2018
Government to Government Report

Honoring our Government to Government relationship with 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:

In 2018 the Oregon Health Authority strove every day toward our mission of helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care. The partnerships we are building with the nine federally recognized tribes in Oregon is a priority to us. Our vision for a healthy Oregon is for all Oregonians across the state, and that includes 34,000 Americans Indians and Alaska Natives on the Oregon Health Plan that rely on us for their health care. Our values include: Service Excellence, Leadership, Integrity, Partnership, Innovation, Transparency, and Health Equity. These values guide our work and we are focused on continuing to improve the government-to-government relationship we have with Oregon's nine tribes.

Working together with the Tribal Health Workgroup, some of the highlights for this year are:

- Finalized, approved and working toward fully implementing the new Tribal Consultation and Urban Indian Health Confer Policy.
- Began implementing the 100 Percent FMAP Savings and Reinvestment Program and made the first payment to tribes.
- Provided new funding to tribes to address the opioid epidemic and held a Tribal Opioid and Other Drugs Summit.
- Provided additional funding to tribes for Tribal Mental Health Investments.
- Supported the proposal to be able to bill for the Diabetes Prevention Program, using the Special Diabetes Program for Indians.
- Executed a contract with Kauffman and Associates to create a Tribal Behavioral Health Strategic Plan, this is continuing the work that was started with the Behavioral Health Collaborative.

Across the agency we are continuing to address issues that affect tribal members in Oregon and address the serious health inequity among them. There is always more to do, but we will do our best to ensure that we are moving forward toward the goal of providing all tribal members with quality health care and better health outcomes at an affordable price.

Sincerely,

Patrick M. Allen
Director, Oregon Health Authority

Introduction

The Oregon Health Authority is pleased to share the 2018 Government to Government Report with the Legislative Commission on Indian Services and the Governor as required by Senate Bill 770, (ORS 182.162 to 182.168) - Relationship of State Agencies with Indian Tribes. In this report we hope to demonstrate OHA's commitment to working with the tribes of Oregon to provide high-quality, affordable health care.

As required we intend to show:
(a) The policy the state agency adopted under ORS 182.164.
(b) The names of the individuals in the state agency who are responsible for developing and implementing agency's programs that affect tribes.
(c) The process the state agency established to identify its programs that affect tribes.
(d) The effort of the state agency to promote communication between it and the tribes, and government-to-government relations between the state and tribes.
(e) A description of the training required subsection (1) of this section.
(f) The method the state agency established for notifying its employees of the provisions of ORS 182.162 to 182.168 and the policy it adopts under ORS 182.164. [2001 c.

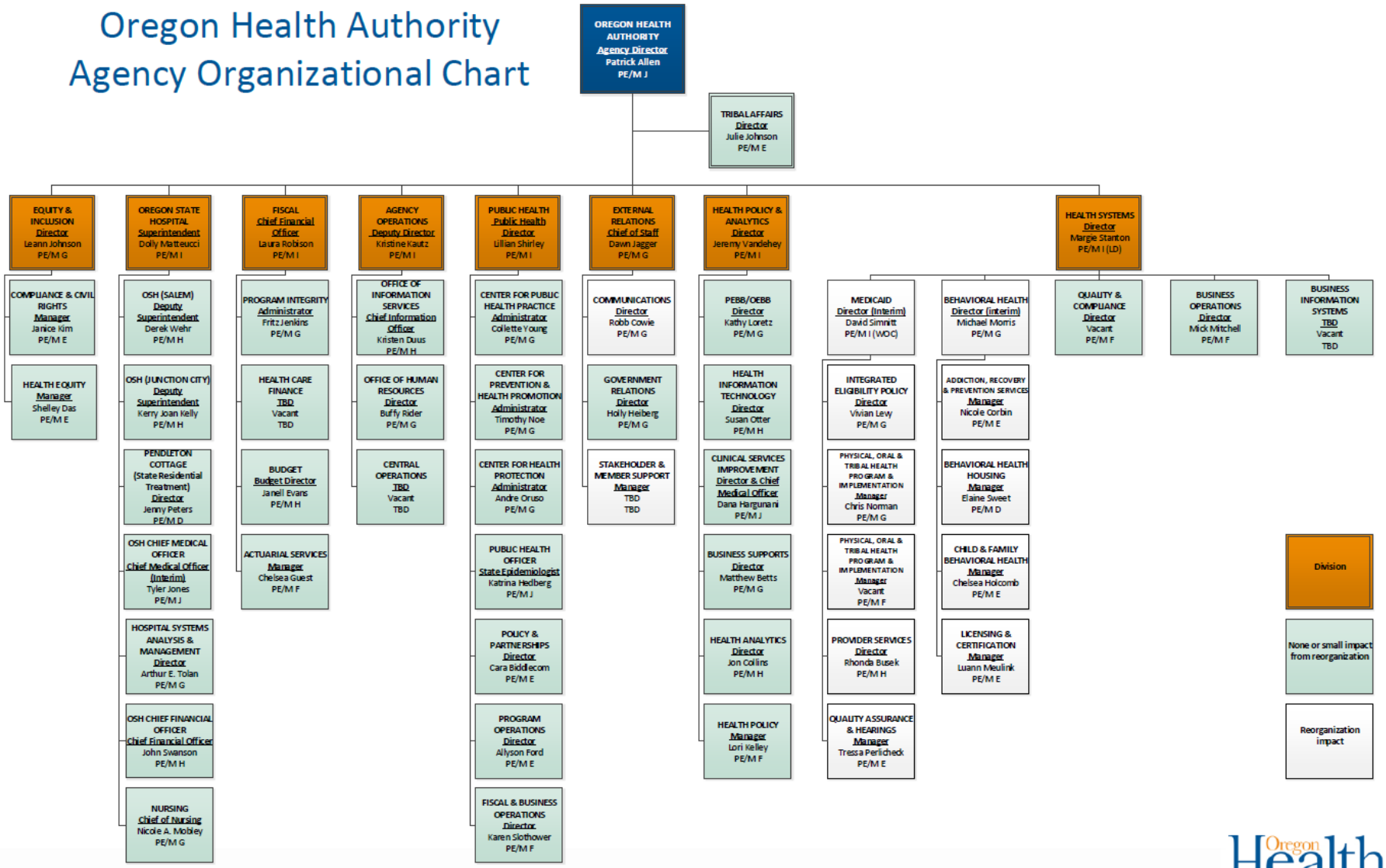
Oregon is home to nine federally recognized sovereign nations. All Native Americans in Oregon, regardless of tribal enrollment, are Oregon citizens and are entitled to receive the services provided by OHA. This report describes the work OHA does to support Oregon's nine federally recognized tribes. The term "tribes" throughout the report refers to these tribes.

During 2018 OHA realigned the agency in a few key areas. Director Allen met with tribal representatives in February to collect feedback on any suggested changes. Staff and other community partners provided input as well. The purpose of the changes was to align the structure, improve the business rigor and strengthen transparency and accountability throughout the agency.

The Oregon Health Authority has eight divisions:

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

Oregon Health Authority
Agency Organizational Chart



Tribal Affairs

Tribal Affairs is housed in the OHA Director's Office-Agency Operations. Tribal Affairs Director Julie Johnson works closely with OHA Director Patrick Allen and other division directors and staff to identify the programs that affect tribes. Julie has been serving officially in this role for 19 months and works hard to keep tribal priorities at the forefront of discussions with the leadership team.

Tribal Affairs works regularly with tribal health directors and representatives from tribes, Indian Health Service, the Urban Indian Health Program, the Northwest Portland Area Indian Health Board, as well as other agencies focusing on tribal health priorities. OHA continues to use the Tribal Priority List to track this work, although not all programs and issues are reflected on the document. The Tribal Affairs director has a half-time executive support staff, and in 2019 Tribal Affairs will be joined by a policy analyst position to assist with this work.

The Tribal Affairs director works closely with five other OHA tribal liaisons. Although not all the positions are full time tribal liaisons, these subject matter experts are vital to completing work with the tribes in specific areas: Medicaid, mental health, public health, emergency preparedness, and Native American Services at Oregon State Hospital. Liaisons interact with the Tribal Affairs director and tribal representatives on a regular basis.

OHA communicates with tribal representatives through many avenues including meetings, emails, and phone calls. OHA Tribal Affairs holds tribal monthly meetings to address ongoing work, issues, and programs with the tribes. This helps keep communication lines open and ensures the work is moving forward. OHA continues to organize the quarterly SB770 Health and Human Services Cluster meetings. These meetings are coordinated with Department of Human Services, Department of Business and Consumers Services, the Youth Development Council, Department of Veterans Affairs, and Oregon Housing and Community Services. Agendas are developed with the agencies and reviewed with the tribal workgroup before being finalized. Recently the Employment Department has requested to be a part of this cluster. We will be discussing this at the next few meetings.

A priority of Tribal Affairs is fully implementing the policy the state agency adopted under ORS 182.164. The State of Oregon and the Oregon Health Authority share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the state and the nine federally recognized tribes as well as strengthen the relationship with the Urban Indian Health Program.

In early 2016 development of a new OHA Tribal Consultation Policy that addresses all aspects of tribal-state consultation was proposed. The Oregon Tribal Health Workgroup, which includes representatives from Oregon tribes, the Urban Indian Health Program, and the Northwest Portland Area Indian Health Board, drafted the new policy.

On June 23, 2017, OHA received the first draft of the new policy from the Tribal Workgroup. OHA staff including the agency director, Tribal Affairs director, tribal liaisons, and other program staff reviewed and suggested edits. Continued edits were reviewed with members from the tribal workgroup and OHA during the following times:

- July 11, 2017, tribal monthly meeting.
- September 8, 2017, tribal monthly meeting.
- November 3, 2017, webinar.
- January 16, 2018, NPAIHB Tribal Health Directors meeting.
- February 1-16, 2018, email correspondences with tribal representatives and NPAIHB representatives.

