

# 2012 Government-to-Government Report

Oregon Health Authority

November 2012

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## INTRODUCTION

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The Oregon Health Authority (OHA) is pleased to share this 2012 Government-to-Government Report with the Legislative Commission on Indian Services, as required by Senate Bill 770. This report demonstrates OHA's commitment to working with the tribes of Oregon to address the full range of human services needs faced by tribal members.

Oregon's Native American population is estimated at between 45,000 and 50,000 individuals. All Native Americans residing in Oregon, regardless of tribal enrollment, also are Oregon citizens and are entitled to receive the services provided by OHA to Oregonians.

Key topics covered in this report include:

- Alcohol and drug abuse prevention and treatment;
- Health care;
- Mental health;
- Public health; and
- Additional human services issues as determined by the tribes.

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### HEALTH SERVICES CLUSTER MEETINGS

Senate Bill 770, passed in 2001 and entered into statute as ORS 182.162, requires state agencies to promote communications between the agencies and the tribes of Oregon. The Legislative Commission on Indian Services established a Health Services Cluster to meet quarterly with the tribes of Oregon to address intergovernmental and tribal issues. OHA is the lead agency for these meetings, which also includes Oregon Housing and Community Services, the Commission on Children and Families, the Department of Business and Consumer Services and other agencies. OHA organizes and provides logistical support for the meetings.

### TRIBAL ACTIVITIES

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#### BURNS PAIUTE TRIBE

The Burns Paiute Tribe operates a tribal clinic providing services to tribal members and members of other federally recognized Indian tribes. Burns is a small tribe with approximately 300 members. The services provided at the clinic are limited and referrals to other medical providers are common. Billing for services provided at the clinic is through the OHA Division of Medical Assistance Programs (DMAP). DMAP meets quarterly with the Burns Paiute Tribe and provides technical assistance to the tribe on billing and other aspects of Title XIX, the federal program governing payments to Indian tribes. OHA acts as the conduit for these funds to the tribes.

The tribe has worked diligently to have a true community Substance Abuse Prevention Coalition in place and has met with the Tribal Council to discuss key issues. This has been a great success with many community members involved. The tribal prevention coordinator provided several educational and alternative activities during the past year including

alcohol prevention bingo; tobacco prevention training; marijuana prevention education; a prevention dinner and walk; Red Ribbon week activities and multiple family fun nights.

### **CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS**

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians operate a health clinic serving their tribal members and members of other federally recognized Indian tribes. The clinic is a unique joint partnership with the Coquille Indian Tribe. The Coquille Indian Tribe also operates a clinic open to members of the two tribes in Coos Bay; the tribes have agreed to divide services between their respective clinics. Both tribes bill through DMAP.

The tribal prevention coordinator uses many educational and alternative strategies for tribal and community members. Education and tribal culture are infused with events such as family gatherings, the Canoe Crew Program, culture camps, after-school prevention education, and traditional food gatherings throughout the year. The program focuses on bringing families together, promoting bonding and working together.

### **CONFEDERATED TRIBES OF GRAND RONDE**

The Confederated Tribes of Grand Ronde provides a wide variety of health care services to its members through a comprehensive clinic located at the tribal offices in Grand Ronde. The Grand Ronde clinic is a federally qualified health center that bills for health services through the OHA Division of Medical Assistance Programs. OHA meets quarterly with the tribe to provide training and oversight on the Medicaid and Medicare programs.

The prevention coordinator provides services and alternatives throughout the year for the tribal and community members. The community awareness and methamphetamine awareness teams continue to meet monthly. The prevention coordinator provides opportunities for many cultural events such as a skirt-making class, weaving, monthly canoe family meetings and weekly youth canoe meetings. The tribe supports a community-based teen parent task force, and hosts a training titled “Darkness to Light,” focusing on child abuse education. The tribe implemented an eight-week curriculum on childbirth and newborn care for teens that are expecting or have newborns.

Additional services provided by the tribal prevention coordinator during the past year for tribal and community members include: family canoe journeys, parent and community internet safety training; youth culture club (two times a month). The tribe also sponsored the Native Youth Wellness Day in March and the eighth annual Agency Creek Round Dance. The tribal prevention coordinator is a member of the Strategic Prevention Framework Advisory Council (SPF-SIG), and is a key contact for state agency staff.

## CONFEDERATED TRIBES OF SILETZ

The Siletz Tribe provides for the medical needs of its members through a medical clinic in the tribal offices in Siletz, Oregon.

The tribe has a relationship with OHA for Medicare and Medicaid services that are billed through the Division of Medical Assistance Programs.

The tribal prevention coordinator facilitated the coalition Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR), including recruiting members and assisting in the implementation of coalition goals and plans. The tribe implemented many programs and hosted many prevention activities throughout the year including

leadership activities, school-based prevention education, a methamphetamine awareness program, and a drug awareness program.

