



OREGON  
**HEALTH**  
AUTHORITY



**2024**  
**Government-to-Government**  
**Report**

## Honoring the government-to-government relationship with the Nine Federally Recognized Tribes of 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

## Message from the OHA Director

Dear Governor Kotek and the Legislative Commission on Indian Services:

It has been a rewarding and exciting year since I was confirmed as Director of the Oregon Health Authority (OHA) by the Oregon Senate in February 2024. In my first year in this role, I have made it a priority to listen, learn, and engage with our staff and communities to understand how we can best support efforts to improve health across our state. My work continues to be centered on the needs and experiences of the people of Oregon, ensuring that our priorities align with theirs.

In 2024, I had the privilege of visiting four of the Nine Tribes in Oregon, and I look forward to meeting with the remaining five in 2025. During these visits, I had the opportunity to engage with Tribal Leaders and health staff, meet community members, and tour tribal programs and health clinics. I am deeply grateful for the warm welcome I received and the chance to build stronger relationships with Tribal communities. OHA remains committed to honoring our government-to-government relationship with the Tribes, working in partnership to build on the important work that has already been accomplished. Some of our 2024 highlights include:

- **Allocating the 30% Tribal set-side from the Oregon Opioid Settlement**
- **Hosting Tribal Certified Alcohol and Drug Counselor and Tribal Certified Prevention Specialist Cohorts**, with 45 participants.
- **Establishing Oregon Health Plan Bridge**, a new benefit program assuring continuous coverage for the AI/AN population up to 200% of the Federal Poverty Level
- **CMS authorized the second Tribal Indian Managed Care Entity** in the nation, with the Confederated Tribes of Warm Springs in partnership with OHA.
- **Hosting the Oregon Tribal Opioid and Fentanyl Summit, "Strengthening Pathways to Prevention, Recovery, and Resilience,"** with more than 200 attendees.
- **Creating a new Tribal Grant Agreement Template** in partnership with the Department of Justice
- **Developing of the Tribal Health Strategic Plan**
- **Obtaining federal approval for Medicaid reimbursement** for Tribal Health Programs that implement Tribal-based practices.

As we reflect on these accomplishments, it is important to celebrate the successes of the past year and recognize the tireless efforts made by all who are involved. We deeply appreciate the collaborative relationships we have built and look forward to our continued partnership in the years ahead.



Dr. Sejal Hathi  
Director, Oregon Health Authority



Sharon Stanphill-Cow Creek Band of Umpqua Tribe of Indians welcoming Director Hathi, Feb. 9, 2024, Salem, OR

## Introduction

Oregon Health Authority (OHA) is pleased to share the 2024 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 Federally Recognized Tribes of Oregon to improve health across Tribal communities in our state.

As required, we intend to show:

- The policy the state agency adopted under ORS 182.164.
- The names of the individuals in the state agency who are responsible for developing and implementing agency programs that affect Tribes.
- The process the state agency established to identify its programs that affect Tribes.
- The state agency's efforts to promote communication between it and the Tribes, and government-to-government relations between the state and Tribes.
- A description of the training required.
- 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 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.

OHA has nine divisions: Medicaid, Behavioral Health, Public Health, Health Policy and Analytics, Equity and Inclusion, Oregon State Hospital, External Relations, Agency Operations, and Fiscal and Operations.



Tribal leadership and staff, celebrating the approval of Traditional Health Care Practices, Oct. 17, 2024, NPAIHB QBM, Yakama Nation





## Oregon Tribal Health Strategic Plan

**Achieving Healthy Tribal Communities 2025-2030:** In partnership with Tribal representatives and OHA staff, this new plan outlines a comprehensive approach to improving health outcomes for Tribal communities across Oregon. By building on the successes of the previous Tribal Behavioral Health Plan (2019-2024) and aligning with OHA's strategic goals, the plan emphasizes the importance of culturally responsive care, collaboration and sustainable practices. The final plan will be shared in January 2025.

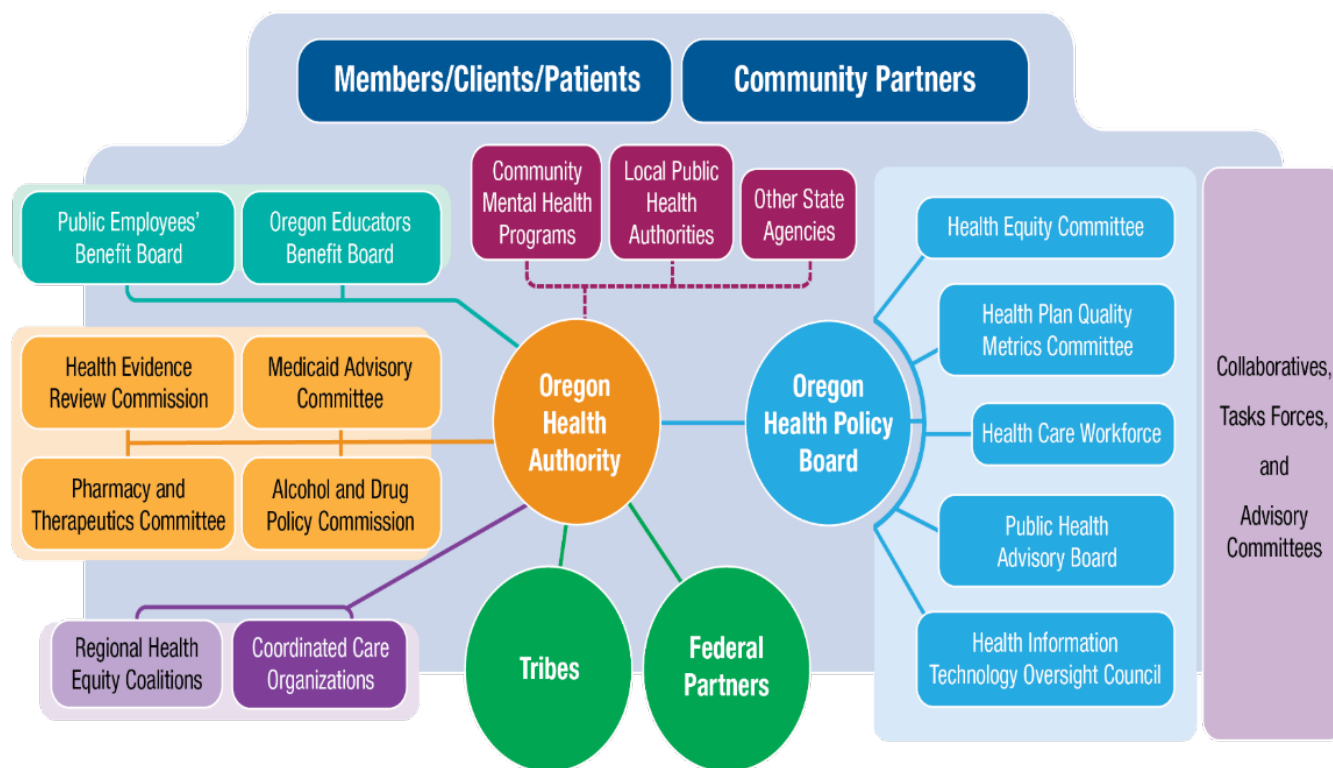
In honoring the relationships with the Nine Federally Recognized Tribes of Oregon, Urban Indian Health Program and other health partners, OHA commits to support the ultimate goal of achieving healthy Tribal communities. This empowers Tribal individuals, families, and communities across Oregon to achieve optimal health and wellness, through a shared vision of providing opportunities to learn and experience healthy lifestyles through a fully funded continuum of health rooted in traditional and culturally specific practices.

