



2023
Government-to-Government
Report

Honoring our government-to-government relationship with the Nine Federally Recognized Tribes in Oregon



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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OHA Tribal Affairs at the Health and Human Services Cluster Meeting, April 5, 2023, hosted by the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians

Directors Message

Dear Governor Kotek and the Legislative Commission on Indian Services:

2023 has been a year of recovery and healing for Oregon Health Authority staff and partners in health, coming out of the pandemic. Everyone's dedicated hard work saved lives, and the partnerships that grew out of the pandemic continue today, to serve communities across the state. We know that the impact of Covid-19 on tribal communities will never be forgotten, we are taking the lessons learned for ongoing improvement of our health systems.

In partnership with the tribes, we are continuing to focus on improving the tribal behavioral health system by providing more access to care with the Measure 110 Tribal Behavioral Health Resource Networks, assisting with residential and housing projects, supporting the behavioral health workforce and much more. We are developing Health Related Social Needs Services, creating the bridge program for permanent Medicaid expansion, and continuing to modernize public health. Updating and approving the Tribal Consultation Policy in collaboration with Oregon Department of Human Services was a success this year.

Honoring the government-to-government relationship between the Nine Federally Recognized Tribes of Oregon and OHA will continue to be a priority. We will continue to devote tribal set-aside resources across the agency with the goal of reducing health inequities and increasing health care access and delivery. We are grateful for the work that we can do together. We appreciate the collaborative relationship and look forward to our continued work into the future.

Sincerely,



Dave Baden
Interim Director, Oregon Health Authority



OHA Interim Director Dave Baden with Tribal Affairs Director Julie Johnson at the Tribal Public Health Emergency Preparedness Conference, April 4, 2023-Suquamish WA.

Introduction

The Oregon Health Authority (OHA) is pleased to share the 2023 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 Nine Tribes of Oregon to improve health.

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.

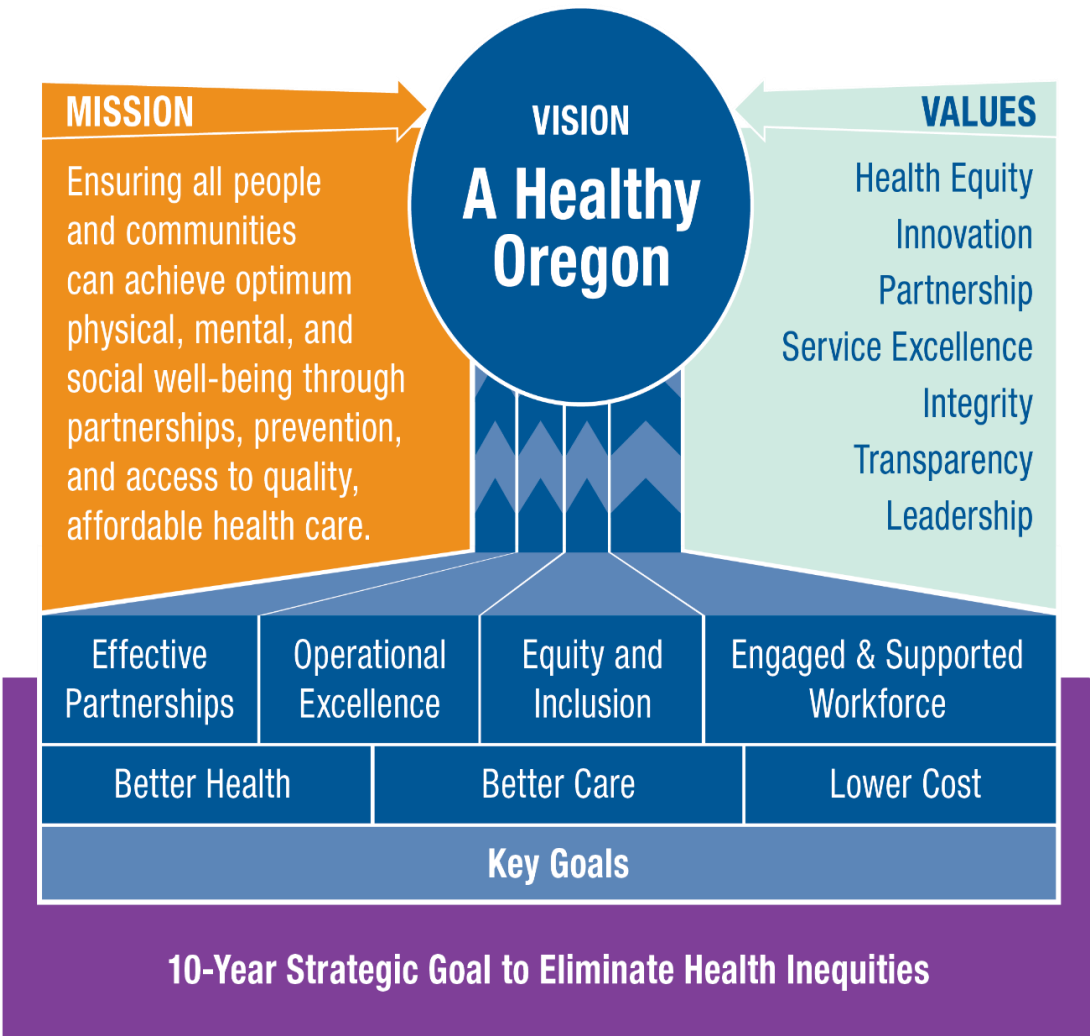
The land we now call Oregon is home to nine federally recognized sovereign nations that have called this place home since time immemorial. All American Indian and Alaska Native people in Oregon, regardless of tribal enrollment, are Oregon citizens and are entitled to receive the services provided by OHA. This report describes the work OHA does to partner with the Nine Federally Recognized Tribes of Oregon. 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



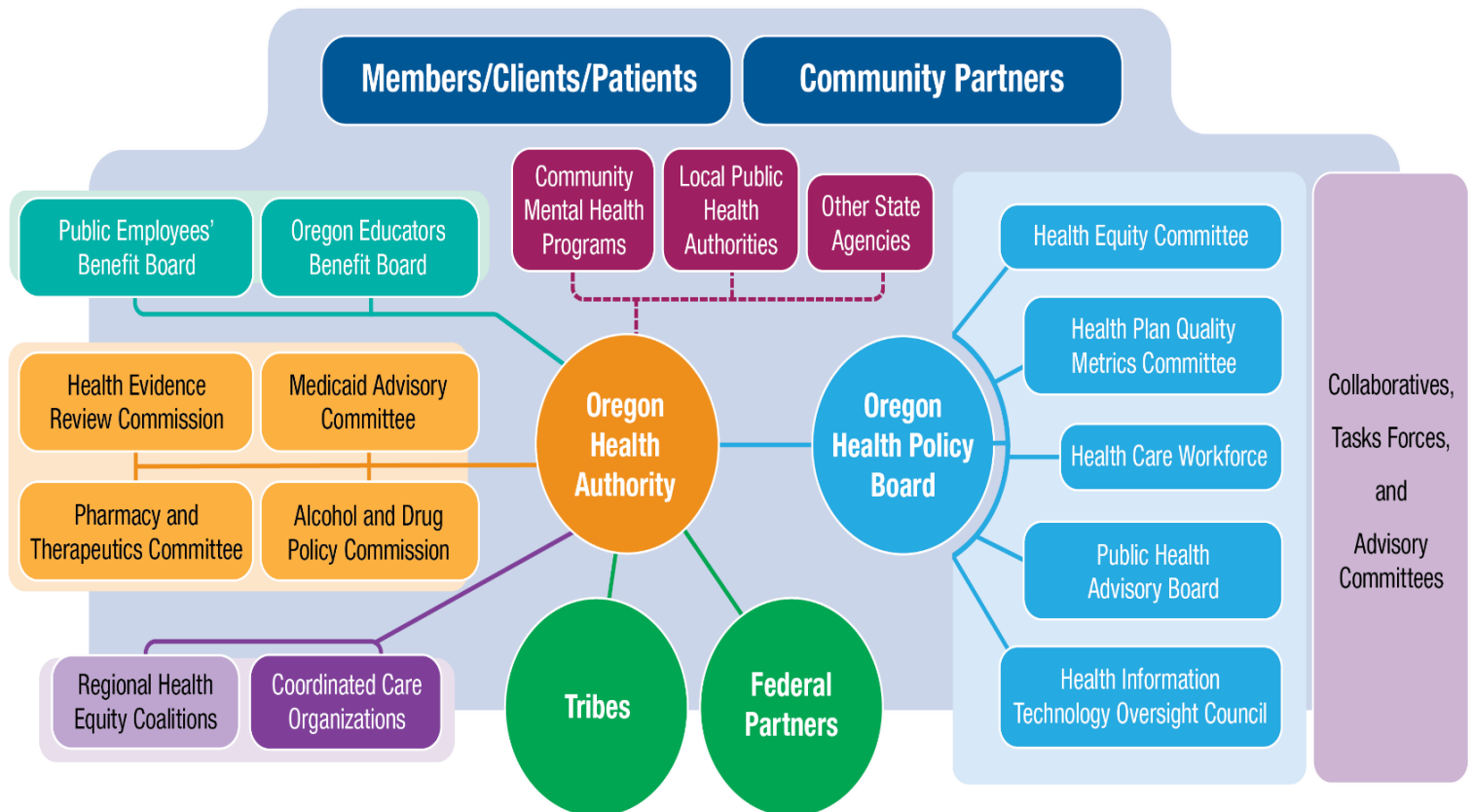
Tribal Governments Day at the State Capitol May 18, 2023, representatives from the Burns Paiute Tribe and Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