#### CONFEDERATED TRIBES OF UMATILLA INDIAN RESERVATION

The tribe offers health care to tribal members, their families and members of federally recognized Indian tribes through Yellowhawk Clinic, a community health center. The tribe has a relationship with the OHA Division of Medical Assistance Programs (DMAP) for billing Medicare and Medicaid for services provided in the clinic. OHA meets with the tribe quarterly and offers technical assistance on an as-needed basis, keeping the tribe updated on changes to the program and its rules.

The tribe continues to offer Daughters of Tradition classes at the middle school, Wellbriety coalition meetings, a Sons and Daughters of Tradition summer session and traditional campout. The coordinator also provided prevention education classes and assisted in the annual Basketball Against Alcohol and Drugs (BAAD) tournament and Red Ribbon week activities including the stomp out drugs walk and honoring people in recovery.

#### COQUILLE INDIAN TRIBE

The Coquille Indian Tribe provides health care to its tribal members and members of federally recognized Indian tribes in its tribal clinic located in Coos Bay. The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians and the Coquille Indian Tribe provide health care to each other's tribal members with each tribe providing specific programs in order to avoid duplicate services since both tribes are located in Coos Bay. The tribe uses the OHA Division of Medical Assistance Programs to bill Medicaid and Medicare for services.

The tribal prevention education program continues to be a successful area of growth and participation. The after-school and teen programs provide

an excellent opportunity for education and interaction. The staff continues to build strong, meaningful relationships with youth. The youth mentoring trip and snow camp allow staff to interact with tribal youth who do not live on the reservation but are an important component of youth programs. The tribal prevention coordinator provides various education and alternative activities including an Alcohol, Tobacco and Other Drugs-free (ATOD) New Year's party with over 200 in attendance, and a teen group that meets weekly. The coordinator also participates in a partnership with the community coalition.

#### COW CREEK BAND OF UMPQUA INDIANS

The Cow Creek Band of Umpqua Indians provides health care services to its tribal members and to members of federally recognized Indian tribes in its Roseburg clinic. The tribe bills through the Division of Medical Assistance Programs which provides Title XIX training and technical assistance.

The tribal prevention coordinator and behavioral health staff provide opportunities for prevention education and family bonding at tribal events throughout the year including the annual tribal powwow, health fairs and other tribal community events. Staff collaborates with various partners and participates in the local coalition with county and non-profit staff.

#### KLAMATH TRIBES

The Klamath Tribe operates a tribal clinic with services provided in Chiloquin and Klamath Falls. The tribe works with the OHA Division of Medical Assistance Programs, which provides Title XIX training and technical assistance.

The tribal prevention coordinator wrote a newspaper article about parents talking to their youth regarding the dangers of inhalants. Throughout the

year, there are many opportunities for prevention education and ATOD-free activities include sports camp, culture camp, marijuana prevention education, back-to-school powwow, and other family bonding opportunities. The coordinator provides early identification and referrals for tribal and community members in need of individual or family mediation services.

## CONFEDERATED TRIBES OF WARM SPRINGS

The Confederated Tribes of Warm Springs provides medical services to its tribal members and other members of federally recognized Indian tribes through its tribal clinic. The OHA Division of Medical Assistance Programs (DMAP) provides billing under Title XIX of the Social Security Act.

OHA meets quarterly with the Confederated Tribes of Warm Springs and the eight other Oregon tribes to discuss all aspects of the Title XIX program and provide technical support.

The tribe continues to provide many alternatives, educational opportunities and community-based processes including “Back to the Boards” a tribal “best practice.” The tribe hosted several community-based activities including weekly Saturday garden workshops. Many cultural and educational activities are available to the community throughout the year including a methamphetamine prevention conference, men and women’s health fairs, traditional drum making, jingle dress making class, and the annual Pi-um-sha health fair and powwow.

## OHA PROGRAMS THAT AFFECT ALL TRIBES OF OREGON

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### TRIBE-WIDE ACTIVITIES

#### PUBLIC HEALTH DIVISION

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The Mission of the Oregon Public Health Division is to promote health and prevent the leading causes of death, disease and injury in Oregon. The Values of the Oregon Public Health are *Service Excellence, Leadership, Integrity, Health Equity and Partnership*.

#### OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

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The Office of the State Public Health Director provides public health policy and direction to the public health programs within the Division, and ensures that the disparate programs within and outside the Division create an effective and coherent public health system for the state. This includes extensive interactions with a range of state, tribal and local agencies and organizations.

#### EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEMS PROGRAM

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The Emergency Medical Services and Trauma Systems program develops and regulates systems for quality emergency medical care in Oregon. This ensures that EMS providers are fully trained, that emergency medical vehicles are properly equipped, and emergency medical systems are functioning efficiently and effectively.

The EMS for Children (EMSC) program is an initiative designed to reduce child and youth disability and death due to severe illness or injury. The goals are to ensure state-of-the-art emergency medical care is available for all ill or injured children and adolescents; pediatric services are well integrated into an emergency medical services (EMS) system; and the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, are

provided to children and adolescents. The EMS for Children Advisory Committee has a tribal EMT representative who regularly attends the meetings, and has served on the committee for over three years.