The new Tribal Consultation and Urban Indian Health Program Confer Policy was approved by Director Allen on March 1, 2018.

OHA continues to work internally to develop clear processes for all staff to understand the requirements in the policy. OHA is developing a Tribal Affairs webpage where a SharePoint site will be housed for consultation materials, including Dear Tribal Leader Letters, Meeting Notes, etc. This site will help to operationalize the policy, ensure compliance, and ease the reporting and notification processes associated with the policy. OHA will continually review the implementation of the policy with the tribal workgroup and leadership for clarifications and needed input as necessary.

In 2018, 25 "Dear Tribal Leader" letters were sent for identified critical events. They led to eight requests for formal consultation meetings which were held, including:

- 2/28/18 – Collective consultation on organizational restructure.
- 4/11/18 – Collective consultation on 1915(b)(4) selective contracting waiver to provide case management services to individuals receiving Medicaid long-term services and supports.
- 5/9/18 – Individual consultation with the Confederated Tribes of the Umatilla Indian Reservation.
- 6/19/18 – Individual consultation on CCO 2.0 with the Confederated Tribes of the Umatilla Indian Reservation.
- 6/20/18 – Individual consultation on CCO 2.0 with the Confederated Tribes of Warm Springs.
- 8/27/18 – Collective consultation on CCO 2.0.
- 8/29/18 – Individual consultation on CCO 2.0 with the Cow Creek Band of Umpqua Tribe of Indians.
- 10/10/18 – Collective consultation on Aging and People with Disabilities Tribal Navigator and waivered case management.

- 12/17/18 – Individual consultation on strategic planning with the Confederated Tribes of Grand Ronde.

Upcoming collective consultation meetings will be held for the SUD Waiver and strategic planning. Other requests for individual tribal consultations have been sent. The consultation policy has been included as a process measure in OHA's new performance management system. This will also support the evaluation of the policy as we move forward.

Key Contacts:
Pat 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

OHA Staff-Julie Johnson, Jason Stiener, Angie Butler
Native American Heritage Month Celebration 2018

Title:	Tribal Consultation and Urban Indian Health Program Confer Policy
Effective Date:	March 1, 2018
Nine Federally Recognized Tribes of Oregon:	Burns Paiute Tribe Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Confederated Tribes of Grande Ronde Confederated Tribes of Siletz Indians Confederated Tribes of the Umatilla Indian Reservation Confederated Tribes of Warms Springs Coquille Indian Tribe Cow Creek Band of Umpqua Tribe of Indians Klamath Tribes
Urban Indian Health Program:	Native American Rehabilitation Association

I. Purpose

The State of Oregon and the Oregon Health Authority (OHA) share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the State and the nine federally recognized Tribes of Oregon (Tribes) as well as strengthen the relationship with the Urban Indian Health Program (UIHP).

This policy:

- Identifies individuals within OHA who are responsible for developing and implementing programs that affect Tribes.
- Establishes a process to identify the OHA programs that impact Tribes.
- Promotes communication between OHA and the Tribes.
- Promotes positive government-to-government relations between OHA and Tribes.
- Establishes a method for notifying OHA employees of ORS 182.162 to 182.168 and this policy.

Meaningful consultation between tribal leadership and or designee and agency leadership shall result in information exchange, mutual understanding, and informed decision-making on behalf of the Tribes and the State. The goal of this policy includes, but is not limited to: eliminating health and human service disparities of Indians; ensuring that access to critical health and human services is maximized; advancing and enhancing the social, physical, behavioral and oral health of Indians; making accommodations in State programs when possible to account for the unique nature of Indian health programs and ensuring that the Tribes are consulted to ensure meaningful

and timely tribal input as required under Federal and State law when health and human service policies have an impact on Indians and the Tribes. To achieve this goal, and to the extent practicable and permitted by law, it is essential that the Tribes, and OHA engage in open, continuous, and meaningful consultation.

This policy applies to OHA and all its divisions, programs, services, projects, activities, and employees and shall serve as a guide for the Tribes to participate in OHA policy development to the greatest extent allowable under Federal and State law. The relationship between OHA and the Tribes is built on a foundation of trust and mutual respect. It is important for OHA to work closely with Tribes on issues related to Medicaid, Children's Health Insurance Program (CHIP), Oregon State Hospital, the Public Health Division the Health Insurance Marketplace (Oregon Department of Consumer and Business Services), and the Department of Human Services, Oregon Department of Housing and Community Services, Youth Development Council, Oregon Department of Veteran's Affairs to promote the participation of Indians in these programs.

II. Background

The United States Government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, numerous treaties, statutes, Federal court decisions and Executive Orders. This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based upon race.

Section 1902 (a) (73) of the Social Security Act which requires a state in which one or more Indian health programs or UIHP furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the ISDEAA, or UIHP under the Indian Health Care Improvement Act (IHCIA). Section 2107 (e)(I) of the Act was also amended to apply these requirements to CHIP.

The importance of tribal consultation with Indian tribes was affirmed through various statutes and Presidential Executive Orders including, but not limited to:

- Older Americans Act, P.L. 89-73, as amended;
- Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended;
- Native American Programs Act, P.L. 93-644, as amended;
- Indian Health Care Improvement Act, P.L. 94-437, as amended;
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L.104-193;

- Presidential Executive Memorandum to the Heads of Executive Departments, April 29, 1994;
- Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000;
- Presidential Memorandum, Government-to-Government Relationship with Tribal Governments, September 23, 2004;
- Presidential Memorandum, Tribal Consultation, November 5, 2009;
- American Recovery and Reinvestment Act of 2009, P.L. 111-5, 123 Stat. 115, February 17, 2009;
- Children's Health Insurance Program Reauthorization Act of 2009, P.L. 111-3, 123 Stat. 8, February 4, 2009;
- Patient Protection and Affordable Care Act of 2010, P.L. 111-148, 124 Stat. 119, March 23, 2010;
- "Medicaid and CHIP Managed Care Rule CMS-2390-F, 42 CFR §438.14 and §457.1209;
- Department of Health and Human Services Tribal Consultation Policy, December 14, 2010; and
- Centers for Medicare and Medicaid Services Tribal Consultation Policy, Section 8, December 10, 2015.

In addition, there are statutory and regulatory requirements for states to consult with federally recognized tribes and to obtain advice from Indian health providers.

III. OHA Commitment to Tribal Consultation

OHA was established by the Oregon State Legislature and is accountable to the people of Oregon, acknowledges this unique relationship, the statutory and regulatory framework for states to consult with Tribes, and recognizes the right of Indian tribes to self-determination and self-governance. The special government-to-government relationship between the Tribes and federal and state governments will be respected in all dealings with the Tribes and OHA. Relationship of State Agencies with Indian Tribes, ORS 182.162 to 182.168.

The State specifically acknowledges the State-Tribal consultation process for new and renewal submissions of: Medicaid and CHIP 1115 demonstration waivers; other Medicaid waivers, such as, 1915 waivers; 1332 waivers and changes to the Health Insurance Marketplace; and any amendments to the State Plan, waivers, or demonstrations that are considered to have an impact on AI/ANs and Indian health programs if the changes impact eligibility determinations, payment rates, payment methodologies, covered services, or provider qualifications and requirements that it is driven by federal law and regulations and/or guidance issued by CMS. These requirements are set forth in: Section 5006(e) of the American Recovery and Reinvestment Act; Section 1115 Transparency Regulations, as found in 42 CFR Part 431;

July 17, 2001 State Medicaid Director Letter #01-024; April 27, 2012 State Medicaid Director letter, SHO # 12-001; and CMS Regulations regarding State/Partnership Marketplaces; Department of Health and Human Services Tribal Consultation Policy, December 14, 2010; Centers for Medicare and Medicaid Services Tribal Consultation Policy, Section 8, December 10 2015.

In order to fully effectuate this consultation policy, OHA will:

1. Ensure inclusion of the Tribes prior to the development of policies and program activities that impact Tribes, utilizing a formal notice that provides descriptive content and a timeline;
2. Create opportunities for Tribes to raise issues with OHA and for OHA to seek consultation with Tribes;
3. Establish a minimum set of requirements and expectations with respect to consultation and participation of OHA leadership;
4. Conduct tribal consultation regarding OHA policies and actions that have tribal implications;
5. Establish improved communication channels with Tribes to increase knowledge and understanding of OHA programs;
6. Enhance partnerships with Tribes that will include technical assistance and access to OHA programs and resources;
7. Support tribal self-determination in programs and resources made available to the Tribes and in working with the Tribes;
8. Include tribal representatives on advisory committees and task forces when subject matter is relevant.

IV. Tribal Consultation Principles

Consultation is an enhanced form of communication that emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision-making, with the ultimate goal of reaching consensus on issues and better outcomes.

To establish and maintain a positive government-to-government relationship, communication and consultation must occur on an ongoing basis so that Tribes have an opportunity to provide meaningful, and timely input on issues that may have an impact on Tribes. This government-to-government relationship applies between the Tribes and the State.

Consultation with the Tribes is important in the context of health programs because the Tribes serve many roles in their communities:

- Tribes and tribal governments are sovereign nations with inherent authority over their internal affairs; have a government-to-government relationship with the federal government, state governments, and other sovereigns; and have the responsibility to ensure the health and well-being of their tribal citizens, among various other governmental responsibilities.
- Tribal governments operate businesses, are employers, and are health care providers, through administration of clinics and other health programs, which includes public health
- Tribal members are beneficiaries of services provided by the Indian Health Services (IHS), tribal health programs operating under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, and by urban Indian health programs operating under Title V of the Indian Health Care Improvement Act.
- Tribal members are also eligible to enroll in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, (Oregon Department of Consumer and Business Services) and other health and human services programs in the state.