OHA’s Mission, Vision, Values and Strategic Goal



Julie Johnson-OHA and Verdella Wright-Klamath Tribes at the Restoration Celebration, August 27, 2023, Chiloquin Or.

OHA Partnerships and Collaboration

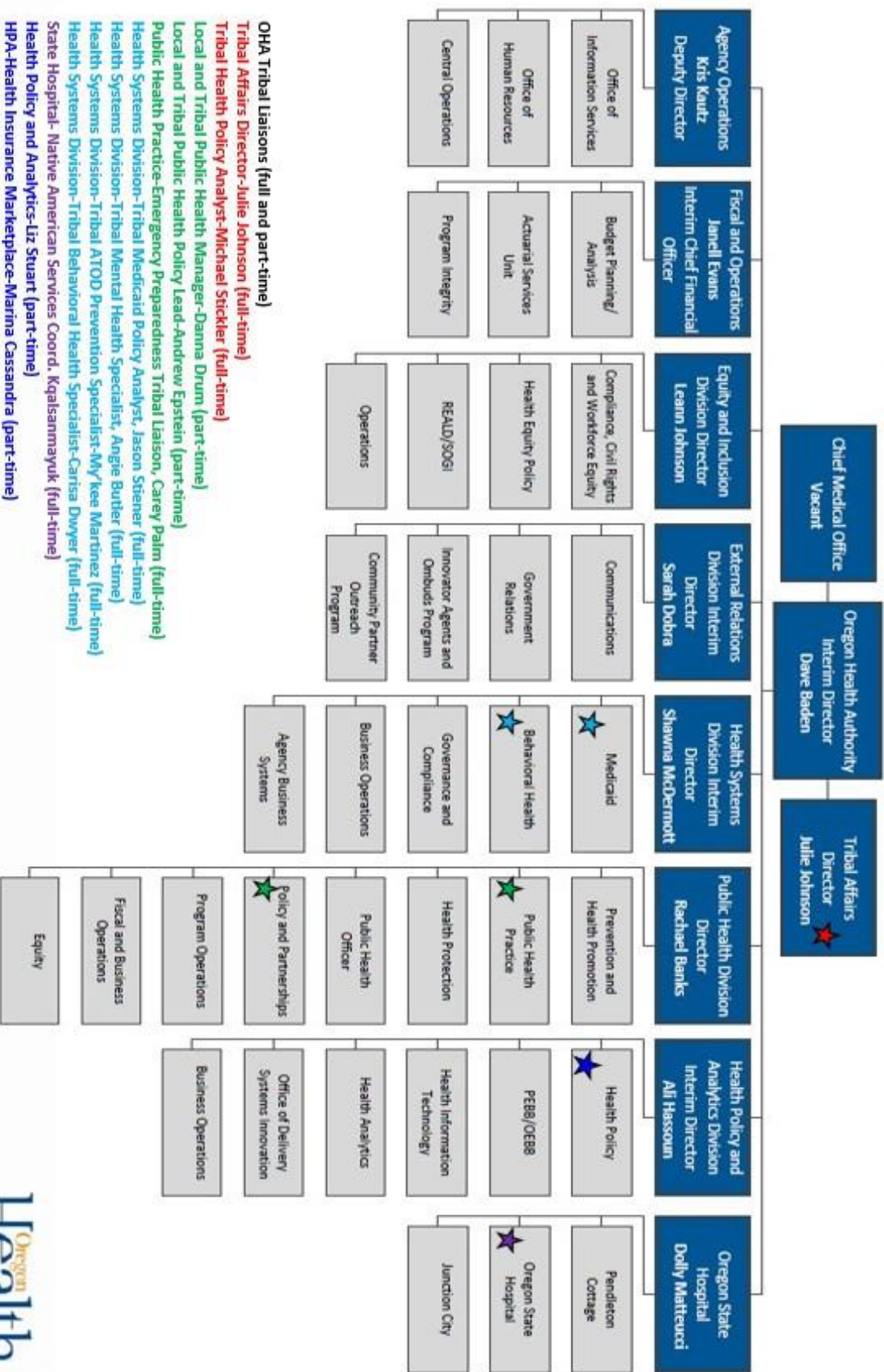


Tribes are an important part of improving the health care system.



Tribal Representatives at the Tribal Advisory Council/CCO Tribal Liaisons Meet & Greet, July 5, 2023, hosted by the Confederated Tribes of Siletz Indians, Lincoln City.

Oregon Health Authority High Level Organizational Chart



Tribal Affairs and Tribal Liaisons

Tribal Affairs is housed in the OHA Director's Office. It is the role and responsibility of Tribal Affairs to work with staff across the agency to uphold the government-to-government relationship with the Nine Federally Recognized Tribes of Oregon by:

- Implementing the Tribal Consultation Policy.
- Identifying individuals at OHA who are responsible for developing and implementing programs that affect tribes.
- Utilizes a process to identify the programs that affect tribes.
- Coordinates communication between OHA and tribes.
- Promotes positive government-to-government relations between OHA and tribes.
- Provides training to staff on the policy, process, and ongoing relationship.

Tribal Affairs Director Julie Johnson works closely with the OHA Director and other division directors and staff to identify the programs that impact tribes and American Indians/Alaska Natives. Julie has been in this role for 6 ½ years and works diligently to keep tribal priorities at the forefront of the agency. The Tribal Affairs Director has a half-time executive support staff, Margarit Westfall. Michael Stickler is the Tribal Health Policy Analyst for Tribal Affairs. He is an integral part of Tribal Affairs providing guidance to staff on identifying critical events, reviewing, and distributing Dear Tribal Leader Letters, conducting the New Employee Orientation with the Tribal Affairs 101 training and much more.

Including the Tribal Affairs positions OHA currently has 12 Tribal Liaisons throughout the agency. 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, Behavioral Health, Public Health, Health Policy and Analytics and at the Oregon State Hospital.
- Tribal Liaisons assist with reviewing and providing recommendations on policy, legislation, rules, budgets, contract administration, identifying critical events, working with staff to draft Dear Tribal Leader Letters, and much more. They can be the first point of contact for questions and will bring issues to Tribal Affairs as needed.
- Tribal Affairs and Liaisons work regularly with elected tribal officials, tribal health directors and staff, Indian Health Service, Urban Indian Health Program, Northwest Portland Area Indian Health Board, as well as other agencies and organizations focusing on tribal health priorities.