**Shared Vision:** "To see tribal communities returned to a state of wellbeing, health and balance".

### Tribal Health Strategic Pathways:

- Nurturing a healthy workforce
- Maintaining and strengthening the unity of our partners
- Investing in wellness infrastructure for Tribes and Native American Rehabilitation Association of the Northwest (NARA-NW)
- Responding to Tribal needs during climate crises

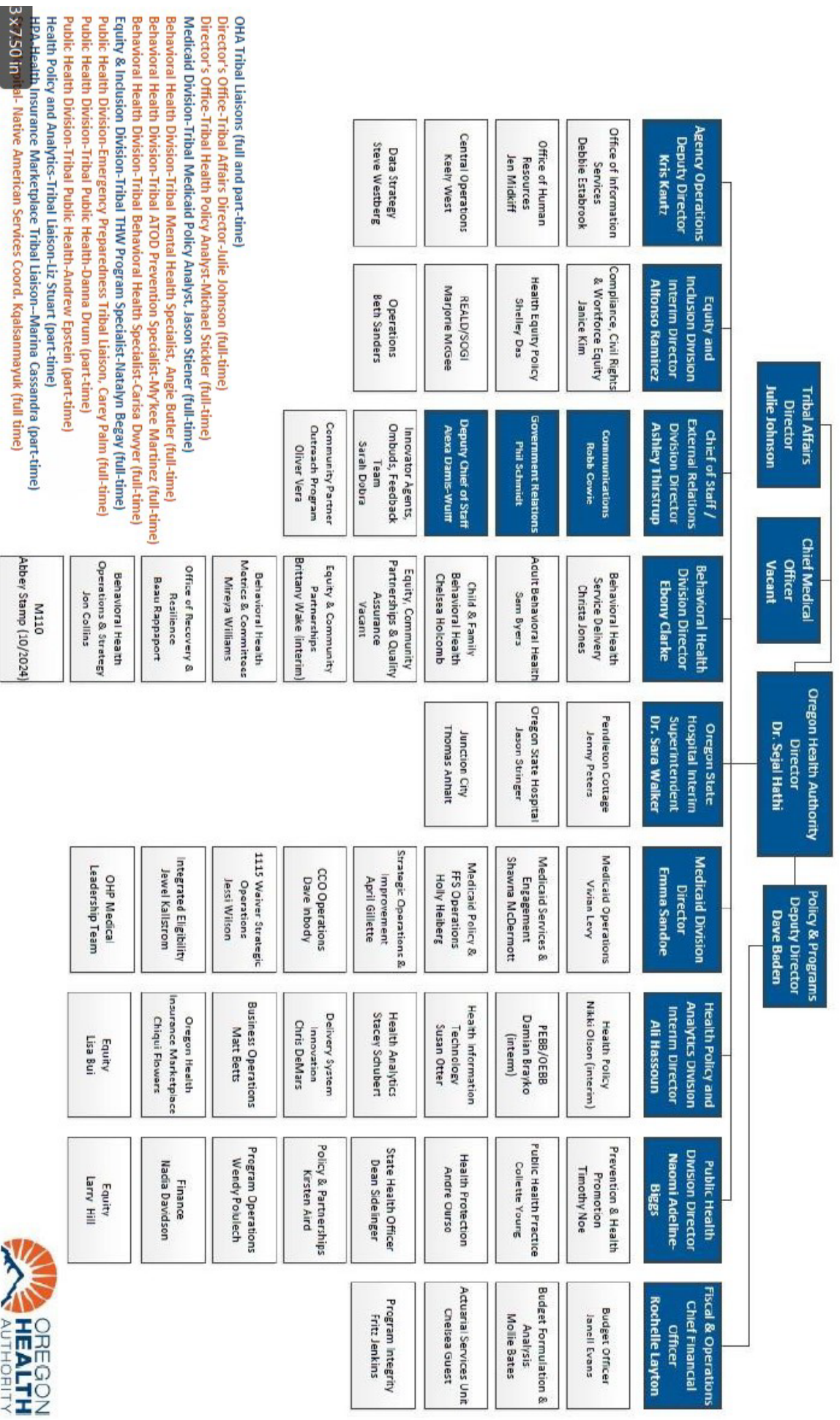
**OHA Partnerships and Collaboration include Tribes, community partners, federal partners and other state agencies which contribute to the overall health of all people in Oregon.**



Oregon Tribal health representatives and partners at the CDC Tribal Advisory Committee Meeting Aug. 8, 2024, Cow Creek Band of Umpqua Tribe of Indians, Canyonville, OR



# OHA Organizational Chart and Tribal Liaisons



## Tribal Affairs and Tribal Liaisons

It is the role and responsibility of Tribal Affairs-Tribal Liaisons 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 responsible for developing and implementing programs that affect Tribes.
- Utilizing a process to identify the programs that affect Tribes.
- Coordinating communication between OHA and Tribes.
- Promoting positive government-to-government relations between OHA and Tribes.
- Providing training to staff on the policy, process and ongoing relationship.

Tribal Affairs Director Julie Johnson works closely with the leadership team and Tribal liaisons to identify the programs that affect Tribes. Julie has been working at OHA for a total of 10 years (eight in this role) 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, providing the Tribal Affairs 101 training and much more.

OHA currently has 14 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 areas of Tribal Affairs, Medicaid, Behavioral Health, Public Health, Health Policy and Analytics, Oregon State Hospital and Equity and Inclusion.

### 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.
- 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.
- 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.

OHA continues to use the Tribal Priority List to guide our work and will soon be focused on implementing the Tribal Health Strategic Plan. OHA added two new full-time Tribal Liaisons in 2024—one in the Equity and Inclusion Division and one in the Public Health Division. OHA plans to hire another Tribal Medicaid Specialist and a Tribal Affairs Project Manager in 2025.

**Communication:** OHA communicates with Tribal representatives through many avenues including meetings, emails and phone calls. OHA Tribal Affairs holds monthly meetings with Tribes to address ongoing work, issues and programs. 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, including Oregon Department of Consumers and Business Services, Oregon Department of Human Services (ODHS), Oregon Department of Veterans Affairs, Oregon Housing and Community Services, Oregon Health Authority, Youth Development Oregon, and Oregon Department of Early Learning and Care. Agendas are developed with the agencies and sent to Tribal representatives for review before being finalized.

**Policy:** To meet the policy requirements under ORS 182.164, OHA implemented a Tribal Consultation Policy in 2010. The policy was updated in 2018 for better implementation across the agency. In 2023, in partnership with ODHS, the policy was again updated to include the consultation process for both agencies. OHA and ODHS Tribal Affairs have been working together to better align their processes to meet the needs and requests of the Tribes.

In 2024, 62 “Dear Tribal Leader” letters were sent for identified critical events. This led to three group consultation/confer meetings and five individual Tribal Consultations/Meet-and-greets.

Feb. 9, 2024 – group consultation/confer on the OHP Bridge-Basic Medicaid Program Rules

Feb. 9, 2024 - group consultation/confer on the Civil Commitment Rules

Feb. 16, 2024 – meet-and-greet with Klamath Tribes

March 28, 2024 – meet-and-greet with Confederated Tribes of the Umatilla Indian Reservation

April 15, 2024 – group consultation/confer on HRSN Community Capacity Building Funding

May 6, 2024 – Individual consultation with Cow Creek Band of Umpqua Tribe of Indians on HRSN

Oct. 29, 2024 - meet-and-greet with Confederated Tribes of Warm Springs

Nov. 18, 2024 – meet-and-greet with Coquille Indian Tribe

In March 2024, OHA Tribal Affairs Director Julie Johnson was appointed to the Task Force on Tribal Consultation by Governor Kotek. The purpose of the task force is to address the ambiguities in existing laws concerning the consultation process between the State of Oregon and the Nine Federally Recognized Tribes of Oregon. The task force emerged from the need to define clear guidelines and procedures for meaningful and respectful consultation. Julie has been an active participant on the task force, continuing to listen and learn from Tribal Leaders and do her part to help the task force improve statewide processes.