Tribal consultation is not invoked when this policy is not followed. For example, sending an email to Tribes is not considered tribal consultation or discussing a topic that involves Tribes without proper notice is not tribal consultation.

V. Conferring with Urban Indian Health Program

The Tribes direct OHA and all its divisions, programs, services, projects, activities, and employees to confer with the Urban Indian Health Program (UIHP) to ensure the exchange of information, mutual understanding, and informed-decision making on behalf of American Indians and Alaska Natives living in Oregon. UIHPs serve an important role in Oregon by providing critical health and wellness services to members of Oregon Tribes as well as members of other federally recognized Tribes.

UIHPs, authorized by Title V of the Indian Health Care Improvement Act P.L. 94-437, exist as a direct response to the Termination and Relocation Era policies which left American Indians and Alaska Natives displaced to urban centers across the country with few resources and little access to the Federal programs. UIHPs exist as a critical part of the Indian health system in the provision of health care to American Indians and Alaska Natives which is part of the Federal government's trust responsibility and treaty obligations to Tribes.

State agrees to notify UIHP when all Oregon Tribes are provided notice of Tribal consultation under this policy and/or as specified in Addendum A- Conferring with UIHP.

VI. Policy

It is the intent of OHA to meaningfully consult with Tribes on any policy that will impact the Tribes before any action is taken.

Such policies include those that:

1. Have Indian or Tribal implications; or
2. Have implications on the Indian Health Service, tribal health programs or urban Indian health program, or
3. Have a direct effect on one or more Tribes, or
4. Have a direct effect on the relationship between the state and Tribes, or
5. Have a direct effect on the distribution of power and responsibilities between the state and Tribes; or
6. Are a federally or statutorily mandated proposal or change in which OHA has flexibility in implementation.

If the proposal or change directly affects Indians, the Indian Health Service, tribal health programs or urban Indian health program, but is federally or statutorily mandated with no state flexibility in implementation, no consultation will be required; however, the proposal or change will be communicated through written updates from OHA to individuals on Official Notification List and pursuant to communication mechanism and communication method requirements described in Section VII.

VII. Tribal Consultation Process

An effective consultation between OHA and the Tribes requires trust between all parties which is an indispensable element in establishing a good consultative relationship. The degree and extent of consultation will depend on the identified Critical Event. A Critical Event must be formally identified by OHA or Tribes.

A Critical Event includes, but is not limited to:

- Policy development impacting the Tribes;
- Program activities that impacting Tribes;
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impacting Tribes;
- Results of monitoring, site visits or audit findings impacting Tribes;
- Data collection and reporting activities impacting Tribes;
- Funding or budget developments impacting Tribes;
- Rule making impacting Tribes; or
- Any other event impacting Tribes.

Upon identification of a Critical Event impacting one or more Tribes OHA will initiate consultation regarding the event.

To initiate and conduct consultation, the following serves as a guideline to be utilized by OHA and the Tribes:

1. Identify the Critical Event: complexity, implications, time constraints, deadlines and issue(s).
2. Identify how the Critical Event impacts Tribes.
3. Identify affected/potentially affected Tribes.

Determining Consultation Mechanism: The most useful and appropriate consultation mechanisms can be determined by OHA and Tribes after considering the Critical Event and Tribes affected/potentially affected. Consultation mechanisms include but are not limited to one or more of the following:

a. Mailings, including electronic mail;
b. Teleconferences;
c. Webinars;
d. Face-to-Face Meetings at SB 770 Health and Human Service Cluster Committee Meetings and other meetings;
e. Roundtables;
f. Annual meetings;
g. Other regular or special OHA or program level consultation sessions.

OHA will post and maintain electronic information on the agreed upon consultation mechanism on OHA Tribal Affairs site for Indian health programs.

Communication Methods: The determination of the Critical Event and the level of consultation mechanism to be used by OHA shall be communicated to affected/potentially affected Tribes using all appropriate methods and with as much advance notice as practicable or as required under this policy. These methods include but are not limited to the following:

1. <u>Official Notification</u>: Upon the determination of the consultation mechanism, proper notice of the Critical Event and the consultation mechanism utilized shall be communicated to affected/potentially affected Tribes using all appropriate methods including mailing and broadcast e-mail. Such notice shall be provided to:

    a. Tribal Chairman or Chief and their designated representative(s)
    b. Tribal Health Clinic Executive Directors of Oregon's 638/FQHC providers
    c. IHS Clinic(s) Executive Director

a. Tribal Organization(s) Health Director and/or designated representative(s)
b. Tribal Organizations established to represent IHS and Tribal health programs and such as the Northwest Portland Area Indian Health Board Executive Director or designee(s)
c. UIHP Executive Director or designee(s)

State must annually update their mailing/email list to ensure notice is being provided to designated leadership. Each Tribe is responsible for providing this information to OHA's Tribal Affairs Director to regularly update the list.

1. Correspondence: Written communications shall be issued within 14 calendar days of an identified Critical Event except that state plan amendments, waiver and rule making changes require additional notice as described below. The communication should clearly provide affected/potentially affected Tribes with detail of the Critical Event, clear and explicit instructions on the manner and timeframe in which to provide comments. A "Dear Tribal Leader Letter" (DTLL) format should be used to notify individual Tribes of consultation activities. The written notice DTLL will include, but is not limited to:

    a. Purpose of the proposal/change and proposed implementation plan;
    b. Anticipated impact on Indians and Indian health programs and the UIHP as determined by OHA;
    c. Method for providing comments/questions; and
    d. Timeframe for response.

    In addition to the DTLL requirements above, state plan amendments, waivers, and rule making have additional requirements that must be included in the DTLL:

    a. State Plan Amendments*:* Prior to a State Plan submission to CMS, OHA must distribute documents describing the proposed Medicaid State Plan Amendment (SPA). The DTLL will include the proposed change; anticipated impact; method for providing comments/questions; timeframe for feedback; and an opportunity for discussion. This process will include a 90-day timeline. OHA will provide the draft SPA and related documents to Tribes 90 days prior to state's submission to CMS. This will allow Tribes 30 days to review the draft SPA and documents, 30 days to request formal consultation, if needed, and 30 days to provide written comments. For tracking purposes OHA will share a status report of pending, upcoming and approved SPAs on a monthly basis. OHA will also share an ongoing report of all SPA's that have been approved.

Waiver**s**: Pursuant to the CMS's transparency regulations at 42 CFR 43l .408(b), State Medicaid Director Letter #01-024 and Section 8 of CMS's Tribal Consultation Policy, OHA must consult with Tribes prior to

a. submitting any Section 1115 and 1915 waiver request to CMS. OHA must consult with Tribes at least 60 calendar days before OHA intends to submit a Medicaid waiver request or waiver renewal to CMS. The DTLL or notification required by SMD #01-024 must describe the purpose of the waiver or renewal and its anticipated impact on tribal members. For Tribes to understand the impact on its tribal members, the notification should include the actual language from the demonstration waiver or renewal that has tribal implications and should not be in summary or outline form.
b. Rulemaking*:* OHA must consult with Tribes at least 60 calendar days notice before OHA intends to propose new rules or changes to rules that impact Tribes. Tribes will also be invited to attend Rule Advisory Committee meetings to provide additional input on rule concepts and language. In addition, OHA will provide tribes with bi-weekly updates on new rules or changes to rules impacting tribes.

1. Meeting(s): OHA shall convene a meeting within 30 calendar days' notice of an identified Critical Event with affected/potentially affected Tribes (or sooner with affected/potentially affected Tribe(s) approval), to discuss all pertinent issues when the Critical Event is determined to have an impact.

   SB770 Health and Human Services Cluster Meeting: In addition, when Tribal Consultation is scheduled at an SB 770 Health and Human Services Cluster Meeting, the agenda must clearly indicate that the item is a Tribal Consultation request and clearly state on the agenda "Tribal Consultation: [agenda item]. Such request at an SB 770 Health and Human Services Cluster meeting must provide at least 30 days' advance calendar notice.

2. Creation of Committees/Work Group(s): Round tables and work groups should be used for discussions, problem resolution, and preparation for communication and consultation related to a Critical Event but do not replace formal tribal consultation. Round tables and work groups will provide the opportunity for technical assistance from OHA to Indian health programs and the UIHP to address challenges or barriers and work collaboratively on development of solutions to bring to the meetings. OHA will work with Indian health programs and the UIHP to designate technical representation on special workgroups as needed or recommended.

Reporting of Outcome: OHA shall report on the outcomes of the consultation within 30 calendar days of final consultation by letter or email. For ongoing issues identified during the consultation, OHA shall provide status reports throughout the year to the Tribes, and prepare an annual tribal consultation report.

Implementation Process and Responsibilities: The process should be reviewed and evaluated for effectiveness every 3 years, or as requested.

VIII. Tribal Consultation Performance Evaluation

OHA is responsible for evaluating its performance under this Tribal Consultation Policy. To effectively evaluate the results of the consultation process and the ability of OHA to incorporate tribal recommendations, OHA will assess its performance on a quarterly and annual basis in tribal consultation reports. The State will provide performance data in its reports.

IX. Meeting Records and Additional Reporting

OHA is responsible for making and keeping records of its tribal consultation activity. All such records shall be made readily available to Tribes an annual tribal consultation report and all data. OHA shall make and keep records of all proceedings and recommendations, and will have these records readily available upon request and/or posted online.

