall submit a report to the Governor and to the Commission on Indian Services on the activities of the state agency under sections 1 to 4 of this 2001 Act. The report shall include:

(a) The policy the state agency adopted under section 2 of this 2001 Act.

(b) The names of the individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.

(c) The process the state agency established to identify the programs of the state agency that affect tribes.

(d) The efforts of the state agency to promote communication between the state agency and tribes and government-to-government relations between the state and tribes.

(e) A description of the training required by subsection (1) of this section.

(f) The method the state agency established for notifying employees of the state agency of the provisions of sections 1 to 4 of this 2001 Act and the policy the state agency adopts under section 2 of this 2001 Act.

SECTION 4. Nothing in sections 1 to 4 of this 2001 Act creates a right of action against a state agency or a right of review of an action of a state agency.

Passed by Senate April 2, 2001

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Secretary of Senate

.....
President of Senate

Passed by House May 11, 2001

.....
Speaker of House

Received by Governor:

.....M.,....., 2001

Approved:

.....M.,....., 2001

.....
Governor

Filed in Office of Secretary of State:

.....M.,....., 2001

.....
Secretary of State

Tribal Affairs

Tribal Affairs is housed within the Director's Office of OHA. The Tribal Affairs director works closely with the OHA Director to identify the programs that affect tribes. OHA's Tribal Priority List is the guiding document developed by Tribal Affairs, with input from the tribes, to determine the programs that need the most attention at the current time. The OHA Director and the Tribal Affairs director work with the division directors and their staff to communicate the priorities and address the areas that need work. Tribal Affairs is in contact with tribal staff on a regular basis to address any issues or concerns that may arise. A tribal liaison and an executive support staff assist the Tribal Affairs director.



There are also other tribal liaisons throughout OHA. These subject matter experts are vital in completing work with the tribes. Liaisons interact with the tribes on a regular basis either on the phone, through email or with face-to-face meetings.

Key contacts:

Lynne Saxton — Oregon Health Authority Director
lynne.saxton@state.or.us, 503-947-2340

Julie Johnson — Interim Tribal Affairs Director
julie.a.johnson@state.or.us, 503-945-9703

Communication and government-to-government relations

The Health and Human Services Cluster, established by the Legislative Commission on Indian Services, held quarterly meetings this year with representatives from OHA, Department of Human Services (DHS), Department of Business and Consumers Services (DCBS), and tribal representatives. This year the tribes worked diligently to collaborate on the planning of the meeting agenda, ensuring meeting objectives are being met and follow-up is completed. Working alongside the Northwest Portland Indian Health Board (NPAIHB), the tribes are drafting a Health and Human Services Cluster meeting charter to outline the meeting structure and purpose. This document will be submitted to the state agencies involved in January 2017. One area to address in the future is reengagement of the Department of Veterans Affairs, the Oregon Housing and Community Services, and the Youth Development Division in this meeting. OHA Tribal Affairs has helped to organize these meetings with logistical support from DCBS.

OHA Tribal Affairs also holds tribal monthly meetings to address the needs on the priority list. This keeps communication lines open and available to the tribes.

OHA seeks tribal consultation to listen to concerns and make improvements on our systems based on tribal input. Some of the consultations held this year include:

- Tribal Health Leaders' Summit that OHA hosted in February 2016
- A May 2016 consultation covering topics including the ITU proposal, care coordination contract and the 1115 waiver renewal application
- A November 2016 consultation on the access monitoring plan.

OHA strives to maintain positive relationships with the tribes through these important government-to-government meetings.

Ongoing trainings

Tribal Affairs has been providing trainings at various locations throughout the year. The Public Health Division has invited Tribal Affairs to participate in a regular new employee orientation. Recently OHA developed a staff orientation for all new employees that Tribal Affairs will be a part of as well. The training includes topics such as sovereignty, treaties, termination, restoration, Senate Bill 770 and more.

2016 highlights

OHA has had many successes this year working with Oregon's tribes. There is always more to be done and ways to improve, but working together we will continue to make progress in improving the health of the people of Oregon.

The relationship between OHA and the tribes is of utmost importance. As it was stated at a 770 Health Cluster meeting earlier this year, "How we do our work is as important as our work." We want to make OHA more accessible and accountable to tribal members including tracking all of the opportunities for OHA to affect tribal health and to respond to tribal needs. The tribal workgroup, with assistance from the Northwest Portland Area Indian Health Board (NPAIHB), has been working on updating the OHA Consultation Policy. OHA values the time and dedication to this process. We have received consultation materials from other tribal leadership and welcome the support in finalizing the policy. The tribal workgroup plans to submit the draft policy at the beginning of 2017. OHA will review and continue to collaborate with the tribes until it is complete.

OHA partnered with the Oregon tribes and Indian Health Services (IHS) to pursue a 100 percent federal medical assistance percentage (100% FMAP) on health care services. By developing care coordination agreements and tracking processes, we will continue to work with the Centers for Medicare and Medicaid Services (CMS) the workgroup and plan the next steps to begin claims.

At the request of tribes, Tribal Affairs focused on Tribal Uncompensated Care Program claims and process. The result was more than \$400,000 in claims were paid out in May of this year. The process has been streamlined and Tribal Health programs now receive a reconciliation/explanation of payment.

Continued efforts to make sure access to health care services for American Indians and Alaska Native is at the forefront of our Medicaid waiver application. As we move forward we will continue to keep the tribes informed and communication lines open.

In 2016 there has been at least five tribal meetings where fee-for-service (FFS) for American Indians/Alaska Natives (AI/AN) issues have been addressed. OHA has established an access monitoring review plan to determine sufficiency of access to care for FFS members. Monitoring AI/AN member utilization rates due to the high proportion of OHP AI/AN members on FFS is a priority. OHA seeks guidance and incorporates access improvement strategies set forth by tribal nations.

Fiscal and Operations Division

This division analyzes and sets OHA's biennial budget. Its offices include Human Resources (HR), Information Technology (IT), and Budget, Planning and Analysis.

- Budget, Planning and Analysis is responsible for OHA's budget. It consults on OHA financial processes, federal program and fiscal policy, business line funding streams, and state budget processes.
- HR serves internal customers with workforce strategies to meet the agency's business needs.
- IT provides technical support and security to OHA and the Department of Human Services (DHS).

Central and Fiscal Operations (CFO) does not do program-level implementation. CFO does provide administrative support, policy support and financial services to the agency's Tribal Affairs director.