Tribal Liaisons are also responsible for upholding and maintaining the government-to-government relationship between the agency and the Nine Federally Recognized Tribes in Oregon, by supporting, planning, building, and advocating for policy and operational priorities of the Tribes. Tribal Liaisons are strategically positioned within a division and/or program of OHA and should be supported by leadership to ensure their voices are heard. Liaisons are a dedicated FTE with the authority to provide feedback and make recommendations as a designated representative of OHA Tribal Affairs. Tribal Liaisons represent their OHA division and/or program in government-to-government meetings.

Communication

OHA communicates with tribal representatives through many avenues including meetings, emails, and phone calls. OHA Tribal Affairs holds monthly meetings to address ongoing work, issues, and programs with the tribes. This helps keep communication lines open and ensures the work is moving forward. OHA continues to organize the quarterly SB770 Health and Human Services Cluster meetings. These meetings are coordinated with seven state agencies. This includes Oregon Health Authority, Department of Human Services, Department of Business and Consumers Services, Youth Development Oregon, Department of Early Learning and Care, Oregon Department of Veterans Affairs, and Oregon Housing and Community Services.

Consultation Policy

To meet the policy requirements under ORS 182.164, OHA has had a tribal consultation policy since 2010, after OHA became its own agency separate from the Department of Human Services. The policy was updated in 2018 for better implementation across the agency and included conferring with the Urban Indian Health Program. This year in partnership with ODHS, the policy was updated to include the consultation process for both agencies.

It is a priority of OHA to continue to fully implement the policy and to have clear processes for all staff to understand the requirements in the policy and the roles in implementing it. By including the three measurable outcomes of the policy in the performance management system it has helped also.

As of December 11, 2023, 59 “Dear Tribal Leader” letters were sent for identified critical events. This led to 5 group consultation/confer meetings and 4 individual Tribal consultations which were held, including:

- February 10, 2023 – Group consultation/confer on the Oregon Opioid Settlement
- May 12, 2023 – Group consultation/confer on Measure 110
- May 25, 2023 – Individual consultation on the Oregon Opioid Settlement with the Confederated Tribes of Grand Ronde.
- June 7, 2023 – Group consultation/confer on the Basic Health Program.
- June 21, 2023 – Individual consultation on the Oregon Opioid Settlement with the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians.
- August 8, 2023 – Group consultation/confer on Health-Related Service Needs.
- September 8, 2023 – Group consultation/confer on Health-Related Service Needs.
- October 31, 2023 – Individual consultation on Civil Commitment with the Confederated Tribes of Warm Springs.
- November 1, 2023 – Individual consultation on the Oregon Opioid Settlement with the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians.

Please see the attached copy of the 2023 Tribal Consultation/Confer Policy Performance Evaluation Document along with a copy of the updated Consultation/Confer policy that was passed on October 6, 2023.

Trainings

As required by ORS 182.166, 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 policy and more. Not only are these trainings provided to internal OHA staff but also with outside partners including Local Public Health Authorities, Community Mental Health Programs and Coordinated Care Organizations.

Name of Training
Tribal Affairs 101: For new managers, teams, units or as a refresher. Also, for external partners. Includes basic knowledge of OHA's government-to- government relationship with the Nine Federally Recognized Tribes in Oregon and tribal health systems. Presented by OHA Tribal Affairs.
OHA New Employee Orientation: Required course, for all new OHA employees. Includes basic knowledge of OHA's government-to- government relationship with the Nine Federally Recognized Tribes in Oregon and tribal health systems. Presented by OHA Tribal Affairs.
Anti-Racism Training: The training covered the ways in which racism has and continues to shape the relationships between people and government while preparing us to lead with our value of Health Equity. Tribal Affairs 101 is an important part of this training. Presented by OHA Tribal Affairs.
OHA Tribal Affairs Legislative Trainings: Presented to OHA units and divisions. Includes basic knowledge of OHA's government-to- government relationship with the Nine Federally Recognized Tribes in Oregon and tribal health systems as a way, to provide context to legislative bills and concepts. Presented by OHA Tribal Affairs.

Key Contacts:

Dave Baden - Interim Oregon Health Authority Director
david.baden@oha.oregon.gov

Julie Johnson - Tribal Affairs Director
julie.a.johnson@oha.oregon.gov, 503-569-5802

Michael Stickler - Tribal Affairs Health Policy Analyst
michael.d.stickler@oha.oregon.gov, 971-283-0367

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.kautz@oha.oregon.gov

Margarit Westfall - Executive Assistant to Tribal Affairs and Agency Operations

margarit.westfall@oha.oregon.gov

Fiscal and Operations

The interim Chief Financial Officer, Janell Evans 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.

Equity and Inclusion Division

With Health Equity as its core value, the Equity and Inclusion Division of OHA upholds the agency's commitment to improving the health of all people in Oregon. With Leann Johnson as the Director, the Equity and Inclusion Division collaborates with the state's diverse communities, government entities, service providers and policy makers to identify priorities and works towards achieving OHA's 10-year strategic goal of eliminating health inequities in Oregon by 2030. The division provides:

- Educational programs and training
- Community outreach, Community, and government partnerships
- Health Equity Workforce support
- Civil rights resources
- The Race, Ethnicity, Language + Disability program (REAL+D), which improves statewide demographic data collection

The Health Equity Committee (HEC) staffed by E & I staff is a subcommittee of the Oregon Health Policy Board, tasked with making substantive recommendations on proposed policies to be considered by OHPB, OHA, and the broader health systems in Oregon using an equity framework.

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 redistribution of resources and power; and*
- *Recognizing, reconciling, and rectifying historical and contemporary injustices.*

HEC built upon the health equity definition and drafted a comprehensive charter with equity integrated throughout, including an updated mission, vision, and values statement, scope of work, and committee practices and agreements. This charter includes Tribal Sovereignty as a health equity value, with a commitment to supporting the five essential components of health equity for American Indians and Alaska Natives as defined by the National Indian Health Board: Resilience Through Culture, Tribal Sovereignty, Strong Tribal Institutions, Tribal Representation in State and Federal Governance, and Federal Trust Responsibility. The charter also expanded the committee to include a seat for a Tribal representative. In 2023, the Health Equity Committee drafted strategic goals and a workplan that includes increases in transparency and accountability to community, the development of an institutional anti-racist framework, and piloting new policy consultation processes for legislation, which will be part of HEC's work in 2024 and beyond.

Tribal Traditional Health Worker Program

E&I's Traditional Health Worker Program continues to work closely with OHA Tribal Affairs to develop the Tribal Traditional Health Worker (TTHW) Program. A TTHW Program Analyst

Position has been developed and is currently in the recruitment process. This position will be working with the Nine Tribes to develop this training curriculum, get individuals trained and certified.

There are 268 individuals in the Traditional Health Worker registry who identify as being American Indian/Alaska Native. This demographic information is voluntarily and may not be an exact count.

- 39 are certified birth doulas.
- 80 are certified community health workers.
- 188 are certified peer support specialists.
- 38 are certified peer wellness specialists.
- 1 is certified as a Personal Health Navigator.
- 78 AI/AN individual's hold more than one Traditional Health Worker certification.

Key contacts:

Leann Johnson – Director, Equity and Inclusion Division

leann.r.johnson@oha.oregon.gov

Mohamed Abdiasis – Traditional Health Worker Program Manager

abdiasis.mohamed@oha.oregon.gov



Confederated Tribes of Grand Ronde Plank House Birthday, October 22, 2023

External Relations

The External Relations Division builds relationships with the public, media, legislature and other state and federal agencies. They assist in creating an understanding of the many ways in which OHA helps Oregonians improve their health and well-being through advocacy, communication, and public policy.

- OHA's Ombuds Program provides support to Oregon Health Plan (OHP) members 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.

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 62,990 American Indians and Alaska Natives (AI/AN) that are on OHP. HSD's two largest programs are Medicaid and Behavioral Health. The Health Systems Division Interim Director is Shawna McDermott.