X. Role of Tribal Affairs Director

The OHA Tribal Affairs Director is responsible for coordinating with OHA staff including directors, Tribal Liaisons, and other designated staff in developing and implementing programs that affect Tribes. The Tribal Affairs Director will communicate with staff on a regular basis to identify the OHA programs that affects Tribes. Tribal Affairs will convene quarterly with all staff working with Tribes to assure that they are aware of the current Tribal Affairs practices, and policies as well as an opportunity to communicate about ongoing work with Tribes. Tribal Affairs will provide training to notify OHA employees of ORS 182.162 to 182.168 and this policy.

XI. Tribal Technical Advisory Board

Through ongoing communications (e.g., emails) and during a standing meeting on a quarterly basis, the State will solicit advice and guidance from the Board on policies, guidelines, and programmatic issues affecting the delivery of health care for tribal members and to ensure that Indians receive quality care and access to services. The role of the Tribal Technical Advisory Board is not meant to replace the tribal consultation process.

XII. Definitions

Indian or American Indian/Alaska Native (AI/AN). Indian and/or American Indian/Alaska Native (AI/AN) means any individual defined at 25 USC 1603(13),

1. 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12. This means the individual:
    a. Is a member of a Federally recognized Indian Tribe;
    b. Resides in an urban center and meets one or more of the four criteria:
        i. Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member;
        ii. Is an Eskimo or Aleut or other Alaska Native;
        iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
        iv. Is determined to be an Indian under regulations issued by the Secretary;
    c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
    d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.
2. Tribe**.** Tribe means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because oftheir status as Indians. Oregon's nine Federally Recognized Tribes include:

    Burns Paiute Tribe
    Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
    Confederated Tribes of Grande Ronde
    Confederated Tribes of the Siletz Indians
    Confederated Tribesof the Umatilla Indian Reservation
    Confederated Tribes of Warms Springs
    Coquille Indian Tribe
    Cow Creek Band of Umpqua Tribes of Indians
    Klamath Tribes

Urban Indian Health Program (UIHP). Urban Indian Health Program means an urban Indian organization which is a nonprofit corporate body situated in an urban center

1. governed by a board of directors of whom at least 51 percent are AI/ANs, who have been contracted through Title V of Public Law 94-437. Oregon's UIHP is the:

    Native American Rehabilitation Association (NARA)

4. Technical Advisory Board. This board will consist of Tribal Health Directors and or designated representatives from each of the nine federally recognized tribes, NARA, and the Northwest Portland Area Indian Health Board.

XIII. Disclaimer

OHA respects the sovereignty of each of Oregon's Tribes. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdictions. This policy does not diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it likely will not result in a resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, that party's executive office.

XIV. Effective date

This policy will be effective on March 1, 2018 and may be reviewed at the request of the Tribes or OHA.

Addendum A

Conferring with Urban Indian Health Program (UIHP)

The objective of conferring with the UIHP is to ensure the open and free exchange of information and opinions that leads to mutual understanding and comprehension; and emphasizes trust, respect, and shared responsibility. *See* 25 USC §1660d (a). It is the intention of OHA] to confer with the UIHP on any policy or decision that would impact the urban Indian community before any such policy or decision is put into effect.

A policy or decision that would trigger conferring with the UIHP includes those that:

1. Have implications for the urban Indian community; or
2. Have implications on the Indian Health Service or urban Indian health program, or
3. Are a Federally or statutorily mandated proposal or change in OHA has flexibility in implementation.

If the proposal or change directly affects Indians, the Indian Health Service, the urban Indian community or urban Indian program, but is Federally or statutorily mandated with no State flexibility in implementation, conferring will not be required; however, the proposal or change will be communicated through written updates from OHA] to the UIHP Health Director within 30 days.

The basis of the conferring process is mutual trust between OHA and the UIHP. The nature of the Critical Event will determine the depth of the conferring process. A Critical Event may be identified by either OHA or the UIHP.

A Critical Event includes, but is not limited to:

- Policy development impacting the UIHP;
- Program activities that have an impact on the UIHP;
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impact on the UIHP;
- Results of monitoring, site visits or audit findings impacting the UIHP;
- Data collection and reporting activities impacting the UIHP;
- Funding or budget developments impacting the UIHP; or
- Any other event impacting the UIHP.

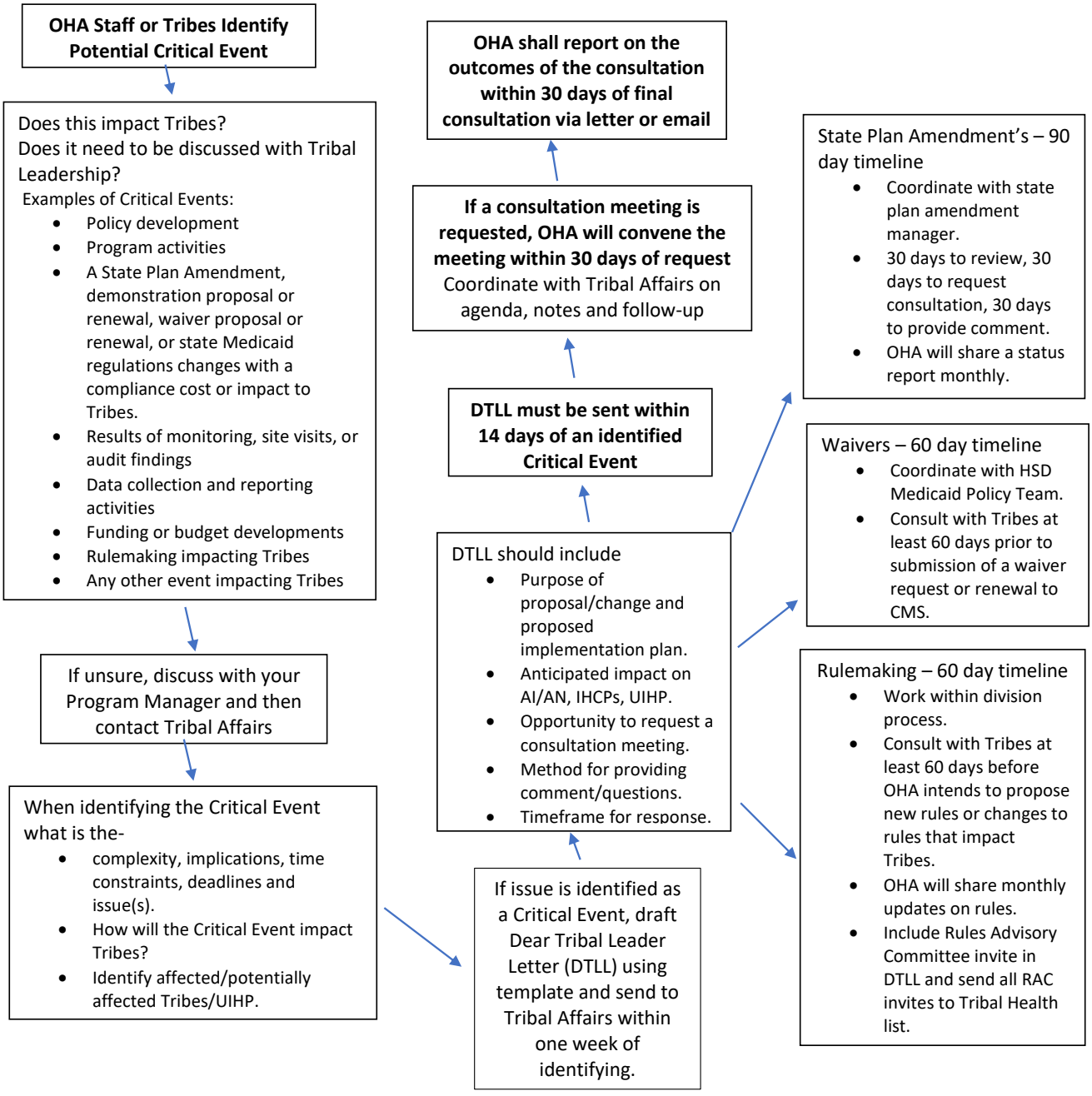
Once a Critical Event has been identified by OHA or the UIHP the OHA] will initiate the conferring process.

Initiation of the conferring process by either OHA or the UIHP will be guided by the following outline:

1. Identify the Critical Event: complexity, implications, time constraints, and issue(s)
2. Identify how the Critical Event impacts the UIHP.
3. Identify affected/potentially affected the UIHP.

Determining the method of conferring: the process of conferring will be agreed upon by OHA and the UIHP after the determination of the Critical Event. Mechanisms for conferring will included any options that provide the opportunity for an open and free exchange of information and opinions that lead to mutual understanding and comprehension, and emphasize trust, respect, and shared responsibility.

Tribal Consultation and Urban Indian Health Program Confer Policy- The State of Oregon and OHA share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the State and the nine federally recognized Tribes of Oregon as well as strengthen the relationship with the Urban Indian Health Program (UIHP). All OHA staff should be aware of the policy and understand their role in implementing it. Questions, contact Tribal Affairs Director, Julie Johnson, Julie.A.Johnson@state.or.us or 503-945-9703.



Trainings

As required by SB770, OHA provides various trainings throughout the year to educate on the importance of working with tribes. Some of the training topics include information on sovereignty, treaties, termination, restoration, Senate Bill 770, tribal health systems and more. The training starts with the video from Governor Brown on the importance of tribal consultation. It has been suggested to add additional information on individual tribes and cultural responsiveness when working with tribes, which we still need to expand on.

Name of Training	**Number of OHA attendees between January 2018-December 2018**
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.	181
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.	67
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.	195
OHA Tribal Affairs (recorded version of above training)	74
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.	30
Optional viewing: **OPB's *Broken Treaties, An Oregon Experience*:** Video that serves as an introduction to Oregon's tribes and explores the state's tribal history. Accessible through iLearn.	91
Total	**638**

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.