Members of the Tribal Consultation Task Force, July 23, 2024  
Cow Creek Band of Umpqua Tribe of Indians, Canyonville, OR

**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 to outside partners including Local Public Health Authorities, Community Mental Health Programs and Coordinated Care Organizations.

We start the training discussion with five key elements:

- **Listening to the People** – listening to individuals, families, communities, and Tribes
- **Following Federal Laws** – understanding the Federal Indian Trust Responsibility to provide Health Care to Indian People
- **Upholding State Law** – following the requirements of “Relationship of State Agencies with Indian Tribes” (SB770-2001) (ORS 182.162 to 182.168)
- **Implementing the Agency Policy** – ensuring the processes of the OHA/ODHS Tribal Consultation and Urban Indian Health Program Confer Policy are being followed.
- **Utilizing OHA Tribal Liaisons** – supporting the dedicated agency staff that lead the work with the Nine Federally Recognized Tribes as they provide guidance for the planning, building, and advocating for policy, programs, and priorities of the Tribes.

Trainings provided in 2024
<b>Tribal Affairs 101:</b> For new managers, teams, units, or as a refresher. Also available for external partners. Includes basic knowledge of OHA’s government-to-government relationship with the Nine Federally Recognized Tribes of Oregon and Tribal health systems. Presented by OHA Tribal Affairs.
<b>OHA New Employee Orientation:</b> Required courses for all new OHA employees. Includes basic knowledge of OHA’s government-to-government relationship with the Nine Federally Recognized Tribes of Oregon and Tribal health systems. Presented by OHA Tribal Affairs.
<b>Anti-Racism Training:</b> 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.
<b>OHA Tribal Affairs Legislative Trainings:</b> Presented to OHA units and divisions. Includes basic knowledge of OHA’s government-to-government relationship with the Nine Federally Recognized Tribes of Oregon and Tribal health systems as a way to provide context to legislative bills and concepts. Presented by OHA Tribal Affairs.

An online, interactive, self-guided version of Tribal Affairs 101 is in development and should be completed in 2025. In 2024, OHA Tribal Affairs also participated in the Heart and Spirit of Tribal Consultation video series in partnership with Oregon Department of Education.

<https://olis.oregonlegislature.gov/liz/mediaplayer?clientID=4879615486&eventID=2024081011>

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Michael Stickler – Tribal Affairs Health Policy Analyst  
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## Medicaid Division

The Medicaid Division of OHA works with partners including Tribes, coordinated care organizations (CCO), Community Mental Health Programs, providers and private organizations to implement health care in an effective, efficient and fiscally sustainable way. The Medicaid Division oversees the Oregon Health Plan (OHP), which provides more than 1 million people in Oregon with physical, oral and behavioral health services. This includes 61,955 American Indian and Alaska Native individuals that are on OHP. Medicaid and Behavioral Health are the two largest programs in OHA's Health Systems Division.

Director Emma Sandoe leads the Medicaid Program, which includes these units:

- Medicaid Operations
- Medicaid Services and Engagement
- Medicaid Policy and Fee For Service Operations
- Strategic Operations and Improvement
- CCO Operations
- 1115 Waiver Strategic Operations
- Integrated Eligibility
- OHP Medical Leadership Team

### Ongoing Tribal Medicaid Initiatives:

- **100% Federal Medical Assistance Percentage (FMAP) Savings and Reinvestment Program:** The 100% FMAP Savings and Reinvestment Program supports Tribal and urban Indian health programs that provide referred Medicaid services to American Indian and Alaska Native OHP members. Since 2018, OHA has worked together with Tribal health programs to successfully operate the 100% FMAP Savings and Reinvestment Program in partnership with the seven participating Tribes. The 100% FMAP Savings and Reinvestment Program is operated pursuant to HB 2286.
- **Indian Managed Care Entity (IMCE):** OHA received approval from the Centers for Medicare & Medicaid Services (CMS) of a State Plan Amendment (SPA) to establish the IMCE program 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 American Indian and Alaska Native OHP members. The first IMCE in Oregon, NARA-NW, began offering services to American Indian and Alaska Native OHP members in September 2022. The Confederated Tribes of Warm Springs received approval for their IMCE in the fall of 2024 and will begin providing services in 2025. Together, these IMCEs will provide care coordination services to approximately 10,000 American Indian and Alaska Native people in Oregon.
- **Health Related Social Needs (HRSN):** Tribes will be receiving a Tribal set-aside of funding of the Community Capacity Building Funds to support the implementation of providing HRSNs. This expansion of services was approved in the 1115 Medicaid waiver authority and supports housing, nutrition and distribution of climate devices.
- **Relationships with coordinated care organizations (CCO):** Some Tribes choose to contract with CCOs, and some do not. With the recent policy changes to have pay parity between fee-for-service (FFS) and CCOs it is important to continue ongoing communication and partnership with all parties to ensure that Tribes are getting paid correctly. OHA is holding regular meetings both internally and with the CCOs to ensure compliance with the contract requirements.



- **Traditional Health Care Practices:** OHA received federal approval of Medicaid coverage for Traditional Health Care Practices through the 1115 Medicaid waiver authority process. Oregon was among the first four states to be granted this authority. OHA is working with our Tribal partners to create a Medicaid billing process for Traditional Health Care Practices.

**In 2025:** OHA will be hiring a second Tribal Medicaid Policy Analyst to support the Medicaid program and the agency with this important work.

**Key Contacts:**

Emma Sandoe – Medicaid Director  
emma.sandoe@oha.oregon.gov

Jason Stiener – Tribal Policy and Program Analyst  
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OHA Leadership visiting the Ko-kwel Wellness Center, Nov. 18, 2024  
Coquille Indian Tribe, Coos Bay, OR

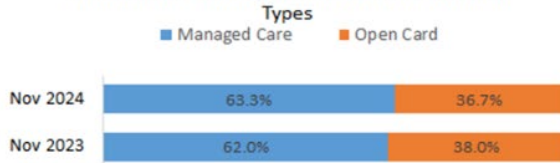


CCO Tribal Liaisons with OHA Tribal Liaisons at the Tribal Opioid Summit, Oct. 8, 2024  
Cow Creek Band of Umpqua Tribe of Indians, Canyonville, OR

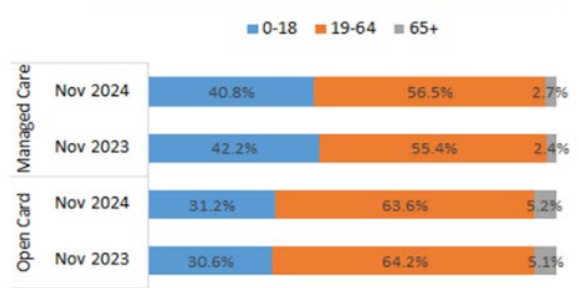


## HNA Fast Facts

Distribution of HNA Recipients Across Enrollment



Distribution of HNA Recipients Across Age Groups



Nov 2024			Nov 2024 Total	Nov 2023		Nov 2023 Total
Female	Male			Female	Male	
Managed Care						
HNA Enrollment	21,841	17,361	39,202	22,367	18,008	40,375
Enrollment	689,371	632,177	1,321,548	687,315	631,325	1,318,640
Open Card						
HNA Enrollment	11,899	10,854	22,753	13,066	11,708	24,774
Enrollment	58,980	51,638	110,618	81,902	69,831	151,733
Total HNA Enrollment	33,740	28,215	61,955	35,433	29,716	65,149
Total Enrollment	748,351	683,815	1,432,166	769,217	701,156	1,470,373

Nov 2024				Nov 2024 Total	Nov 2023			Nov 2023 Total
0-18	19-64	65+	0-18		19-64	65+		
Managed Care								
HNA Enrollment	16,000	22,157	1,045	39,202	17,039	22,378	958	40,375
Enrollment	452,282	789,691	79,575	1,321,548	452,836	792,265	73,539	1,318,640
Open Card								
HNA Enrollment	7,088	14,475	1,190	22,753	7,591	15,909	1,274	24,774
Enrollment	41,227	62,925	6,466	110,618	49,052	90,573	12,108	151,733
Total HNA Enrollment	23,088	36,632	2,235	61,955	24,630	38,287	2,232	65,149
Total Enrollment	493,509	852,616	86,041	1,432,166	501,888	882,838	85,647	1,470,373