CFO's office has direct communications with tribal leaders at events where the division provides administrative support services. Staff support the successful completion of each meeting through the preparation and distribution of materials, recording of meeting minutes and addressing issues as they arise.

Key contacts:

Mark Fairbanks — Chief Financial and Operating Officer
mark.r.fairbanks@state.or.us

Margarit Westfall — Administrative Support
margarit.westfall@state.or.us, 503-945-6609

Janell Evans — Financial Services
Janell.r.evans@state.or.us, 503-945-5775

Keely West — Policy Specialist
keely.l.west@state.or.us, 503-945-6292

Health Systems Division

The Health Systems Division (HSD) oversees Oregon's health care delivery systems including the Oregon Health Plan, which provides more than one million Oregonians with physical, oral and behavioral health services. HSD is also responsible for:

- Oversight of the coordinated care organizations (CCOs) to implement health care in an effective, efficient and fiscally sustainable way
- Integration of the former Medical Assistance Programs (MAP) and Addictions and Mental Health (AMH) divisions
- Providing Oregon communities with on-the-ground support during crises, such as the Roseburg campus shooting

Through its functional realignment, the Oregon Health Authority integrated Medical Assistance Programs (MAP) and Addictions and Mental Health (AMH) into the Health Systems Division (HSD) and structured the Oregon State Hospital as a stand-alone program unit.

HSD oversees regulatory and operational management of Oregon's health delivery system. The division manages the implementation and evaluation of multiple statewide programs and activities to support the Medicaid program including integrating and coordinating interagency activities. The major areas of HSD are:

- Central Administration comprises the chief health systems officer and staff providing office management including overseeing the hiring process and paperwork, facility moves, paying administrative invoices, and oversight of administrative and program budgets and expenditures.
- The Integrated Health Programs section comprises three teams focused on both Medicaid- and non-Medicaid-funded physical, dental and behavioral health program development, operations policy, and special projects.
- The Compliance Regulation section is responsible for four functions: contracts, complaints, regulation and quality management. Contracts initiates and oversees all Health Systems contracts and grants, including but not limited to CCO contracts; intergovernmental agreements with local mental health authorities (LMHAs) and community mental health programs (CMHPs); direct contracts with tribes and tribal organizations; and all other physical, dental, and behavioral health contracts administered by OHA.

- The Provider Services section comprises delivery system support, provider support and enrollment, provider services training, provider clinical support, and service data reporting. Delivery system support staff teams direct the coordinated care support program by developing and implementing policies, procedures and program priorities. In addition, staff provide legislative analysis and administrative rule input.
- The Member Services section is responsible for implementing Oregon’s Medicaid program. This includes policy interpretation and compliance, eligibility evaluation and processing, and customer service for the estimated 1.1 million Oregonians receiving benefits.
- The Business Systems section includes business-related functions and expenditures for information technology to support Health Systems. It includes Medicaid Management Information System (MMIS), the ONE system, COMPASS, Special Projects and Business Systems Training.

HSD administers contracts and agreements with tribes to develop and administer community-based behavioral health services and supports not covered by Oregon’s Medicaid program. HSD services restore functioning; promote resiliency, health and recovery; and protect public safety by serving adults, children and adolescents with substance use, mental or emotional disorders. Culturally specific statewide and regional programs provide services for Native American populations. These programs are designed to deliver culturally validated and evidence-based services that restore individuals and their families to the highest level of functioning possible. Behavior health programs employ:

- Peer support specialists
- Qualified mental health associates (QMHA’s)
- Qualified mental health professionals (QMHP’s)
- Psychiatrists
- Psychiatric nurse practitioners
- Qualified health services (QHS) providers
- Psychologists and other independently licensed providers
- Certified alcohol and drug counselors (CADCs)
- Certified gambling addiction counselors (CGACs)
- Personal care providers

Individual consumers and their families also are key partners who are critical to successfully treating behavioral health conditions.

With the goal of increasing the mental health of individuals and families, HSD has dedicated funding to Oregon's tribes. These funds are being used to implement strategies for tribal-based mental health services. Each tribe submits an implementation plan proposing services that align with the funding areas. They report biannually on the progress made toward their outcomes. The plans 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

Tribes used these funds to increase mental health services by adding staff in a number of different roles, including a mental health coordinator, mental health therapist, psychiatrist and family nurse practitioner.



Tribes have seen successes in mental health promotion and prevention by providing mental health first aid trainings and implementing the conscious discipline model with parents, school and community. Tribes have completed mental health retreats that combine talking circles and guest speakers who discussed termination, historical trauma and mental health

stigma. Others retreats focused on historical trauma have used Healing of the Canoe/Canoe Family, a tribal best practice. Some tribes have held GONA (Gathering of Native Americans) trainings on community wellness, destigmatizing mental health issues and understanding boarding school trauma.

For Jail Diversion, one community is starting a Wellbriety Program, to which the court refers clients. The program provides intakes, and develops and implements a behavioral health treatment plan in cooperation with the client.

Tribes providing school access to mental health services have increased the number of referrals, had mental health counselors participate with prevention staff to build relationships with children in a less formal clinical setting, and increased outreach and engaged more children at the middle school and elementary school levels.

This investment represents the first mental health program in the community for some tribes, and the first opportunity to provide support and coordination to its tribal members. One goal is to raise the tribal communities' understanding of mental health and wellness to reduce the stigma associated with mental illness. This will support those in need with appropriate and culturally relevant treatment options.

HSD participates in government-to-government 770 meetings to share information and receive input from tribes on a variety of topic areas pertinent to the business conducted by the division. HSD participates in operational meetings with tribal program representatives to ensure open communication and shared problem solving related to the Medicaid program.

HSD supports efforts to enhance behavioral health services delivered by tribal programs through technical assistance and information sharing.