Regional Health Equity Coalitions

Regional health equity coalitions (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.

Funding
OEI established the Regional Health Equity Coalition Program and has been providing funding since 2011 to support local, community-driven, culturally specific activities to reduce disparities and address social determinants of health. OEI provides funding to four RHECs and two capacity building grantees, and most of them are working with tribal and urban American Indian/Alaska Native (AI/AN) communities.

RHEC regions
There are two new capacity-building grants supporting the development of the first RHEC in Eastern Oregon covering Malheur and Umatilla counties, as well as the first group fully focused on a tribal population. Both are prioritizing AI/AN populations. These grantees are piloting the RHEC model with the health equity work they are doing, and this funding offers an opportunity to complete foundational RHEC activities (coalition building, developing governance structures, assessing community needs, etc.). The two new capacity-building grantees include:

- Confederated Tribes of Warm Springs: Confederated Tribes of Warm Springs region
  -With this funding the Confederated Tribes of Warms Springs is focusing on tribal justice reform.
- Euvalcree: Malheur and Umatilla counties
  - In building their coalition, Euvalcree will be focused on both AI/AN and Latino populations in their region.

Collectively the four RHECs and two capacity-building grantees represent populations in 11 Oregon counties. The work of the RHECs covers a wide range of underserved communities in

urban, rural and frontier regions with communities of color as a leading priority. The current coalitions focused on AI/AN populations are:

- Mid-Columbia Health Equity Advocates (MCHEA): Hood River and Wasco counties
  - This coalition has a steering committee that is specific to the AI/AN community in their region, called Natives Along the Big River. They prioritize health equity issues for the native community in their area, which currently include education, inclusion, transportation, and access to health care services.
- Oregon Health Equity Alliance (OHEA): Multnomah, Washington and Clackamas counties
  - The steering committee of this coalition is composed of six culturally specific community-based organizations. It includes representation of the Native American Youth and Family Center (NAYA) serving in a co-chair role and ensures focus on priority health equity issues this organization brings forward.

Numbers at a glance

- RHECs and capacity building grantees collectively represent regions that comprise 52.5 percent of Oregon's AI/AIN population, 57.4 percent of Oregon's total population, 57.2 percent of Oregon's Medicaid population, 53.4 percent of Oregon's communities of color (i.e. American Indian/Alaska Natives, Asians, Black/African Americans, Native Hawaiians, and those who identify as some other race), and 60.4 percent of Oregon's Latino communities.
- Over a six-month period, RHECs collectively held 37 community education events focused on health equity topics.
- Community education events referenced above reached over 100 organizations and impacted 2,000 participants.

Areas of alignment with Governor's priorities

RHEC	Economy & Jobs	Education	Equality & Social Justice	Healthcare	Public Safety
***Confederated Tribes of Warm Springs (CTWS)**		**X**	**X**	**X**	**X**
***Euvalcree**	**X**	**X**	**X**	**X**	**X**
Mid-Columbia Health Equity Advocates (MCHEA)	**X**	**X**	**X**	**X**	**X**
Oregon Health Equity Alliance (OHEA)	**X**		**X**	**X**	**X**

*****Capacity building grantees who are working toward future implementation.

<u>Traditional Health Workers Program</u>

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 are continuing to work with the Office of Equity and Inclusion staff to expand traditional health worker training programs in their communities. As of October 2018 OEI plans to invest once again in a grant to develop another tribal-specific traditional health worker curriculum and is coordinating with Tribal Affairs and tribal representatives. Conversation on this topic needs to be ongoing.

As of April 2018, the Office of Equity and Inclusion staff has worked to have a tribal representative on the Traditional Health Worker Commission. The commission advises and makes recommendations to the Oregon Health Authority to ensure the program is responsive to consumer and community health needs, while delivering high-quality and culturally competent care. OEI has introduced a legislative concept for the 2019 session that proposes to add “One member who represents providers of Indian health services that work with traditional health workers qualified under ORS 414.665, a federally recognized tribe or a tribal organization” (-LC0382 Draft, 2019).

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.a.droppers@state.or.us 971-673-3391
Mohamed Abdiasis – Traditional Health Workers Program coordinator
abdiasis.mohamed@state.or.us 971-673-3389

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. The hospital works in partnership with coordinated care organizations, 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. Staff and contractors provide culturally specific services. Using ceremonies, groups and individual sessions on a regular scheduled basis they help support patients through their healing journey while at the hospital.

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

Each year OSH holds a Tribal Culture Event (Native Gathering). In 2018 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 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.

Once again residents, escorted by staff, attended the Native American Rehabilitation Association's Annual Spirit of Giving Conference. This was held in Portland August 7-9 and is always one of the highlights of the year.

The Native American Advisory Group at the hospital meets every first Thursday of the month to plan events and ceremonies, and to discuss issues to present to the OSH Diversity Committee.

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:
Dolly Matteucci – Superintendent
dolores.matteucci@state.or.us 503-945-2850
Richard Mayuk – Native Services coordinator
kqalsan.mayuk.@state.or.us 503-947-2512

Fiscal

Prior to the restructuring of the agency, OHA had one division for Fiscal and Operations. Now they are functioning as two distinct divisions, which is helping to strengthen our business rigor.

- Program Integrity detects, prevents, and investigates Medicaid and non-Medicaid fraud and abuse.
- Health Care Finance ensures that health system transformation through coordinated care organizations is transparent, fiscally responsible and sustainable.
- Budget is responsible for successful development and operation of OHA's budget and the application of federal programs and fiscal policy.
- Actuarial Services conducts complex analysis to project future costs and develop rates for several OHA programs.

Laura Robinson was the CFO during much of 2018 but has since left OHA. The new CFO will be starting at the beginning of 2019.

Agency Operations

Our deputy director is the lead of Agency Operations. This office includes Information Services, Human Resources and Central Operations.

- Information Services provides technical support and security to OHA and the Department of Human Services.

- Human Resources serves internal customers with workforce strategies to meet the agency's business needs.

Although Fiscal and Agency Operations does not do program-level implementation, they do support the work of Tribal Affairs. Central Operations provides administrative support services to the Tribal Affairs director. Staff support the successful completion of meetings through planning, preparation of materials and addressing issues as they arise. They manage the Tribal Affairs director's calendar, make travel arrangements, and otherwise support Tribal Affairs.

Key contacts:
Kris Kautz — Deputy director
kristine.m.kautz@state.or.us 503-947-2344
Margarit Westfall — Executive assistant to the Tribal Affairs director
margarit.westfall@state.or.us 503-945-6609

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, learn and age. 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.

Tribal partners are a key component of the public health system in Oregon. Ensuring the public health system is available to and improves health outcomes for all people in the state requires the expertise and capacity of all federal, state, tribal, local and other partners. To that end, developing and maintaining authentic, collaborative working relationships with tribes and other tribal organizations remains a key priority for PHD.

PHD is committed to developing and maintaining positive government-to-government relations with the federally recognized tribes in Oregon. PHD regularly collaborates with the OHA Tribal Affairs director, as well as ensures tribal-related public health communications and programs are aligned and follow appropriate government-to-government protocols. PHD actively implements the OHA Tribal Consultation Policy that was adopted March 1, 2018. PHD also promotes relationship building and coordination between county and tribal partners on joint public health issues, since effective working relationships are essential to a well-functioning, responsive public health system. PHD is regularly represented at OHA tribal meetings.

PHD's work is organized into the Office of the State Public Health Director, the Center for Health Protection, the Center for Prevention and Health Promotion, and the Center for Public Health Practice. The office and centers house the programs that work directly with tribes and tribal-related partners. PHD programs have a variety of ways they consult, engage, seek feedback and develop program policies and practices with tribes and tribal-related organizations.

Office of the State Public Health Director

The Office of the State Public Health Director (OSPHD) provides public health policy and operational direction to the public health programs within PHD and ensures that the programs within and outside PHD create a coherent public health system focused on improving health outcomes for all people in Oregon. This includes extensive interactions with a range of state, tribal and local agencies and organizations. OSPHD leads PHD's strategic partnerships and engagement with tribes with the strategic partnerships lead acting as the primary PHD liaison to the tribes, the Northwest Portland Area Indian Health Board (NPAIHB), Indian Health Services (IHS) and other tribal partners.

Successes

- The Public Health Advisory Board, staffed by OSPHD, welcomed a Governor-appointed tribal representative to its membership in 2018.
- The State Health Assessment (SHA) Steering Committee, which included two tribal representatives, guided and finalized the SHA in spring 2018. The PartnerSHIP, the State Health Improvement Plan (SHIP) Steering Committee which includes representatives

from a federally recognized tribe and the NPAIHB, is using the SHA data to identify population-wide priorities and strategies for collective action on key health issues in Oregon.
- OSPHD continued to engage with the tribes regarding their role in a modernized public health system in Oregon so that all Oregonians, including tribal members have access to foundational public health protections.
- OSPHD provides the tribes access to the Oregon Public Health Assessment Tool (OPHAT) as a source for data to support health assessment and improvement planning.
- Federally recognized tribes pursuing national public health accreditation participate in an accreditation work group co-convened by OSPHD and the Conference of Local Health Officials.
- In 2018 OSPHD added a Tribal 101 component to the PHD new employee orientation, a required training for all new managers and staff. In addition, OSPHD collaborated with the NPAIHB to provide a training for all PHD employees on tribal governance and public health successes.

Challenges

- Through public health modernization, OSPHD promotes the integration of tribal and local public health efforts. The success of local and tribal relationships varies by tribe and local jurisdiction. Wherever possible, OSPHD staff connect local and tribal public health staff and leaders to strengthen the public health system's ability to improve health in communities.