Data Source: HAL\_REPORTING (MMIS/DSSURS)

Data Load Date: 03DEC2024



OHA Tribal Liaisons, Oct. 2, 2024, HHS Cluster Meeting, Warm Springs, OR

## Behavioral Health

- **Measure 110:** Tribes have successfully been increasing the amount and type of services to support those in recovery. As part of the initial Tribal set-aside, most Tribes elected to start up another Tribal Certified Alcohol and Drug Counselor cohort, similar to what OHA had sponsored in the past. Fourteen individuals representing the Tribes and NARA-NW have completed their course work and are now preparing to take the test to become Certified Alcohol and Drug Counselors.
- **State Opioid Settlement:** The State of Oregon received the State Opioid Settlement through national lawsuits against several pharmaceutical manufacturers, distributors and pharmacies for their role in the nationwide opioid crisis. The Opioid Settlement, Prevention, Treatment and Recovery (OSPTR) Board has set aside 30% of the fund (approximately \$81 million) for Tribal investments over the next 14 years. OHA was authorized by the OSPTR Board to disburse \$27.7 million to the Nine Federally Recognized Tribes of Oregon for the current biennium ending in June 2025. These funds can be spent on a wide variety of prevention, treatment and recovery strategies as outlined in the terms of the settlements. Contracts were sent out in December 2024 and will run from Jan. 1, 2025, through June 30, 2038. Additional funds will be added every two years.
- **Tribal Behavioral Health Intergovernmental Agreements:** This contract holds the bulk of the funding coming through the Behavioral Health Division with the exceptions of the Tribal Behavioral Health Resource Network, Systems of Care and the upcoming Tribal Opioid Settlement. This new contracting process has streamlined multiple contracts into 3 main contracts reducing administrative burden to the tribes.

### 2024 highlights from the Nine Tribes' plans and reports from each service element include:

- **TAD 354 Tribal Community Behavioral and Substance Use Disorder (SUD) Services:** Supporting staff working for CADC1 certification, expanded outpatient treatment to new and additional clients, added peer support specialists, outreach to correctional facilities, and expanded culturally specific services to individuals.
- **TAD 355 Intoxicated Driver Program Fund:** Provided education to individuals convicted of driving under the influence of intoxicants (DUI) or minor in possession (MIP), and expanded to include education specific to veterans.
- **TAD 356 Housing Assistance:** Support services to assist clients with accessing and maintaining housing while in treatment and/or recovery.
- **TAD 357 Tribal State Opioid Response Grant:** Provided in-person stigma reduction training for staff, increased workforce knowledge on the medication-assisted treatment (MAT) program, distribution of harm reduction supplies including naloxone and fentanyl test strips, as well as training for naloxone administration.
- **TMH 303 Tribal Mental Health Start-Up for Mobile Crisis Services:** Provided training in crisis assessment and referral process to staff, partnered with local law enforcement and county mobile crisis teams, recruited additional behavioral health staff, and purchased vehicles dedicated to providing mobile crisis response and transportation.
- **TMH 305 Tribal Veterans Behavioral Health:** Expanded programs and locations to help



reduce the behavioral health stigma for veterans.

- **TMH 306 Tribal Youth Suicide Prevention:** Trained staff in Sources of Strength, Question, Persuade and Response (QPR) and ASSIST, established relationships with the local middle and high schools, provided eight mini summer camps for Tribal youth including substance abuse prevention, tobacco prevention, youth suicide prevention and culturally specific activities.
- **TMH 307 Tribal Workforce Clinical Supervision:** Contracted with local and/or culturally specific providers to provide supervision to support the expansion of qualified clinical behavioral health staff, offered training to staff on principles and practices of culturally responsive behavioral health, as well as cross-training between public health and behavioral health.
- **TMH 308 Tribal Workforce Incentives:** Focused on staff retention and assisting staff working towards obtaining certification, licenses, culturally specific training graduate/post graduate degrees, supported loan forgiveness and repayment incentives, self-care supports, housing assistance, recruitment of staff with the opening of new clinics, and program expansion.
- **TMH 309 Tribal Residential and Housing:** Purchased a building to provide a sober living facility, remodeled a ranch to provide equine therapy, dedicated six apartment units for supportive housing, partnered with local providers to prioritize availability of residential treatment beds, many of which also include support services for treatment and recovery.
- **TMH 304 Tribal Mental Health Services:**
  - **Mental Health Promotion and Prevention-** Increasing access to community based Tribal programs such as Wellbriety, Indian Parenting, Domestic Violence Group Treatment, Sweat Lodge, Healthy Relationship Curriculum and Tribal Family Activities.
  - **Jail Diversion-** Tribes are providing pre booking and post booking jail diversion services aimed at keeping individuals with severe and persistent mental illness (SMPI) out of the judicial/carceral system. This includes Tribal DUII programs.
  - **School Access to Mental Health-** Licensed Clinical Social Workers (LCSW) working in school Tribal school settings with youth and peer traditional health care workers to assist with strengthening mental health, accessing healthy activities and developing new skills.
  - **Supportive Housing & Peer Delivered Service-** Building or purchasing housing for Behavioral Health Clients and families (Tribal housing departments and behavioral health staff working together to fill vacancies). Providing intensive case management and supportive housing to individuals with SPMI, peers assist with living as independently as possible.
  - **Crisis Services-** Tribes are developing partnerships and collaborating with police, hospitals and jails to provide 24/7 crisis services and training for Tribal staff to assist with mobile response with counties. Tribes are also developing Warm Lines for Tribal communities, and Tribal staff is receiving training to assist callers, collaborating with county community health programs to provide mobile crisis response to members when needed. Developing care coordination and communication protocols with hospitals to allow for referral for Tribal patients needing ongoing care.

○ **Positions supported by Tribal Mental Health 304:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>- Adult Mental Health Director</li> <li>- Women's Post Treatment Counselor</li> <li>- Cultural Consultant</li> <li>- Indian Child Welfare Specialist</li> <li>- Psychiatric Nurse Practitioner</li> <li>- Probation Counselor</li> <li>- Child Protective Services Specialist</li> <li>- Conscious Discipline Trainer</li> </ul> | <ul style="list-style-type: none"> <li>- Prevention Coordinator</li> <li>- Licensed Clinical Social Worker</li> <li>- Licensed Professional Counselor</li> <li>- Care Coordinator</li> <li>- Elder Care Coordinator</li> <li>- Youth Mentor</li> <li>- Mental Health Counselor</li> <li>- Mental Health Manager</li> </ul> |
|---|--|



- **TAD 352 Alcohol & Other Drugs Prevention:** Center for Substance Abuse Prevention (CSAP) strategies and additional strategies that were implemented by the Tribal Prevention Programs used throughout 2024.
  - **Information Dissemination-** Provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, misuse, and addiction, and their effects, shared with 14,421 individuals.
  - **Prevention Education-** Aims to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities. engaged 2,035 individuals.
  - **Alternative Activities-** Provides activities that exclude alcohol, tobacco, and other drug use, provided to 3,955 individuals.
  - **Community Based Process-** Involves activities that organize, plan, and enhance the efficiency and effectiveness of program implementation, engaged 726 individuals.
  - **Environmental Strategies-** Involves the creation, modification, and/or passage of policies and regulations influencing the prevalence of substance use/misuse, impacted 50 individuals.
  - **Problem Identification & Referral-** Identifies those who have experimented with substances to assess whether their behavior can be reversed through education, interfaced with 63 individuals.
  - **Oregon Tribal Based Practices-** Culture is Prevention, impacted 4,832 people.
  - **Oregon Tribal Certified Prevention Specialist Cohort-** There have been 31 people involved in the 2024 Specialist Training Cohort. Since the initiation of this training cohort, we have noted a more consistent level of reporting across the six CSAP strategies.
- **TAD 353 Tribal Tobacco Prevention:** All Tribal Commercial Tobacco Prevention programs continue to engage in Tobacco Cessation efforts from models such as Project SUN and Second Wind, as well as help people gain access to nicotine replacement therapy (NRT). They are working with their local schools and communities to serve both youth and adults who might be interested in quitting smoking.