## HEALTH SECURITY, PREPAREDNESS AND RESPONSE PROGRAM

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The mission of Oregon's Health Security, Preparedness and Response (HSPR) program is to develop public health systems to prepare for and respond to major, acute threats and emergencies that impact the health of people in Oregon.

2012 was an exciting year in preparedness. The Burns Paiute Tribe joined HSPR and we saw the successful close to a five year grant cycle. The Cow Creek Band of Umpqua Indians hosted the annual meeting of tribal preparedness coordinators in April. Partners from Homeland Security, FEMA, and the Army Corps of Engineers attended the meeting. Training was provided on NIMS and the new priority capabilities and activities for the upcoming year. Radiation Protection Services (RPS) discussed a variety of training options they have available and would like to provide at the location of the tribe's choice. RPS also provided a fun hands-on introduction to radiation awareness. Additionally, the HSPR risk communications team provided an overview of two recently developed trainings. The trainings are developed for emergency-designated public health public information officers (PIO) and administrative staff and focus on interacting with the public and the media during emergencies. The PIO refresher course offers participants the opportunity to practice media writing and interaction skills within the context of a botulism threat scenario. Each training offers information that is foundational to emergency risk communication and encourages participants to build on existing skills to better prepare for future events.

HSPR is comprised of two federal cooperative agreements, Public Health Emergency Preparedness (Centers for Disease Control) and Healthcare Preparedness (Assistant Secretary Preparedness & Response). The

intention of each is to build resiliency across the state and ensure that all communities are able to respond and recover quickly from public health emergencies.

Effective July 1, 2012 the two federal agreements will be aligned and enable us to focus on the following critical capabilities: community and healthcare resiliency, public information and warning, emergency operations, information sharing, and medical surge.

The new grant cycle provided the opportunity to update the funding formula from an \$8,000 base plus per capita to a flat base award amount. The tribal operating budget doubled with the addition of \$160,000 in HPP funding to support tribal clinics, EMS and medical surge. This new formula and operating budget will provide \$35,555 to each of the nine tribes in Oregon and will provide a solid foundation to accomplishing our mission of maintaining the health and safety of all Oregonians and to enhancing community resiliency across the State.

<b>HSPR Program Funding to Tribal Governments (2011/2012 grant cycle)</b>		
	<b>CDC</b>	<b>HPP</b>
The Burns Paiute Tribe	\$8,856	\$2,300
The Confederated Tribes of the Coos, Lower Umpqua, Siuslaw Indians * <small>opted out 2011/2012</small>	\$10,459*	
The Confederated Tribes of the Grand Ronde Community of Oregon	\$18,976	\$5,000
The Confederated Tribes of the Siletz Indians	\$27,413	\$5,000
The Confederated Tribes of the Umatilla Indian Reservation	\$18,633	

The Confederated Tribes of Warm Springs	\$29,444
The Coquille Indian Tribe	\$11,538
The Cow Creek Band of Umpqua Indians	\$15,839
The Klamath Tribes	\$18,843

<b>HSPR Program Funding to Tribal Governments (2012/2013 grant cycle)</b>		
	<b>CDC</b>	<b>HPP</b>
The Burns Paiute Tribe	\$17,777	\$17,777
The Confederated Tribes of the Coos Lower Umpqua & Siuslaw Indians	\$17,777	\$17,777
The Confederated Tribes of the Grand Ronde Community of Oregon	\$17,777	\$17,777
The Confederated Tribes of the Siletz Indians	\$17,777	\$17,777
The Confederated Tribes of the Umatilla Indian Reservation	\$17,777	\$17,777
The Confederated Tribes of Warm Springs	\$17,777	\$17,777
The Coquille Indian Tribe	\$17,777	\$17,777

The Cow Creek Band of Umpqua Indians	\$17,777	\$17,777
The Klamath Tribes	\$17,777	\$17,777

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## CENTER FOR PUBLIC HEALTH PROTECTION

The Center for Public Health Protection protects the health of individuals and communities by establishing, applying and ensuring reliable compliance with regulatory and health-based standards. The Center’s diverse programs work closely with other federal, state and local agencies, regulated entities and active stakeholder groups. The Center’s work emphasizes continuous process improvement, technical assistance, scientific assessment, ongoing monitoring and risk communication to protect the health of all people in Oregon.

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### DRINKING WATER PROGRAM

Drinking Water capital projects: The Drinking Water Program continues to include each of the nine tribes in our statewide solicitation of letters of interest. These letters of interest become the basis for identifying potential projects for low- or no-cost funding of capital projects to address public health issues. The program has received no tribal letters of interest.

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### CLIMATE CHANGE PROGRAM

The Climate Change Program continues to implement public health projects to adapt to our changing climate. The program has received no tribal letters of interest.

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## **CENTER FOR PREVENTION AND HEALTH PROMOTION**

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The Center for Prevention and Health Promotion houses community-oriented preventive clinical and community health services and supports the policy, systems and environmental changes that promote good health. This Center guides and supports healthy communities through data collection, analysis and reporting; by supporting the Governor's priorities around tobacco, obesity and early learning; and, by acting as a point of contact with the healthcare system on certain key clinical prevention practices. This center works with many partners, including local public health, child care facilities, schools, worksites, healthcare providers, transportation, and the private sector to ensure that we reduce preventable injury, illness, and death and promote good health.

