2019
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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Confederated Tribes of Grand Ronde Singers
LCIS Spring Celebration - May 2019

Directors Message

Dear Governor Brown and the Legislative Commission on Indian Services:

2019 was a productive year for the Oregon Health Authority, continuing to strive every day towards 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 continuing to build 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 35,000 Americans Indians and Alaska Natives on the Oregon Health Plan that rely on us for their health care.

Working together with Tribal Representatives, some of the highlights for the year were:

- Continued to implement the 100 Percent FMAP Savings and Reinvestment Program and make payments to tribes for Fee for Service Claims. Also determined the methodology to claim enhanced federal match for CCO-enrolled tribal members who are receiving care coordination through this program.
- Continued to implement the Tribal Pharmacy All-Inclusive Rate Settlement Payments to issue payments to tribal pharmacies consistent with authority granted by Oregon State Plan Amendment OR-17-0007.
- Made progress in designing an Indian Managed Care Entity, based on the Patient Centered Case Management Model. The PCCM/PCCM Entity model will enable the tribes and urban Indian health program to receive compensation for activities related to care coordination on behalf of AI/AN Medicaid beneficiaries.
- As a part of CCO 2.0, started the creation of a Tribal Advisory Council and developed the role of Tribal Liaison positions at Coordinated Care Organizations.
- New funding was set aside for Public Health Modernization, Youth Suicide Prevention and continuing to combat the Opioid Crisis through Prevention, Treatment and Recovery.
- Continued working on reimbursement for National Diabetes Prevention Program services, through CDC-recognition and utilizing the Special Diabetes Program for Indians.
- Completed the 2019-2024, Oregon Tribal Behavioral Health Strategic Plan.

We are striving to address the serious health inequities among American Indians and Alaska Natives in Oregon. There is always more to do, but we will continue to 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 across the state.

Sincerely,

Patrick M. Allen
Director, Oregon Health Authority

Introduction

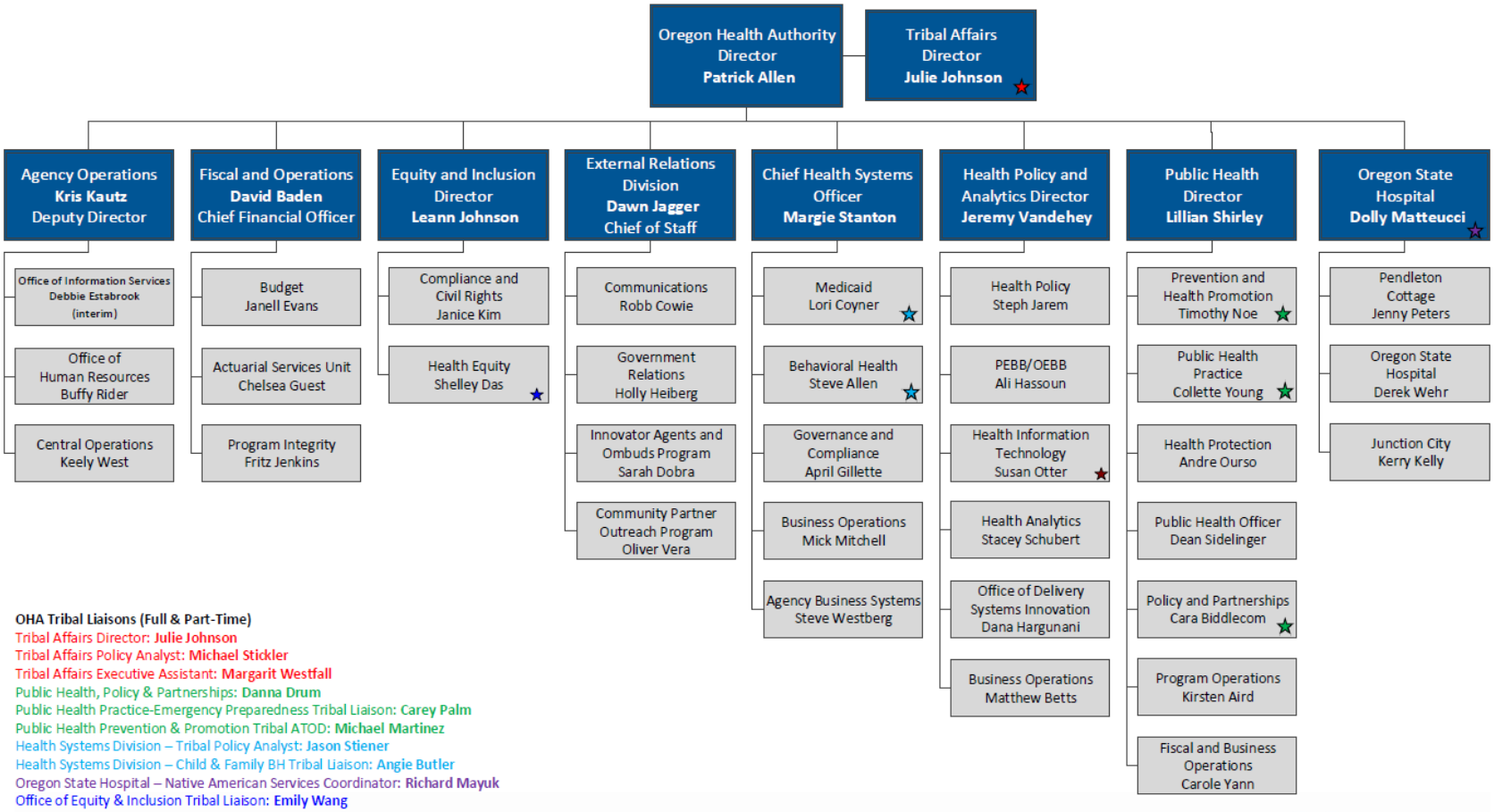
The Oregon Health Authority is pleased to share the 2019 Government to Government Report with the Legislative Commission on Indian Services and the Governor as required by Senate Bill 770, (ORS 182.162 to 182.168) – Relationship of State Agencies with Indian Tribes. In this report we hope to demonstrate 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.

The Oregon Health Authority has eight divisions:

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



OHA Tribal Liaisons (Full & Part-Time)
Tribal Affairs Director: **Julie Johnson**
Tribal Affairs Policy Analyst: **Michael Stickler**
Tribal Affairs Executive Assistant: **Margarit Westfall**
Public Health, Policy & Partnerships: **Danna Drum**
Public Health Practice-Emergency Preparedness Tribal Liaison: **Carey Palm**
Public Health Prevention & Promotion Tribal ATOD: **Michael Martinez**
Health Systems Division – Tribal Policy Analyst: **Jason Stiener**
Health Systems Division – Child & Family BH Tribal Liaison: **Angie Butler**
Oregon State Hospital – Native American Services Coordinator: **Richard Mayuk**
Office of Equity & Inclusion Tribal Liaison: **Emily Wang**
Health Policy & Analytics Tribal Liaisons: **Trilby de Jung & Kristin Bork**

Tribal Affairs

Tribal Affairs is housed in the OHA Director's Office. Tribal Affairs Director Julie Johnson works closely with OHA Director Patrick Allen and other division directors and staff to identify the programs that impact tribes and tribal members. Julie has been in this role 3 years including her interim time and works diligently to keep tribal priorities at the forefront of the agency. The Tribal Affairs director has a half-time executive support staff. In February 2019 Michael Stickler joined the Tribal Affairs team as a health policy analyst and has been extremely helpful with this work across the divisions.

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.

Tribal Affairs works closely with nine other individuals that are designated 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 the Oregon State Hospital. New in 2019 there was tribal liaisons identified at the Office of Equity and Inclusion and Health Policy and Analytics. Liaisons interact with Tribal Affairs and tribal representatives on a regular basis.

Communication

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 now coordinated with seven state agencies. This includes Oregon Health Authority, Department of Human Services, Department of Business and Consumers Services, the Youth Development Division, the Early Learning Division, Oregon Department of Veterans Affairs, and Oregon Housing and Community Services. Agendas are developed with the agencies and items reviewed with tribal representatives before being finalized.

Policy

A continued 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. OHA has worked diligently over the past two years to fully implement the consultation/confer policy.