Upcoming work in 2019

- Through Public Health Week activities in April, PHD will coordinate professional development opportunities for public health staff and partners to expand community partnership development capacity and expertise to meaningfully engage tribal and community-based partners.
- OSPHD will continue to seek resources to support tribes in modernizing their public health systems.
- OSPHD will provide technical assistance to PHD programs in expanding their program and funding opportunities to support tribal public health efforts and increase collaboration between local public health authorities and tribes.

Center for Health Protection

The Center for Health Protection houses programs that oversee health care facilities and licensing, and environmental health and regulation. Bringing these program areas together leverages public health's licensing and regulatory tools and provides a consistent, strong approach to protecting health.

Successes

- Center for Health Protection leadership and staff presented to the Legislative Commission on Indian Services on the revised Lower Willamette Fish Advisory.
- Harmful algal bloom program staff and the strategic partnerships lead developed a system for communicating harmful algal bloom and beach advisories to tribal health directors so

tribal health providers are aware of potential hazards to their patients. Program staff provided technical assistance to individual tribes as needed when harmful algal blooms affect tribal activities.

Challenges

- The Center for Health Protection recognizes the importance of water and fisheries to tribes in Oregon. Through the Lower Willamette Fish Advisory tribal consultation process, PHD staff and tribal leaders identified areas for improvement for earlier tribal engagement in fish advisory development. These improvements will be incorporated into future fish advisory work.

Upcoming work in 2019

- The fish advisory program will be updating the 2010 Columbia Slough Resident Fish Consumption Advisory. On December 14, 2018, OHA sent a Dear Tribal Leader Letter to tribal leaders describing the multiple opportunities for tribal review and input throughout the advisory development process prior to the advisory release.

Center for Prevention and Health Promotion

The Center for Prevention and Health Promotion houses community-oriented prevention and clinical preventive services. This center works with community partners to prevent disease, injury and violence; promote good health; and collaborate with coordinated care organizations across Oregon.

Successes

- The PHD Special Supplemental Nutrition Program for Women, Infants and Children (WIC) increased its capacity to provide support for culturally responsive nutrition education incorporating First Foods for tribal participants.
- To support continuing education for tribal WIC agencies' staff, the state WIC Program paid registration and travel costs for tribal agency staff to attend the Oregon WIC statewide meeting, WIC trainings on revitalizing nutrition education, and the National WIC Association Nutrition and Breastfeeding Conference.
- PHD oversees a dental pilot project sponsored by the Northwest Portland Area Indian Health Board (NPAIHB). The project pilots the use of dental health aide therapists (DHAT) at the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Dental Clinic, Coquille Indian Tribe Community Health Center and several Native American Rehabilitation Association locations. This project will help determine if the Oregon DHAT model is an effective means for expanding access to high quality dental services in underserved tribal populations.
- Representatives from the Confederated Tribes of the Umatilla Indian Reservation and NARA participated in an PHD sponsored Zero Suicide Academy and developed action plans for reducing suicide in their communities. In collaboration with the NPAIHB, the PHD Zero Suicide Program coordinator provides technical assistance to tribal Garrett Lee Smith Suicide Prevention grantees in Oregon and facilitates coordination between tribal and local public health authority suicide prevention efforts.

- The PHD Prescription Drug Overdose Prevention Program sponsored the first Tribal Summit on Opioids and Other Drugs in June 2018 for teams from the nine federally recognized tribes. Summit participants identified priority projects and issues related to opioids and other drugs.
- The Health Promotion and Chronic Disease Prevention section funds tribes and tribal-related organizations to develop model culturally-specific and relevant policies for worksite wellness in tribal government settings, commercial tobacco control measures, and other informational products to support chronic disease prevention in tribal communities.
- The Alcohol/Drug and Tobacco Prevention and Education Programs (ADPEP and TPEP) convened an Alcohol and Tobacco Industry Community of Practice that included tribal prevention coordinators who are now using information about predatory alcohol and tobacco industry practices to further inform community members and tribal decision makers about strategies to counter the industries' impact in tribal communities.
- The PHD ADPEP and TPEP have supported tribal health clinics in implementing screening and referral processes to identify commercial tobacco use and alcohol misuse at multiple clinical touchpoints. These processes connect tribal members with evidence-based services such as the Oregon Tobacco Quit Line and other culturally specific and relevant supports and interventions.

<u>Challenges</u>

- Only five of the federally recognized tribes participate in the Title V Maternal and Child Health program, although funding is available to all nine tribes.
- The Title V Maternal and Child Health funding formula includes tribal enrollment as well as other population-based data points. Since these data points are not consistent across all tribes, OHA is exploring possible other data sources to ensure equitable funding across all tribes.
- PHD identified some practice and project management issues during the first DHAT Dental Pilot Project site visit in early 2018. Since that site visit, PHD and the NPAIHB (project sponsor) have collaboratively strengthened practices and procedures that ensure patient safety, and established communication systems to support effective working relationships between PHD and the NPAIHB pilot project team.
- The Center for Prevention and Health Promotion programs would like to have tribal representatives on program advisory committees but understands that tribal representatives are very busy and often have competing and more urgent priorities.
- Tribal alcohol and drug prevention programs have expressed concern that tribal prevention best practices and cultural approaches will not be honored now that the state alcohol and other drug prevention program is housed in PHD. In 2018 several tribal partners volunteered to participate in statewide collaborative workgroups convened by PHD to develop a common prevention language and identify alignment between state, local and tribal alcohol and drug prevention goals.

<u>Upcoming work in 2019</u>

- The Maternal and Child Health Program will work closely with the federally recognized tribes to ensure tribal perspectives inform the upcoming Oregon Title V Needs Assessment.

- The Rape Prevention and Education Program will engage tribes to identify how the state program can support tribes in reducing the rate of sexual violence in their communities.
- PHD will invite representatives from federally recognized tribes and other tribal partners to participate in and present at the 2019 Oregon Suicide Prevention Conference so other state, tribal and local partners may learn and apply tribal suicide prevention successes as appropriate.
- As funding is available, the Prescription Drug Overdose Prevention Program intends to award new funds to tribes to help fund tribal priorities identified during the 2018 Tribal Opioid Summit. These funds will supplement tribal projects funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response and State Opioid Response grants managed by the OHA Health Systems Division.
- The Reproductive Health Program will collaborate with tribal health clinics to explore options for supporting tribal reproductive health services through professional development opportunities and potential fee for service funding.
- With funding provided by the PHD TPEP, the Oregon Community Health Worker Association (ORCHWA), in partnership with the NPAIHB, will conduct listening sessions and collaborative workgroups to develop recommendations to be presented to PHD on best practices to increase commercial tobacco cessation among tribal populations.
- The PHD TPEP will pilot a new American Indian commercial tobacco cessation program through the Oregon Tobacco Quit Line contractor. The program will offer culturally relevant quit coaching: each self-identified AI/AN participant will receive seven scheduled calls, culturally tailored supportive materials and web content, and up to 12 weeks of nicotine replacement therapy in addition to all other standard Quit Line supports.
- Through a contract with the NPAIHB, PHD Health Promotion and Chronic Disease Prevention Section will expand technical assistance and training to tribal partners with a focus on effective implementation of prevention programs, grants, community assessments, and policy mobilization. The NPAIHB will facilitate a series of collaborative workgroup sessions with tribal ADPEP coordinators, tribal TPEP coordinators, tribal health leadership, other tribal community partners and OHA staff with the goals of strengthening state and tribal relationships, building shared understanding of state and tribal tobacco, alcohol and other drug prevention priorities and goals.

Center for Public Health Practice

The Center for Public Health Practice houses programs related to public health emergencies and communicable disease control and prevention. These programs include the state public health laboratory, acute and communicable disease prevention and control, immunization, and public health preparedness.

Successes

- The center's programs finalized memoranda of understanding (MOUs) for outbreak investigation, disease reporting, and laboratory services through collaborative work with

several federally recognized tribes, Indian Health Service and the NPAIHB. These programs included Oregon Immunization, Public Health Emergency Preparedness, HIV/Sexually Transmitted Infections/Tuberculosis, and Acute and Communicable Disease Prevention programs and the Oregon State Public Health Laboratory. The MOUs will strengthen state and tribal capacity to respond to complex communicable disease cases and outbreaks, public health emergencies and other health-related emerging events.

- The Acute and Communicable Disease Prevention Program trained staff of several tribes in outbreak recognition and investigation. In addition, tribal partners were trained to use the state communicable disease database to support communicable disease investigation and outbreak response within one tribal health clinic and one IHS clinic.
- Center staff provided technical support to a regional coalition including the Coquille Indian Tribe and the Cow Creek Band of the Umpqua Tribe of Indians to improve immunization rates, improve and standardize communicable disease reporting and ensure public health access to high-poverty communities in southwestern Oregon.
- The PHD Viral Hepatitis Program worked with the Grand Ronde Health and Wellness Center to strengthen hepatitis screening and treatment efforts, including providing test kits.
- The Public Health Emergency Preparedness (PHEP) Program supported the development of a tribal preparedness coalition to address shared public health preparedness actions, including:
    - Increasing capacity through relationship building and sharing of information, best practices and lessons learned within strengthened government-to-government relationships;
    - Securing funding and holding federal partners accountable to trust responsibility; and
    - Increasing joint advocacy for tribal emergency management.
- The Oregon State Public Health Laboratory (OSPHL) performs communicable disease testing for tribal health centers as requested. OSPHL routinely performs testing for the Confederated Tribes of Warm Springs Health and Wellness Center.
- The OSPHL has oversight responsibilities for laboratories subject to the Clinical Laboratory Improvement Amendments (CLIA) under the contract agreement with the 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 and Wellness Center is a CLIA compliance laboratory OSPHL regulates to ensure compliance with federal regulations for all clinical laboratory testing.