### **BREAST AND CERVICAL CANCER PROGRAM**

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Oregon's Breast and Cervical Cancer (BCCP)/WISEWOMAN program worked with the Northwest Portland Area Indian Health Board's (NPAIHB) Cancer Control Project coordinator to recruit tribal health centers, including Yellowhawk Tribal Health. The BCCP staff spoke about the program at various NPAIHB events and contacted key staff at the tribal health centers directly.

In 2012, four tribal health centers participated in the BCCP: Klamath Tribal Health and Family Services, Siletz Community Health Center, Warm Springs Health and Wellness Center and Yellowhawk Tribal Health, which was added as a new BCCP provider in 2012.

BCCP's operations coordinator worked with the NPAIHB to conduct training regarding the newly expanded Breast and Cervical Cancer Treatment Program at the 2012 NPAIHB Northwest Tribal Cancer Coalition. In addition, the BCCP's public health nurse consultant participated in the Northwest Tribal Clinical Cancer Update Meeting.

Both events were in November 2012 at the Native American Student and Community Center in Portland, Oregon.

## HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

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The state's Tobacco Prevention and Education Program (TPEP) will issue \$1,000,000 in tobacco prevention program grants to federally recognized tribes in Oregon for the 2011 – 2013 biennium (\$500,000 each year). Grant funds are divided according to a funding formula developed in partnership with the tribes. In 2011, this funding formula was updated to include a \$32,500 base for each tribe, with the remaining funds were distributed on a per capita basis. With these resources, tribes are working on policy and systems change to create commercial tobacco free environments, prevent tobacco use initiation among youth, promote quitting, and reduce the burden of tobacco-related chronic disease. Grant objectives emphasize policy development in tribal worksites, multi-unit housing, tribal health centers, Head Start and child care, retail settings and events. TPEP follows guidance from the National Native Tobacco Prevention Network (called Keep It Sacred), NPAIHB and tribal members working on TPEP grants to ensure that trainings are culturally appropriate and successfully build capacity for tobacco use prevention advocacy within tribal communities.

TPEP data pertaining to tobacco use among American Indians in Oregon show:

- A decrease in smoking prevalence from 43 to 38 percent between 2000/01 and 2004/05.
- A reduction in chewing tobacco use among male American Indians and Alaska Natives from 17 to 8 percent between 2000/01 and 2004/05.
- A decrease in infants born to American Indian women who smoked during pregnancy in Oregon from 30 to 22 percent between 1997 and 2007.
- A decline in 8th grade American Indian smoking prevalence from 17 to 12 percent between 2001 and 2008.

- A decline in 11th grade American Indian smoking prevalence from 35 to 20 percent between 2001 and 2008.

In 2010-2011, the Health Promotion and Chronic Disease Prevention (HPCDP) section worked with the tribes and the Northwest Portland Area Indian Health Board to develop a strategy for integrating tobacco prevention efforts into other chronic disease prevention, early detection, and self-management efforts within tribal communities.

HPCDP provided \$32,500 per tribe to seven of the nine federally recognized tribes in order to supplement existing tobacco program resources. This additional funding supported staffing, travel and participation in statewide training opportunities to fulfill Healthy Communities Building Capacity activities, including the completion of a community assessment called the CHANGE tool.

HPCDP contracted with the NPAIHB to aggregate the assessment data and present a Healthy Communities Assessment report which was finalized in September 2012.

## INJURY & Violence PREVENTION PROGRAM

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The Youth Suicide Prevention program in the Injury and Violence Prevention Program (IVPP) section of the Center for Prevention and Health Promotion grants \$26,000 in annual funding through federal SAMHSA grant funds. The funds permit an Oregon tribe to organize and hold summer youth camps for high-school age Native youth and their chaperones from all nine federally-recognized Oregon tribes and NARA. One tribe is the fiscal agent for the camps, which are planned and held in collaboration among the tribes. The summer camps have sponsored Dr. Clayton Small to present Native HOPE, a youth suicide prevention program that engages youth directly and adults as mentors. The camps also include traditional arts, crafts, and activities that help strengthen cultural ties among youth and their tribes. They also provide \$3000 for one tribe to host a two day youth conference that promotes healthy mental

health practices through traditional arts and cultural traditions. These activities provide protective factors against suicide for youth. The YSP program also collaborates closely with the tribal liaison in the Addictions and Mental Health Division of OHA and attends tribal meetings.

#### TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT PROGRAM

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In 2005, the Oregon Legislature adopted ORS 431.375 directing the Oregon Health Authority to provide contracts and funding for federally recognized tribal governments under the federal Title V Maternal and Child Health Block Grant Program. The State MCH Program grants about \$110,000 to tribes of the \$1.78 million total grants provided to local health departments. Five tribal clinics currently participate in the state's MCH Block Grant Program: Coquille, Cow Creek, Klamath, Warm Springs, and Umatilla. The state public health division allocates a total of \$1.74 million by funding formula to all county health departments and tribes, distributing \$110,400 per year to the tribal participants.

