

2017

Government to Government Report



Oregon
Health
Authority

Tribal Affairs

Oregon's Nine Federally Recognized Tribes



Burns Paiute Tribe



Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians



Confederated Tribes of Grand Ronde



Confederated Tribes of Siletz Indians



Confederated Tribes of the Umatilla Indian Reservation



Confederated Tribes of Warm Springs



Coquille Indian Tribe



Cow Creek Band of Umpqua Tribe of Indians



Klamath Tribes

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Directors Message

Dear Governor Brown and the Legislative Commission on Indian Services:

The Oregon Health Authority (OHA) values the relationship with the Nine Federally Recognized Tribes in Oregon. Our commitment to improving the health of the people of Oregon includes partnering with the tribes to provide quality, affordable health care to all tribal members.

When new OHA leadership came on board in 2017, it provided staff and leadership an opportunity to improve business processes throughout the agency, in part by making our processes more transparent and accountable to everyone living in Oregon, including tribal members. New leadership also renewed our commitment to make health care more accessible and accountable to tribal members. Our focus continues to be on developing meaningful relationships with the tribes, tracking opportunities that affect tribal health and responding to tribal health needs.

Every 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, we still have more work to do, but I believe that the infrastructure we are building will ensure that we continue moving forward toward the goal of providing all tribal members with quality health care, better health outcomes, at an affordable price.

Sincerely,

Patrick M. Allen

Director, Oregon Health Authority

Introduction

The Oregon Health Authority (OHA) is pleased to share the 2017 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 45,233 American Indians and Alaska Natives (2016 ACS Survey). 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 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 2017 OHA had seven divisions that support the work with tribes. These divisions are:

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

Tribal Affairs

Tribal Affairs is part of the OHA Director's Office. 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. 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 leadership and staff on a regular basis to address any issues or concerns that may arise. An executive support staff assists the Tribal Affairs director.

There were three other tribal liaisons in OHA during 2017. These subject matter experts are vital to completing work with the tribes in specific area of emergency preparedness, Medicaid and Native American services at Oregon State Hospital. Liaisons interact with the Tribal Affairs director and the tribes on a regular basis either on the phone, through email or with face-to-face meetings.

2017 key contacts:

Patrick Allen — Oregon Health Authority Director

patrick.allen@state.or.us, 503-945-6777

Julie Johnson — Tribal Affairs Director

julie.a.johnson@state.or.us, 503-945-9703

Communication and government-to-government relations

OHA meets regularly with tribal representatives. The Health and Human Services Cluster meeting was held quarterly in 2017 with representatives from OHA, Department of Human Services, Department of Business and Consumers Services, the Youth Development Council, Department of Veterans Affairs, and Oregon Housing and Community Services with tribal representatives in attendance. OHA takes the lead in scheduling the meeting and working with the other agencies and tribal representatives to develop the agenda.

OHA Tribal Affairs also holds tribal monthly meetings to address the ongoing work, issues, and ongoing programs with the tribes. This helps keep communication lines open and ensures the work is moving forward.

OHA seeks tribal consultation to listen to concerns and make improvements in our systems based on tribal input. Consultations held in 2017 included:

- Collective consultations in February, July and November for the Behavioral Health Collaborative.
- Collective consultation on the Substance Abuse and Mental Health Block Grant in October.
- Individual tribal consultation with the Confederated Tribes of Grand Ronde in November.

OHA has been working closely with tribal representatives on updating the OHA Tribal Consultation Policy required by SB 770. A revision of the policy to include all areas of work at OHA will help to maintain positive relationships with the tribes through the important government-to-government communications and meetings. Plans call for the revision to be finalized by the beginning of 2018.

Ongoing trainings

OHA provides various trainings throughout the year to educate on the importance of working with tribes and as required by SB 770. Some of the training topics include information on sovereignty, treaties, termination, restoration, Senate Bill 770, tribal health systems and more.