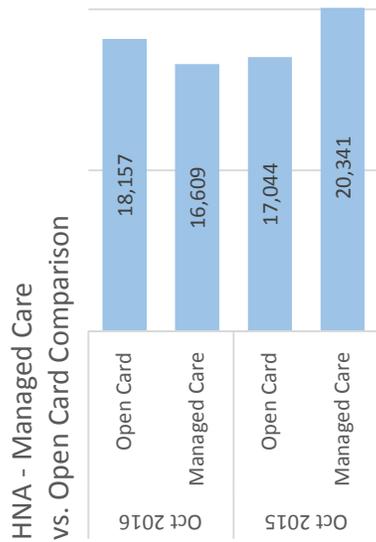
Behavioral health formal agreements and funding:

Tribe	Type of formal agreement	Funding amount – Calendar year 2016			
		Housing	A & D base	IDPF	Mental health
Burns Paiute Tribe	Contract		\$49,275	\$6,811	\$109,872
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	Contract				\$103,000
Confederated Tribes of Grand Ronde	Contract		\$49,108	\$6,796	\$178,538
Confederated Tribes of Siletz Indians	Contract	\$80,734	\$49,666	\$6,873	\$178,538
Confederated Tribes of the Umatilla Indian Reservation	Contract		\$49,035	\$6,781	\$144,205
Confederated Tribes of Warm Springs	Contract		\$193,628		\$302,910
Coquille Indian Tribe	Contract				\$103,000
Cow Creek Band of Umpqua Tribe of Indians	Contract		\$50,000		\$144,205
The Klamath Tribes	Contract		\$66,888		\$144,205

(IDPF) Intoxicated Drivers Program Funds

The Confederated Tribes of Warm Springs is the only local mental health authority out of the nine federally recognized tribes.

Oregon Health Authority: Office of Health Analytics
HNA Fast Facts - October 2016



	Oct 2015		Oct 2015 Total	Oct 2016		Oct 2016 Total
	Female	Male		Female	Male	
Managed Care						
Enrollment	475,125	433,817	908,942	439,577	394,732	834,309
HNA Enrollment	10,626	9,715	20,341	8,895	7,714	16,609
Open Card						
Enrollment	85,682	69,726	155,408	80,184	65,495	145,679
HNA Enrollment	9,142	7,902	17,044	9,650	8,507	18,157
Total Enrollment	560,807	503,543	1,064,350	519,761	460,227	979,988
Total HNA Enrollment	19,768	17,617	37,385	18,545	16,221	34,766



	Oct 2015			Oct 2015 Total	Oct 2016			Oct 2016 Total
	0-18	19-64	65+		0-18	19-64	65+	
Managed Care								
Enrollment	374,211	510,343	24,388	908,942	351,757	458,048	24,504	834,309
HNA Enrollment	7,185	12,752	404	20,341	5,911	10,305	393	16,609
Open Card								
Enrollment	55,782	81,890	17,736	155,408	51,393	75,516	18,770	145,679
HNA Enrollment	6,224	10,291	529	17,044	6,852	10,759	546	18,157
Total Enrollment	429,993	592,233	42,124	1,064,350	403,150	533,564	43,274	979,988
Total HNA Enrollment	13,409	23,043	933	37,385	12,763	21,064	939	34,766

Data Source: HAL_METRIC (MMIS/DSSURS)
 Data Load Date: November 14, 2016

Oregon Health Authority; Office of Health Analytics
HNA Fast Facts - October 2016

	Managed Care			Open Card		
	HNA Enrollment	Total Enrollment	% HNA Enrolled	HNA Enrollment	Total Enrollment	% HNA Enrolled
Oct 2016	16,609	834,309	2.0 %	18,157	145,679	12.5 %
Baker	74	3,611	2.0 %	63	807	7.8 %
Benton	192	11,538	1.7 %	148	2,163	6.8 %
Clackamas	969	59,700	1.6 %	600	9,793	6.1 %
Clatsop	129	8,148	1.6 %	123	1,797	6.8 %
Columbia	179	9,162	2.0 %	214	1,902	11.3 %
Coos	425	16,597	2.6 %	680	3,316	20.5 %
Crook	152	5,741	2.6 %	110	948	11.6 %
Curry	154	4,953	3.1 %	184	1,139	16.2 %
Deschutes	565	35,808	1.6 %	450	5,062	8.9 %
Douglas	553	27,374	2.0 %	716	5,671	12.6 %
Gilliam	6	328	1.8 %	3	78	3.8 %
Grant	38	1,401	2.7 %	18	244	7.4 %
Harney	68	1,714	4.0 %	86	371	23.2 %
Hood River	65	5,378	1.2 %	58	899	6.5 %
Jackson	1,027	54,056	1.9 %	642	9,242	6.9 %
Jefferson	352	5,353	6.6 %	2,448	3,207	76.3 %
Josephine	566	26,275	2.2 %	272	3,284	8.3 %
Klamath	471	16,076	2.9 %	1,688	4,779	35.3 %
Lake	40	1,659	2.4 %	46	407	11.3 %
Lane	1,721	81,227	2.1 %	1,339	14,333	9.3 %
Lincoln	350	11,240	3.1 %	843	2,845	29.6 %
Linn	638	29,182	2.2 %	491	5,433	9.0 %
Malheur	136	9,080	1.5 %	122	1,774	6.9 %
Marion	1,711	81,079	2.1 %	1,555	13,692	11.4 %
Morrow	19	2,626	0.7 %	32	598	5.4 %
Multnomah	2,830	168,959	1.7 %	2,190	23,229	9.4 %
Out-of-State		21		13	304	4.3 %
Polk	408	15,136	2.7 %	606	3,160	19.2 %
Sherman	11	326	3.4 %	10	86	11.6 %
Tillamook	89	5,481	1.6 %	115	1,172	9.8 %
Umatilla	907	17,091	5.3 %	790	3,802	20.8 %
Union	115	5,626	2.0 %	93	1,346	6.9 %
Wallowa	17	1,547	1.1 %	27	287	9.4 %
Wasco	158	6,438	2.5 %	253	1,428	17.7 %
Washington	1,056	84,391	1.3 %	636	12,292	5.2 %
Wheeler	6	257	2.3 %	5	83	6.0 %
Yamhill	412	19,730	2.1 %	488	4,706	10.4 %

Data Source: HAL_METRIC (MMIS/DSSURS)

Data Load Date: November 14, 2016

Key contacts:

Contact	Phone/email	Work area
Varsha Chauhan, MD Chief Health Systems officer	503-947-2658 Varsha.Chauhan@state.or.us	Health Systems
Antonio Torres, Community engagement coordinator	503-602-7108 Antonio.torres@state.or.us	Community programs
Katie Beck, Interim manager Delivery Systems Supports	503-945-6006 Katie.beck@state.or.us	CCO questions
Darcy Strahan, Manager Contracts	503-945-9722 Darcy.strahan@state.or.us	Contract questions
Janna Starr, Tribal Liaison	503-947-1193 janna.starr@state.or.us	Tribal liaison
Don Ross, Manager Operations & Policy	503-945-6084 Don.ross@state.or.us	Medicaid policy, dental and physical health programs
LuAnn Meulink, Manager Licensing and Certification	503-945-6289 Luann.e.meulink@state.or.us	Behavioral health licensing and certification questions
Nicole Corbin, Manager Adult Behavioral Health	503-945-6722 Nicole.corbin@state.or.us	Adult behavioral health policy and programs
Oliver Vera, Community Service Manager	503-945-5779 Oliver.vera@state.or.us	Community Programs
Todd Howard, Manager Provider Customer Support	503-945-7832 Todd.a.howard@state.or.us	Provider enrollment and claims questions
Tressa Perlichek, Manager Hearings, Complaints, Grievances & Appeals	503-947-5128 Tressa.i.perlichek@state.or.us	Contact for tribes for complaints
Trevor Douglass, Manager Provider Clinical Support	503-947-2315 Trevor.douglass@state.or.us	Clinical questions

Health Policy and Analytics Division

The Health Policy and Analytics Division provides policy development, strategic planning, clinical leadership and Medicaid policy leadership for the state. The division is responsible for:

- Developing agency-wide policy, statewide delivery system tools and health system performance evaluation reports
- Analyzing and reporting hospital financial information
- Health Evidence Review Commission (HERC) and the state's longstanding evidence-based approach to delivering care
- Public Employee Benefits Board (PEBB) and the Oregon Educators Benefits Board (OEBB)

This division is comprised of the Health Policy, Health Analytics, Clinical Services Improvement, Health Information Technology, Business Support offices as well as the Public Benefit Plans.

The Health Policy and Analytics Division houses the state Medicaid director and is responsible for:

- Leading the development of new and emerging policy for both Medicaid and non-Medicaid areas in our office of Health Policy
- Overseeing and developing clinical excellence for physical health, behavioral health and oral health in our Clinical and Quality Services Improvement area
- Collecting and analyzing data to inform policy development, program implementation and system evaluation in our office of Health Analytics

The Health Policy and Analytics Division is committed to open communication and positive government-to-government relationships to the tribes. We ensure appropriate staff are available to present information and seek consultation at the tribal 770 meetings and all other relevant meetings between the tribes and OHA. Some positive examples over the past year include multiple consultations with tribes regarding Oregon's 1115 Medicaid waiver renewal application, development of a Medicaid waiver amendment to address consumers with substance use disorders, and ongoing coordination on establishing the necessary agreements and processes so Oregon can receive 100 percent federal funds for Medicaid services referred by tribal clinics to non-tribal providers.



Key contacts:

Leslie Clement — Division Director
leslie.m.clement@state.or.us, 971-673-3376

Lori Coyner — State Medicaid Director
lori.a.coyner@state.or.us, 503-569-3160

David Simnitt — Health Policy Director
david.simnitt@state.or.us, 503-945-5636

Jim Rickards — Chief Medical Officer
james.s.rickards@state.or.us, 971-720-3712

Jon Collins — Health Analytics Director
jon.c.collins@state.or.us, 503-945-6429

Public Health Division

Public Health promotes Oregonians' health where they live, work, learn and play. The division helps prevent the state's leading causes of death, disease and injury. Its programs focus on promoting health and improving care, which help contain costs. Public Health also:

- Addresses the driving forces of chronic illnesses such as tobacco and obesity
- Ensures the safety of drinking water in public systems
- Investigates disease outbreaks
- Responds to public health emergencies
- Licenses hospitals
- Provides services to prevent unintended pregnancies
- Works with the Oregon Department of Environmental Quality to improve industrial air toxics regulations through Cleaner Air Oregon
- Modernizes public health so all Oregonians can get basic health services

The Oregon Health Authority Public Health Division (PHD) is committed to developing and maintaining positive government-to-government relations with the tribes in Oregon so tribal communities may experience optimal health. At the division level, strategic partnerships are led in the Office of the Public Health Director, with the strategic partnerships position acting as the primary PHD liaison to the tribes, the NPAIHB, IHS and other tribal partners. PHD regularly collaborates with the OHA tribal affairs director, as well as coordinates a group of public health program tribal liaisons so tribal-related public health communications and programs are aligned and follow appropriate government-to-government protocols. The strategic partnerships position also works with tribes and division programs to resolve any public health operational or policy issues that may arise. PHD promotes relationship-building and coordination between county and tribal partners on joint public health issues since effective working relationships are also essential to a well-functioning, responsive public health system. PHD is regularly represented at the quarterly SB 770 Health Cluster and NPAIHB meetings.

PHD programs also have a variety of ways they engage, seek feedback and develop program policies and practices with tribes and other tribal-related organizations. While available resources vary by program, some examples include:

- Participation in and presentations to the SB 770 Health Cluster quarterly meetings or OHA monthly tribal meetings at the request of the tribes

- Tribal representation on program coalitions and/or policy advisory committees
- Designation of a program staff tribal liaison to act as a one point-of-contact for program training and technical assistance
- Use of leadership and staff with extensive experience working with tribes to ensure programs are culturally competent in understanding and responding to unique tribal contexts
- Regular conference calls, webinars, face-to-face meetings and conferences for tribal public health program staff
- Assistance with PHD grant applications
- Cooperation in setting fees for some services for tribes at the Oregon State Public Health Laboratory
- Individualized training and technical assistance for tribes

Tribal public health partners are a key component to ensuring Oregon’s public health system is effective and available to all people in Oregon. Thus, developing and maintaining effective working relationships with tribes and other tribal organizations remains a key priority for the Public Health Division.

Office of the State Public Health Director

Public health modernization

Public health modernization is the transformation of the public health system in Oregon so all people in Oregon, regardless of where they live, will have basic public health protections. These basic public health functions include protection from communicable diseases and environmental risks, health promotion, prevention of diseases and injury, and responding to new health threats. To ensure tribe participation in public health modernization, OHA staff were part of initial tribal consultations and currently meet with individual tribes to identify ways to meaningfully engage them in the transformation of Oregon’s public health system. At the request of the tribes, OHA is working with the Northwest Portland Area Indian Health Board and some of the tribes to develop a meaningful assessment tool to assess a tribe’s capacity and expertise for a modernized public health system. Information from the assessment can be used to work with other tribes and public health partners to identify gaps and strengths in the public health system.