OHA continues to work internally to develop clear processes for all staff to understand the requirements in the policy and individual roles in implementing it. Tribal Affairs continues to

report the performance evaluation regularly with tribes and tracks it in the performance management system. By having three measurable outcomes of the policy included in the performance management system it has helped to track this data while also continuing to explain the importance of the policy across the agency. OHA will continually review the implementation of the policy with tribal health representatives and leadership for clarifications and needed input as necessary.

In 2019, 45 "Dear Tribal Leader" letters were sent for identified critical events. This led to 16 consultation/confer meetings which were held, including:

- 2/6/19 – Collective consultation on DHS/ODDS Waiver language changes.
- 8/2/19 – Collective consultation on DHS/ODDS Centralized Abuse Management (CAM) web-based reporting system.
- 9/3/19 – Collective consultation on Medicaid rules changes for CCO 2.0 Section 410.
- 9/13/19 – Collective consultation on Medicaid rules changes for CCO 2.0 Section 410.
- 9/20/19 – Collective consultation on Medicaid rules changes for CCO 2.0 Section 410.
- 10/4/19 – Collective consultation on Medicaid rules changes for CCO 2.0 Section 410.
- 10/15/19 – Collective consultation on Medicaid rules changes for CCO 2.0 Section 410.
- 10/25/19 – Collective consultation on Medicaid rules changes for CCO 2.0 Section 410.
- 10/25/19 – Collective consultation on OHA Strategic Plan.
- 11/15/19 – Collective consultation on BH rules changes for CCO 2.0 Section 309.
- 11/20/19 – Collective consultation on BH rules changes for CCO 2.0 Section 309.
- 11/21/19 – Collective consultation on BH rules changes for CCO 2.0 Section 309.
- 12/2/19 – Collective consultation on BH rules changes for CCO 2.0 Section 309.
- 12/9/19 – Collective consultation on BH rules changes for CCO 2.0 Section 309.
- 12/13/19 – Collective consultation on PH rules for the Dental Pilot Projects.
- 12/13/19 – Collective consultation on Alcohol & Drug Policy Commission – Strategic Plan.

If you would like to see a copy of the 2019 Tribal Consultation/Confer Policy Performance Evaluation Document, please let us know. The agency policy is included in the pages to follow.

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.

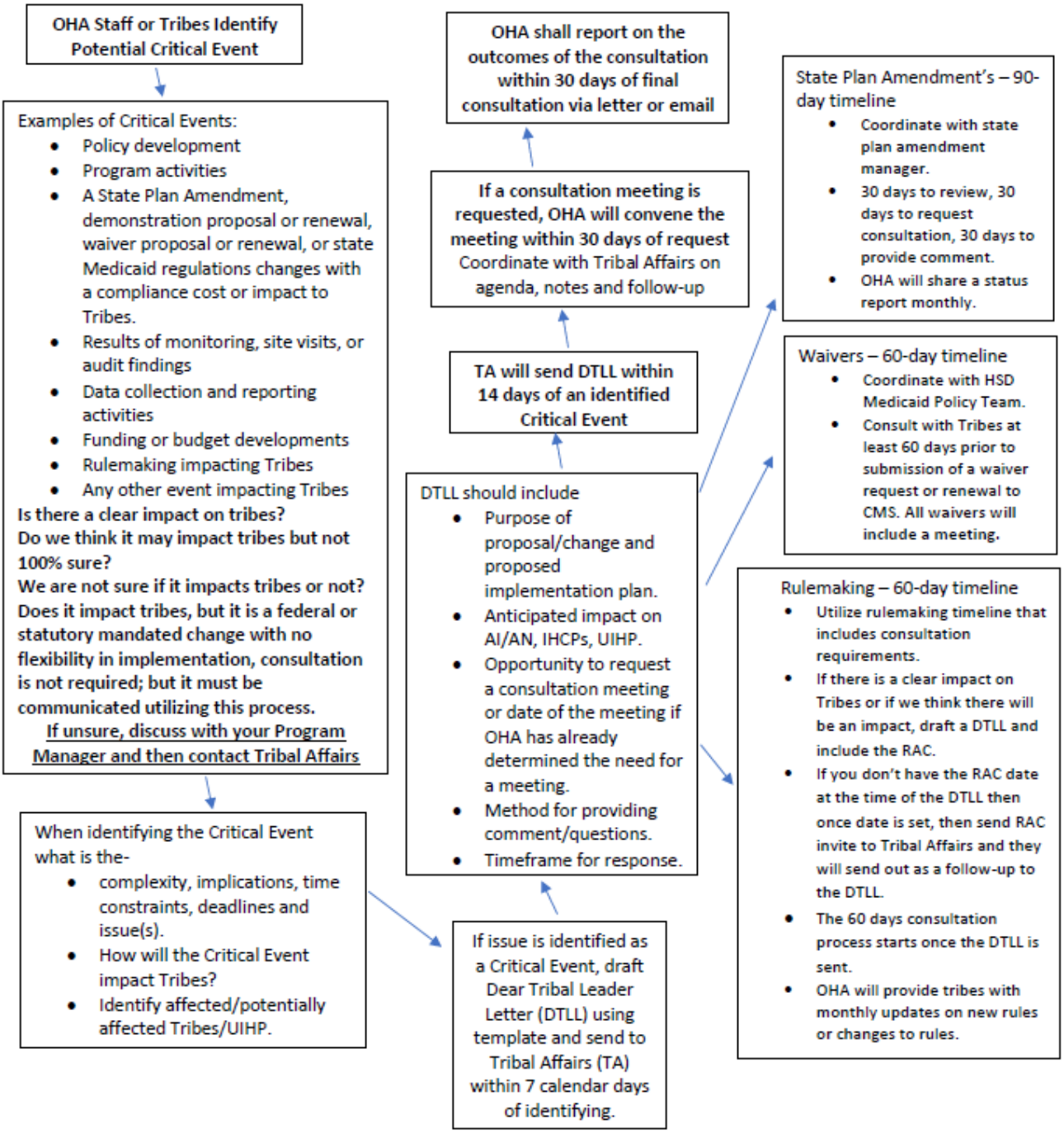
Initiation of the conferring process by either OHA or the UIHP will be guided by the following outline:

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.

NARA's New Year's Eve Sobriety Powwow
December 2019

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. All OHA staff should be aware of the policy and understand their role in implementing it. Questions, contact Tribal Affairs Policy Analyst, Michael Stickler michael.d.stickler@state.or.us 971-283-0367



2019 Legislative Session

This year Tribal Liaisons were much more involved in session activity than ever before. Legislation has the possibility of impacting tribes and it is important to work with tribes throughout the legislative process to stay informed. Below are bills that passed that we will continue to implement with tribal guidance along with a policy option package and OHA budget item.

HB 2040 – Adds four members to the Traditional Health Workers Commission including a tribal representative. Signed by Governor – 5/20/2019 Summary: Established within the Oregon Health Authority is the Traditional Health Workers Commission. The Director of the Oregon Health Authority appoints 23 members to serve on the commission. Added is 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.

SB 297 – Modifies provision for emergency commitment of individuals in Indian Country. Signed by Governor – 6/4/2019 Summary: Relating to individuals with mental illness in Indian country; amending ORS 426.070 and 426.180. This allows any magistrate or judge of a court of a federally recognized Indian tribe to initiate commitment proceedings and perform emergency commitments of individuals under their jurisdiction and experiencing mental illness to the Oregon Health Authority-Oregon State Hospital.

SB 707 – Created a Youth Suicide Intervention and Prevention Advisory Committee including representatives of Oregon Indian Tribes. Signed by the Governor - 6/11/19 Summary: Gives the OHA the authority to create a Youth Suicide and Intervention and Prevention Advisory Committee to advise OHA on the development and administration of strategies to prevent suicide for children ages 10-24. Advisory committee shall consult with OHA Youth Suicide Coordinator on updates to the Youth Suicide and Intervention plan. OHA Director shall appoint members.

SB 134 – Tribal-based Practices for Mental Health and Substance Abuse Prevention. Signed by Governor – 6/13/2019 Summary: Requires Oregon Health Authority to consider tribal-based practices for mental health and substance abuse prevention, counseling and treatment services for members who are Native American or Alaska Native as equivalent to evidence-based practices for purposes of meeting standards of care and shall reimburse for those tribal-based practices.