The success of Tribal Commercial Tobacco Prevention is not measured in numbers of people touched in the conventional sense, yet the program still served 9,932 people in their Tribal communities with approximately 50.21% (n = 4,987) being served with Oregon's Tribal Based Practices.

All Tribal programs continue to work with Traditional Tobacco and strongly discourage the use of Commercial Tobacco and they educate the public on the differences between these two aspects of the tobacco plant.

Tribes are streamlining their assessment and screening process so that patients are regularly offered education, help and, when necessary, Tobacco Cessation Treatment options. They are building systems where this is done at regular intervals and not sparingly, at intake, when packets for new patients are handed out.



Programs are building up both their Data Collection and Evaluation infrastructures to inform services to find how best to help patients and clients with Tobacco Cessation, Prevention and in other areas of impacted health that disease affects.

These programs also continue to saturate their communities through Information Dissemination, Prevention Education in the school and community settings, Community Mobilization, and promotion and updating of Environmental Strategies related to Systems & Policy Change. They are not averse to providing their communities with services that are Evidence-based practices as sell.

**Key contacts:**

Ebony Sloan Clarke – Behavioral Health Director  
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Carisa Dwyer – Tribal Behavioral Health Specialist  
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Angie Butler – Tribal Behavioral Health Continuum of Care Advisor  
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Michael Martinez (My'kee) – Tribal ATOD Prevention Specialist  
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OHA Tribal Liaisons visits the community garden Sept. 24, 2024, and visit with Miranda Williams-Tribal Health Director Oct. 22, 2024, Confederated Tribes of Siletz Indians, Siletz, OR



Alice Sampson, Annie Kalama, Annaliese Dolph, Angie Butler, Michelle Bradach, Chelsea Holcomb, Julie Johnson, Mobile Crisis Training and Pi-ume-sha and Grand Ronde Powwows

## 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, 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 to everyone in Oregon. PHD programs have a variety of ways they consult, engage, seek feedback and develop program policies and practices with the Nine Tribes.

**The Office of the State Public Health Director (OSPHD)** is focused on collaborating 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 support implementation of public health foundational capabilities and programs for eight Tribes with NPAIHB providing technical assistance and training, including an ongoing community of practice. Tribes use these funds for infrastructure and programs related to a variety of public health priorities within their communities.
- OSPHD provided additional public health modernization funding to NPAIHB to assist several Oregon Tribes with an environmental health assessment and Tribal ecological knowledge training and technical assistance. The funding also supports NPAIHB's development of a Tribal environmental public health tracking system for Tribal data.
- Program Design and Evaluation Services continued to provide funding to NPAIHB to advance recommendations previously identified for future data collection tools, administration, analysis reporting and use.
- Tribal representatives participated on two Oregon Public Health Advisory Board (PHAB) work groups to develop a public health workforce development plan and a health equity framework. Additional Tribal input on these two PHAB deliverables were gathered from Tribal Public Health Modernization staff and Tribal representatives at the OHA Tribal Monthly Meeting.

- **Challenges:** The entire public health system, including Tribes, continues to experience significant staff recruitment and retention challenges.

- **New Work in 2025:** A full-time Tribal Public Health Liaison will be onboarded. This is a new position for the Public Health Division. PHD will plan for implementation of a new Tribal Public Health Intergovernmental Agreement that aligns with provisions in other OHA Tribal agreements. Effective date for this new agreement will be Jan. 1, 2026.

**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 PHD's licensing and regulatory tools and provides a consistent, strong approach to protecting health.

- **Successes:**

- In Spring 2024, the PHD Environmental Public Health (EPH) section met with NPAIHB to hear about climate-related impacts in Tribal communities. EPH also had conversations with many of the Tribes. OHA plans to involve Tribal partners in the development of future annual Climate and Health in Oregon Reports as required by Governor Executive Order.



- Bradford Island continues to be listed by the U.S. Environmental Protection Agency as a Superfund Site on the National Priorities List. Bradford Island is in the Columbia River, about three 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. While no requests for consultation were received, PHD responded to and engaged with Tribal natural resource agency staff who expressed interest. These staff partnerships resulted in the identification of exposure pathways that are unique to the Tribes and tailored risk communication strategies regarding the fish consumption advisory at the site. 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 2026.
- The Oregon Legislature created a Healthy Homes Grant Program (HHGP) within OHA. The purpose of the program is to provide grants to eligible entities that provide financial assistance to persons in low-income households to repair and rehabilitate their residences, and to landlords to repair and rehabilitate dwelling units inhabited by low-income households. The HHGP developed Tribal-specific HHGP funding and processes, with funding anticipated as of Jan. 1, 2025.
- **Challenges:** There is an ongoing need to educate non-Tribal licensing and advisory board members about the government-to-government relationship between the Tribes and OHA, and the related state statutes that govern those relationships.
- **New Work in 2025:**
  - EPH has started a new Healthy Fish Consumption Program, which increases OHA's capacity around fish consumption advisories. A Dear Tribal Leader Letter will be issued to notify Tribal leaders of the new program and invite their guidance in program development. Program priorities include fish advisory education for caregivers of young children in native communities.
  - EPH will work with the Tribes and the NPAIHB to incorporate quantitative and qualitative data into the Climate and Health in Oregon 2023 Report , due to be released in June 2025.
  - In 2025 OHA anticipates awarding a total of \$3 million in Tribal-specific funding through the Healthy Homes Grant Program.



OHA Leadership visiting the Confederated Tribes of Warm Springs, Oct. 29, 2024, Warm Springs, OR



**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 state Women, Infants and Children (WIC) Program set up a temporary contract with Synergy Health and Wellness to assist the Confederated Tribes of Warm Springs in offering dietitian services. This contract allows the Tribe to provide nutrition services to high-risk participants needing dietitian counseling. These services are being offered virtually with the support of their WIC local agency staff.
- The Family and Child Health (FCH) Section (as the lead agency of the Oregon Safe Sleep Coalition) coordinated with the Oregon Department of Early Learning and Care to provide a mini grant to the Confederated Tribes of Grand Ronde to find creative ways to improve cultural responsiveness in messaging to promote Safe Sleep, strengthen relationships and acknowledge grief. This outreach included individual support and engagement for mothers, creative marketing outreach, safe sleep kits, museum jackets, cradle boards and other gifts.
- The Title V Program began funding the Confederated Tribes of the Grand Ronde to orient and onboard them to the Title V Program. The maternal and child health (MCH) Tribal contact is providing orientation and guidance so that the Grand Ronde Health and Wellness Center will be prepared if they decide to become a full-funded Title V grantee in 2025.
- The Injury & Violence Prevention Program (IVPP) provided funding for the 2024 Oregon Tribal Opioid and Fentanyl Summit. The 2024 Summit, titled “Strengthening Pathways to Prevention, Recovery, and Resilience” was held October 8-9 in Canyonville, Oregon. The Summit served as a gathering for Tribal leaders, community members, health care providers, public health officials, law enforcement partners and others to share knowledge, resources and strategies to effectively address the overdose crisis.
- Approximately \$271 million has been awarded to Oregon for the state portion of opioid lawsuit settlements. IVPP is providing staff support to the Oregon Opioid Settlement Prevention, Treatment and Recovery Board (OSPTR Board). The OSPTR Board voted to allocate 30% of the state portion of all opioid settlement funds to the Nine Tribes. OHA is administering these agreements through the Behavioral Health Division.
- House Bill 2395 (2023) tasked OHA with developing communications guidance to improve local notifications and information-sharing when a person 24 years or younger dies of a suspected drug overdose. The bill directs medical examiners to notify both the local mental health authority and the Tribal health authority if the decedent was an enrolled member of one of the Nine Federally Recognized Tribes of Oregon.
- Adolescent and School Health’s Statewide Youth Advisory Council granted COVID-19 School Recovery and Workforce Development Funds to initiatives and organizations serving Tribes and Native Youth in 2023 through June 2024, when funding ended. Those programs include Papalaxsimisha/Better Together (a program of the Confederated Tribes of Warm Springs), Lane Education Service District – Native Youth Wellness Program, Portland Public Schools – Indian Education Department, Athena-Weston School District partnering with Umatilla Tribal leadership, Dufur School District – serving families in the Celilo Indian Village and Lone Pine In-Lieu Site, Madras High School – supporting the

American Indigenous Business Leaders Chapter, and The Next Door, Inc. – supporting The Next Door’s Native Youth Supports program.