Medicaid

The Interim Medicaid Director – Vivian Levy leads the Medicaid Program, which includes these units:

- Integrated Eligibility Policy
- Medicaid Programs Unit, which includes Jason Stiener as a full-time tribal Medicaid 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

Ongoing Tribal Medicaid Initiatives

100% FMAP Savings and Reinvestment Program- supports tribal and urban Indian health programs who are providing referred Medicaid services to AI/AN OHP patients. OHA continues to work together with tribal health programs to successfully operate the 100% FMAP Savings and Reinvestment Program in partnership with the seven participating tribes. As a result of

temporary enhanced funding made possible by the American Rescue Plan Act, OHA received permission from the Centers for Medicare and Medicaid Services to include the Native American Rehabilitation Association of the Northwest in this program.

Indian Managed Care Entities (IMCE)- OHA received approval from the Centers for Medicare and Medicaid Services (CMS) of a State Plan Amendment (SPA) to establish IMCE's on July 16, 2021, making Oregon the second state in the nation to have an approved IMCE program. The IMCE program helps tribal health programs provide culturally responsive care coordination services to AI/AN OHP members. The first IMCE in Oregon through the Urban Indian Health Program-NARA-NW began offering services to AI/AN OHP members in September 2022. OHA has been working with one tribe that is expecting to begin providing services in 2024. With possibly more to come.

Tribal Based Practices- OHA continues to partner with the tribes to create a pathway for Medicaid reimbursement for tribal-based practices. OHA is seeking federal approval of coverage of tribal-based practices via the 1115 Medicaid waiver renewal process.

Increase of Medicaid Billing Encounters for Tribal Programs- OHA received CMS approval of a State Plan Amendment to increase the number of billable daily Medicaid encounters from one to five. This policy change, which was requested by the tribes, will allow tribal health programs to sustain critical mental health and substance use disorder services for tribal OHP members. This policy will also assist in the agency's goal of eliminating health inequities by 2030. This policy is expected to become operational in 2024.

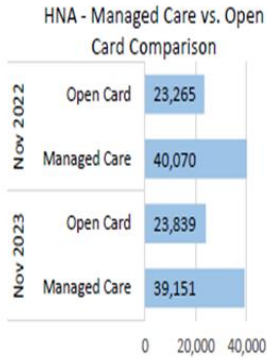
In 2024, HSD will be hiring another Tribal Medicaid Program and Policy Analyst to assist Jason, the Medicaid program, and the agency with this important work.



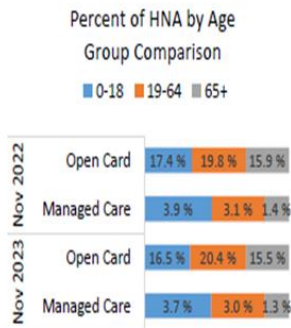
OHA Tribal Affairs at the Health and Human Services Cluster Meeting October 4, 2023, hosted by the Confederated Tribes of Warm Springs.



HNA Fast Facts



	Nov 2023		Nov 2023 Total	Nov 2022		Nov 2022 Total
	Female	Male		Female	Male	
Managed Care						
Enrollment	645,501	599,428	1,244,929	636,436	585,237	1,221,673
HNA Enrollment	21,673	17,478	39,151	22,213	17,857	40,070
Open Card						
Enrollment	68,863	58,253	127,116	68,015	56,055	124,070
HNA Enrollment	12,499	11,340	23,839	12,290	10,975	23,265
Total Enrollment	714,364	657,681	1,372,045	704,451	641,292	1,345,743
Total HNA Enrollment	34,172	28,818	62,990	34,503	28,832	63,335



Nov 2023				Nov 2023 Total	Nov 2022			Nov 2022 Total
0-18	19-64	65+	0-18		19-64	65+		
Managed Care								
Enrollment	442,731	731,833	70,365	1,244,929	440,453	713,762	67,458	1,221,673
HNA Enrollment	16,393	21,823	935	39,151	17,291	21,818	961	40,070
Open Card								
Enrollment	45,166	74,307	7,643	127,116	43,443	74,356	6,271	124,070
HNA Enrollment	7,467	15,187	1,185	23,839	7,538	14,728	999	23,265
Total Enrollment	487,897	806,140	78,008	1,372,045	483,896	788,118	73,729	1,345,743
Total HNA Enrollment	23,860	37,010	2,120	62,990	24,829	36,546	1,960	63,335

Data Source: HAL_METRIC (MMIS/DSSURS)

Data Load Date: 29NOV2023



Kelle Little introducing herself at the Tribal Advisory Council/CCO Tribal Liaisons Meet & Greet, July 5, 2023, hosted by the Confederated Tribes of Siletz Indians, Lincoln City.

Behavioral Health

Measure 110, Tribal Behavioral Health Resource Networks (BHRN)- the purpose of Measure 110 is to better serve people actively using substances or diagnosed with a substance use disorder. People who provide drug treatment and recovery services and advocates for criminal justice reform wrote Measure 110 in response to the high rate of drug addiction and overdoses in Oregon, and the disproportionate impact of those outcomes on Oregon's communities of color and tribal communities. Their goal was to establish a more equitable and effective approach to substance use disorder. The Oversight and Advisory Council and OHA agree with the advocates and voters that a holistic, health-based approach to addressing addiction and overdoses is more helpful, caring, and cost-effective than punishing and criminalizing people who need help.

In the first round of Measure 110 funding there was a tribal set-aside of \$11,400,000. The Tribal BHRN funding is intended to make health assessments, low-barrier access to care, low barrier treatment, harm reduction, and recovery services available to all those who need and want access to those services. There is also a CADC cohort in the planning for 2024. This will assist tribes to have more individuals trained to be a Certified Alcohol and Drug Counselor.

In the fall of 2023, the Oversight and Accountability Council voted to have an additional tribal set-aside in the amount of \$11,400,000 to amend the current contracts for an additional 18 months. Tribes have been able to expand their treatment services, create new partnerships and served more individuals than ever before with this funding

Tribal Behavioral Health Intergovernmental Agreements- beginning January 1, 2023, almost all Tribal Behavioral funding was moved into one contract. Previously there were many separate contracts, on different timelines with different reporting requirements. It was confusing and difficult to track both internally at OHA and at the tribal government level. OHA has been on a contract improvement project to do better. Now this one contract includes one plan template and one reporting template covering up to 13 different funding elements described below:

TAD 352 Alcohol & Other Drugs (AOD) Prevention: To plan, implement and evaluate strategies that prevent substance abuse by reducing risk factors and increasing protective factors associated with alcohol and other drugs in Oregon Tribal Communities.

TAD 353 Tribal Tobacco Prevention: Address commercial tobacco and nicotine use and reduce tobacco-related health inequities through the prevention and management of chronic disease related to commercial tobacco and nicotine.

TAD 354 Tribal Community Behavioral and SUD: Build upon resilience, assist individuals; youth and adults, to make healthier lifestyle choices, and to promote recovery from substance use disorders.

TAD 355 Intoxicated Driver Program Fund: Supports the delivery of eligible services to Oregon residents who have been adjudicated in an Oregon court for Driving Under the Influence of Intoxicants or Minor in Possession and who are indigent.

TAD 356 Housing Assistance: To plan and implement strategies that reduce access to barriers in

housing, by providing community education for available resources in local/tribal communities.

TAD 357 Tribal State Opioid Response Grant: Address the opioid overdose crisis by providing resources for increasing access to FDA-approved medications for opioid use disorder (MOUD), and supporting the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders.

TMH 303 Tribal Mental Health Start-Up for Mobile Crisis Services: To improve behavioral health crisis services to be culturally, linguistically, and developmentally appropriate. Crisis services are inclusive of crisis call lines, community based mobile crisis intervention services, and crisis stabilization services.

TMH 304 Tribal Mental Health Services: Improve the mental health of individuals and families.

TMH 305 Tribal Veterans Behavioral Health: Increase the behavioral health, increase access to behavioral health services, and/or increase the availability of military specific behavioral healthcare services for the veteran and military population.