SB 138 – Adds a Tribal Representative to the Mental Health Clinical Advisory Group Signed by Governor – 7/15/19 Summary: The MHCAG develops medication algorithms for the treatment of mental health disorders. The MHCAG advises the Oregon Health Authority and the Pharmacy and Therapeutics Committee on any changes that may be needed to Oregon's Medicaid Preferred Drug List. In addition to creating medication algorithms, the MHCAG also creates comprehensive practice guidelines for use by practitioners in Oregon. Legislative renewal via the passage of SB 138 adds 3 new seats, including 1 seat for a representative from a federally recognized Oregon tribe.

SB 973 – IMPACT, Improving People's Access to Community-based Treatment, Supports

and Services Program (Behavioral Health Justice Reinvestment) Signed by Governor – 7/15/19 Summary: This program is established in recognition of the shortage of comprehensive community supports and services for individuals with mental health or substance use disorders, leading to their involvement with the criminal justice system, hospitalizations and institutional placements. The purpose of the program is to address this need by awarding grants to counties and Oregon's federally recognized Indian tribes to establish evidence-based and tribal-based programs to provide the needed supports and services.

HB 2267 – Relating to Coordinated Care Organizations, creating new provisions and amendments, including establishing a Tribal Advisory Council and Tribal Liaisons at CCO's. Signed by Governor – 7/15/19 Summary: The Tribal Advisory Council is established to serve as a channel of communication between the coordinated care organizations and tribes in this state regarding the health of tribal communities; and oversee the tribal liaisons in each coordinated care organization. Each coordinated care organization works with the Tribal Advisory Council and has a dedicated tribal liaison, selected by the council. They will facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization; participate in the community health assessment and the development of the health improvement plan; communicate regularly with the Tribal Advisory Council; and be available for training by OHA Tribal Affairs, Tribes or the Urban Indian Health Program.

SB 1- Established a Statewide System of Care Advisory Council including a tribal representative. Signed by Governor –7/23/2019 Summary: The purpose of the System of Care Advisory Council is to improve the effectiveness and efficacy of state and local systems of care that provide services to youth. Will assist with establishing a plan for youth 25 years of age and younger who are at risk of developing chronic behavioral, emotional, physical or developmental conditions and is under the supervision or engaged in two or more systems of care.

HB 2270 - Increase tax on distribution of cigarettes and inhalant delivery systems.
Shall be referred to the people for their approval or rejection, it requires approval by a three-fifths majority. Summary: After the payment of administrative and enforcement expenses and refunds, the remaining balance shall be credited to the Oregon Health Authority Fund to be used as follows: 90% of the moneys for the purposes of funding the maintenance and expansion of the Oregon Health Plan. 10% of the moneys are continuously appropriated to OHA for distribution to tribal health providers, Urban Indian Health programs, regional health equity coalitions, culturally specific and community-specific health programs and state and local public health programs that address prevention and cessation of tobacco and nicotine use by youth and adults, tobacco-related health disparities and the prevention and management of chronic disease related to tobacco and nicotine.

Policy Option Package - Suicide Prevention Funding – Tribal Mini-grants
Summary: Oregonians of all ages need prevention, earlier intervention, and access to services and supports to stem the rising suicide rate and ensure their behavioral health needs are met. Meeting this need requires prompt responses to crises and access to behavioral health services

across the lifespan. This package would fund: the 2016-2020 priorities outlined in the Youth Suicide Intervention and Prevention Plan (YSIPP); mental health consultation and treatment services in schools; and the development of an Adult Behavioral Health Suicide Prevention and Postvention Plan. The funding includes mini-grants that will be available to Tribes. This funding would allow for tribes to select projects that would respond to their community need. Amount: $450,000

OHA Budget – Public Health Modernization Funding

Tribal Public Health Modernization Funding -- $1.2 million allocated for tribal public health modernization assessment, planning and implementation. Summary: Funding will be available directly to federally recognized tribes and NARA and tribal technical assistance provider(s) to support completion of the public health modernization tribal assessment, develop a tribal public health modernization plan, and begin plan implementation. Funding can also be used to support tribal participation in public health modernization partnerships with local public health authorities in their service areas. This funding is an opportunity to strengthen public health components of tribal and regional community health.

Governor's Tobacco Tax Coalition Meeting – February 2019

Tribal Cultural Items

In November 2019 OHA submitted their initial report on tribal cultural items in conjunction with the Governor's Executive Order 17-12. OHA understands the importance to inventory any tribal cultural items that may be in the possession of state agencies and the significance that any items may have to the Tribes of Oregon. OHA conducted a survey with staff that included questions regarding: Are there items on display, in storage, in possession or under the stewardship of OHA that might be of Cultural significance to Oregon Native American Tribes? OHA utilized the definitions that were developed by the Task Force on Oregon Tribal Cultural Items for Historic, Archaeological and Human Remains and Funerary Objects. The survey results did not produce many findings across the agency, but we did report those that we thought may be significant. We

look forward to hearing from the task force on any questions they may have and supporting this work moving forward.

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, consultation and more. The training starts with the video from Governor Brown on the importance of tribal consultation. For longer trainings we have added additional information on cultural responsiveness when working with tribes.

Name of Training	**Number of attendees in 2019**
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.	124
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.	45
OHA Tribal Affairs (recorded version of above training) Accessible through iLearn.	50
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.	15
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.	64
CCO Training Includes basic knowledge of OHA's government-to- government relationship with Oregon's nine federally recognized tribes and tribal health systems. Also includes an overview of cultural responsiveness when working with tribes and developments specific to CCO 2.0 like the tribal liaison requirement and the role of the Tribal Advisory Council.	30
Total	**328**

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

Michael Stickler – Tribal Affairs Health Policy Analyst
michael.d.stickler@state.or.us 971-283-0367

Tribal Youth at achaf-hammi birthday celebration – October 2019

Agency Operations

The OHA deputy director-Kris Kautz 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 Tribal Affairs. 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.@state.or.us 503-947-2344

Margarit Westfall — Executive Assistant to Tribal Affairs and Agency Operations
margarit.westfall@state.or.us 503-945-6609

Fiscal and Operations

The Chief Financial Officer-David Baden is the lead of Fiscal and Operations. They are responsible for the following:

- 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.

Key contact:
David Baden – Chief Financial Officer
david.baden@state.or.us 503-947-5384

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. The Director is Leann Johnson. 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

In 2019, OEI committees and programs further developed several foundational capabilities to advance health equity for the nine federally recognized tribes and urban Indian communities of Oregon. In October of 2019, OEI appointed its Health Equity Policy Analyst, Emily Li-wen Wang, as the division's first Tribal Liaison, to help maximize health equity resources and positive health impacts for tribal communities of Oregon.

Health Equity Committee

In 2017, the Oregon Health Policy Board (OHPB), the agency's governing body, established the Health Equity Committee (HEC), which is staffed by OEI. HEC has been tasked with making substantive recommendations on proposed policies to be considered by OHPB, OHA, and the broader health systems in Oregon using an equity lens. The development of an equity lens required a common working definition of health equity. The consensus around a definition of health equity helps foster dialogue and bridge divides. Lack of clarity on the definition can pose a barrier for active engagement and action.

The process for the development of the health equity definition started in April 2019, and a draft definition was shared with a wide range of stakeholders and tribal representatives, including: OHA's Tribal Affairs, Regional Health Equity Coalitions, Community Advisory Councils of Coordinated Care Organizations, and community-based organizations. In addition, Rosenda Shippentower now serves as OHPB's liaison to HEC. She is an enrolled member of the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and was an elected member of the Board of Trustees—CTUIR's governing body. Rosenda also served on the CTUIR Health Commission and shared the draft health equity definition with the Board of Trustees. Ashley Harding, Native Connections Project Director at Yellowhawk Tribal Health Center, has also become a member of HEC. Their collective feedback was instrumental in ensuring tribal voices were represented in this health equity definition:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among

these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- ***The equitable distribution or redistributing of resources and power; and***
- ***Recognizing, reconciling and rectifying historical and contemporary injustices.***

What is Health Equity? Robert Wood Johnson Foundation-
https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

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[1], and those living at the intersection of race/ethnicity and other marginalized identities. The Coalitions are currently prioritizing issues related to: behavioral health, chronic disease, corrections/criminal justice reform, education, healthcare, housing, institutional racism, immigration, and leadership development for diverse populations.