Key contact:

Danna Drum — Public Health Systems Innovation and Partnerships Unit Manager
 danna.k.drum@state.or.us, 971-673-1223

Public health accreditation

National public health accreditation advances quality and performance of public health departments. Many Oregon county and tribal health departments are seeking accreditation by the national Public Health Accreditation Board. In partnership with the Coalition of Local Health Officials, the Office of the State Public Health Director supports county and tribal public health accreditation efforts through an accreditation work group. This group of local accreditation coordinators provides one another with training, technical assistance and information sharing related to public health accreditation. In addition, the Office of the State Public Health Director provides assistance in securing documentation needed from OHA for county and/or tribal public health accreditation purposes.

Key contact:

Joey Razzano — Accreditation and Accountability Coordinator
joey.w.razzano@state.or.us, 971-673-0396

Center for Health Protection

Climate and Health Program

The Climate and Health Program conducts risk and vulnerability assessments in the public health impacts of climate change. The program engages governments (including federally recognized tribes) and stakeholders in the identification, implementation and evaluation of strategies that build community resilience. The program provides updates to tribal partners on climate-related information and opportunities.

Key contact:

Emily York — Program Analyst
emily.a.york@state.or.us, 971-673-0973

Environmental Health Assessment Program

The Environmental Health Assessment Program (EHAP) evaluates health risks associated with contaminated sites and industrial facilities. Federally recognized tribes in Oregon are engaged when they are potentially affected at sites being evaluated. The Native American Youth Association (NAYA) building is located in an area where EHAP is currently evaluating health risks. The program is in the early stages of engagement and will work with NAYA leaders to understand their concerns and provide information about health risks.

Key contact:

Julie Sifuentes — Principal Executive
julie.sifuentes@state.or.us, 971-673-0438

Harmful Algae Bloom Program

The Harmful Algae Bloom Program is an unfunded, voluntary program that solicits information from waterbody managers, state agencies and others to determine the effects of blooms and toxins on public health as it relates to recreational activities. The program issues and lifts health advisories when necessary. Program staff work closely with any tribes that may have responsibility or interest relating to harmful algae blooms (HABs) on a waterbody affecting tribal activities. If water quality data collected by a tribe is available, it is used to determine if a health advisory and related education and outreach is necessary. In the past year, the program has worked with the Klamath Tribes on the Klamath Basin Monitoring Partnership to better determine trends in HABs and the toxins produced in Agency and Klamath Lakes, and along the entire stretch of the Klamath River from Klamath Lake south to the California border. The program also partnered with the Klamath Tribes to issue and lift an advisory for Agency Lake to alert tribal members of potential exposures while fishing or eating fish caught from the lake during a HAB.

Key contact:

Julie Sifuentes — Principal Executive
julie.sifuentes@state.or.us, 971-673-0438

Center for Prevention and Health Promotion

Maternal and Child Health Title V Program

The Title V Block Grant Program improves the health of all women, children and families. The nine tribes in Oregon are eligible to receive funds to support maternal and child health priorities; five participated in 2016. Tribes select priorities to address maternal and child health needs in their communities. Examples of tribal priorities include:

- Increasing the percentage of women who have had a dental visit during pregnancy and children ages 1 to 17 who have had a preventive dental visit in the last year
- Implementing culturally and linguistically appropriate services for women, children and families by focusing on traditional practices and curriculum designed specifically for tribal women
- Increasing the percentage of infants who are breastfed
- Improving maternal and child outcomes by addressing toxic stress, trauma and adverse childhood experiences (ACES)
- Reducing the percentage of women who smoke during pregnancy and the percentage of children who live in households where someone smokes
- Increasing the percentage of women who had a preventive care visit in the last year.

Key contact:

Julie McFarlane — Principal Executive
julie.m.mcfarlane@state.or.us, 971-673-0365

Maternal and Child Health Title V Program formal agreements and funding:

Tribe	Type of formal agreement	Funding amount – Calendar year 2016
Confederated Tribes of Warm Springs	Financial assistance agreement with program element	\$12,045
Confederated Tribes of the Umatilla Indian Reservation	Financial assistance agreement with program element	\$22,923
The Klamath Tribes	Financial assistance agreement with program element	\$7,259
Cow Creek Band of Umpqua Tribe of Indians	Financial assistance agreement with program element	\$17,086
Coquille Indian Tribe	Financial assistance agreement with program element	\$14,336

Dental Pilots Project

The purpose of the Dental Pilots Project Program is to develop a new category of dental personnel in Oregon, dental health aide therapist (DHAT), and teach new oral health roles to previously untrained individuals. The Dental Pilots Project Program has approved an application by the NPAIHB to operate a dental pilot project from Jun. 1, 2016 to May 31, 2021, at two dental clinic sites, the Coquille Indian Tribe Community Health Center and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Dental Clinic.

Key contact:

Amy Umphlett — Policy Analyst
amy.m.umphlett@state.or.us, 971-673-1564

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The mission of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to safeguard the health of low-income women, infants and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. Delivering high quality nutrition services is essential to ensure WIC continues to be the premiere national public health nutrition program. WIC contracts directly with both the Confederated Tribes of Warm Springs and the Confederated Tribes of Umatilla Indian Reservation to provide WIC services to tribal members and their families. Tribal members can access WIC services at any WIC program throughout the state. Several WIC agencies provide onsite services, staff and support for WIC satellite clinics at local tribal locations. In these cases, the formal agreement is with the local WIC agency rather than with the tribe and are not listed below. Statewide, approximately 2,400 WIC participants identify as Native American or Alaskan Indian, which represents 2.5 percent of the total WIC caseload in Oregon.

Key contact:

Sue Woodbury — Principal Executive
susan.woodbury@state.or.us , 971-673-0036

WIC formal agreements and funding:

Tribe	Type of formal agreement	Funding amount – Calendar year 2016
Confederated Tribes of Warm Springs	Financial assistance agreement with program element	\$76,445
Confederated Tribes of the Umatilla Indian Reservation	Financial assistance agreement with program element	\$22,665

Tobacco Prevention and Education Program, and Healthy Communities

The Tobacco Prevention and Education Program (TPEP) uses a comprehensive approach to prevent and reduce commercial tobacco use, the leading preventable cause of death in Oregon. All nine tribes in Oregon receive TPEP funding. TPEP funds support annual strategies and activities to address commercial tobacco use and exposure to secondhand smoke in communities. Some 2016 tribal TPEP priorities include creating commercial tobacco-free policies for health clinics and housing, providing commercial tobacco cessation support to health care systems and social service agencies, and educating tribal leadership about commercial tobacco prevention.