TMH 306 Tribal Youth Suicide Prevention: Create wellness for Oregonian young people (ages 0-24) ensuring that young people can build connectedness, to cope well when life is hard, and to access help when needed.

TMH 307 Tribal Workforce Clinical Supervision: Clinical Supervision Program will provide access to clinical supervision for licensed psychologists, licensed marriage, and family therapists, licensed professional counselors, licensed clinical social workers, masters social workers, and substance use disorder treatment staff who are certified supervisors to provide supervised clinical experience to associates.

TMH 308 Tribal Workforce Other Incentives: To increase the behavioral health system's capacity to provide culturally responsive care that is deeply embedded in equity-centered cultural responsiveness, de-stigmatization of services, promotion of restorative healing and community empowerment.

TMH 309 Tribal Residential and Housing: Intent of the funding appropriation is to be an investment in Oregon's community-based behavioral health and substance abuse treatment systems. Specifically, for increasing statewide capacity of licensed residential facilities and housing serving people with behavioral health conditions.

The total amount of funding that was made available to the Nine Federally Recognized Tribes of Oregon through this contract is as follows (please note some figures are one-time only and others are based on the total available across the two-year biennium):

Service Element	Program Name	Total Tribal Set-aside Funding	One-Time or Reoccurring
TAD 352	Alcohol and Other Drugs (AOD) Prevention	\$1,222,500	Reoccurring
	SAPT BG Supplemental-COVID Relief	\$1,1078,388	One-Time
	Program Gambling Prevention integrated with AOD Prevention	\$500,000	One-Time
TAD 353	Tobacco Prevention	\$8,100,000	Reoccurring
TAD 354	Community Behavioral and Substance Use Disorder	\$363,856	Reoccurring
TAD 355	Intoxicated Driver Program Fund	\$20,000	Reoccurring
TAD 356	Housing Assistance	\$100,918	Reoccurring
TAD 357	State Opioid Response Grant	\$1,000,000	Reoccurring
TMH 303	Mental Health Start-Up Mobile Crisis	\$1,000,000	One-Time
TMH 304	Mental Health Services	\$3,345,698	Reoccurring
TMH 305	Veterans Behavioral Health	\$425,500	Reoccurring
TMH 306	Youth Suicide Prevention	\$225,000	Reoccurring
TMH 307	Workforce Clinical Supervision	\$1,000,000	One-Time
TMH 308	Workforce Other Incentives	\$2,000,000	One-Time
TMH 309	Residential & Housing	\$20,000,000	One-Time
	Total	\$40,381,360	

Note: The Measure 110 contracts and the System of Care contracts will stay as separate contracts and not be added to the overall Tribal BH agreements due to different rules, timeframes, etc.



Warm Springs Canoe Family protocol, Paddle to Muckleshoot, August 2, 2023, Auburn WA.

The Opioid epidemic has taken a toll across Indian Country. OHA will continue to partner with the tribes to identify needs and gaps for providing services to the individuals that need them. This includes reviewing recommendations from the National Tribal Opioid Settlement and dedicated tribal set-aside funding from the Oregon Opioid Settlement.



National Tribal Opioid Summit, August 24, 2023, Tulalip WA. OHA Tribal Affairs with Wilson Wewa-Confederated Tribes of Warm Springs and Dallas Goldtooth-comedian, actor, activist

Highlights from Tribal Mental Health Services

Tribal Workforce as result of TMH 304

• Probation Officer	• Licensed Clinical Social Worker
• Child Protective Services Specialist	• Licensed Professional Counselor
• School Based Counselors	• Psychiatric Nurse Practitioner
• Women's Support Counselor	• Men Support Counselor
• Qualified Mental Health Associates	• Indian Child Welfare Specialist
• Behavioralist Specialist	• Prevention Specialist
• Tribal Traditional Health Care Workers	• Women's Post Treatment Counselor
• Peer Youth Suicide Prevention Specialists	

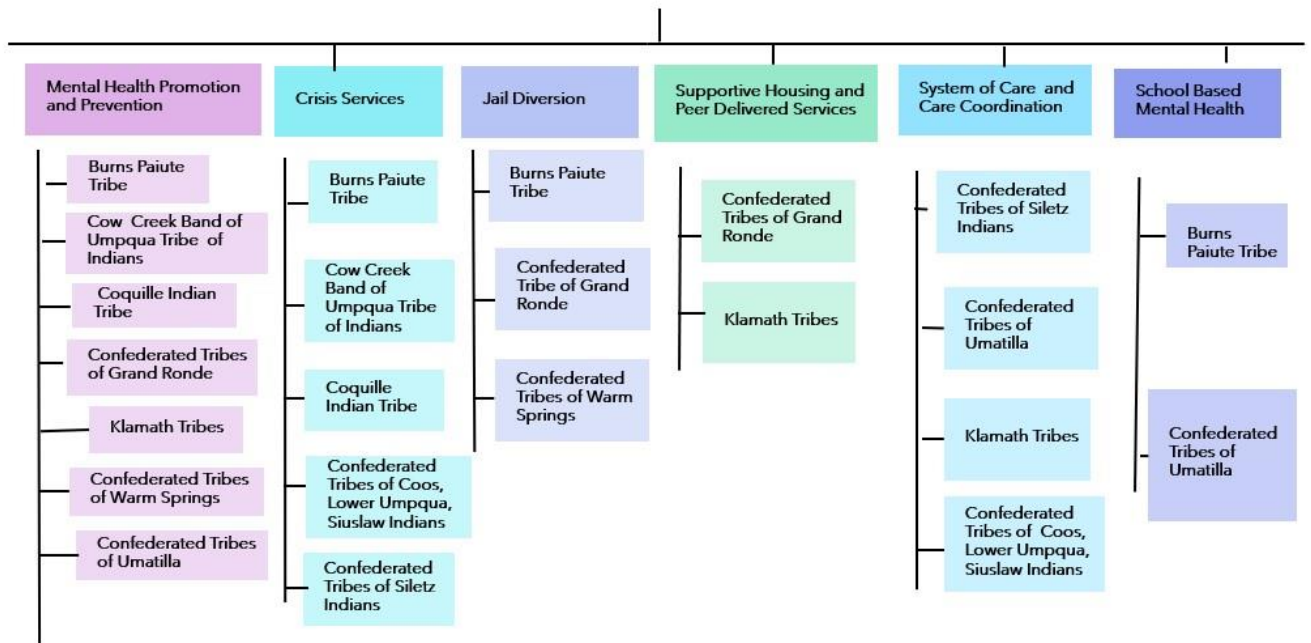
Noteworthy Activities

<ul style="list-style-type: none"> • Tribal DUII Program 	<ul style="list-style-type: none"> • Tribal Weblebrity Program
<ul style="list-style-type: none"> • Men, Women & Family BH Talking Circles 	<ul style="list-style-type: none"> • Housing & Intensive case management for Serious Persistent Mental Illness
<ul style="list-style-type: none"> • Women, Men Transitional Housing 	<ul style="list-style-type: none"> • Conscious Discipline; Train the Trainer
<ul style="list-style-type: none"> • Good Medicine Initiative 	<ul style="list-style-type: none"> • Tribal Ceremonies
<ul style="list-style-type: none"> • Mental Health Assessments 	<ul style="list-style-type: none"> • Life Skills, Conflict Resolution
<ul style="list-style-type: none"> • Dialectical Behavioral Therapy 	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy

Noteworthy Tribal Collaboration

<ul style="list-style-type: none"> • Tribes working with Community Mental Health Programs: 988, Mobile Crisis Teams: assisting with mental health referrals, resources and reducing stigma, development of MOU's.
<ul style="list-style-type: none"> • Tribes working with local schools: Promoting cultural awareness to local public-school staff, developing referral process and access to Tribal services.
<ul style="list-style-type: none"> • Coordinating with local county courts and judicial systems; ensuring staff is available during court proceeding to coordinate available Tribal services as needed.