The MCH program requires the tribes to set priorities and develop a three-year plan to benefit the mothers and children, i.e., pregnant women, infants, children and adolescents. Currently, the priorities for three tribes are early childhood oral health (Coquille, Cow Creek and Klamath), perinatal health and parenting (Warm Springs), and early childhood care coordination (Umatilla).

#### Coquille Indian Tribe, Community Health Center

The Coquille program began in 2007. The tribe is implementing a comprehensive program for prevention of early childhood carriers within Coquille Tribal youth ages six years and under, as well as developing a "best practices" public health program to address the problem. Coquille's goals and activities are to reduce the prevalence of early childhood carriers within the target population.

In 2011, the tribe delivered a variety of services:

- Perinatal and family case management services provided for:
  - 59 families with children between 0 and 6 years of age; and
  - 13 pregnant women.
- Quarterly home visits to promote prevention and treatment of early childhood cavities, including referrals for dental assessment, treatment, and fluoride varnish:
  - 26 home visits with children
  - 8 home visits moms
  - 79 individual oral education
  - 84 provided written oral health education materials
  - 14 referrals for dental care
  - 10 fluoride varnish applications
  - 61 fluoride treatments for children

### The Cow Creek Band of Umpqua Indians, Cow Creek Health and Wellness Center

The Cow Creek Clinic program began in 2007 to prevent cavities in early childhood and young children up to age 12 and increase participation in the dental care services provided by the Cow Creek Dental Clinic. The program distributes packets of information and materials to young children and holds special events for mothers and children to educate about preventive oral health, fluoride supplements, and dental sealants. In 2011, the program served nine pregnant women and 45 children ages birth to 12 years.

### Klamath Tribal Health and Family Services

Klamath Health Center launched its Maternal and Child Health program in Spring 2012. The Dental Clinic in the Wellness Center serves any tribal community member with dental needs, regardless of age. The Title V Grant supports services for pregnant women and children ages birth to four years. The goals are to:

- Increase the percentage of pregnant women who have had a dental visit while pregnant.

- Increase the number children aged birth to four years who have annual dental appointments.
- Decrease the percentage of children aged birth to four years who have cavities filled.
- Decrease the number of children who have to be referred out to the pediatric dental specialist.

### Confederated Tribes of Warm Springs, Warm Springs Health and Wellness Center

The Warm Springs program began in 2009 to provide services for new mothers, particularly teen mothers. Their goal is to improve the physical, social, psychological and spiritual well being of the members of the Warm Springs tribal community. The program goal is met by providing education and support services to optimize healthy pregnancy outcomes, and nurture parenting skills with health education and disease prevention programs. Activities include a Mom, Dad and Babies Support Group that provides social opportunities for new parents and teaches parenting skills, a Parenting Program for group parent gatherings; and Baby Board Classes to learn traditional value and safety in using the baby board. The program is providing postpartum hospital and home visits to arrange follow up appointments, teach newborn care and safety, provide breastfeeding support and assess infant growth. In 2011, the program provided services for:

- 562 - Mom and Babies group
- 240 - Childbirth class
- 102 - Cradle Board class
- 90 - Parenting Classes
- 1279 - Hospital/Home Visits
- 780 - Pi-um-sha Health Fair
- 93 - Sweetheart Health Fair

## Yellowhawk Clinic, Confederated Tribes of the Umatilla Indian Reservation

The Yellowhawk Clinic began participation in the MCH Block Grant program in July 2011. The funds are helping support assessment and strategic planning for a life course approach to delivering MCH services by focusing on preventive services for women before and between pregnancies, during pregnancy and their infants through 27 months.

Goals for their program include:

- Assess and understand the capacity of the current Yellowhawk health care system to meet the direct care and education needs of prenatal patients and children in the first year of life.
- Address the educational needs of customers coming in for family planning services to ensure better health and health-related behavior preceding pregnancy.
- Develop and improve the mechanisms for following postpartum women after they leave Yellowhawk services.
- Develop postpartum programs and educational venues for new moms focused on neonatal, and post-neonatal care.
- Develop a Well Child Clinic to address the health needs of children from birth to 27 months with a focus on childhood immunizations.

## MATERNAL AND CHILD HEALTH PROGRAM

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The Centers for Disease Control and Prevention (CDC)/Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellow at the Maternal Child Health program conducted analysis of PRAMS-2 data in conjunction with the Northwest Portland Area Indian Health Board. PRAMS-2 is Oregon's follow-up survey to the Pregnancy Risk Assessment Monitoring System (PRAMS). Mothers who responded to PRAMS receive a second survey when their child turns two years old. The objective of PRAMS-2 is to gather knowledge regarding health experiences of toddlers, and the attitudes and behaviors of their mothers.