In July 2011, OEI developed the RHEC program to support local, community-driven, culturally specific activities to reduce inequities and address social determinants of health. Once funded, coalitions select the region and populations they focus on. Each RHEC conducts community needs assessments to identify priority issue areas to concentrate their efforts, and ultimately inform their strategic plans.

The RHECs represent rural, frontier and urban communities in 11 Oregon counties and the Confederated Tribes of Warm Springs. Two capacity building grants were awarded in 2018, which are supporting the development of the first RHECs in Eastern Oregon covering Malheur and Umatilla Counties, as well as the first group fully focused on a tribal population. These grantees are piloting the RHEC model with the health equity work they are leading, and this funding offers an opportunity to complete foundational RHEC activities (i.e. coalition building, developing governance structures, assessing community needs, etc.). Based on current geographic locations, the RHECs have the potential to impact approximately 59% of Oregon's diverse populations (US Census, 2015).

Table 1. RHECs/Capacity Building Grantees and Represented Regions

Regional Health Equity Coalitions	Regions Represented
Linn Benton Health Equity Alliance (LBHEA)	Linn & Benton Counties
Mid-Columbia Health Equity Advocates (MCHEA)	Hood River & Wasco Counties

[1] Communities of Color: Members of racial/ethnic minority communities including American Indian or Alaska Native, Hispanic or Latino/a, Asian, Native Hawaiian or Pacific Islander, Black or African American, Middle Eastern, and immigrant and refugee populations.

Oregon Health Equity Alliance (OHEA)	Clackamas, Multnomah & Washington Counties
Southern Oregon Health Equity Coalition (SO Health-E)	Jackson & Josephine Counties
RHEC Capacity Building Grantees (piloting the RHEC model)	**Regions Represented**
Confederated Tribes of Warm Springs (CTWS)	Confederated Tribes of Warm Springs Region
Eastern Oregon Health Equity Alliance (EOHEA)	Malheur & Umatilla Counties

The current groups focused on American Indian/Alaska Native (AI/AN) populations are listed below:

- ***Confederated Tribes of Warm Springs (CTWS): CTWS region***
  This capacity building grantee is focusing on tribal justice reform. They have formed their leadership team, identified community stakeholders to engage, and developed a charter to guide their work. They are in the process of developing a needs assessment which will inform their strategic plan going forward.
- ***Eastern Oregon Health Equity Alliance (EOHEA): Malheur & Umatilla Counties***
  This capacity building grantee is focused on both AI/AN and Latino populations in their region. This group has nearly completed forming their leadership group and has developed their charter. They are in the process of establishing their needs assessment methodology which will guide their strategic planning efforts.
- ***Mid-Columbia Health Equity Advocates (MCHEA): Hood River & 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 healthcare services. They are currently focusing on establishing community supports for food security, weatherization during the winter months, as well as building capacity for self-sufficient emergency response infrastructure (i.e. CPR trainings for community members, and training/purchase for automated external defibrillators [AED]).
- ***Oregon Health Equity Alliance (OHEA):*** Multnomah, Washington & Clackamas Counties
  The Steering Committee of this coalition is comprised 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.

RHEC Model

The RHEC model is unique in that it:

1) Recognizes the impact of structural racism on the health and well-being of communities of color,
2) Meaningfully engages impacted communities to lead the work, and

3) Honors community wisdom by ensuring policy and system change solutions build upon community strengths.

This model supports regional, community-driven, culturally specific, and cross-sector strategies aimed at reducing local health inequities. Additionally, RHECs utilize a policy, systems and environment (PSE) framework to craft and implement sustainable, long-term solutions to eliminate health inequities and address the social determinants of health.

***RHEC Numbers at a Glance:**

- Regional Health Equity Coalitions (RHECs): 4
- RHEC Capacity Building Grantees: 2
- Total Regions Represented (capacity building grantees included): 11 counties, and the Confederated Tribes of Warm Springs
- Organizations who are members of RHECs: 126
- Individual RHEC members: 317
- Individuals in RHEC decision making bodies: 77
- Number of policy and system change goals met over the past year: 11
- Community trainings: 103
- Organizations reached through community trainings: 106
- Individuals reached through community trainings: 3,600
- Topics of trainings/community events included (but are not limited to): Health literacy, implicit bias, equity in human resources practices, equity in the classroom, community leadership, bullying prevention, plain language for print materials, nutrition, food security, cultural festivals, etc.

*Note: figures related to membership and trainings only include the four Regional Health Equity Coalitions, and not the capacity building grantees since they are not yet in the implementation phase of their work.

Traditional Health Worker Program

OEI's Traditional Health Worker (THW) Program continues to work closely with OHA's Tribal Affairs office to pursue all possible ways to respond to tribal health and consumer needs. This includes the development of a future Tribal Traditional Health Worker Type.

Traditional Health Worker Commission Adds Tribal Representative

The THW Commission was established within OHA's Office of Equity and Inclusion in 2013. The OHA Director appoints the THW Commission membership. In May 2019, Governor Kate Brown signed HB 2040 into law which amends THW Commission membership. Specifically, HB 2040 increases the number of members, and added one member as a tribal representative. Sierra James of Confederated Tribes of the Umatilla Indian Reservation's Yellowhawk Tribal Health Center has been appointed to fill the tribal seat. Sierra is a Tribal Family Preservation Trainer and Yellowhawk's first certified THW.

Traditional Health Workers Training Funding
In August 2019, OEI provided grant funding to support Traditional Health Worker (THW) training for tribal and urban Indian community members, to assist in improving health outcomes in their communities. OHA worked with Native American Rehabilitation Association of the Northwest Inc. (NARA) to pass the funding through to the tribes. This funding will be divided equally among the nine federally recognized tribes of Oregon and NARA, to support participation of their designees in Traditional Health Worker trainings of their choice, based upon their respective community needs. OHA Tribal Affairs will work with the tribes and NARA to provide a final THW training report to OEI, which will include: descriptive information of the trainings, number of participants in attendance, evaluations, and recommendations shared by training participants.

Coordinated Care Organization 2.0
OHA is in the process of revising the Oregon Administrative Rules (OARs) that govern Coordinated Care Organizations (CCOs) to align with the new five-year CCO 2.0 contracts, effective January 1, 2020. In September 2019, OEI was invited to a meeting organized by OHA's Tribal Affairs with Oregon's tribes and NARA to discuss the newly drafted rules which will help provide guidance to CCOs on the utilization of THWS.

These drafted rules state that OHA requires that all CCO members, based upon their health needs, must have access to certified Traditional Health Workers (THWs), who are part of the member's care team in clinical and community-based settings, to ensure members have improved access to appropriate services. The THWs, as a part of the member's care team, must participate in processes affecting the member's care and service needs.

Billing and Reimbursement for Health Services
In November 2019, OEI participated in a meeting of OHA Tribal Affairs and Health System Division staff to discuss billing and reimbursement possibilities for tribal community health representatives. Staff discussed the potential for tribal certification of tribal members who trained as lifestyle coaches through a CDC-certified diabetes prevention program. Staff also clarified ways tribes can use CHW billing codes to reimburse for any CHW-delivered services. There is ongoing work to be done in these areas so that tribal health programs can be reimbursed for providing these services.

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

Emily Wang – Health Equity Policy Analyst/Tribal Liaison
emily.l.wang@state.or.us 971-673-2307

Maria Castro – Health Equity Program Analyst
maria.castro@state.or.us 503-884-4448

Danielle Droppers – Regional Health Equity Coalition Program Coordinator
danielle.a.droppers@state.or.us 971-673-3391

Mohamed Abdiasis – Traditional Health Worker Program Coordinator
abdiasis.mohamed@state.or.us 971-673-3389

OHA Tribal Liaisons-Michael Stickler, Angie Butler, Julie Johnson, Jason Stiener, Emily Wang
Native American Heritage Month Celebration November 2019

External Relations

The External Relations Division builds relationships for OHA with the public, stakeholders, media, Legislature and other state and federal agencies. Chief of Staff is Dawn Jagger. 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 Systems Division

The Health Systems Division (HSD) works with partners including Tribes, Coordinated Care Organizations, Community Mental Health Programs, providers 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. This includes 35,778 American Indians and Alaska Natives that are on OHP. HSD's two largest programs are Medicaid and Behavioral Health. The Chief Health Systems Officer is Margie Stanton.