Tribal Mental Health Services TMHS 304





Tribal Quarterly Prevention Meeting, December 12, 2023, Katie Staton-U of O, Charlene Tillie Moody-CTWS Health Commission, Julie Johnson and Angie Butler-OHA

Highlights from Tribal Alcohol and Other Drugs Prevention- TAD 352

The following Center for Substance Abuse Prevention strategies that were implemented by the Nine Federally Recognized Tribes of Oregon Alcohol & Drug Prevention Programs.

- They have saturated their communities with **Information Dissemination** that has touched 22,336 people.
- A more intensive intervention, **Prevention Education**, the tribal programs have engaged 852 people in this process.
- **Alternative Activities** (rather than using Alcohol Tobacco and Other Drugs) were provided to tribal communities in Oregon by the tribal prevention programs and 3,955 people took advantage of these opportunities.
- The tribes engaged 925 people in the **Community Based Process**.
- There were 373 people who were directly impacted by **Environmental Strategies** implemented by Tribal A&D Prevention Programs.
- The tribes engaged in **Problem Identification & Referral** with 125 individuals who interfaced with their prevention programs.

Tribal Based Practices impacted 2,503 people in tribal communities who benefitted from these interactions.

Being planned for 2024 is the Certified Prevention Specialist (CPS) Cohort. This is an important training opportunity for any staff working in the prevention field. After going through the training series staff will be more effective in program assessment, capacity-building, planning, implementation, and evaluation.



Tribal Based Practice Gathering, July 17, 2023, Caroline Cruz's residence, Warm Springs Or.

Highlights from Tribal Tobacco Prevention TAD 353

- Tribes continue to meet with Tribal Housing Directors regarding housing policies, adding smoke-free and vape-free language to the leases that the houses occupy.
- FTE positions dedicated to providing Commercial Tobacco Cessation are being hired and tribes are promoting Second Wind and Project SUN, which are AI/AN specific commercial tobacco cessation programs. They've also served tribal member clients with 1:1 counseling. The capacity to bill for tobacco cessation services and process have also been set up.
- Promotion of explaining the difference between Traditional Tobacco vs. Commercial Tobacco.
- Tribal Based Practices being used are Talking Circles, Culture Camp, Healing of the Canoe, Traditional Tobacco Cultivation, Sacred Tobacco Advocacy Development and distribution of culturally appropriate commercial tobacco and vaping cessation materials and quit kits.
- Programs continue to seek support from decision-makers to move forward in enhancing Tribal Code language to create more smoke-free spaces on all tribal properties.
- One tribe gifted ancient and traditional tobacco strains to other tribes & tribal organizations.
- The first Oregon Sacred Tobacco and Traditional Medicines Gathering was held in partnership with OHA, Tribes NARA-NW and the Northwest Portland Area Indian Health Board (Video Included): <https://app.frame.io/reviews/cc652711-3c13-448c-80c9-a50c684ca3d3/348473b2-d11a-458a-952e-80009829abce>.
- Tribes promoted policies and other measures to protect community members from commercial tobacco industry tactics with one tribe supporting four local business that now do not have advertising outside their store fronts or on their windows advertising tobacco products or vaping products.
- At a local Career Day, an Honoring Seniors Day, a Thursday Market and County Fair, staff implemented a nicotine vaping survey. Currently, gathering more information on youth vaping. Staff surveyed 100 people in the community.
- As part of health communication efforts, staff have given out brochures, information and quit kits on tobacco cessation and are currently working with students at a local high school and middle school doing tobacco education and outreach.

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Sacred Tobacco and Traditional Medicines Gathering, May 3, 2023, Sunriver Or.

Health Policy and Analytics

The Health Policy and Analytics (HPA) Division of OHA has the mission of reimagining and transforming Oregon's health systems to achieve health equity. Ali Hassoun, Director of the Public Employees' Benefit Board, and the Oregon Educators Benefit Board, currently serves as Interim HPA Director. HPA is responsible for leading the state's health system transformation efforts through developing and managing policy and programs that advances the Triple Aim goals of better health, better care, and lower costs. HPA focuses its policy development and program design on:

- Decreasing inequities in access,
- Advancing data equity, and
- Building capacity within the health system to address inequities.

Major topics of focus in 2023 for HPA's Office of Health Policy and in partnership with the Health Systems Division included:

- Design, development, and implementation of Oregon's 1115 Medicaid waiver
- Design and development of a "Bridge Program," to roll out in three phases:
 - A temporary Medicaid expansion, throughout the COVID-19 Public Health Emergency Unwinding,
 - A Basic Health Program, to be operated through Oregon's Coordinated Care Organizations starting in July of 2024, and
 - A permanent Medicaid expansion for Medicaid populations exempt from CCO auto-enrollment, starting in July of 2024.

The teams continue to work in partnership with OHA Tribal Affairs and the Tribes to develop these priorities. Office of Health Policy staff participated in OHA Tribal Monthly Meetings to discuss these efforts, coordinated with Tribal Affairs on Dear Tribal Leaders Letters regarding the various efforts, and provided supporting information for a formal consultation with the Tribes regarding the Basic Health Program and permanent Medicaid expansion proposal.

HPA's Office of Delivery Systems Innovation assists in drafting Dear Tribal Leader Letters for both the Health Evidence Review Committee topics and the Pharmacy and Therapeutics committee meetings. They also provide information about training and resources that are available through the Transformation Center. In coordination with OHA Tribal Affairs, they hosted two Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) learning collaborative sessions focused on tribal engagement. Sessions were open to CCOs, local public health, hospitals, and other collaborative CHA/CHIP partners, including the Federally Recognized Tribes of Oregon. With guidance from OHA Tribal Affairs, Transformation Center staff have also supported CCO efforts to recruit tribal representatives onto their community advisory councils (CACs).

HPA's Office of Health Information Technology and Analytics Infrastructure (OHITAI) works to ensure that the right health information is available to health systems, providers and patients at

the right time and place. OHIT staffs the Health Information Technology Oversight Council (HITOC), which sets the strategic plan for health IT and oversees OHA's efforts. The seat reserved for a Tribal representative is currently open.

HITOC is finalizing its Strategic Plan for Health IT for 2024-2028 and plans to submit the Plan to OHPB in late spring 2024 for approval. The Plan focuses on patient engagement, health equity, health information exchange (HIE), electronic health record (EHR) adoption, and community information exchange (connecting health care and social services through "closed-loop" referrals). The Plan will be shared with the nine Federally Recognized Tribes for review prior to submission to OHPB.

OHIT work has also supported Tribal clinic access to three HIE tools:

- The Collective Platform (formerly called PreManage), which connects real time hospital event data to clinics, CCOs, and other care coordinators, and is available for Tribal clinics to support reducing unnecessary emergency department utilization and improving care coordination for patients (five Tribal clinics currently participate).
- Integration of Prescription Drug Monitoring Program (PDMP) data into electronic health records through a statewide subscription offered through HIT Commons (three Tribal clinics currently participate).
- Past OHIT work supported the onboarding costs for clinics to Reliance eHealth Collaborative, a community-based health information exchange active in several regions in Oregon (through the HIE Onboarding Program). OHA's HIE Onboarding Program ended September 30, 2021 (three Tribal clinics participate in Reliance, two of which came on through OHA's HIE Onboarding Program).

HPA's Office of Health Analytics analyzes data pertaining to Oregon's health system to evaluate OHA program performance and provide a more complete picture of access, quality, cost, and utilization across Oregon's health care system. Health Analytics analyzes OHP and fee-for-service data for AI/AN OHP members so it can then be shared back with the tribes.

This includes these recurring reports:

- Monthly reports on AI/AN enrollment in OHP
- AI/AN participation in Indian Managed Care Entity program
- Quarterly AI/AN utilization monitoring reports

Health Analytics continues to provide the data that is shared with Tribal clinics on AI/AN OHP members at risk of losing OHP coverage once the public health emergency (PHE) ends.

The Oregon Health Insurance Marketplace (OHIM) empowers Oregonians to improve their lives through local support, education, and access to affordable, high-quality health coverage. OHIM serves as the state-level partner of HealthCare.gov, including:

- Overseeing the health plans sold to Oregonians on HealthCare.gov.