Name of Training	Number of OHA attendees between January 2017-December 2017
OHA New Employee Orientation: Required course for all new OHA employees. Includes basic knowledge of OHA's government-to-government relationship with Oregon's nine federally recognized tribes and tribal health systems. Presented by the OHA Tribal Affairs director.	108
PHD New Employee Orientation: Required course for all new Public Health Division employees. Includes basic knowledge of OHA's government-to-government relationship with Oregon's nine federally recognized tribes and tribal health systems. Presented by the OHA Tribal Affairs director or PHD tribal liaison.	62
OHA Tribal Affairs: Presented to OHA units and divisions as requested. Includes basic knowledge of OHA's government-to-government relationship with Oregon's nine federally recognized tribes and tribal health systems. Presented by the OHA Tribal Affairs director.	54
OHA Tribal Affairs (recorded version of above training)	27
PHD — Building Partnerships with Tribal Governments: This course is offered through FEMA's Emergency Management Institute. It provides basic knowledge to build effective partnerships with tribal governments and work in concert with tribal governments to protect native people and property against all types of hazards. Accessible through iLearn.	7
Optional viewing: OPB's <i>Broken Treaties, An Oregon Experience</i>: Video that serves as an introduction to Oregon's tribes and explores the state's tribal history. Accessible through iLearn.	17
Total	275

*Some trainings were started in iLearn but not completed; they are not included in the count above.

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.

This division provides administrative support services to Tribal Affairs. Staff support the successful completion of meetings through planning, preparation of materials and addressing issues as they arise.

Key contacts for 2017:

Laura Robison — chief financial and operating officer

Margarit Westfall — administrative support, margarit.westfall@state.or.us, 503-945-6609

Health Systems Division

The Health Systems Division (HSD) oversees Oregon's health care delivery systems including the Oregon Health Plan, which provides more than 1 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.
- Management of Oregon's health care 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 Health Systems Division's major units are:

- Member Services, 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.
- Provider Services, comprising 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.
- Integrated Health Programs, comprising three teams focused on both Medicaid- and non-Medicaid-funded physical, dental and behavioral health program development, operations policy, and special projects.
- Quality and Compliance, 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 contract. Contracts also oversees 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.
- Business Information Systems, including 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 also administers contracts and agreements with tribes to develop and administer community-based behavioral health services and supports not covered by Oregon's Medicaid program.

The goal of these HSD Behavioral Health Services is to promote resiliency, health and recovery; and protect public safety by serving adults, children and adolescents with substance use, mental

or emotional disorders. HSD recognizes the importance of culturally specific statewide and regional programs that 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.

In 2017 HSD has continued to provide funding to Oregon's tribes in several areas to address behavioral health needs.

All nine tribes received funding for Tribal Mental Health Investments, Service Element MHS 37. With the goal of increasing the mental health of individuals and families, tribes are allowed to 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.

Seven tribes—Burns Paiute Tribe, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians, Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians and Klamath Tribes—received funding for Community Behavioral and Substance Use Disorder Services, Service Element A & D 66. These services are delivered to youth and adults with substance use disorders or to youth and adults with co-occurring substance use and mental health disorders. These services will be provided to individuals who are not eligible for the Oregon Health Plan or otherwise do not have a benefit that covers these services. The purpose of A&D 66 services is to build upon resilience, assisting individuals to make healthier lifestyle choices, and to promote recovery from substance use disorders. A&D 66 services consist of outreach (case finding), early identification and screening, assessment and diagnosis, initiation and engagement, therapeutic interventions, continuity of care, recovery management, and interim services.

Four tribes—Burns Paiute Tribe, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians, and Confederated Tribes of the Umatilla Indian Reservation—received funding for Service Element A&D 60, Intoxicated Driver Program Fund. This funding supports the delivery of eligible services to individuals who are found to be indigent and, as the result of being charged with driving under the influence of intoxicants (DUII), require services through a DUII alcohol/other drug information program or a DUII alcohol/other drug rehabilitation program.

- DUII alcohol/other drug information programs provide 12-20 hours of alcohol and other drug education with an emphasis on the consequences of driving under the influence.
- DUII alcohol/other drug rehabilitation programs provide medically appropriate substance use disorder services for individuals who have been charged with a DUII and meet diagnostic criteria for a substance use disorder.

In 2017 Confederated Tribes of Siletz Indians received funding for Service Element A&D 60 – Housing Assistance services. This assists individuals who are in recovery from substance use disorders in locating and paying for housing designated alcohol and drug free. Individuals who receive assistance may be living with other family members (e.g., where a parent is re-assuming custody of one or more children). All individuals receiving these services must reside in the service area of the tribe and be in recovery from substance use disorders; they must have been initially homeless or at risk of homelessness, and be participating in a verifiable program of recovery.

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

HSD staff participate in OHA Tribal Monthly Meetings and SB 770 meetings to share information and receive input from tribes on a variety of topic areas pertinent to the division's business. HSD staff also participate in operational meetings with tribal program representatives to ensure open communication and shared problem solving related to the Medicaid program. There is one full time tribal policy analyst in the HSD Integrated Health Programs section to focus on tribal health programs. This staff person also assists in sharing regular data for Heritage Native American Members on the Oregon Health Plan.