The Medicaid Director – Lori Coyner leads 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

During 2019 one large area of focus was CCO 2.0. After months of tedious work OHA announced its intent to award 15 organizations contracts to serve as coordinated care organizations for the Oregon Health Plan's members. Eleven of the organizations were approved to receive five-year contracts, and four organizations were approved to receive one-year contracts. Awardees were then evaluated for their readiness to deliver the services promised in their applications. Successful awardees then signed their contracts, totaling more than $6 billion for the 2020 contract year, in the fall. The new CCO contract services start January 1, 2020.

Tribal representatives were actively involved in CCO 2.0 since 2018. Reviewing policy recommendations and rules and providing feedback. Requesting the creation of the Tribal Advisory Council, Tribal Liaisons at CCO's and Tribal Representatives to be required on the Community Advisory Councils are some of the highlights of this work.

As the work of CCO 2.0 continues we will also continue our work with Tribal Health Programs to serve the Fee for Service population. It is important that these OHP members are also receiving the needed services and care and that Tribal Health Programs are appropriately being reimbursed for those services.

Ongoing Tribal Medicaid Initiatives

100% FMAP Savings and Reinvestment Program

Together with tribal health programs we continue to successfully operate the 100% FMAP Savings and Reinvestment Program in partnership with the seven participating tribes. As of November 2019, OHA has returned $330,681.50 in enhanced federal match to the participating tribal health programs. OHA holds monthly calls with tribal health directors and staff to provide updates and technical assistance around the policy and operational details of this program. OHA is working to implement a methodology to claim enhanced federal match for CCO-enrolled tribal members who

are receiving care coordination through this program. Work will continue through 2020 to design and implement an automated process for submitting care coordination episodes, identifying eligible claims, and issuing payments to participating tribes.

Indian Managed Care Entity (IMCE)
In partnership with tribal health programs and the urban Indian health program, we are making substantial progress in designing and implementing the first Indian Managed Care Entities (IMCEs) in the nation. The tribes and urban program have expressed to OHA Leadership their intent to each form an IMCE based on the Patient Centered Case Management Model. The PCCM/PCCM Entity model will enable the tribes and urban Indian health program to receive compensation for activities related to care coordination on behalf of AI/AN Medicaid beneficiaries. OHA is hosting weekly meetings to move this work forward. We are working with OHA's Budget and Actuarial Services Units to calculate a Per Member Per Month payment for each IMCE. This rate could be based on the number of currently Open Card tribal OHP members who are receiving care at each tribe/urban program's health center. OHA is also working with two external contractors to facilitate the design and implementation of this model.

National Diabetes Prevention Program
OHA has been assisting tribal and urban Indian health programs in receiving reimbursement for National Diabetes Prevention Program services. Through this program, IHS, tribal, and urban Indian health programs can obtain CDC-recognition as a Diabetes Prevention Program site and provide classes via a trained lifestyle coach who can provide prevention-based strategies for addressing risk factors for diabetes.

Tribal Pharmacy All-Inclusive Rate Settlement Payments
We are continuing to issue manual payments to tribal pharmacies consistent with authority granted by Oregon State Plan Amendment OR-17-0007. In implementing this state plan amendment, OHA worked with the tribes to develop a manual payment methodology. This manual payment process will be replaced by an automated process which will issue payment at the point of sale, which is expected to be implemented in late 2020.

Payor of Last Resort – Tribal Self-Funded Health Programs
OHA has worked with the tribes and OPAR/HIG to resolve a long-standing issue that caused tribal self-funded health programs to be incorrectly considered an "alternative resource" rather than be granted payor of last resort status. Applying the results of the *Redding Rancheria v. Hargan case*, OHA will now manually remove third party liability designation in the Medicare and Medicaid Information System (MMIS) at the request of a tribe that has provided coverage to a tribal member via a tribal self-funded health program.

Behavioral Health

The Behavioral Health Program housed in Health Systems Division is led by Behavioral Health Director, Steve Allen. The BH programs include:

- Adult Mental Health and Housing
- Child and Family Behavioral Health – Angie Butler is a quarter-time tribal liaison in this unit.
- Addiction, Treatment, Recovery and Prevention Services
- Licensing and Certification
- Quality and Compliance
- Business Operations
- Business Information Systems

Health Systems Division administers inter-governmental agreements with tribes to develop and administer community-based behavioral health services and supports not covered by Oregon's Medicaid program. The goal of these HSD Behavioral Health Services is to promote resiliency, health and recovery; and protect public safety by serving adults, children and adolescents 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. In 2019 through a legislative policy option package a new tribal set-aside was made available for youth suicide prevention. This will be the first time the state provides funding to support this important work. There has also been discussion of providing funding to support Veterans Behavioral Health services. We will work with the tribes to see what this will look like.

The Oregon Health Authority provides approximately 3 million dollars a biennium for Tribal Mental Health Initiative funding for the nine federally recognized Tribes and the Tribal Urban Indian program in Oregon. Programs strengthen tribal mental health and expand service delivery, based on community need.

Tribes and Urban Program can use these funds to:

- Take part in cultural conferences and workshops that build resilience.
- Integrate Tribal best practices and evidence-based practices that improve emotional well-being; this is a successful combination in Tribal communities.
- Provide resources for psychiatric services for young children.
- Coordinate activities that promote community involvement, which leads to the reduced behavioral health issues and increases emotional well-being: canoe journey, sweat lodge, round dance, drumming, regalia classes, language classes, naming ceremonies, harvest activities and family nights.
- Train culturally responsive individuals to conduct Question, Persuade Refer and Mental Health First Aid.

Tribal Metal Health Investment funds to support the following efforts in their community:

- Nine of the Tribes and the Urban Indian Program used their funding to provide Mental Health Promotion and Prevention activities and services that consisted of early interventions to prevent mental health issues.
- Three of the Tribes used their funding to provide Jail Diversion services which keeps individuals with mental illness from unnecessary incarceration and creates partnerships to help individuals through complex systems.
- Four Tribes use Housing and Peer Delivered Services that increases supports for individuals with severe mental health needs.
- Six of the use their funding for System of Care and Care Coordination which increases ability to provide intensive care coordination for children (individuals) with emotional and behavior challenges.
- Two Tribes use their funding for School-based Mental Health Services, brings qualified mental health professionals into schools to provide therapeutic psychosocial crisis intervention and counseling services.
- Four Tribes use their funding for Crisis Services that improve mental health response, assessments and brief interventions needed to avoid hospitalization and incarceration and to provide connection to community resources.

Tribal youth digging roots – May 2019

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 Response Grants STR and SOR	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.

Oregon Tribal Behavioral Health Strategic Plan

In 2019 the Oregon Native American Behavioral Health Collaborative developed a 5-year strategic plan to enhance collaboration and overcome challenges to improve behavioral health in Indian Country for Oregon. The collaborative included representatives from Oregon Tribes, NARA, OHA, DHS and the Northwest Portland Area Indian Health Board. As a foundation for the strategic plan, the group developed the following shared vision, strategic pillars, and outcomes to guide their efforts.

Shared Vision

The Oregon Native American Behavioral Health Collaborative envisions healthy Native individuals, families, and communities thriving across Oregon. We envision a shared, continuous alliance between the state and tribal/urban providers that provides a continuum of fully funded, comprehensive, culturally responsive services grounded in tribal-based practices and intertribal collaboration at the administrative and clinical levels.

Error! Reference source not found. is a visual representation of the shared vision, as depicted by strategic planning participants.

Challenges

It is important to understand our challenges to achieving this vision. The Oregon Native American Behavioral Health Collaborative examined the many challenges, obstacles, and contradictions that prevent progress toward our shared vision. To achieve success, we must overcome challenges in the following areas.