The Healthy Communities (HC) Program prevents and reduces the burden of chronic diseases in the state. Healthy Communities funds are awarded through a competitive funding opportunity; one tribe currently receives HC funding to implement an annual HC work plan to advance chronic disease prevention, early detection and self-management. Some 2016 HC tribal priorities are increasing opportunities for physical activity in the built environment, worksite wellness in schools and nutrition standards in health systems.

Key contact:

Luci Longoria — Health Promotion Manager
luci.longoria@state.or.us, 971-673-1064

TPEP formal agreements and Funding:

Tribe	Type of formal agreement	Funding amount – Calendar year 2016
Confederated Tribes of the Umatilla Indian Reservation	Financial assistance agreement with program element	\$53,666 (TPEP)
Confederated Tribes of Warm Springs	Financial assistance agreement with program element	\$70,604 (TPEP)
The Klamath Tribes	Financial assistance agreement with program element	\$69,506 (TPEP)
Cow Creek Band of Umpqua Tribe of Indians	Financial assistance agreement with program element	\$49,825 (TPEP)
Coquille Indian Tribe	Financial assistance agreement with program element	\$40,080 (TPEP) \$78,690 (HC)
Confederated Tribes of Siletz Indians	Financial assistance agreement with program element	\$69,557 (TPEP)
Confederated Tribes of Grand Ronde	Financial assistance agreement with program element	\$70,545 (TPEP)
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	Financial assistance agreement with program element	\$40,768 (TPEP)
Burns Paiute Tribe	Financial assistance agreement with program element	\$35,449 (TPEP)

Substance Abuse Prevention Program

Each of Oregon’s nine tribes are funded for substance abuse prevention. Program funds support tribal prevention coordinator positions and implementation of a community-driven substance abuse prevention plan. Activities include community-based prevention services to address prevention priorities identified by the community. In 2016, priority areas include:

- Reduce underage drinking
- Reduce binge drinking
- Address marijuana use
- Reduce tobacco use
- Engage parents and community members in prevention strategies
- Address historical trauma and the impact it has on substance abuse

Tribal substance abuse prevention is grounded in the strong foundations of community, family and culture. It uses evidence-based and tribal best practices to implement comprehensive, community-driven prevention plans.

Key contact:

Julie Johnson — Tribal Health Liaison
julie.a.johnson@state.or.us, 503-945-9703

Substance Abuse Prevention formal agreements and funding:

Tribe	Type of formal agreement	Funding amount – Calendar year 2016
Confederated Tribes of the Umatilla Indian Reservation	Contract	\$61,250
Confederated Tribes of Warm Springs	Contract	\$76,250
The Klamath Tribes	Contract	\$61,250
Cow Creek Band of Umpqua Tribe of Indians	Contract	\$61,250
Coquille Indian Tribe	Contract	\$61,250
Confederated Tribes of Siletz Indians	Contract	\$61,250
Confederated Tribes of Grand Ronde	Contract	\$61,250
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	Contract	\$61,250
Burns Paiute Tribe	Contract	\$61,250

Strategic Prevention Framework-Partnerships for Success

OHA was awarded the Strategic Prevention Framework-Partnership for Success (SPF-PFS) grant in 2014. Currently five of the nine tribes in Oregon have chosen to participate in the program. Participating tribes receive funding for a five-step planning process which includes assessment, capacity building, planning, implementation and evaluation with a thorough emphasis on sustainability and cultural responsiveness. Participating tribes have engaged in a year-long academy to gain knowledge, skills and abilities to implement the Strategic Prevention Framework planning process. Program outcomes include:

- Prevent and reduce the consequences of underage drinking among persons aged 12–20
- Address high risk drinking and prescription drug misuse and abuse among 21–25 year olds

Key contact:

Julie Johnson — Tribal Health Liaison
julie.a.johnson@state.or.us, 503-945-9703

SPF-PFS formal agreements and funding:

Tribe	Type of Formal Agreement	Funding Amount — Calendar Year 2016
Confederated Tribes of the Umatilla Indian Reservation	Contract	\$85,000
Confederated Tribes of Warm Springs	Contract	\$85,000
Cow Creek Band of Umpqua Tribe of Indians	Contract	\$85,000
Confederated Tribes of Grand Ronde	Contract	\$85,000
Burns Paiute Tribe	Contract	\$85,000



Center for Public Health Practice

Acute and Communicable Disease Program

The Acute and Communicable Diseases Program works with partners to prevent and control communicable diseases and outbreaks of acute diseases in Oregon. The program works closely with the NPAIHB, an organization established by and for tribes in Oregon, Washington and Idaho to “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.” Work with the NPAIHB includes data linkages to ensure all stakeholders have the most accurate public health data possible to address the health needs of all Oregonians, especially tribal members. In addition to partnering on data and public health systems improvements, a PHD medical epidemiologist provides direct technical assistance and training in disease case investigation and outbreak management.

Key contact:

Richard Leman, MD — Public Health Physician
richard.f.leman@state.or.us, 971-673-1089

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 affect the health of people in Oregon. Program implementation with the tribes in Oregon began in 2007 with pandemic flu funds and the use of annual contracts. Starting Jul. 1, 2016, HSPR began using the Program Elements with every tribe but the Burns Paiute, who prefer to contract.

Key contact:

Carey Palm — Tribal Liaison
carey.l.palm@state.or.us, 503-381-9579



HSPR formal agreements and funding:

Federally Recognized Tribe	Type of Formal Agreement	Funding Amount — Calendar Year 2016
Confederated Tribes of the Umatilla Indian Reservation	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 FAA Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
Confederated Tribes of Warm Springs	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 FAA Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
The Klamath Tribes	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 FAA Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
Cow Creek Band of Umpqua Tribe of Indians	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 FAA Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
Coquille Indian Tribe	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
Confederated Tribes of Siletz Indians	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 FAA Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
Confederated Tribes of Grand Ronde	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 FAA Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	FAA Program Element 31 FAA Program Element 32 FAA Program Element 33 FAA Program Element 34	\$17,555 \$2,000 \$2,000 \$7,777
Burns Paiute Tribe	Contract # 152113* Contract # 152112*	\$17,555 \$7,777 \$2,000 \$2,000