- Working with insurance companies, agents, community partners, healthcare providers, and other stakeholders to help people obtain coverage.
- Raising awareness among consumers about health insurance options available in Oregon; and
- Connecting people to free, local enrollment assistance.

Throughout 2023, Marina Cassandra, Marketplace Constituent and Tribal Liaison, engaged in many tribal community outreach and health events, presented on Marketplace work at a regional CMS annual conference, and attended a Tribal Best Practices training. Marina also conducted optional virtual and/or in-person site visits in spring and fall of 2023, with 8 Tribes. In the fall of 2023, Marina facilitated Marketplace assister certification training for application assisters in Tribal health clinics (in person or virtual) as requested.

New in 2023, OHIM established a Tribal Health Grant to fund outreach and enrollment assistance through tribal health clinics. OHIM worked closely with Tribal Affairs to create a more Tribal-focused grant agreement, work plan and budget for the grants. The initial grant funding was specifically to address outreach and enrollment during the Public Health Emergency Unwinding period, assisting community members in transition from Oregon Health Plan to Marketplace plans, where appropriate.

In the 2023 regular legislative session, the Oregon Legislature passed SB 972, which requires the Oregon Health Authority to transition from HealthCare.gov, the federal eligibility and enrollment platform, to a fully state-based marketplace by November 1, 2026. Marina is currently working with the HPA Tribal Liaison and OHA Tribal Affairs to assess Tribal consultation needs related to the implementation of the state-based marketplace.

The Health Policy and Analytics Division is committed to supporting the government-to-government relationship with the Federally Recognized Tribes in Oregon. Since early 2021, Liz Stuart has served as the HPA Division Tribal Liaison.

In total, in 2023 HPA staff brought 26 issues, events, new or changing policies/rules and other items to the HPA Tribal Liaison and/or OHA Tribal Affairs for analysis and potential sharing with the Tribes. HPA produced six Dear Tribal Leader Letters (DTLLs) for Critical Events in 2023, all of which were meetings of the Health Evidence Review Commission. Through collaborative work with the Health Systems Division and Tribal Affairs, HPA was also involved in developing additional DTLLs relating to Bridge Program coverage upon the end of the Public Health Emergency.

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Missing and Murdered Indigenous Persons Awareness-Round Dance, May 6, 2023, The Dalles
Or. Julie Johnson and Marina Cassandra, OHA Tribal Affairs

Public Health Division

OHA's 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, worship and age. Oregon's public health system includes federal, state, Tribal and local agencies, community-based and private organizations, and other diverse partners working together to make healthy options and health-promoting services accessible for everyone in Oregon.

Tribal partners are a key component of the public health system in Oregon. Developing and maintaining authentic, collaborative working relationships with federally recognized Tribes is a key priority for PHD.

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. PHD programs have a variety of ways they consult, engage, seek feedback, and develop program policies and practices with Tribes.

The Office of the State Public Health Director (OSPHD) is focused on collaborating cohesively across the public health system to achieve OHA's goal to eliminate health inequities by 2030. OSPHD leads PHD's strategic partnerships and engagement with Tribes with the local and Tribal public health manager 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 continued to collaboratively support the Tribes with previously allocated COVID-19 funding through the Tribal Public Health Intergovernmental Agreement. The funding can support testing, case investigation, contact tracing, vaccination, wraparound support and COVID-19 resilience and recovery in Tribal communities.
- OSPHD continued to fund a public health modernization Tribal programmatic assessment for one Tribe and supported planning and implementation of Tribal public health modernization plans for eight Tribes with NPAIHB providing technical assistance and training, including an ongoing community of practice. The overall Tribal public health modernization funding increased from \$4,367,010 in 2021-2023 to \$9,667,000 in 2023-2025.
- OSPHD provided additional public health modernization funding to NPAIHB to support several Oregon Tribes with an environmental health assessment, training and technical assistance on Tribal ecological knowledge, and an environmental emergency preparedness summit. Through this funding, NPAIHB will also be planning for a Tribal environmental public health tracking system for Tribal data.
- Program Design and Evaluation Services continued to fund NPAIHB to disseminate information to Tribal communities about a 2021 review NPAIHB conducted of existing state and Tribal survey data gaps and subsequent recommendations for future data collection tools, administration, analysis reporting and use.
- OSPHD identified and communicated OHA administrative rulemaking with potential Tribal impacts.
- In partnership with PHD communicable disease programs and NPAIHB, OSPHD began planning conversations with federally recognized Tribes interested in building upon their COVID-19 case investigation experience to expand their communicable disease investigation and control work.

Challenges

- The entire public health system, including Tribes, continue to experience significant staff recruitment and retention challenges.

New Work in 2024

- PHD will implement expanded communicable disease investigation and control activities with interested federally recognized Tribes.

The Center for Health Protection houses programs that oversee health care facilities and licensing, and environmental health and regulation.

Successes

- In October 2023, the PHD Environmental Public Health (EPH) section met with the NPAIHB to hear about climate-related impacts in Tribal communities. This collaboration will help strengthen Tribal partnerships and support the upcoming OHA Climate and Health in Oregon Report (2023).

- In November 2023, staff from the Healthy Waters Unit met with staff from the Confederated Tribes of Umatilla Indian Reservation to discuss collaboration and information sharing around domestic wells testing work being done by both organizations.
- In 2022, the US Environmental Protection Agency listed Bradford Island as a Superfund Site on the National Priorities List. Bradford Island is in the Columbia River, about 3 miles west of Cascade Locks and 40 miles east of Portland. This launched a requirement under the federal Superfund Law and PHD's cooperative agreement with the Agency of Toxic Substances and Disease Registry for PHD's Environmental Health Assessment Program to initiate development of a Public Health Assessment (PHA). OHA issued a Dear Tribal Leader Letter for this event. Throughout 2023 PHD responded to tribal natural resource staff who expressed interest. These partnerships resulted in the identification of exposure pathways that are unique to the tribes and tailored risk communication strategies regarding the fish consumption advisory. PHD plans to integrate this information and tribal concerns generally into the PHA and continue to coordinate with interested tribes as the PHA process progresses. OHA will publish the PHA in 2024.
- The Healthy Homes Grant Program's purpose is to provide grants to eligible entities that provide financial assistance to persons in low-income households to repair and rehabilitate their residences. A tribal-specific funding set-aside in the amount of \$1.5M will be shared with participating tribes.

Challenges

- There is an ongoing need to educate non-tribal licensing and advisory board members about the Government-to-Government relationship between the Nine Federally Recognized Tribes and OHA, and the related state statutes that govern those relationships.
- PHD planned in 2023 to develop a fish consumption advisory for Big Cliff Reservoir on the North Santiam River in Marion County. Competing priorities and limited staff capacity delayed this work, this will be done in 2024

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

Successes

- The Women, Infants and Children (WIC) Program continued to provide services during the COVID-19 pandemic, paid for membership for the National Indian and Native American WIC Coalition and the National WIC Association for 2 tribes, supported tribal staff to attend the NINAWC conference, wrote a letter of support for an Innovation and Outreach Grant that was received.
- PHD oversaw Dental Pilot Project #100 which was sponsored by NPAIHB. The project piloted the use of dental health aide therapists. The project concluded in May 2023. OHA supports the development of a permanent DHAT education program in Oregon.
- Five Tribes receive Maternal and Child Health Title V funding to support breastfeeding, food sovereignty, bullying prevention, and MCH workforce development.

- This year the Injury and Violence Prevention Program (IVPP) provided funding to support the tribes to attend the National Tribal Opioid Summit.
- OHA-PHD-IVPP assists with staffing of the Opioid Settlement Prevention, Treatment, and Recovery Board which determines the allocation of the state portion of the settlement funding. OHA Tribal Affairs provided government-to-government training to the board, and NPAIHB provided a data presentation to the board. OHA assisted with multiple tribal consultations both individually with tribes and collectively with the board chairs and OHA staff to discuss a tribal set-aside. The tribes have made a recommendation to the board with the board making an initial decision to allocate \$5M while the board considers the details of a percentage allocation.