- Workforce: an underdeveloped workforce that is defined by non-Native culture
- Training: inadequate training, care, and support for the workforce

- Communication: ineffective and inconsistent communication
- Distance: geographic and time constraints that limit connections and access
- Cultural retraining of the state: a constant demand for training for the state and securing and maintaining respect for cultural practices;
- System fragmentation: fragmented, insensitive systems that do not follow a trauma-informed approach
- Politics: the impact of political turbulence
- Tribal-state relations: the ongoing relationship-building between the state and tribal/urban systems

Strategic Pillars and Outcomes

Strategic Pillar	Strategic Outcomes
Training and credentialing (TC)	Establish an accredited tribal learning center approved by Mental Health & Addiction Certification Board of Oregon (MHACBO) Secure funds to develop a qualified tribal workforce to provide a total continuum of care Create a tribal credentialing system to achieve sustainability for tribal-based behavioral health
Tribal-based practices (TBP)	1. Create a permanent rule or statute in support of tribal-based practices 2. Secure state funding for technical assistance in implementing tribal-based practices 3. Develop a centralized database of tribal-based practices
Efficient data systems (DS)	1. Conduct an inventory of all baseline behavioral health data from state, federal, tribal, and local resources 2. Create and identify culturally relevant, specific tribal behavioral health metrics
Tribal consultation policy (TCP)	1. Establish regular information sharing between the state and tribes 2. Provide comprehensive, mandatory annual training for all state employees on how to appropriately engage with tribes 3. Clarify the relationships and expectations between CCOs and tribes/NARA
Governance and finance (GF)	1. Ensure adequate tribal representation on regional governance entities, with required metrics and reports 2. Establish a dedicated funding set-aside for tribal and urban programs to provide adequate, flexible funding 3. Maintain the existing tribal billing structure, including encounter rates and the fee-for-service system, and expand reimbursement codes

The plan lists action steps for launch of the plan, including timeframe and person(s) responsible. OHA would like to hire a Tribal BH Liaison to assist in fully implementing the plan.

Substance Use Disorder (SUD) 1115 Waiver- Application

In January 2019, following months of collaboration between Tribal representatives and OHA staff, the concept paper for the vision of SUD 1115 Waiver and substance use delivery system vision generally was completed. Based on this work and some further collaboration a draft application was developed. It is anticipated OHA will begin the Tribal Consultation period towards the end of 2019 early 2020 prior to submission to CMS.

OHA believes that substance use disorder is a chronic condition that requires long-term comprehensive care and support. However, Oregon's current Medicaid SUD treatment system faces significant barriers to providing the services that Oregonians and Tribal members need due to limitations in place through federal regulations.

Currently, Medicaid funds cannot be used to pay for residential treatment provide in facilities with more than 16 beds. A majority of Oregon's residential treatment facilities have more than 16 beds. Oregon currently pays for these services out of the general fund.

Substance use disorder requires prevention and outreach, treatment, and ongoing maintenance and support. However, only treatment is eligible for current Medicaid funding.

If approved, the waiver would allow OHA to improve Oregon's SUD treatment system in three ways:

- Increase access to SUD residential services
- Expand Recovery Support Services
- Provide access to transitional Housing Support Services for those with SUD

We anticipate that this will provide greater access to SUD services statewide.

Veterans Behavioral Health

In 2019, OHA's Health Systems Division continued work around veteran's behavioral health that was launched in late 2018. Work accomplished in 2019 includes:

- Publication of the Oregon Veterans' Behavioral Health Services Improvement Study
- Hosting a series of state-wide community forums to gather community input on recommendations listed in the Veterans Behavioral Health Study
- Launch of a Veteran Behavioral Health Peer Support Specialist (VBHPSS) Pilot Program
- Holding the first Mental Health First Aid (MHFA) instructor training for veteran-specific curriculum
- Participation in the Tribal Behavioral Health Strategic Action Plan sessions

OHA's Veterans Behavioral Health Liaison coordinated with OHA's Tribal Affairs to collaborate and receive feedback on the ongoing program work. Information regarding the Behavioral Health Study and opportunities to engage were shared at OHA Tribal Monthly Meetings, as well as at two SB 770 Cluster Meetings. As OHA and ODVA assess community feedback and develop implementation strategies, OHA's Veterans Behavioral Health Liaison will continue to consult the Tribal Behavioral Health Strategic Plan and work closely with OHA Tribal Affairs.

Health Systems Division Staff

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

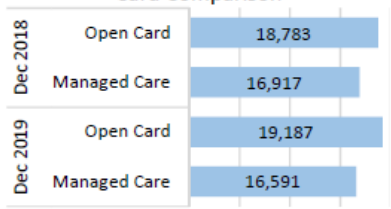
Jason Stiener – Tribal Policy and Program Analyst
jason.stiener@state.or.us 503-421-4079

Angie Butler – Tribal Liaison, Child, Adolescent & Family
angie.l.butler@state.or.us 503-890-0939

Oregon Health Authority

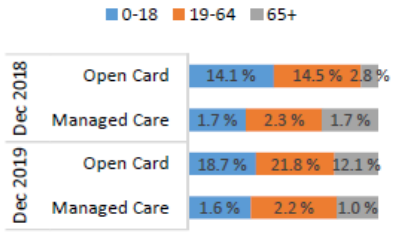
HNA Fast Facts

HNA - Managed Care vs. Open Card Comparison



	Dec 2019		Dec 2019 Total	Dec 2018		Dec 2018 Total
	Female	Male		Female	Male	
Managed Care						
Enrollment	466,728	419,774	**886,502**	443,685	395,248	**838,933**
HNA Enrollment	8,812	7,779	**16,591**	9,019	7,898	**16,917**
Open Card						
Enrollment	51,755	43,871	**95,626**	80,747	66,844	**147,591**
HNA Enrollment	10,249	8,938	**19,187**	10,082	8,701	**18,783**
Total Enrollment	**518,483**	**463,645**	**982,128**	**524,432**	**462,092**	**986,524**
Total HNA Enrollment	**19,061**	**16,717**	**35,778**	**19,101**	**16,599**	**35,700**

Percent of HNA by Age Group Comparison



	Dec 2019			Dec 2019 Total	Dec 2018			Dec 2018 Total
	0-18	19-64	65+		0-18	19-64	65+	
Managed Care								
Enrollment	372,717	471,804	41,981	**886,502**	368,185	445,908	24,840	**838,933**
HNA Enrollment	5,901	10,252	438	**16,591**	6,371	10,129	417	**16,917**
Open Card								
Enrollment	38,357	52,293	4,976	**95,626**	50,644	76,071	20,876	**147,591**
HNA Enrollment	7,177	11,408	602	**19,187**	7,159	11,039	585	**18,783**
Total Enrollment	**411,074**	**524,097**	**46,957**	**982,128**	**418,829**	**521,979**	**45,716**	**986,524**
Total HNA Enrollment	**13,078**	**21,660**	**1,040**	**35,778**	**13,530**	**21,168**	**1,002**	**35,700**

Data Source: HAL_METRIC (MMIS/DSSURS) *Data Load Date: 02JAN2020*

Health Policy and Analytics

The Health Policy and Analytics (HPA) Division of OHA has the mission of transforming and improving Oregon's health systems for everyone. HPA is lead by Director Jeremy Vandehey. HPA is responsible for leading the state's health system transformation efforts through developing and managing policy that advances the Triple Aim goals of better health, better care, and lower costs. HPA conducts its work through:

- Engaging everyone in health system improvements,
- Using data to hold the health system accountable,
- Changing how we pay for health care, and
- Improving care and health.

HPA is organized into six offices including Business Operations, which supports the Division's substantive work, and five offices that drive policy and program: Health Policy, Delivery Systems Innovation, Health Information Technology, Health Analytics, and the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB).

- **HPA's Office of 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 procurement. The new CCO contracts reflect changes to the CCO structure put in place by HB 2267, which establishes the Tribal Advisory Council for CCOs to serve as a channel of communication between the CCOs and Indian Tribes in Oregon; to oversee tribal liaisons in each CCO and to inform the CCOs regarding the health of tribal communities.

- **HPA's Office of Delivery Systems Innovation** (DSI) and the Chief Medical Office supports the Health Evidence Review Commission (HERC), the Pharmacy and Therapeutics (P&T) Committee and the state's longstanding evidence-based approach to delivering care. Starting in 2019 DSI began sending out Dear Tribal Leader Letters at least 60 days prior to each HERC and P&T Committee meeting highlighting known agenda items according to the Tribal Consultation and Urban Indian Health Program Confer Policy. In addition, Michael Collins of the Confederated Tribes of Warm Springs was recently appointed to the HERC and confirmed by the Oregon Senate in November 2019. This office 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.