Oregon is one of only four states in the country which conducts a PRAMS follow-up survey.

The analysis examined postpartum stressful life events and postpartum intimate partner violence as risk factors for self-reported postpartum depression, among American Indian/Alaska Native (AI/AN) mothers of two-year-olds in Oregon. Stressful life events were categorized into four types: partner-related, traumatic, financial, and emotional. Partner-related and traumatic stressful life events were found to be statistically significant risk factors for self reported postpartum depression among the 226 AI/AN mothers who responded to PRAMS-2 in 2006 and 2007. PRAMS-2 is a population based study, which allows these findings to be generalized to all American Indian/Alaska Native mothers of two-year-olds in Oregon.

#### WOMEN'S AND REPRODUCTIVE HEALTH PROGRAM

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The Women's Health Program conducted outreach to tribal domestic and sexual violence organizations to apply for Rape Prevention and Education (RPE) program funding and to participate on the Attorney General's Sexual Assault Task Force. Of 18 applicants, the Native American Youth and Family Center in Portland (NAYA) was selected as one of six RPE grantees. This is the first time that a tribal organization will receive Oregon RPE funding.

The Women's Health Program is also providing technical assistance to Multnomah County's CityMatCH Action Learning Collaborative regarding screening and binge drinking. The Action Learning Collaborative's participants include the Northwest Area Indian Health Board, NARA, and NAYA. The goal is to increase alcohol screening among Native American pregnant women.

Oregon's Breast and Cervical Cancer (BCCP)/WISEWOMAN program worked with the Northwest Portland Area Indian Health Board's Cancer Control Project Coordinator to recruit tribal health centers. BCCP staff

spoke about the program at various NPAIHB events and contacted key staff at the tribal health centers directly. A fact sheet about BCCP was tailored to tribal health centers and disseminated at events and via email.

In 2011, three tribal health centers participated in BCCP: Klamath Tribal Health and Family Services, Siletz Community Health Center, and Warm Springs Health and Wellness Center. Conversations are in process with Grand Ronde Health and Wellness Center, Yellowhawk Tribal Health Center of the Umatilla Tribe, and the Chemawa Indian Health Center, which serves all federally recognized American Indian and Alaska Native people and their descendants.

## NUTRITION AND HEALTH SCREENING (WIC) PROGRAM

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The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) contracts with both the Confederated Tribes of Warm Springs and Confederated Tribes of Umatilla to provide WIC Program services to tribal members and their families on the reservations.

### WIC Data demonstrates High Need and Health Disparities in Tribal Programs

The following WIC program data [2009-2011 CDC Pediatric Nutrition Surveillance System (PEDNSS)] demonstrates both the progress and the disparities of the women, infants and children served by tribal WIC programs. As the number of total participants served by each of the tribal programs is limited, statistics are given based on a three-year cumulative average. For some data points, even a three-year average does not provide enough cases to share data for Confederated Tribes of Umatilla.

- In 2011, 4.2 percent of births to Warm Springs WIC participants were to teens under age 18 compared with 4.3 percent of WIC births statewide.
- 26.9 percent of Warm Springs WIC children over the age of two are classified as at risk for overweight, and an additional 31.3 percent are classified as overweight. For the Confederate Tribes of Umatilla

WIC Program, 23.7 percent of children under the age of 5 were classified as obese. This compares to 17.6 percent and 15.0 percent respectively, statewide.

- Of children enrolled on the Warm Springs WIC Program who were born between 2009 and 2011, 6.5 percent were considered low birth weight (< 2500 grams) compared to 6.9 percent statewide. In addition, 12.3 percent were classified as high birth weight, compared to 9.5 percent statewide. Not enough cases were available to share data for Confederated Tribes of Umatilla.
- 92.2 percent of Warm Springs mothers initiated breastfeeding, which is on par with the statewide rate of 93.4 percent. A full 42 percent continue to breastfeed at six months and 27 percent at one year, again mirroring statewide rates.

#### Confederate Tribe of Warm Springs

During the past year, 782 tribal members received monthly WIC preventative health services including 232 pregnant and postpartum women, and 550 infants and children under five. The total WIC grant for the tribe for FY 2011-2012 was \$79,578.

#### Confederate Tribe of Umatilla

During 2011, approximately 184 tribal members received WIC preventative health services, including 45 pregnant and post partum women and 139 infants and children under five. The total WIC grant for the tribe for FY 2011-2012 was \$22,717.

#### Siletz Tribe

Lincoln County WIC Program does not currently provide WIC services on-site at the Siletz Health Center but has in the past. Currently, tribal members access WIC services at the Lincoln County Health Department in Newport. Lincoln County Public Health has established a strong referral system with the tribal health center to assure all potential women, infants and children receive WIC services.

### Coquille Tribe

In 2011, Coos County WIC Program provided on-site nutrition screening, individualized preventative health education, and referral services at the Coquille Tribal Office to about 40 women, infants and children. This clinic is open one day quarterly, and Coquille tribal participants can also access WIC services through the local Health Department in North Bend.