FAA = Financial Assistance Agreement

*Contract instead of FAA at request of tribe

Immunizations

The Oregon Immunization Program provides services in tribal health clinics through the Vaccines for Children (VFC) program and the ALERT Immunization Information System (IIS). VFC provides vaccine at no cost to children who are American Indian or Alaskan Native and can provide state- and federally funded vaccines to uninsured AI/AN adults who meet specific criteria. There are 14 clinics serving the tribal communities in Oregon. Thirteen IHS, tribal and urban Indian health clinics are enrolled with VFC. These clinics, like any clinic meeting program criteria, receive training and technical assistance in program operations and onsite biennial visits to ensure compliance. The ALERT IIS is a statewide immunization registry that tribal health providers may use to manage vaccine inventory and ordering and access vaccine administration data for quality improvement purposes and point of service clinical decisions regarding immunization administration. The OHA VFC and ALERT staff provide detailed technical assistance to enhance data transfer between electronic health record systems (EHR) and use ALERT data for quality improvement on an ongoing basis.

Key contact:

Cecile Town
 cecile.town@state.or.us, 971-673-0562

Immunizations formal agreements and funding:

Tribe	Type of formal agreement	Funding amount – Calendar year 2016
Confederated Tribes of the Umatilla Indian Reservation	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
Confederated Tribes of Warm Springs	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
The Klamath Tribes	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
Cow Creek Band of Umpqua Tribe of Indians	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
Coquille Indian Tribe	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
Confederated Tribes of Siletz Indians	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
Confederated Tribes of Grand Ronde	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	Oregon Vaccines for Children Public provider agreement and ALERT IIS agreement	0
Burns Paiute Tribe	ALERT IIS agreement	0

Oregon State Public Health Laboratory: Communicable disease testing

The Oregon State Public Health Laboratory (OSPHL) performs communicable disease testing for tribal health centers as requested. Currently, the OSPHL routinely performs communicable disease testing for the Confederated Tribes of Warm Springs' health center.

Key contact:

Sarah Humphrey — Client Services Coordinator
sarah.m.humphrey@state.or.us, 503-693-4100

OSPHL (communicable disease) formal agreements and funding:

Tribe	Type of formal agreement	Funding amount – Calendar year 2016
Warm Springs Health & Wellness Center	Bulk purchase agreement	0

Oregon State Public Health Laboratory: Laboratory compliance

The Laboratory Compliance Section (LCS) carries out the responsibilities for oversight of laboratories subject to the Clinical Laboratory Improvement Amendments (CLIA) under the contract agreement with CMS CLIA and reports to Region 10 CLIA. Laboratories must obtain a certificate from the CLIA program that corresponds to the complexity of tests performed. While the federal tribal health care facilities that perform clinical laboratory testing are under the oversight of Region 10 CLIA and not Oregon LCS, the Grand Ronde Health & Wellness Center is a compliance laboratory LCS regulates to ensure compliance to CLIA regulations for all clinical laboratory testing.

Key contact:

Stephanie Ringsage
stephanie.m.ringsage@state.or.us, 503-693-4100

Office of Equity and Inclusion

OHA's Office of Equity and Inclusion (OEI) upholds the agency's commitment to fair and equitable access to health care for all Oregonians. OEI collaborates with the state's diverse communities, government entities, service providers and policy makers. Together, they work to eliminate health gaps and disparities through:

- Educational programs and training
- Community outreach
- Community and government partnerships
- Civil rights resources
- The RealD program, which improves statewide demographic data collection

The Regional Health Equity Coalition (RHEC) Program:

RHECs are community-driven, cross-sector groups organized regionally to identify sustainable policy, system and environmental solutions that are relevant and appropriate for their underserved and underrepresented communities experiencing health disparities. OEI provides funding to six RHECs across the state. The Let's Talk Diversity Coalition is made up of more than 25 organizations representing the Confederated Tribes of Warm Springs, Jefferson County and the Central Oregon region. The Klamath Regional Health Coalition is convened by Klamath County Public Health and is made up of more than 22 member organizations including Klamath Tribes, Sky Lakes Medical Center, Cascade Health Alliance and Blue Zones Project.

The Let's Talk Diversity Coalition receives OHA funding from OEI and the Public Health Division's Health Promotion and Chronic Disease Prevention Section (HPCDP). Between July 2016 and December 2017, Let's Talk Diversity will receive a total of \$230,000 from OEI and HPCDP. While 100 percent of these funds are used to manage the activities of the entire coalition, the Confederated Tribes of Warm Springs is affected and engaged in many ways, such as:

- The coalition's board of directors and general membership includes representatives of the Confederated Tribes of Warm Springs.

- Let's Talk Diversity has an outreach coordinator who works specifically with Native community members in the region.
- The coalition helped develop and currently provides ongoing support for the Papalaxsimisha Program, which supports Native youth and their families in graduating high school and continue their education.

The Klamath Regional Health Equity Coalition also receives OHA funding from OEI and HDCDP. From January to December 2016, OEI provided \$130,000 to Klamath Regional Health Equity Coalition. While the majority of these funds have been used to manage the activities of the entire coalition, Klamath Tribes are affected and engaged in a number of ways:

- The coalition's steering committee includes representatives of Klamath Tribes.
- In 2015, Klamath RHEC sponsored a second rural equity coalition in Chiloquin, Oregon, called the Chiloquin First Coalition, which serves the AI/AN community and low-income populations in the Chiloquin area. The coalition is currently addressing youth substance abuse prevention and positive youth development. Additionally, Chiloquin First has partnered with Klamath Tribal Education, Klamath Tribal Health, Chiloquin High, and Chiloquin Elementary to offer more activities and events for Chiloquin youth.
- Over the past year, Klamath RHEC established an intergovernmental agreement and provided \$17,000 to Klamath tribes to jointly hold a social exclusion simulation with various health systems, governmental and community-based partners in Klamath County. The role play exercise illustrates what social structures are, how they operate, and how they can systematically block access for some groups — specifically AI/AN communities — to rights, opportunities and resources required for social integration.

Key contacts:

Leann Johnson — Director Office of Equity and Inclusion
leann.r.johnson@state.or.us, 971-673-1285

Danielle Droppers — Regional Health Equity Coalition Program Coordinator
danielle.droppers@state.or.us, 971-673-3391
www.oregon.gov/oha/oei/Pages/rhec.aspx

External Relations Division

The External Relations Division builds strong relationships with the public, media, Legislature and other state and federal agencies. External Relations creates a broad understanding of the many ways OHA helps Oregonians improve their health and well-being. This division has two subdivisions, Communications and Government Relations.