- **HPA's Office of Health Information Technology** works to ensure that the right health information is available to health systems, providers and patients at the right time and place. This year, the Office of Health Information Technology (OHIT) has worked with Tribal Affairs and tribal partners to review options to facilitate the tribes' referrals in order to participate in the 100% FMAP (federal match assistance percentage) initiative.

This included discussions around the Emergency Department Information Exchange (EDIE) and its companion product, PreManage, as well as other types of health information exchanges in use in Oregon. In addition, OHIT supports tribal clinic access to three health information exchange (HIE) tools –

- *PreManage*, which is available for tribal clinics to support reducing emergency department utilization and improving care coordination for patients;
- Integration of *Prescription Drug Monitoring Program* (PDMP) data into electronic health records (EHRs) through a statewide subscription also offered through HIT Commons;
- Supporting the onboarding costs to *Reliance eHealth Collaborative* – a community-based health information exchange active in several regions in Oregon (through the HIE Onboarding Program).

Finally, OHIT staffs the Health Information Technology Oversight Council, which will be updating its strategic plan in 2020, and is currently seeking a Tribal representative.

- **HPA's Office of Health Analytics** analyzes data pertaining to Oregon's health system to inform health system transformation, to evaluate OHA program performance and to provide a more complete picture of access, quality, cost, and utilization across Oregon's health care system. Health Analytics assists in providing OHP data and fee-for-service access data for tribal members.

- **The Public Employees' Benefit Board (PEBB) and the Oregon Educators Benefit Board** (OEBB) also constitute an Office within HPA. PEBB contracts for and administers benefits for eligible state employees. OEBB provides a comprehensive selection of benefit plan options for most of Oregon's K-12 school districts, education service districts and community colleges, as well as several charter schools and local governments across the state.

Health Policy and Analytics is committed to supporting the government-to-government relationship with the Tribes. In 2019 they appointed Kristin Bork as a Tribal Liaison for HPA.

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

Kristin Bork – Tribal Liaison
kristin.m.bork@dhsoha.state.or.us 503-560-8154

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. The Public Health Director is Lillian Shirley.

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 is 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 Office, as well as assures tribal-related public health communications and programs are aligned and follow appropriate government-to-government protocols. PHD actively implements the OHA Tribal Consultation Policy. 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. OHA-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. The Office of the State Public Health Director (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

- OSPHD coordinated National Public Health Week sessions in partnership with the Native American Youth and Family Center (NAYA) and other community partners to expand community partnership development capacity and expertise to meaningfully engage tribal and community-based partners.

- OSPHD offers technical assistance to tribal partners seeking national public health accreditation.
- OSPHD collaborated with the Tribes, Native American Rehabilitation Association (NARA) and the Northwest Portland Area Indian Health Board (NPAIHB) to allocate a new $1.2 million General Fund investment in public health modernization, including the development of a new Program Element for the Tribal Public Health Intergovernmental Agreement.
- OSPHD identified and communicated OHA administrative rulemaking with tribal impact.

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.

New Work in 2020

- OSPHD will continue to work with the participating tribes and NARA through the new General Fund investment in public health modernization.
- NPAIHB will serve as the technical assistance and support contractor to work with the participating tribes and NARA related to the public health modernization investment.
- PHD, the Office of Contracts and Procurement, Department of Justice and tribal representatives will form a workgroup to update the Tribal Public Health Intergovernmental Agreement (PH IGA) template language. The goal is to develop a mutually agreed upon template that can be the starting document when negotiating the Tribal PH IGA with individual 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

- The Climate and Health Program hosted a tribal-specific Climate and Social Resilience listening session which provided a deeper understanding of the Native perspective on issues that uniquely affecting Tribal communities.
- The Fish Advisory Program conducted tribal outreach and engagement on the Columbia Slough fish advisory and meal recommendations process. Tribal leaders, health directors, and natural resources staff received data, meal recommendation calculations and program standard operating guidance. To inform tribes prior to the advisory issuance, tribal leaders, health directors and natural resources staff were provided the final Columbia Slough Technical Report one week prior to release.

Challenges

- Since fish advisories may cross program within individual tribes, assuring the right information gets to the appropriate tribal staff can sometimes be challenging. Steps have been initiated to ensure communications are distributed to all essential tribal leaders, health directors, programs and staff.

New Work in 2020

- In response to tribal concerns about contaminant uptake in wapato, a tribal first food, PHD and the City of Portland will collaboratively assess the health risks associated with Columbia Slough wapato consumption.
- The Drinking Water Services program, in coordination with Business Oregon, will make grant funds available to the Confederated Tribes of Warm Springs to assist with drinking water infrastructure needs and improvements. When funding is made available from the federal Environmental Protection Agency, the Confederated Tribes of Warm Springs may apply for infrastructure financing for their drinking water system through Business Oregon. Although OHA does not regulate tribal water systems, these systems are eligible for infrastructure funding in certain circumstances.

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

- To support continuing education for tribal WIC[2] agencies' staff, the state WIC program paid travel costs for tribal agency staff to WIC attend meetings and trainings. State WIC staff also provided group and individualized tribal technical assistance and training to tribal WIC agencies.
- The state WIC program pays for membership for NINAWC (National Indian and Native American WIC Coalition) and NWA (National WIC Association) for the Confederated Tribes of Warm Springs and Yellowhawk Tribal Health Center (Confederated Tribes of the Umatilla Indian Reservation) to encourage connections between other tribal WIC programs across the nation.
- The Reproductive Health Program was able to participate in a number of collaborative efforts with tribal entities to support and promote increased access to comprehensive reproductive health services for tribal populations. One example is participation in the "Working Together to Create Healthier Communities for Native Youth Action Planning Session" hosted by the NPAIHB.
- PHD oversees a dental pilot project sponsored by the NPAIHB. The project pilots the use of dental health aide therapists (DHATs) at the Confederated Tribes of Coos, Lower Umpqua

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

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.

- PHD engaged all nine tribes and NARA to develop tribal-specific communications materials to share 2018 statewide Tobacco Alcohol Retail Assessment results. Materials include information about targeted marketing, cultural appropriation by the commercial tobacco and alcohol industries, health burden, and community policy solutions that can be enacted in tribal communities and service areas.
- With PHD funding, the NPAIHB conducted a needs assessment with the tribes and NARA to identify technical assistance needs and opportunities to better support in-person commercial tobacco cessation interventions in tribal communities.
- PHD, NPAIHB, and Optum, PHD's Quit Line contractor, collaboratively planned and launched a new Native Quit Line Program. Planning was based on needs assessment data and tribal partner input. The Native Quit Line Program offers culturally relevant quit coaching. Each self-identified AI/AN participant receives 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. All nine tribes, NARA, NAYA and Chemawa Health Center received funding to support development of promotional materials for the new Native Quit Line and ongoing commercial tobacco prevention efforts. Each tribe and tribal organization will receive a video and photo library that are customized using tribe-specific patterns and colors and featuring their tribal members.
- The Prescription Drug Overdose Prevention Program sponsored a second annual tribal meeting on opioid prevention, treatment and recovery. The Oregon Tribal Opioid Training Academy was planned and attended by tribal members and tribal organizations. Training topics included addiction pharmacology, adult and youth Mental Health First Aid, community emergency response, naloxone rescue, trauma informed care, pain science, medication assisted treatment, acu-detox and the *Heal Safely* pain management education campaign.
- The nine tribes and NARA received grants to support implementation of projects supporting opioid prevention, treatment and recovery.
- PHD through a contractor launched the *Heal Safely* media campaign (www.healsafely.org), which supports safe and effective non-opioid pain management with culturally-responsive messaging for communities disproportionately affected by the overdose epidemic. During campaign development, members of the Confederated Tribes of Warm Springs and the Confederated Tribes of Siletz Indians participated in focus groups and shared personal stories of healing, which are available in video format on the campaign website. Billboards, print media and/or Facebook ads featuring local tribal messengers were run in partnership with the Confederated Tribes of the Grand Ronde, the Klamath Tribes, the Confederated Tribes of the Umatilla, the Coquille Indian Tribe, and the Confederated Tribes of the Warm Springs. Twenty-five *Heal Safely* billboards placed across the state highlighted tribal members from the areas of the billboard locations.