Key contacts for 2017:

Leslie Clement – Interim Chief Health Systems Officer

Antonio Torres – Community Engagement Coordinator

Don Ross – Operations and Policy Manager

LuAnn Meulink – Manager, Licensing and Certification

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.
- The Health Evidence Review Commission (HERC) and the state's longstanding evidence-based approach to delivering care.
- Public Employees' Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB).

This division is composed of the Health Policy, Health Analytics, Clinical Services Improvement, Health Information Technology, and Business Support offices as well as the public benefit plans.

In 2017 the Health Policy and Analytics Division housed the state Medicaid director, who is responsible for:

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

The Health Policy and Analytics Division is committed to open communication and positive government-to-government relationships with the tribes. They ensure appropriate staff are available to present information and seek consultation at the relevant meetings between the tribes and OHA.

Key contacts for 2017:

Jeremy Vandehey – Division Director

David Simmitt – Health Policy Director

Jon Collins – Health Analytics Director

Public Health Division

The Public Health Division PHD works to protect and promote the health of all people in Oregon and the communities where they live, work, play and learn. Oregon's public health system includes federal, state, tribal and local agencies, private organizations and other diverse partners working together to put healthy options and health-promoting services within reach for everyone in Oregon.

Some examples of the Public Health Division's work include:

- Addressing the leading causes of chronic illnesses including tobacco, alcohol misuse and obesity.
- Ensuring the safety of drinking water in public systems.
- Investigating disease outbreaks.
- Responding to public health emergencies.
- Licensing hospitals.
- Providing services to prevent unintended pregnancies.
- Working with the Oregon Department of Environmental Quality to improve industrial air toxics regulations.
- Modernizing the public health system so all Oregonians can have foundational public health protections.

HA-PHD is committed to developing and maintaining positive government-to-government relations with the tribes in Oregon so tribal communities may experience optimal health. The Office of the State Public Health Director leads the division's strategic partnerships and engagement with tribes. The strategic partnerships lead staff member acts as the division's primary liaison to the tribes, the Northwest Portland Area Indian Health Board (NPAIHB), Indian Health Services (IHS) and other tribal partners.

PHD collaborates with the OHA Tribal Affairs Director and 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 lead also works with tribes and division programs to resolve public health operational or policy issues that may arise. The division 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 OHA tribal meetings.

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

- Participation in and presentations to the SB 770 Health and Human Services Cluster Meetings or OHA Tribal Monthly Meetings when public health topics are included.
- Tribal representation on program coalitions and policy advisory committees.

- Designation of a program staff tribal liaison to act as a single 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. Developing and maintaining effective working relationships with tribes and other tribal organizations remains a key priority for the Public Health Division.

PHD includes the Office of the State Public Health Director and three program centers that work directly with tribes and tribal-related partners. The work underway includes:

Office of the State Public Health Director:

- Public Health Modernization – Through a contract, the Office of the State Public Health Director (OSPHD) supported the completion of an assessment tool to identify capacity and expertise for a modernized public health system for the Northwest Portland Area Indian Health Board (NPAIHB), the Confederated Tribes of the Umatilla Indian Reservation, the Cow Creek Band of Umpqua Tribe of Indians and the Coquille Indian Tribe. Information from the assessment will help to identify gaps and strengths in their public health systems. The office also set an expectation that federally recognized tribes within local public health authority jurisdictions be engaged when developing their funding application for regional partnerships to begin modernizing communicable disease programs.
- Public Health Advisory Board – OSPHD requested statutory changes to add a tribal representative to the Public Health Advisory Board. Kelle Little, tribal health director for the Coquille Indian Tribe was appointed by the Governor to serve in the position as of January 1, 2018.
- Public Health Accreditation – National public health accreditation advances quality and performance of state, local and tribal public health departments. OSPHD co-leads an accreditation work group to provide accreditation technical assistance and peer support. Tribes exploring or pursuing national public health accreditation are invited to participate in the group. The Confederated Tribes of the Umatilla Indian Reservation and the Coquille Indian Tribe are working toward accreditation.
- State Health Assessment – OSPHD convened partners in 2017 to revise the Oregon State Health Assessment. Tribal health directors from the Coquille Indian Tribe and the

Confederated Tribes of Warm Springs were members of the State Health Assessment Steering Committee. Other tribal partners provided input for the State Health Assessment through community meetings, online surveys and public comment.