<u>Challenges</u>

- The Center for Public Health Practice programs would like to have tribal health partners engage with staff on specific projects, but we understand that tribal representatives are very busy and often have competing and more urgent priorities.

<u>Upcoming work in 2019</u>

- The Center for Public Health Practice will work with the NPAIHB Tribal Epi Center to conduct a data linkage with the state reportable disease database. Goals for the data linkage include conducting record linkage, race data quality assessment and

improvement, ability to quantify the magnitude and type of racial misclassification. Improved data quality will enable PHD and the NPAIHB to better understand the needs of tribal populations.

- With support from the state PHEP Program, the nine federally recognized tribes will participate in a full-scale statewide medical countermeasures preparedness exercise in spring 2019.
- The PHEP Program will also support each tribe in hosting Psychological First Aid and PsySTART trainings and will work with tribes to develop a legal preparedness in Indian Country training and tabletop exercise. These training opportunities will strengthen tribal emergency response capacities.

PHD Funding

The table below shows the six areas of funding from PHD to Oregon's federally recognized tribes. PHD also makes supplemental funding available to tribes in Oregon to support tribal clinics in screening, treating, managing and conducting contact investigations for complex tuberculosis and sexually transmitted infection cases.

In addition to the funding outlined in the table, PHD also funded tribal public health efforts in the following ways in 2018:

- Provided partial funding toward purchase of an emergency generator to the Native American Rehabilitation Association (NARA) inpatient facility. The generator will enable NARA to continue basic services during a loss of power.
- Provided funding to NARA for Alcohol and Drug Prevention and Education Program activities to reduce use and effects of alcohol, tobacco and other drugs in Urban Indian populations.
- Provided a contract with the Northwest Portland Area Indian Health Board to provide technical assistance and training to Tribal Commercial Tobacco Prevention and Education Programs funded by PHD.

Key contacts:
Lillian Shirley – Public Health Director
lillian.shirley@state.or.us 971-673-1229
Danna Drum — Strategic Partnerships lead
danna.k.drum@state.or.us 971-673-1223

PHD funding areas to Oregon's Tribes

Program Area	Purpose of Funds
Tribal Commercial Tobacco Prevention and Education Program	To support tribal efforts to address the price of commercial tobacco, raise the age of commercial tobacco purchase to 21 years of age, increase smoke and commercial tobacco-free areas, make cessation services available and accessible, educate the public about the harms of commercial tobacco, and limit the commercial tobacco industry's influence in the retail environment.
Tribal Public Health Emergency Preparedness Program	To support mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision and exercise and response activities.
Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Services	To support nutrition and health screening, nutrition education, breastfeeding promotion and support, health referral, and issuance of food benefits to provide supplemental nutrition appropriate for critical times of growth and development to prevent health problems and improve health status of mothers and their children.
Tribal Maternal and Child Health Services	To support maternal and child health through efforts such as increasing dental and well woman visits, implementing culturally and linguistically appropriate services, increasing breastfeeding, and addressing toxic stress, trauma and adverse childhood experiences.
Alcohol and Drug Prevention Education Program	To support tribal efforts to reduce use and associated effects of alcohol, tobacco and other drugs with a focus on a comprehensive prevention planning process built upon state and tribal data assessment, capacity building, development of a comprehensive strategic plan, implementation of evidence-based strategies, tribal best practices and evaluation. Plans focus on change for entire populations, or groups of individuals with common characteristics.
Strategic Prevention Framework - Partnership for Success	To reduce underage drinking, high-risk drinking, and prescription drug misuse and abuse using a five-step, data-driven process to assess needs; build capacity; engage in a strategic planning process; implement a comprehensive prevention approach using tribal best practices and evidence-based programs, policies and practices; and evaluate implementation and related outcomes.

External Relations

The External Relations Division builds relationships for OHA with the public, stakeholders, media, Legislature and other state and federal agencies. They create a broad understanding of the many ways in which OHA helps Oregonians improve their health and well-being through advocacy, communication and public policy.

- OHA's Ombudsperson to the Oregon Health Plan (OHP) safeguards OHP member access to services for their physical, behavioral and oral health needs.
- Communications provides comprehensive and cross-divisional information about OHA's work through traditional and online media.
- Government Relations provides strategic engagement in public policy at the local, state and federal level.

External Relations supports Tribal Affairs as needed.

Key contact:
Dawn Jagger – Chief of Staff
dawn.jagger@state.or.us 503-884-6411

Health Policy and Analytics

With the restructuring of the agency this year there were some changes made to Health Policy and Analytics (HPA). This division provides agency-wide policy development, strategic planning, clinical leadership and Medicaid policy leadership. HPA develops statewide delivery system technology tools to support care coordination, CCO and delivery transformation support, and health system performance evaluation reports.

- Health Policy supports the Oregon Health Policy Board by conducting impartial policy analysis, research and evaluation, and providing technical assistance. This year much time and energy were focused on CCO 2.0. We held a tribal consultation on CCO 2.0 this year with several individual tribes and collectively with tribal workgroup representatives. This year a tribal member was appointed to the health policy board.
- Delivery Systems Innovation and the Chief Medical Office supports the Health Evidence Review Commission (HERC) and the state's longstanding evidence-based approach to delivering care. OHA would still like to have a tribal representative on the HERC and will continue to try to find someone. This division also houses the Transformation Center, which has been working with the Tribal Affairs director to provide more information to the tribes about training and resources that are available through the Transformation Center.
- Health Information Technology ensures that the right health information is available to health systems, providers and patients at the right time and place. This year they have started to work with Tribal Affairs and tribal partners on reviewing the Emergency Department Information Exchange EDIE and Pre-Manage systems to determine if they could be useful for tribes' 100% FMAP (federal match assistance percentage) initiative.
- Health Analytics works for continual improvement of health analytics coordination and data integration. They assist in providing OHP data and fee-for-service access data for tribal members.
- The director of business operations organizes the work of the Issue Resolution Log, which includes several tribal priorities that are being addressed by Tribal Affairs.
- The Public Employees' Benefit Board and the Oregon Educators Benefit Board are also a part of HPA.

Health Policy and Analytics is committed to supporting the government-to-government relationship with the tribes. This year the HPA director requested the Tribal Affairs 101 training for the division all-staff meeting attended by approximately 195 employees. HPA ensures that appropriate staff are available to provide information when needed.

Key contacts:
Jeremy Vandehey – Health Policy and Analytics director
jeremy.vandehey@state.or.us 503-602-1646

Health Systems Division

The Health Systems Division (HSD) works with partners including tribes, coordinated care organizations, and private organizations to implement health care in an effective, efficient and fiscally sustainable way. HSD oversees Oregon's health care delivery systems, including the Oregon Health Plan (OHP), which provides more than 1 million Oregonians with physical, oral and behavioral health services.

In 2018 one area of focus during the restructuring was to consolidate Medicaid policy and operations. OHA has realigned Medicaid operations and policy as a distinct section in HSD that was previously spread between HSD and Health Policy and Analytics (HPA). This consolidation is bringing more cohesion and accountability in the way we manage and operate our Medicaid program and improve services for Oregon Health Plan members. The Medicaid director will lead the Medicaid program, which includes these units:

- Integrated Eligibility Policy.
- Physical, Oral and Tribal Health, which includes Jason Stiener as a full-time tribal program and policy analyst.
- Provider Services, which includes Managed Care Delivery Systems, Claims and Encounter Data, Provider Support, and Provider Clinical Support teams.
- Quality Assurance and Hearings.

OHA also realigned behavioral health (BH) programs that were spread among Health Systems and Health Policy and Analytics. This change is designed to elevate behavioral health as a program area, make our efforts and outcomes more transparent, and strengthen our accountability to tribes, consumers, communities and partners. The BH Program will be led by a BH director and deputy director. The program includes:

- Adult Mental Health and Housing.
- Child and Family Behavioral Health – Angie Butler is a quarter-time tribal liaison in this unit.
- Licensing and Certification.
- Addiction, Treatment, Recovery and Prevention Services. The Alcohol and Drug Prevention and Education Program stayed within the Public Health Division, but the work should align under the direction and strategy of this unit.

The Behavioral Health Policy unit moved from HPA to HSD and is under the BH Director unit. Besides Medicaid and Behavioral Health, the other areas in HSD are:

- Quality and Compliance.
- Business Operations.
- Business Information Systems.

100 Percent FMAP Savings and Reinvestment Program

The State Health Official letter SHO#16—002, issued February 26, 2016, reinterpreted Section 1905(b) of the Social Security Act so that health services coordinated by Indian Health Service and Tribal 638 facilities would be considered services "received through" such facilities, and thus eligible for 100 percent federal matching funds (FMAP). Governor Kate Brown followed up on this federal policy change with a letter to the tribes on September 7, 2016, directing the state to develop a method to direct these state savings back to the tribes for reinvestment into tribal health programs and services.

OHA has developed a process to implement this policy and, in doing so, has become the first state in the nation to issue payment of these state savings back into the tribal health system. The savings are available for IHS/tribal facilities that coordinate patient care with external health providers, providing a financial benefit for tribes that improve their care coordination systems and methods, particularly for those with multiple or complex conditions. This opportunity aligns with OHA's triple aim of better health, better care, and lower costs. OHA continues to work with the tribes to process claims submissions and issue payments in alignment with the requirements of SHO#16—002. In 2018 the first payments were issued to the tribes, and four payments have been processed thus far. OHA has concluded contracts with six tribes to participate in this program, and negotiations are ongoing with a seventh.