- Through the *Heal Safely* campaign contractor, PHD is collaborating with tribes to develop culturally-responsive materials to support implementation of the *Reverse Overdose Oregon* bystander naloxone administration training initiative (www.reverseoverdose.org) in Indian Country. The Confederated Tribes of Siletz Indians, the Confederated Tribes of the Umatilla, the Klamath Tribes and the NARA are planning to distribute a total of 2,600 naloxone-ready kits in their local communities.

Challenges

- Last year the Reproductive Health Program reported that they would like to collaborate with tribal health clinics to explore options for supporting tribal reproductive health services through professional development opportunities and potential fee for service funding. Due to the loss of federal Title X funding, the program was unable to move forward with this work.
- OHA revised the administrative rules that govern the Dental Pilot Project Program in 2018 and is currently under rulemaking again for the Program. Rules are being updated to reflect the application requirements to target a minimum percentage of specific populations with the least access to care and highest disease rates. The NPAIHB has expressed concern that the Dental Pilot Project Program rules are too often under revision.
- The Medicaid reimbursement process for in-person commercial tobacco cessation in tribal communities can be challenging. Results from a survey indicate that cessation services are under-utilized. Tribal health partners have indicated a desire for additional technical assistance to create closed loop referrals systems to the Quit Line, support for cost reimbursement of in-person commercial tobacco cessation, and support for tribal interventions to increase utilization of these cessation services.

New Work in 2020

- The Maternal and Child Health Program will be inviting the federally recognized tribes to participate in a January 2020 meeting of Title V Maternal, Child and Adolescent Health (MCAH) partners, to discuss recent state needs assessment results and make recommendations for Title V priorities for the next five years.
- The Health Promotion and Chronic Disease Prevention section and the NPAIHB will initiate a series of collaborative work group sessions to strengthen relationships between the state program and tribes, learn together, and build shared understanding of tribal priorities and statewide alcohol, tobacco and other drug prevention goals.
- A campaign to promote the new Native Quit Line, featuring tribal members will be launched in tribal service areas throughout Oregon in January 2020.
- To ensure culturally responsive commercial tobacco cessation services and interventions for tribal members, the Health Promotion and Chronic Disease Prevention section will identify contractors to provide culturally specific training/technical assistance for commercial tobacco cessation services and interventions to increase utilization of the Native Quit Line and other in-person tribal cessation services.

- With support from the new Overdose Data to Action grant from the Centers for Disease Control and Prevention, PHD plans to fund a third annual Tribal Opioid Training Academy in summer 2020.
- The Prescription Drug Monitoring Program and the Northwest Tribal Epidemiology Center at NPAIHB are exploring a collaborative project to better understand patterns of opioid prescription among tribal members living in Oregon

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

- Some tribes, Indian Health Service (IHS), NPAIHB and PHD have developed and executed memoranda of understanding (MOU) covering support for public health immunization services, laboratory services and communicable diseases investigation and reporting. As of November 1, five tribes have signed an MOU and others are reviewing.
- PHD and NPAIHB conducted a linkage to improve the accuracy of American Indian/Alaska Native (AI/AN) demographic information in ORPHEUS, the state reportable disease database. PHD shared an updated ORPHEUS file with NPAIHB epidemiologists to continue work toward the shared goal of improving the health of tribal communities.
- Several PHD programs are collaborating with the NPAIHB to establish a comprehensive data-sharing agreement to expand data linkages, thus improving the accuracy of AI/AN data for a broader range of reportable conditions.
- NPAIHB and PHD co-sponsored and hosted an *Access to Data in Indian Country* workshop, bringing together epidemiologists, tribal health staff, two tribal epidemiology centers, and public health officials from Oregon, Washington and Idaho to review areas of strength and possible improvement for tribal public health data.
- In partnership with PHD, the NPAIHB hosted the annual tribal public health preparedness conference.
- The University of Pittsburgh Center for Public Health Practice, with support from PHD, completed a project on Use of Legal Preparedness to Address the Opioid Crisis and held a listening session with tribes.
- The Public Health Emergency Preparedness Program funded several tribal Psychological First Aid trainings.
- PHD supported an isolation and quarantine training and exercise with the Confederated Tribes of the Umatilla Indian Reservation, Yellowhawk Tribal Health Center, and Umatilla County.
- Two tribes hosted Incident Command System trainings for public health emergency preparedness staff and partners.
- The Oregon Immunization Program and NPAIHB co-hosted a tribal immunization quality improvement roundtable attended by immunization coordinators from tribal, IHS, and NARA clinics. The event addressed provider approaches to vaccine hesitancy, continuing

medical education credit opportunities, tribal best practices, and immunization quality improvement.

Challenges

- Federal funding for acute and communicable disease prevention often is not structured to allow carve out of funds for work with tribes or to address several illnesses that disproportionately affect AI/AN communities.
- State contract amendment processes result in increased administrative burden for tribes when agreements are amended multiple times during the contract period. To help mitigate these challenges, state program and fiscal staff meet directly with tribal fiscal and program staff to clarify questions and respond to concerns.
- Since each tribe is organized differently, maintaining a current list of tribal subject matter expert primary contacts is difficult.

New Work in 2020

- PHD will participate in additional workshops and exercises with tribal staff, local public health staff and other county staff, and the Oregon Department of Justice to learn how to manage isolation and quarantine situations more effectively when they cross jurisdictions.
- PHD will reach out to the Tribal Epidemiology Center at the NPAIHB to identify opportunities for collaboration in supporting communities in reducing Hepatitis C, sexually transmitted infections, and new HIV infections.
- PHD anticipates funding an HIV peer-to-peer native art support group in collaboration with the Two Spirit Community in Eastern Oregon.
- As a joint partner, the Immunization Program plans to collaborate with local public health and tribal health to strengthen partnerships that maximize immunization efforts across jurisdictions.

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 infections cases.

In addition to the funding outlined in the table, PHD also funded tribal public health efforts in the following ways in 2019:

- Supported a contact with the NPAIHB to provide technical assistance and training to Tribal Commercial Tobacco Prevention and Education Programs funded by PHD.
- Through a contract with the NPAIHB, provided funding to support the annual Tribal Preparedness Conference.
- Provided funding to support the Confederated Tribes of Warm Springs in their drinking water emergency response efforts.

Program Area	Purpose of Funds
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. Supplemental opioid response funding supports opioid overdose training and response, prevention materials, naloxone train the trainer workshop, and psychological first aid training.
Tribal Commercial Tobacco Prevention and Education Program	To support community policy and systems changes to create commercial tobacco-free environments.
Tribal Alcohol Drug Prevention and Education Program	To support community prevention program to reduce the use and associated effects of alcohol, tobacco and other drugs.
Prescription Drug Overdose Prevention Program	To support tribal community overdose prevention efforts.
Title V Maternal and Child Health Grant	To support implementation strategies for tribal maternal and child health priorities selected from a menu of 12 federal and state priorities.
Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and WIC Farm Direct Nutrition Program	To support nutrition education and access to supplemental nutrition for eligible pregnant women, infants and children. The WIC Farm Direct Nutrition Program supports access to fresh fruits and vegetables through seasonal farmers markets.

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, 503-957-8869

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.

In the past Native American Services at OSH was administratively linked to the Spiritual Care Department. Recently they have become their own standalone program. 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 every month at the Salem campus, and also held 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). 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.

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.

During the 2019 Legislative Session the Confederated Tribes of the Umatilla Indian Reservation put forth a bill to recognize Tribal Courts in the civil commitment process. While it didn't go through as originally written to allow tribal courts the ability to commit individuals on their own it does allow tribal courts to initiate the process. SB 297 - Relating to individuals with mental illness in Indian country; amending ORS 426.070 and 426.180.

Key contacts:
Dolly Matteucci – Superintendent
dolores.matteucci@state.or.us 503-945-9850

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

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

Tribal Leaders at LCIS Spring Celebration - May 2019

You can get this document in other languages, large print, braille or a format you prefer. Contact Tribal Affairs at 503-945-9703.