New Work in 2024

- The ScreenWise Program will begin to explore how to partner with Tribes to support breast and cervical cancer screening and diagnostic services and referral to treatment.

The Center for Public Health Practice houses programs related to maintaining vital records, responding to health emergencies and communicable disease control and prevention. These programs include the center for health statistics, state public health laboratory, acute and communicable disease prevention, human immunodeficiency virus, sexually transmitted disease and tuberculosis prevention, immunizations, and public health preparedness.

Successes

- Continued work Tribal Affairs and NPAIHB with the Center for Health Statistics to improve AI/AN data collection for birth and death records.
- The HIV/STD/TB Section worked with NPAIHB to launch their Indigenous I Want the Kit Program (Indigi-IWTK) in Oregon, a home self-collection testing program for sexually transmitted infection.
- The Oregon State Public Health Lab (OSPHL) and the Acute and Communicable Disease Prevention (ACDP) section maintain laboratory services memoranda of understanding (MOU) with 8 of the Federally Recognized Tribes in Oregon.
- OSPHL also supports Tribal health clinics with testing services for communicable diseases and newborn bloodspot screening. From January to October 2023, OSPHL performed 6,850 communicable disease tests, including providing combined influenza / COVID-19 testing.
- ACDP worked with the Oregon Immunization Program, HIV/STI/Tuberculosis Section, State Cancer Registry, and NPAIHB to maintain the data-sharing agreement between OHA and NPAIHB to provide information that will be useful in promoting the health of the Tribal communities.
- ACDP supported the NPAIHB Native DATA project, working with NPAIHB and the Centers for Disease Control and Prevention (CDC) to develop a toolkit to promote effective relationship building and data sharing between state health departments, Tribes, and Tribal Epidemiology Centers.
- ACDP worked with Tribal health and local public health authorities to help address communicable disease outbreaks on Tribal lands.
- The Oregon Immunization Program (OIP) prioritizes ongoing technical assistance to Tribal health clinics. OIP currently has a staff person as the liaison to ITU (Indian, Tribal, Urban Indian) sites, communicating routinely with clinic immunization staff.
- OIP continues in-person provider enrollment and quality improvement visits this year

with Tribal health clinic teams. This activity addresses some of the training needs identified by Tribes and ultimately supports routine immunization coverage for all ages. Additionally, site visitors received training on Tribal health clinics to better prepare the team conducting visits.

- OIP supported individual ITU sites to help get RSV vaccine to all who need it for their newborns and toddlers as American Indian/Alaska Native babies are at particular risk for RSV disease.
- The Public Health Emergency Preparedness program (through the Health Security Preparedness and Response section – HSPR) supported many outreach and community health events, and trainings in Incident Command System (ICS), exercise design, evaluation, and improvement, OPSCENTER and ORALERT.
- HSPR completed a Tribal public health emergency preparedness (PHEP) five-year strategic planning process and plan in partnership with Tribal partners.
- The Oregon Tribal Preparedness Coalition met in-person with state and federal response partners in both February and September of 2023 and updated the Vision and Mission Statements of the Oregon Tribal Preparedness Coalition to be as follows: ***Tribes protect and preserve people, lands, culture, and the sovereignty of our nations. Mission: The Oregon Tribal Preparedness Coalition works to improve emergency management, preparedness, response, recovery, and resiliency in our communities through collaboration, cooperation, and mutual respect.***

Challenges

- A high rate of Tribal health staff turnover, similar, to the rest of the public health system, was addressed by continuous individual communications with each of the Tribes and other Tribal partners.
- A needs assessment NPAIHB conducted with Tribes on syphilis and other HIV/STIs response showed lack of local capacity to conduct partner services and other public health follow-up related to HIV/STIs within some Tribes.

New Work in 2024

- The House Bill 2420 workgroup to look at options for equitable access and fees for vital records will commence and will have a Tribal representative on the workgroup.
- The Center for Health Statistics is preparing training on the process for completing home burial packets and death records to assist Tribal members who choose to do traditional burials.
- The HIV/STI/Tuberculosis section (HST) has obligated funds to support Tribal HIV/STI work and hope to add new Tribal disease investigation and EISO programs in 2024.
- The Oregon Tribal Preparedness Coalition is sending a large cohort to attend Tribal Nations Week at the Center for Domestic Preparedness (CDP) in Anniston, AL in March 2024.
- The HSPR Tribal Liaison is working with FEMA RX to plan a Tribal Summit this spring in Bothell, WA in 2024.
- ACDP Healthcare Associated Infection Prevention Team is preparing to offer proactive infection control discussions with Tribal clinics across Oregon. The discussions will equip clinic staff with knowledge of the current best practices for infection control, prevention, and response.
- ACDP is also exploring joint trainings with NPAIHB in case investigation and outbreak investigation tailored specifically to Tribal health staff. These trainings will make it

easier for Tribal health staff to engage actively in communicable disease-related public health activities.

PHD Funding

The table below shows multiple areas of funding from PHD to the Nine Federally Recognized Tribes in Oregon. 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.

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. To support the Community Intervention Implementation Plan process to describe goals and mitigation; slow the transmission of disease; minimize morbidity and mortality; preserve function of healthcare, workforce, infrastructure, and minimize social and economic impacts.
Environmental Health Capacity Grant	To support projects to build resilience to climate-driven disasters.
Diabetes Program	To improve diabetes prevention and self-management services in Tribal communities.
Title V Maternal and Child Health Grant	To support implementation strategies for Tribal maternal, child and family health priorities selected from a menu of 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 and breastfeeding individuals and families with children under the age of 5. The WIC Farm Direct Nutrition Program supports access to fresh fruits and vegetables through seasonal farmers markets.
Tribal Public Health Modernization	To support implementation of strategies to protect and improve the health of Tribal communities through strengthening the Tribal Public Health system.
Tribal Communicable Disease Response	To support prevention and control of communicable diseases through investigation and response activities for COVID-19, such as case investigation, education and outreach, testing, vaccination and wraparound services for isolation and quarantine.
Oregon Immunization Program	To support COVID-19 response infrastructure and vaccinations, including influenza vaccination and prevention and COVID-19 vaccination.

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Representatives from the NPAIHB, Aaron Hines-Yellowhawk Tribal Health Center, Julie Johnson-OHA, attending the Open House and Community Opioid Summit on October 25, 2023 at Yellowhawk Tribal Health Center on the Umatilla Indian Reservation.



Victoria Warren-Mears-Tribal Epi Center Director, Danna, Julie and Carey-OHA, Danny Martinez, CTWS, Honoring Richard Leman, retirement from OHA

Oregon State Hospital

Oregon State Hospital (OSH) provides patient-centered psychiatric treatment for adults, living in Oregon who need psychiatric 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, (PSRB) 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 750 patients at a time.

OSH-Native Services staff and contractors provide culturally specific Treatment mall groups and activities at the Salem and Junction City campus. Using ceremonies, groups, and individual sessions on a regular scheduled basis they help support patients through their healing journey while at the hospital.

The sweat lodge ceremonies for men and women typically held every month at the Salem and Junction City campus has been on hold until patient health and safety regulations are in place. Other Native services include:

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

Due to Covid-19, OSH's the Tribal Culture Event (Native Gathering), has unfortunately not happened in the year 2023. Usually, staff and contractors organized and carry out the event and invited patients and staff to join in a traditional round dance. The goal of this event is to share and educate staff and patients 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 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.

The Native Services coordinator attends OHA Tribal Monthly and SB 770 HHS meetings to stay up to date on the work that OHA is doing with tribes. Native 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.

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Summary

The Oregon Health Authority looks forward to the continued partnership and collaboration with the Nine Federally Recognized Tribes of Oregon to improve health for Oregon Tribal Members, American Indians/Alaska Natives and all people that now call Oregon home.



OHA Tribal Affairs Team Retreat with the Native Wellness Institute Trainers-Jillene, Shalene and Chenoa, Wellness in the Workplace, December 1, 2023

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