- The Reproductive Health Program partnered with Papalaximisha/Better Together on their workplan for a Community Outreach Project grant.
- The Health Promotion Chronic Disease Prevention (HPCDP) section funds the Confederated Tribes of Siletz Indians to build and expand their National Diabetes Prevention Program (DPP). The Tribe is currently working to offer this program at four tribal locations in Central Siletz, Portland, Salem and Eugene. The Tribe is in the process of applying for Centers for Disease Control (CDC) recognition as a National DPP provider.
- **Challenges:** The evaluation for the Native Quit Line is on hold while HPCDP explores an evaluation contract with the Northwest Portland Area Indian Health Board.
- **New Work in 2025:**
  - The Maternal, Child and Adolescent Health (MCAH) Title V program is conducting the 2025 statewide MCAH Needs Assessment which will be used to establish program priorities for 2026-2030. A Needs Assessment Advisory Group, which includes representatives of two Tribal Title V grantees as well as the MCH Tribal contact, has been convened to guide the process, which will conclude in March 2025.
  - IVPP will coordinate with needed partners regarding pending legislation (2025 Legislative Concept 0444) to allow sharing of data from the Prescription Drug Monitoring Program with the Tribes and the Northwest Tribal Epidemiology Center.

**The Center for Public Health Practice** houses programs related to maintaining vital records, responding to health emergencies, and communicable disease control and prevention. These include the Center for Health Statistics (CHS), Oregon State Public Health Laboratory (OSPHL), Acute and Communicable Disease Prevention (ACDP) Section, Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD)/Tuberculosis (TB) Section, Oregon Immunization Program (OIP), and Health Security, Preparedness and Response (HSPR).

- **Successes:**
  - CHS collaborated with NPAIHB to provide a death data file that is matched with Indian Health Service data to improve death record accuracy for Tribal members. The House Bill 2420 workgroup, which included a Tribal representative, explored options for equitable statewide access and revenue for vital records.
  - HIV Early Intervention & Outreach Services provided funds to the Confederated Tribes of Siletz Indians to continue to support HIV, sexually transmitted infections, viral hepatitis prevention, and other harm reduction efforts through a 0.75 FTE health educator position.
  - The HIV/STD/TB Section worked with NPAIHB to fund a capacity building specialist to provide direct technical assistance to Tribes and to launch their Indigenous I Want the Kit Program (Indigi-IWTK), a home self-collection testing program for HIV and sexually transmitted infection that became fully operational in 2024. NPAIHB presented data on the program to statewide public health partners at the 2024 Oregon Epidemiologists’ Meeting.
  - OSPHL partnered with Tribal health centers and facilities with clinical testing services for communicable diseases and newborn bloodspot screening. From January to October 2024, OSPHL performed 4,217 communicable disease tests, including providing combined influenza / COVID-19 testing and Pertussis outbreak identification for Tribal health centers.

- The ACDP Section worked with OIP, HIV/STD/TB 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 Tribal communities.
- The ACDP Section engaged with the Tribes on the implementation of permanent rules related to Senate Bill 189, which permits the removal of surgically removed anatomical parts from a health care facility.
- The ACDP Section worked with Tribal health and local public health authorities to address communicable disease outbreaks on Tribal lands.
- OIP ensured timely technical assistance to IHS, Tribal and Urban Indian (I/T/U) clinics by assigning a Tribal Provider Services Coordinator to efficiently route and close out their inquiries.
- Tribal health staff attended and contributed to regional immunization meetings. Yellowhawk Tribal Health Center staff presented effective outreach strategies used during the COVID-19 pandemic; staff from Ko-Kwel Wellness Center and Warm Springs Health and Wellness joined discussion panels to highlight immunization challenges, opportunities and partnerships; and the Ko-Kwel Wellness Center team kicked off the Coos Bay regional meeting.
- Several Tribal health clinics participated in listening sessions to offer feedback to inform the ALERT Immunization Information System Replacement Project.
- The HSPR Section supported Tribal outreach and community health events, trainings in Incident Command System (ICS), exercise design, and evaluation.
- The Tribal Preparedness Coalition of Oregon assisted a large cohort in attending Tribal Nations Week at the Center for Domestic Preparedness (CDP) in Anniston, AL, in March 2024.
- The Tribal Preparedness Coalition of Oregon attended FEMA Region 10 Tribal Summit in May 2024 and hosted an ICS Training Week in May 2024, and will host another in early 2025.
- The Northwest Tribal Public Health Emergency Preparedness Conference was held June 10-13, 2024, hosted by the Confederated Tribes of Grand Ronde, Grand Ronde, OR.
- **Challenges:** 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 2025:**
  - The HIV/STD/TB Section has obligated funds for Tribal HIV/STD work and hope to add new Tribal disease investigation programs in 2025.
  - The Healthcare-Associated Infection (HAI) Prevention team will continue to offer proactive infection control consultations to Tribal clinics across Oregon and explore other mechanisms to support development of infection control expertise.
  - The ACDP Section is 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.

**Key Contacts:**

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Tribal Public Health Emergency Preparedness Conference, June 11, 2024  
Confederated Tribes of Grand Ronde, Grand Ronde, OR



Yellowhawk Tribal Health Center Expansion Celebration, Oct. 4, 2024  
Confederated Tribes of the Umatilla Indian Reservation, Mission, OR

## Equity and Inclusion Division

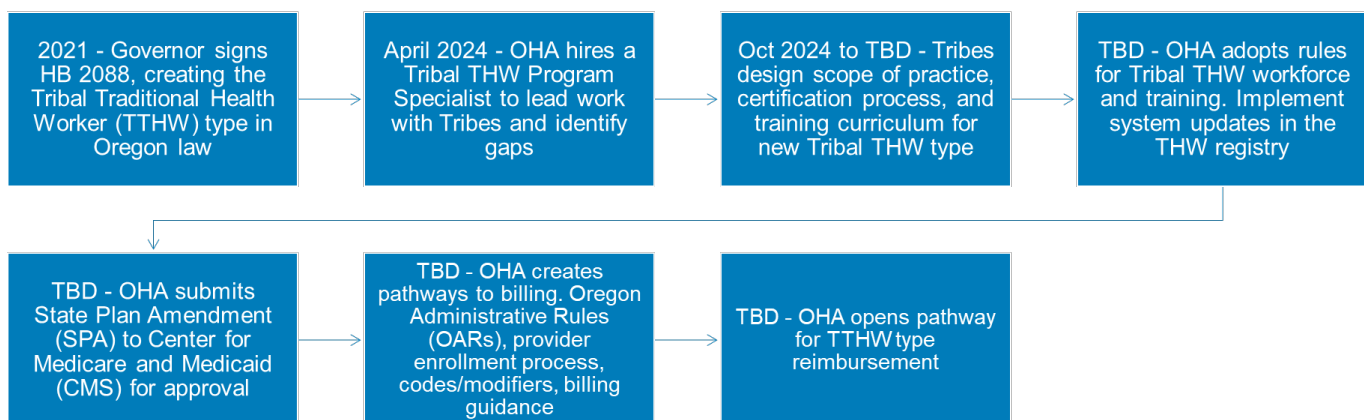
The Equity and Inclusion (E&I) Division collaborates with the state's diverse communities, government entities, service providers and policy makers to identify priorities and works toward achieving OHA's 10-year strategic goal of eliminating health inequities in Oregon by 2030. The division provides educational programs and training, community outreach, partnerships, Health Equity Workforce support and civil rights resources. E&I guides the work of OHA's Race, Ethnicity, Language and Disability (REALD) efforts to improve statewide demographic data collection. The Health Equity Committee, staffed by E&I, is a subcommittee of the Oregon Health Policy Board.