Next steps include developing a methodology for issuing 100 Percent FMAP savings reinvestment payments for tribal CCO members. Currently payments are only issued for fee-for-service members.

Care Oregon Contract for Fee-For-Service Member Care Coordination

To further expand coordination of care for tribal members, HSD has contracted for the second year with Care Oregon to provide care coordination services for the roughly 17,000 AI/AN people enrolled in OHA as fee-for-service patients. Care Oregon's model of care coordination continues to be supported by the tribal workgroup. The tribes requested establishment of a program that focused on culturally responsive health care and considered the unique nature of the AI/AN health care delivery system. During the first 11 months of the program, from July 2017 to June 2018, 766 members enrolled in the program, and 1,336 calls were received by Care Oregon's call center. Of these tribal members, 140 were enrolled in one of Oregon's nine federally recognized tribes; 346 were enrolled in an out of state tribe. Care Oregon reports high rates of member satisfaction with the program, which has been renewed for a second year.

Indian Managed Care entity

Formal consultation meetings on CCO 2.0 occurred in 2018. At the collective consultation on August 27, OHA received a proposal from the Tribal Workgroup announcing their intent to form an Indian Managed Care Entity. This proposal is still in the planning phase. Efforts are expected to continue in 2019 to design and execute a plan to create one or more Indian Managed Care Entities.

Tribal Pharmacy All-Inclusive Rate Settlement Payments

Per State Plan Amendment #17-0007, OHA began issuing tribal pharmacy all-inclusive rate settlement payments to participating tribes in the fourth quarter of 2017. HSD plans to automate the process of issuing payments to tribes for pharmacy claims at the all-inclusive rate in 2019. Although there were some learning curves this year with this process, we will continue to work with the tribes until it is working smoothly.

Uncompensated Care Program

OHA-HSD has completed the system changes required to pay claims submitted by IHS and tribal health providers for services that were part of the Medicaid benefit reduction of January 1, 2010. Uncompensated Care Program Services are now a Medicaid-covered benefit for IHS and tribal health providers.

Payor of Last Resort – Tribal Self Insurance

Tribal Affairs has asked the Oregon Department of Justice to issue updated guidance regarding Payor of Last Resort status of tribally funded self-insurance plans, considering a 2017 court case, *Redding Rancheria v. Hargan*. OHA staff continue to work within the agency to clarify the correct designation of tribally self-funded insurance plans within the Medicaid Management Information System (MMIS). This is an area that has needed attention for some time, as it is impacting tribal members health care and needs to be resolved with clear guidance and a policy put in place.

Oregon Health Plan 1115(a) Demonstration - Attachment I

After months of collaboration between OHA staff and tribal workgroup representatives, on April 12 of this year we were notified by the Centers for Medicare & Medicaid Services that the Special Terms and Conditions of our 1115(a) demonstration were updated to incorporate the approved Attachment I-Tribal Engagement and Collaboration Protocol. Since then HSD staff and Tribal Affairs has been working on implementation of the components of Attachment I. Many of the general provisions are being met but we still have work to do. Most of the CCO section is included in the 2019 contracts. We will work to ensure any missed pieces are included in the 2020 contracts. The fee-for-service pieces are there but we need to continue to ensure compliance.

Diabetes Prevention Program

Director Allen received a proposal from the Northwest Portland Area Indian Health Board Chair on September 28, requesting use of the SDPI DPP Toolkit to follow established evidence-based practice to deliver evidence-based best practices to Medicaid-eligible tribal clinic users. The proposal also requested reimbursement for 16-week intensive and after-core sessions at the tribe's current negotiated encounter rate via certified lifestyle coaches and other medical staff members.

Effective January 1, 2019, HERC Guideline Note 179, Diabetes Prevention Program Line 3 - Prediabetes (R73.03) and personal history of gestational diabetes (Z86.32) are included on this

line for the Diabetes Prevention Program (DPP). The programs included are CDC-recognized lifestyle change programs for DPP.

Tribal health programs will be able to receive encounter rate payment for approved diabetes prevention program (DPP) services. To receive payment for these services, the tribal health program will need to:

- Use a CDC-approved curriculum (e.g., Native Lifestyle Balance, IHS Prevent T2 (SDPI).
- Become a CDC-recognized DPP provider. This includes pending or full provider status.

System changes have been put into place to allow billing for these services by tribal health providers as of January 1, 2019. Next steps include choosing a curriculum and becoming a CDC-recognized DPP provider. OHA will support Tribes to become a CDC-recognized provider with resources available through our Public Health Division and continue to address obstacles as they come forward, as well as address any billing process issues.

Behavioral Health Contracts

HSD administers contracts 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 who have 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.

OHA has continued to provide funding to Oregon's tribes to address behavioral health needs. This year two new tribal set-asides were made available, one to address the opioid epidemic and the other to expand the tribal mental health investments.

HSD funding areas to Oregon's tribes

Program Area	**Purpose of Funds**
MH System Management and Coordination, Non-Residential MH Services, Community Crisis Services	For community mental health providers
MHS Special Projects	Tribal mental health investments - With the goal of increasing the mental health of individuals and families, tribes can 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.

Community Behavioral and Substance Use Disorder Services	These services are delivered to youth and adults with substance use disorders or with co-occurring disorders. These services should be provided to individuals who are not eligible for OHP 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. These services consist of outreach, early identification and screening, assessment and diagnosis, initiation and engagement, therapeutic interventions, continuity of care, recovery management, and interim services.
Substance Use Disorders Special Projects	Intoxicated Driver Program Funds - 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 or other drug information program or a DUII alcohol or other drug rehabilitation program; or Housing Assistance Services - helps individuals who are in recovery from substance use disorders to find and pay for designated alcohol- and drug-free housing. 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.
Opioid State Targeted Response Grant	Prevention - can include media campaigns, training of staff providing services to individuals at risk of opioid use disorder (OUD), community-level individual directed prevention, prevention targeting families and friends of individuals at risk of OUD, education of communities employing evidence-based practices, Naloxone purchase. Tribal best practices are included. Treatment - can include outpatient and inpatient treatment services, peer delivered services, individual and family support, medication-assisted treatment (MAT), peer recovery support services and other recovery support services, purchasing FDA-approved MAT drugs for providers in the community, and provider training.

HSD tribal liaisons and staff support tribal programs by providing technical assistance and information sharing. HSD tribal liaisons and 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 as needed.

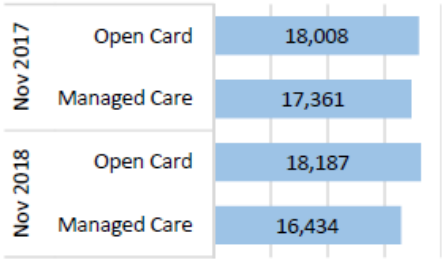
Key contacts:
Margie Stanton – Health Systems director
margie.c.stanton@state.or.us 503-947-2658
Jason Stiener – Tribal policy and program analyst
jason.stiener@state.or.us 503-421-4079
Angie Butler – Tribal liaison, Child, Adolescent & Family
angie.l.butler@state.or.us 503-890-0939

Oregon Health Authority

Office of Health Analytics

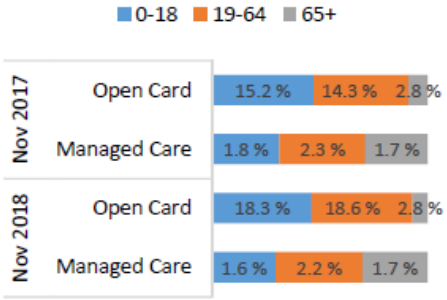
HNA Fast Facts

HNA - Managed Care vs. Open Card Comparison



	Nov 2018 Female	Nov 2018 Male	Nov 2018 Total	Nov 2017 Female	Nov 2017 Male	Nov 2017 Total
Managed Care						
Enrollment	446,830	398,010	**844,840**	448,223	393,700	**841,923**
HNA Enrollment	8,784	7,650	**16,434**	9,382	7,979	**17,361**
Open Card						
Enrollment	64,010	51,870	**115,880**	76,359	62,568	**138,927**
HNA Enrollment	9,767	8,420	**18,187**	9,687	8,321	**18,008**
Total Enrollment	**510,840**	**449,880**	**960,720**	**524,582**	**456,268**	**980,850**
Total HNA Enrollment	**18,551**	**16,070**	**34,621**	**19,069**	**16,300**	**35,369**

Percent of HNA by Age Group Comparison



	Nov 2018 0-18	Nov 2018 19-64	Nov 2018 65+	Nov 2018 Total	Nov 2017 0-18	Nov 2017 19-64	Nov 2017 65+	Nov 2017 Total
Managed Care								
Enrollment	370,686	449,240	24,914	**844,840**	377,167	440,206	24,550	**841,923**
HNA Enrollment	5,991	10,030	413	**16,434**	6,742	10,212	407	**17,361**
Open Card								
Enrollment	38,023	57,288	20,569	**115,880**	45,965	73,496	19,466	**138,927**
HNA Enrollment	6,942	10,673	572	**18,187**	6,977	10,483	548	**18,008**
Total Enrollment	**408,709**	**506,528**	**45,483**	**960,720**	**423,132**	**513,702**	**44,016**	**980,850**
Total HNA Enrollment	**12,933**	**20,703**	**985**	**34,621**	**13,719**	**20,695**	**955**	**35,369**

Data Source: HAL_METRIC (MMIS/DSSURS) *Data Load Date: 06DEC2018*

Summary

OHA is committed to maintaining and improving our government-to-government relationships with the nine federally recognized tribes of Oregon. We will continue to devote 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

Apache Crown Dancer-Chemawa Indian School Student
Native American Heritage Month Celebration 2018

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.