Center for Health Protection:

- Climate and Health Program – Provides updates to tribal partners on climate-related information and opportunities.
- Harmful Algae Bloom Program – The program issues and lifts health advisories when necessary. Program staff work closely with any tribes that may have interest relating to harmful algae blooms on a water body affecting tribal activities.
Fish advisory reports- These reports identify data used and the meal allowances to be recommended for a specific study area. PHD recognizes the importance of water and fisheries to the tribes in Oregon.

Center for Prevention and Health Promotion:

- Maternal and Child Health Title V Program – Five of the federally recognized tribes in Oregon (Confederated Tribes of Warm Springs, Confederated Tribes of the Umatilla Indian Reservation, Klamath Tribes, Cow Creek Band of Umpqua Tribe of Indians and Coquille Indian Tribe) participated in 2017 Title V funding to support maternal and child health priorities such as increasing dental visits, implementing culturally and linguistically appropriate services, increasing breastfeeding, and addressing toxic stress, trauma and adverse childhood experiences.
- Dental Pilots Project – Through the NPAIHB, the Public Health Division oversees dental health aide therapist projects with Coquille Indian Tribe and Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians as well as the Urban Indian Health Program.
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC) – WIC’s mission is to safeguard the health of low-income women, infants and children up to age 5 years who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. WIC contracts directly with Confederated Tribes of Warm Springs and Confederated Tribes of Umatilla Indian Reservation. Several statewide WIC agencies also have satellite clinics at local tribal locations.
- Tobacco Prevention and Education Program (TPEP) – 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 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.
- Alcohol and Drug Prevention and Education Program (ADPEP) – All nine tribes are funded for Alcohol and Drug Prevention and Education Programs. Program funds support tribal prevention coordinator positions and implementation of a prevention plan. Priority areas include: reducing underage drinking, reducing binge drinking, addressing marijuana use, engaging parents and community members in prevention strategies, and addressing

historical trauma and its impact on substance abuse. Tribal ADPEP is grounded in the strong foundations of community, family and culture. It uses evidence-based and tribal best practices to implement comprehensive, community-based strategies.

- Strategic Prevention Framework-Partnerships for Success (SPF-PFS) – Five of Oregon’s nine federally recognized tribes (Burns Paiute Tribe, Confederated Tribes of Warm Springs, Confederated Tribes of the Umatilla Indian Reservation, Cow Creek Band of Umpqua Tribe of Indians, Confederated Tribes of Grand Ronde) receive these funds. Program outcomes include preventing and reducing the consequences of underage drinking among persons ages 12-20 years and addressing high-risk drinking and prescription drug misuse and abuse among 21-to-25-year-olds.

Center for Public Health Practice:

- Acute and Communicable Disease Prevention (ACDP) – ACDP works with partners to prevent and control communicable diseases and outbreaks of acute diseases in Oregon. The program works with the NPAIHB to include data linkages to ensure all partners have accurate public health data to address the health needs of all Oregonians.
- Health Security, Preparedness and Response Program (HSPR) – The program's mission is to develop public health systems to prepare for and respond to threats and emergencies that affect the health of people in Oregon. All nine tribes are funded for this program and there is an active Tribal Emergency Managers Coalition. HSPR has a full time tribal liaison.
- 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 vaccines at no cost to children who are American Indian or Alaska Native and can provide state and federally funded vaccines to uninsured American Indian or Alaska Native adults who meet specific criteria. There are 14 clinics serving tribal communities in Oregon.
- Oregon State Public Health Laboratory (OSPHL) – The lab performs communicable disease testing for tribal health centers as requested. OSPHL routinely performs this testing for the Confederated Tribes of Warm Springs Health and Wellness Center. The OSPHL also oversees laboratories subject to the Clinical Laboratory Improvement Amendments (CLIA) under a contract agreement with Centers for Medicare & Medicaid Services (CMS). While the federal tribal health care facilities that perform clinical laboratory testing are under the oversight of federal Region 10, the Grand Ronde Health & Wellness Center is a compliance laboratory OSPHL regulates to ensure compliance to federal regulations for all clinical laboratory testing.

Key contact for 2017:

Danna Drum – Strategic partnerships lead

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 Race, Ethnicity, Language + Disability program (REAL+D), which improves statewide demographic data collection.