**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.

**OHA's Health Equity Committee (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 Indian and Alaska Native individuals 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.

**The Tribal Traditional Health Worker (TTHW) Program** aims to train and certify Traditional Health Workers (THW) to meet current certification standards set forth by legislative mandates, diversify the health care workforce, and deliver high-quality, culturally responsive care to our diverse populations, thereby promoting health equity. The TTHW Program Analyst position was filled in April 2024 and is working to support the Tribes in developing the newly established TTHW worker-type. The TTHW Program Analyst began meeting with Tribal representatives to identify THW service gaps as well as determine which Tribal staff could be part of the curriculum development workgroup. In October 2024 the first curriculum workgroup meeting was held, and recommendations were made regarding the workplan timeline, budget, and curriculum content. The workgroup will continue to gather monthly. An estimated timeline of the TTHW worker-type development is shown below.





The TTHW Program Analyst is also supporting Tribes with further development of their current THW work, as well as:

- THW Commission and Subcommittee support.
- 2024 CCO Deliverables Review.
- Providing technical assistance to THW applicants that identify as American Indian and/or Alaska Native.

As of Dec. 2, 2024, there were 238 active certifications on the THW registry that identify as American Indian and/or Alaska Native. This demographic information is offered voluntarily and may not be an exact count.

- 1 is certified as a birth doula.
- 40 are certified community health workers.
- 153 are certified peer support specialists (PSS).
  - 98 are PSS – adult addictions.
  - 22 are PSS – adult mental health.
  - 23 are PSS – family support.
  - 10 are PSS – youth support.
- 42 are certified peer wellness specialists (PWS).
  - 2 is a PWS – adult addictions and adult mental health.
  - 14 are PWS – adult addictions.
  - 23 are PWS – adult mental health.
  - 2 are PWS – family support.
  - 1 is a PWS – youth support.
- 2 are certified Personal Health Navigators (PHN).

**Key contacts:**

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OHA Tribal Liaisons, November 8, 2024, NARA-NW, Portland, OR



## Health Policy and Analytics

The Health Policy and Analytics (HPA) Division 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, served as Interim HPA Director since September 2022. Clare Pierce-Wrobel started in the permanent HPA Director role Nov. 12, 2024.

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.

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

- **HPA's Office of Health Policy** in 2024 focused on the following key agency priorities, undertaken in partnership with the Medicaid Division:
  - Implementation of Oregon's 1115 Medicaid waiver
  - Ongoing operations and maintenance of the Healthier Oregon program
  - Development, implementation, and operation of the OHP Bridge benefit, which launched in July of 2024, including:
    - OHP Bridge - Basic Health Program, implemented solely through Oregon's coordinated care organizations, and
    - OHP Bridge – Basic Medicaid, for Medicaid populations exempt from CCO auto-enrollment.

In partnership with Medicaid leadership, throughout 2024 the Office of Health Policy worked to ensure coordination with Tribal Affairs and the Tribes regarding development and implementation of the various components of OHP Bridge.

Throughout 2024, the Office of Health Policy's Health Care Market Oversight (HCMO) team worked with HPA's Tribal Liaison to ensure OHA's reviews of health care business deals account for potential impacts on Tribes and American Indian and Alaska Native individuals.

The Office of Health Policy also provided significant agency support through bill analysis during the 2024 Legislative Session. The Office also coordinated across children's health policy efforts, including benefits for Young Adults with Special Health Care Needs (YSHCN).

- **HPA's Office of Delivery Systems Innovation (DSI)** includes the Health Evidence Review Commission (HERC) which reflects the state's longstanding evidence-based approach to delivering care, and the Pharmacy Policy and Program section which includes the Pharmacy and Therapeutics (P&T) Committee. DSI continues to send Dear Tribal Leader Letters prior to each HERC and P&T Committee meeting. Michael Collins of the Confederated Tribes of Warm Springs was appointed to HERC and confirmed by the Oregon Senate in November 2019 and continues to serve on the Commission.

DSI also houses the Transformation Center, which provides the following information to OHA Tribal Affairs on a regular basis: (1) Transformation Center trainings and resources; and (2) the Community Advisory Council (CAC) demographic report deliverable summary, which includes details on Tribal CAC membership.

DSI includes the Clinical Supports, Integration and Workforce Unit, which houses the Patient-Centered Primary Care Home (PCPCH) Program and the Primary Care Office. The Primary Care Office staffs the Health Care Workforce Committee, in which Aaron Hines of the Confederated Tribes of the Umatilla Indian Reservation participates.

In 2024 the Primary Care Office responded to a request from the Tribes and OHA Tribal Affairs to schedule a meeting with Health Resources and Services Administration (HRSA) representatives regarding the federal shortage designation methodology and the development of Statewide Rational Service Area (SRSA) plans. HRSA and Primary Care Office staff attended multiple Tribal Monthly Meetings to review and answer questions regarding the SRSA.

- **The HPA's Health Analytics** teams analyze 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 data for American Indian/Alaska Native (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 the Indian Managed Care Entity program
  - Quarterly AI/AN utilization monitoring reports.
- **HPA's Office of Health Information Technology and Analytics Infrastructure (OHITAI)** works to ensure that the correct health information is available to payers, health systems, providers and patients at the correct time and place. OHITAI 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 finalized its Strategic Plan for Health IT for 2024-2028; it was approved by OHPB in May 2024. The Strategic Plan focuses on patient engagement, health equity, health information exchange (HIE), electronic health record (EHR) adoption, and community information exchange (CIE), connecting health care and social services through "closed-loop" referrals. The Strategic Plan includes Health IT priorities that the Nine Federally Recognized Tribes of Oregon shared with HITOC. Staff attended the March 8, 2024, OHA Tribal Monthly Meeting and shared the Strategic Plan document with the Tribes for review prior to submission to OHPB.

OHITAI has continued to engage Tribes on CIE. OHA plans to procure CIE for OHP Open Card to meet closed loop referral requirements for health-related social needs (HRSN) services and plans to coordinate support for interested Tribes that may be providing HRSN services.

OHITAI attended the May 2024 Tribal Monthly Meeting to discuss the opportunity to make CIE licenses available at no cost for the Tribes and Indian Health Care Providers (IHCPs) as part of OHA's procurement, if interested.

Several Tribes expressed interest in this opportunity to use CIE at no cost. Tribes supported

OHA to include language in CIE procurement documents and future contracts to allow for OHA to make CIE licenses available for Tribes. OHITAI work has also supported Tribal clinic access to two HIE tools:

- The PointClickCare platform (formerly EDIE/Collective Medical), 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).
- **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.
  - **The Oregon Health Insurance Marketplace (OHIM)** empowers people living in Oregon to improve their lives through local support, education, and access to affordable, high-quality health coverage. OHIM serves as the state-level partner to HealthCare.gov, including:
    - Overseeing health plans sold to people in Oregon on HealthCare.gov.
    - Working with insurance companies, agents, community partners, health care providers, and other partners to help people obtain coverage.
    - Raising awareness among consumers about health coverage options available in Oregon; and
    - Connecting people to free local enrollment assistance.