### Native American Youth & Family Center (NAYA)

In November 2011, the Multnomah County WIC Program in collaboration with NAYA, started a satellite WIC clinic at the Native American Youth & Family Center (NAYA) on Columbia Boulevard in Portland. By June 2012, the clinic was open two days per month and was providing WIC services to 36 women, infants and children. Multnomah County WIC and NAYA also jointly applied for a competitive grant. In April 2012, they were awarded \$25,000 for six months from the Oregon WIC Office to identify barriers to breastfeeding for Native American women.

The Center for Public Health Practice provides services to prevent and control diseases, monitor vital events, and assure an effective statewide public health system. CPHP programs work closely with local and tribal governments, community partners, and the public to protect and improve the health of all people in Oregon. Special emphasis is placed on communicable diseases, including epidemiology, laboratory testing, immunization, and other community control measures. CPHP screens all newborn infants for biochemical disorders to prevent disability or death, and collects and analyzes vital record data to monitor health trends. The quality of statewide public health services is assured through consultation, planning, review, and accreditation of state and local agencies.

The Center for Public Health Practice works regularly with the Northwest Portland Area Indian Health Board (NPAIHB), an organization established by and serving the tribes of Oregon, Idaho and Washington.

One of the Center's medical epidemiologists serves as the tribal epidemiology liaison for Oregon Health Authority, Public Health Division (PHD). He regularly meets with NPAIHB staff to develop and pursue strategies that will better ensure the accuracy of health data for American Indians/Alaska Natives in datasets maintained by PHD.

Examples of work completed in 2011-2012:

- The Acute and Communicable Disease Prevention Section (ACDP) worked with tribal health, Indian Health Services Environmental Health, and NPAIHB to provide epidemiology and public information support during outbreak investigations.
- In Collaboration with NPAIHB and Oregon Health & Science University epidemiologists, the PHD tribal epidemiology liaison gave a four-day course in outbreak investigation for tribal and epidemiology center staff from around the U.S.

- ACDP and the HIV, STD, and TB sections are conducting a second data linkage with NPAIHB's Northwest Tribal Registry to improve accuracy of American Indian/Alaska Native race data in PHD's Orpheus communicable disease database.
- The Center also shares data with the NPAIHB Tribal Epidemiology Center (TEC), enabling the TEC to use more accurate, population-based data to gain a clearer picture of Indian Health in Oregon, to share this information with NPAIHB member tribes, and to better track the effectiveness of health promotion programs.
- In collaboration with the National Native American AIDS Prevention Center, HIV Prevention Program staff provided a training in Warm Springs to tribal community members and others who work with tribal communities. The presentation focused on HIV prevention efforts in Oregon, opportunities for collaboration, available resources, and information gathering about the HIV prevention needs of native communities.
- The Health Statistics Section collaborated with NPAIHB, performing a second linkage of the Northwest Tribal Registry with CHS's Death Certificate database. By conducting these linkages annually, we can update and improve the accuracy of American Indian/Alaska Native race information in state health databases.
- The Center worked with representatives from two Oregon tribes, NPAIHB epidemiology center staff, and others to plan the Council of State and Territorial Epidemiologists Western Region Tribal Epidemiology Conference, held in February.
- At the Western Region Tribal Epidemiology Conference, staff worked with tribal, epicenter, and NW state PH epidemiologists to develop an action plan to improve accuracy of and access to Indian health data for those working to promote the health of American Indians and Alaska Natives.

- Worked with staff from the NPAIHB Epidemiology Center to carry out the developed action plan.
- The Immunization Program is working closely with staff from NPAIHB, Indian Health Service and individual tribal sites to establish electronic data feeds between electronic health record systems at the clinics and the ALERT Immunization Information System.
- The Immunization Program also has developed methods for doing comparative assessments of coverage among AI/AN, using tribal clinic electronic health record and ALERT Immunization Information System data. Results from these assessments help in collaboration with tribal partners to determine how best to incorporate ALERT into clinic workflow processes.
- The tribal epidemiology liaison regularly attended quarterly meetings with tribal health department directors on behalf of Oregon Health Authority, in accordance with Senate Bill 770.

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## SENATE BILL 770 HEALTH SERVICES CLUSTER MEETINGS

The SB 770 meetings allow both administrators from OHA and tribal representatives to meet quarterly and work on issues together to maintain a cooperative relationship with the tribes. This meeting is an outcome of Executive Order from the Governor and legislative action, with the expectation that departments within state government form and strengthen relationships with tribes.

## DISTRICT MANAGERS COLLABORATION WITH OREGON TRIBES

Monthly or quarterly contact between District Managers, Tribal Managers and respective staff has been strongly encouraged to strengthen relationships. Some districts have developed processes with the tribes which enable them to have better relationships. The agency has encouraged other districts to take the model and work through the process with their local tribe. Having agencies and tribes working through the process together strengthens the relationship. OHA also encourages the involvement of the tribes in local planning and training.

Many of the District offices have regularly scheduled meetings with the tribes throughout the state to network and discuss issues. This has proven very beneficial and continues to be suggested to other Districts as a way to promote better collaboration between the agency and local tribes.