- Communications informs the public, partners and staff about OHA's role in Oregonians' health and well-being through traditional and online media outlets, including social media. Communications also fulfills public records requests.
- Government Relations promptly reviews and analyzes legislative concepts. It also creates strategies for OHA's engagement in the legislative process.

Key contacts:

BethAnne Darby — Director External Relations
bethanne.darby@state.or.us, 503-798-7100

Jeston Black — Director Government Relations
jeston.j.black@state.or.us, 503-559-8403

Rosa Klein — Legislative Coordinator
rosa.klein@state.or.us, 503-803-4274

Sarah Lochner — Legislative Coordinator
sarah.j.lochner@state.or.us, 503-269-8694

Brian Nieubuurt — Legislative Coordinator
brian.nieubuurt@state.or.us, 503-269-5970

Oregon State Hospital

Oregon State Hospital (OSH) provides patient-centered psychiatric treatment for adults from anywhere in Oregon who need hospital-level care. OSH's primary goal is to help people recover from their mental illness and return to life in the community. To this end, the hospital works in partnership with OHA, the Health Systems Division, the Psychiatric Security Review Board, regional hospitals, community mental health programs, advocacy groups and other community partners to provide the right care, at the right time, in the right place. OSH has two campuses that serve up to 749 Oregonians at a time.

Native Services at OSH is administratively linked to the Spiritual Care Department. There are staff and contractors that provide these services.

Salem program

OSH continues to teach patients through ceremonies, groups and individual sessions on a regular, scheduled basis. Separate sweat lodge ceremonies for men and women are held on the first and third Fridays of every month.

Other Native Services Treatment Mall classes at the Salem campus include:

- Native 101
- 12-step Medicine Wheel
- Native Culture
- Native Beading
- Native Music
- Native Medicines in Nature
- Smudge Ceremony
- Talking Circle

Junction City program

OSH's Junction City campus continues to teach patients through ceremonies, groups and individual sessions on a regular, scheduled basis. Separate sweat lodge ceremonies for men and women are held on the second and fourth Fridays of every month.

Other Native Services Treatment Mall classes at the Junction City campus include:

- Native Beading
- Native Crafts
- Women's Medicine Wheel
- Men's Medicine Wheel
- Native Cooking
- Native Drumming
- Smudge Ceremony
- Talking Circle

Program summary

Native Services averages more than 44 hours of groups per week at both campuses. Native Services sees 174 patients in groups, 40 patients in individual sessions and 406 patients in ceremonies (sweat lodge, talking circle and the smudge) for a total of 540 patient per month.

Native celebrations

OSH held its second Annual Tribal Culture Event on Jun. 22, 2016. Staff and contractors organized and carried out the event, and invited patients and staff to join in a traditional round dance. Patients and staff sang Native pow wow songs, participated in a question-and-answer session about tribal culture, played Native games, viewed information and display tables, and sampled traditional fry bread. The goal of this event was to share and educate about Native culture, spirituality, practices and traditions.

On Nov. 18, 2016, OSH 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.

Accomplishments

With the opening of Junction City campus, Native Services constructed a new sweat lodge to provide ceremonies on the second and fourth Fridays of each month. Also, the Junction City campus offers circle groups, talking circle and smudge ceremonies, native beading, native drumming, and native cooking to the patients.

In September 2016, Native Services rebuilt the Salem Sweat Lodge and introduced tribal knowledge groups and traditional ways of drumming. Twelve-step medicine wheel is a central part of the ongoing groups at both campuses.

In May 2016, Native Services staff presented on the effects of generational trauma on society to boarding schools and the ACPE-intern program. Ten to fifteen residents, escorted by staff, attended the Native American Rehabilitation Association's 7th Annual Spirit of Giving Conference Aug. 2–4, 2016. To date, Native Services has had two cancellations of services at the Junction City campus in 2016 due to weather and support staff shortage. Native Services presented an overview of Native Services to the OSH Rehabilitation Services Department on Jun. 23, 2016 as part of cross culture education. Native Services contractors attended the OYA MacLaren Pow Wow on Nov. 05, 2016.

The Native American Advisory Group continues to meet regularly every first Thursday of the month to plan events and ceremonies, and to discuss issues to present to the OSH Diversity Committee which meets monthly.

Native Services attended the Legislative Commission on Indian Services meeting on Feb. 12, 2016, held in Salem.

Plans for 2017

Native Services plans to continue the successful traditional (medicine wheel-based) classes and events: native beading, native ceremony and culture, the native film series, native music and the talking circle, along with the sweat lodge ceremony and the smudge ceremony. New classes and events are planned, including the gathering of sage and herbs for the smudge ceremony (as seasons allow), plus traditional arts and crafts such as drum-making, moccasin-making, and glove-making.

Native Services is already planning a 2017 Annual Tribal Culture Event with the Native Advisory group. The celebration is proposed for early summer. Native Services will consult with tribes to define and finalize the plan that would meet their requirements for this event.

Native Services will also continue collaborating with the tribes and other state agencies to establish culturally appropriate best practices to safely meet the spiritual needs of our residents.

Key contacts:

Richard Mayuk — Native Services Coordinator
kqalsan.mayuk@state.or.us, 503-947-2512

Luzviminda Barela-Borst — Director Spiritual Care Department
luzviminda.barela-borst@state.or.us, 503-947-2499

Greg Roberts — Superintendent Oregon State Hospital
greg.roberts@state.or.us, 503-945-2850

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 2017.

Respectfully submitted,



Lynne Saxton, Director
Oregon Health Authority

Represented divisions	Contributing staff
Fiscal and Operations Division	Mark Fairbanks Kayla Jones
Office of Equity and Inclusion	Leann Johnson
External Relations	BethAnne Darby
Health Systems Division	Varsha Chauhan Karen Wheeler
Health Policy and Analytics Division	Leslie Clement David Simnitt
Public Health Division	Lillian Shirley Danna Drum
Oregon State Hospital	Greg Roberts Kqalsan (Richard) Mayuk
OHA Tribal Affairs	Julie Johnson



DIRECTOR'S OFFICE
Tribal Affairs

You can get this document in other languages, large print, braille or a format you prefer. Contact Tribal Affairs at 503-945-9703. We accept all relay calls or you can dial 711.

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