The Regional Health Equity Coalition (RHEC) Program

RHECs are autonomous, community-driven, cross-sector groups. The RHEC model works by building on the inherent strengths of local communities to meaningfully involve them in identifying sustainable, long-term, policy, system and environmental solutions to increase health equity for communities of color and those living at the intersection of race/ethnicity and other marginalized identities. OEI provides funding to two RHECs that are working with tribal communities.

The Let's Talk Diversity Coalition is made up of more than 34 organizations representing the Confederated Tribes of Warm Springs and Jefferson County.

- 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 from high school and continuing their education.

The Klamath Regional Health Coalition is convened by Klamath County Public Health and is made up of more than 28-member organizations including Klamath Tribes, Sky Lakes Medical Center, Cascade Health Alliance and Blue Zones Project.

- The coalition's steering committee includes representatives of Klamath Tribes.
- Klamath RHEC continues to sponsor a second rural equity coalition in Chiloquin, called the Chiloquin First Coalition, which serves the AI/AN community and low-income populations in the Chiloquin area. The coalition is 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.

Traditional Health Workers Program:

Traditional Health Workers (THWs) help individuals in their communities, providing physical and behavioral health services.

There are five traditional health worker types.

1. **Community health workers (CHW):** A Community health worker is a frontline public health worker who is a trusted member of or has an unusually close understanding of the community served.
2. **Peer support specialists (PSS):** A peer support specialist is any of a range of individuals who provide supportive services to a current or former consumer of mental health or addiction treatment.
3. **Peer wellness specialists (PWS):** A peer wellness specialist is an individual who has lived experience with one or more psychiatric conditions plus intensive training, who works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.
4. **Personal health navigators (PHN):** A personal health navigator is an individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions.
5. **Birth doulas:** A doula is a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and post-partum experience.

Oregon tribes have been working to expand traditional health workers in their communities. In 2017 the tribes along with the NPAIHB collaborated with OHA and the Oregon Family Support Network to develop their own culturally responsive training for tribal communities specific to family peer support specialists. This work was done with representatives from the Oregon tribes, who advised the development of the training. The group came together in early July for the first three days of content development. They then came together again in August for another three days of curriculum development. Topics included are confidentiality, ethics and boundaries, identifying strengths, needs, culture, and dreams, community resources and resource mapping, grief, trauma, mandatory reporting, communication and more.

Once the curriculum was finalized it was then submitted to and approved by the Traditional Health Workers Commission. A 40-hour train-the-trainer session was held in October at the NPAIHB office. The training was open to members of the tribal community who were applying for certification as a family support specialist type of traditional health worker. This is the only peer-to-peer tribal curriculum for Medicaid-billable family support specialists and the first of its kind. This should only be the beginning as there is interest in developing a base curriculum for all THW's working in tribal communities and then expanding from there.

Key contacts for 2017:

Leann Johnson – Director, Office of Equity and Inclusion

Danielle Droppers – Regional Health Equity Coalition Program Coordinator

Mohamed Abdiasis – Traditional Health Workers Program Coordinator

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 contact for 2017:

Dawn Jagger – Director of External Relations

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

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 at the Salem campus, and on the second and fourth Fridays of the month at the Junction City campus.

Other Native American Services include:

- Native 101
- 12-step Medicine Wheel
- C'anupa Ceremony (individual basis)
- Indigenous Kitchen
- Native Culture
- Native Beading
- Native Music
- Native Medicines in Nature
- Smudge Ceremony
- Talking Circle
- Native Crafts
- Women's Medicine Wheel
- Men's Medicine Wheel
- Native Cooking
- Native Drumming

These Services support patients through their healing journey while at the hospital. It is important for them to have this connection to themselves and others.

Each year OSH holds a tribal culture event. This year 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.

OSH also celebrates 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. Patients and staff enjoyed this experience and sharing the meal.

Residents, escorted by staff, attended the Native American Rehabilitation Association's Eighth Annual Spirit of Giving Conference.

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 American Services attends OHA Tribal Monthly Meetings and SB 770 HHS Meetings to stay up-to-date on the work that OHA is doing with tribes. Native American Services continues to collaborate with tribal representatives and other state agencies to establish culturally appropriate best practices to safely meet the spiritual needs of their residents.

Key contacts for 2017:

Richard Mayuk – Native Services Coordinator

Luzviminda Zemina – Director, Spiritual Care Department

Summary

OHA is committed to maintaining and improving our government-to-government relationships with the nine federally recognized tribes of Oregon. 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 our continued work together.

Respectfully submitted,

Patrick M. Allen, Director

Oregon Health Authority

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