Throughout 2024, Marina Cassandra, Marketplace Constituent and Tribal Liaison, engaged in regular monthly meetings with OHA Tribal Affairs, quarterly SB 770 Health and Human Services meetings and Tribal Health Strategic Planning. Marina also organizes and co-facilitates the bi-monthly Tribal Collaborative for application assisters in Tribal health clinics. Marina participated in the following Tribal health community outreach and health events, some of which were financially supported by OHIM. Outreach events included:

- Northwest Native American Chamber bi-monthly networking luncheons
- Opioids + Other Drugs, Pain + Addiction Treatment (OPAT) conference
- Missing and Murdered Indigenous People event
- 2024 Tribal Public Health Emergency Preparedness Conference
- Tribal Veteran Advocate Conference
- Speak, Sing Native: Jim Pepper Celebration
- 2024 Oregon Tribal Opioid and Fentanyl Summit
- Indigenous People's Day Celebration

Marina also conducted optional virtual and/or in-person site visits in the spring and fall of 2024, with eight Tribes. In the summer of 2024, Marina facilitated Marketplace assister certification training for application assisters in Tribal health clinics (in person or virtual) as requested. In 2023, OHIM established a Tribal Health Grant to fund outreach and enrollment assistance through Tribal health clinics. Confederated Tribes of Siletz, Cow Creek Band of Umpqua Indians, and Klamath Tribes each applied for and received \$50,000 grants for the period covering July 2023 through June or October 2024. The grants proved to be administratively cumbersome and were all very underspent. For 2024 funding, OHIM revised the amount of



funding and worked with Tribal Affairs to improve the method of access to funding. Instead of individual grants, OHIM has offered a funding stream for financial support of outreach events, upon request. This is open to all Tribes through June of 2025.

The Oregon Legislature passed SB 972, which requires the Oregon Health Authority to transition the Marketplace from a state-based marketplace using the federal platform to a state-based marketplace using its own technology by November 1, 2026. Marina continues to work with the HPA Tribal Liaison and OHA Tribal Affairs to assess Tribal consultation needs related to the implementation of the state-based marketplace. As potential users of the new system, Marina also keeps Tribal health application assisters informed of the project's progress and is available to field their questions and recommendations. Marina also serves as backup HPA Tribal Liaison.

Liz Stuart serves as the HPA Division Tribal Liaison. Liz works in HPA's Office of Health Policy as Children's Health Policy Project Manager and has worked closely with OHA Tribal Affairs and HPA leadership to ensure HPA has robust processes in place for ensuring the division is honoring the Tribal Consultation Policy.

Liz provides onboarding and training for new HPA staff regarding Tribal Consultation and OHA's government-to-government relationship with the Tribes, as well as trainings for current HPA staff. In April 2024, Liz provided a 90-minute Tribal Consultation training that was attended by over 100 HPA staff. She works with all HPA staff to analyze work for potential impacts on the Tribes, elevating issues to OHA Tribal Affairs as needed. Liz attends all OHA Tribal Monthly Meetings, SB 770 Health & Human Services Cluster meetings, relevant Tribal Consultations and work sessions, and meets regularly with OHA Tribal Affairs and the Tribal Liaison team.

In total, in 2024 HPA staff brought 22 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 five Dear Tribal Leader Letters for Critical Events in 2024, all of which were meetings of the Health Evidence Review Commission.

### **Key Contacts:**

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Tribal Representatives and OHA Tribal Liaisons with Kauffman and Assoc., Strategic Planning, NARA-NW, Portland, OR

## 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 CCOs, the Oregon 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, together, serve up to 750 patients at a time.

OSH-Native Services recently moved from contractor positions and hired limited duration staff Cazmine Bonnot, Brent York, Gerald Weller and Mike Patton who started in April and May 2024. They provide culturally specific treatment groups and activities at the Salem and Junction City campuses. 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 ongoing precautions with COVID-19, OSH's Native Gathering has unfortunately not happened in 2024. Usually, staff and contractors organize and carry out the event and invite 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 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.

### **Key contacts:**

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## External Relations Division

The External Relations Division (ERD) works with the public, partners, media, Legislature and other state and federal agencies. They create a broad understanding of the many ways in which OHA helps people in Oregon improve their health and well-being through advocacy, communication and public policy.

ERD activities include:

- Providing Oregon Health Plan members access to services for their physical, behavioral, and oral health needs through OHA's Ombuds Program.
- Communicating comprehensive and cross-divisional information to the public about OHA's work through traditional and online media.
- Providing strategic engagement in public policy at the local, state, and federal level through OHA's Government Relations team.
- Supporting Tribal Affairs as needed.

### Key contact:

Ashley Thirstrup – Chief of Staff, External Relations Division Director  
[ashley.thirstrup@oha.oregon.gov](mailto:ashley.thirstrup@oha.oregon.gov)



Sejal and Julie with the Klamath Tribes leadership, Feb. 16, 2024, Chiloquin, OR



## Agency Operations

The OHA Deputy Director Kris Kautz is the lead of Agency Operations. This office includes Information Services, Human Resources and Central Operations.

Although Agency Operations does not do program-level implementation, they do support the work of Tribal Affairs through the Central Operations office. Central Operations provides administrative support services to Tribal Affairs and supports the successful completion of meetings through planning, preparation of materials and addressing issues as they arise. Central Operations also manages the Tribal Affairs Director's calendar, makes travel arrangements and otherwise supports 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



Portland Area CHAP Certification Board Meeting, June 12, 2024, Northwest Indian College, Bellingham, WA

## Fiscal and Operations Division

Chief Financial Officer Rochelle Layton is the lead of OHA's Fiscal and Operations Division. This division includes the Budget Office, Actuarial and Financial Analytics and Program Integrity.

Fiscal and Operations is responsible for preventing and investigating Medicaid and non-Medicaid fraud and abuse (Program Integrity). Ensuring that health system transformation through coordinated care organizations is transparent, fiscally responsible and sustainable through (Actuarial and Financial Analytics). Development and operation of OHA's budget and the application of federal programs and fiscal policy through the Budget Office. Conducting complex analysis to project future costs and develop rates for several OHA programs (Actuarial and Financial Analytics).

### Key contact:

Rochelle Layton – Chief Financial Officer  
rochelle.layton@oha.oregon.gov

## Message from the Tribal Affairs Director

Dear Governor Kotek and the Legislative Commission on Indian Services:

2024 has brought many successes and challenges, as we stayed focused on working together to build a healthier Oregon. The year continued to bring a lot of changes for OHA, with almost an entire new leadership team coming on board. I have spent time trying to educate our teams on the importance of our government-to-government relationship in everything we do.

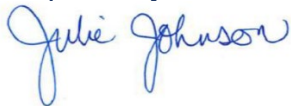
I have enjoyed working with Shana McConville Radford in her new role as Tribal Affairs Director in the Governor's Office. Sharing ideas with each other, providing information for the Tribal visits and doing what I can to improve and support our work across the state.

One challenge this past year was fighting for the Tribal set-aside of the State Opioid Settlement. Our communities have been hit hard by this epidemic, we know the funding won't replace the lives lost, but we know it will save lives in the future. I'm grateful for everyone who supported making this happen.

A success of the year was when the Centers for Medicare & Medicaid Services approved the Traditional Healing Practices to be able to be billed by Medicaid. Growing up, I learned that our cultural practices, ceremonies and medicines play an important part of our lives. This approval was something many of us have been working toward for more than 20 years. We look forward to getting the billing up and moving for the Tribes.

The partnerships between the Nine Federally Recognized Tribes of Oregon and OHA will continue to be my highest priority. I appreciate the support for myself and the team as we enter 2025.

Respectfully submitted,



Julie Johnson  
Tribal Affairs Director



Julie Johnson with Governor Kotek, Chief Doug Barrett, Shana McConville Radford, Caroline Cruz

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