## ADDICTIONS AND MENTAL HEALTH DIVISION (AMH)

### ALCOHOL AND DRUG PREVENTION SYSTEM

In fiscal year 2011, each of the nine Oregon federally recognized Native American tribes received \$52,500 for alcohol and drug prevention services. These funds support tribal prevention coordinator positions that provide prevention services from each tribe's AMH approved biennial implementation plan. All nine tribes have a current Letter of Approval with AMH to operate their prevention program.

Collectively, the tribes were awarded \$50,000 from the Enforcing Underage Drinking Laws initiative to create an inter-tribal underage drinking prevention video that focuses on 'Culture is Prevention'. This video showcases several Oregon tribal best practices that were selected by the tribal prevention coordinators.

New this year, each tribe received \$62,500 from the Strategic Prevention Framework, State Incentive Grant (SPF-SIG) to follow the five-steps of SPF-SIG; (1) Assessment, (2) Capacity, (3) Planning, (4) Implementation, and (5) Evaluation. The SPF-SIG goals are to reduce heavy use of alcohol, binge drinking, underage drinking from 18-20, and over-representation of Native Americans in the consequences related to alcohol use.

## PREVENTION PLANNING

The tribal prevention coordinators infuse culture, traditions and Tribal Best Practices (TBPs) into their prevention framework. They focus on increasing protective factors that fall within four domains: individuals and peers, family, school, and community. Additionally, the tribes use the six Center for Substance Abuse Prevention (CSAP) strategies in the delivery of their prevention services: information dissemination; education; alternatives; problem identification and referral; community-based process; and environmental strategies.

## COMMUNICATION BETWEEN AMH AND THE TRIBES

The AMH tribal liaison and other agency staff attended the SB 770 Health Services Cluster meetings and the nine tribes' prevention quarterly meetings with tribal staff to learn from each other's prevention efforts, promote positive communication through the government-to-government relationship, and to share successes and challenges in the field. The AMH tribal liaison communicates on a regular basis with Tribal staff by phone, email and face-to-face meetings.

## TRIBAL CONSULTATION

This year Oregon received recognition from SAMHSA and NASADAD for effective tribal consultation with the nine federally recognized Native American tribes. AMH staff participated in a SAMHSA sponsored webinar with the states of Arizona and New Mexico to shared best practices and policies with national colleagues. AMH will continue to improve services in order to serve Native Americans.

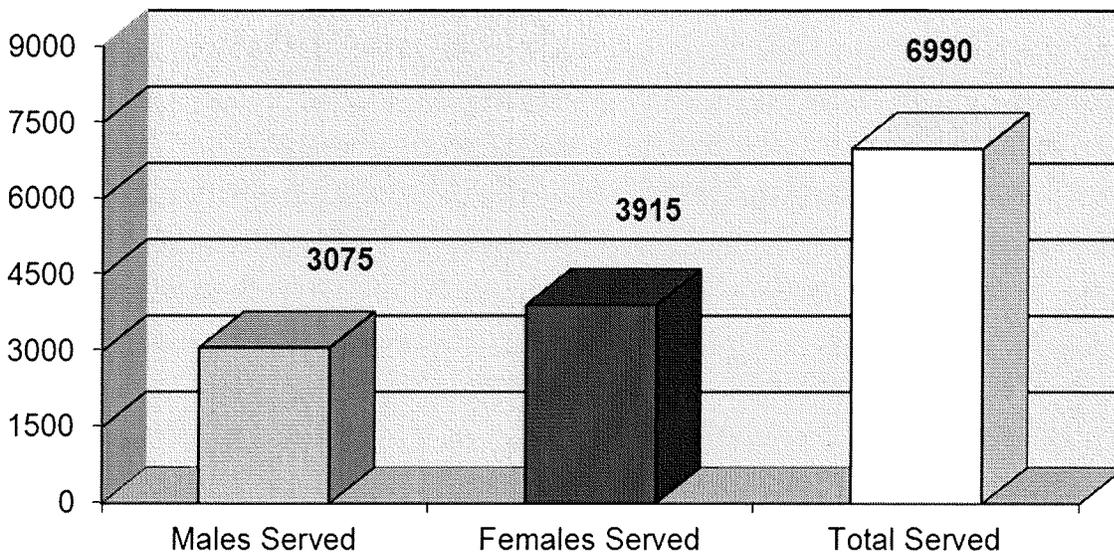
## TRAINING AND TECHNICAL ASSISTANCE

Periodically, tribes request training and technical assistance related to substance use or suicide prevention. Several tribes requested help with the prevention database system, biennial plan formation and implementation. Two tribes requested ASIST (Applied Suicide Intervention Skills Training) workshops. The goals of this workshop are to: increase the community's ability to prevent suicide; increase awareness of suicide; provide a safe place to talk about suicide; and to brainstorm local and national resources that are available to community members.

## PREVENTION SERVICES TO INDIVIDUALS AND FAMILIES

The tribes continue to provide many prevention services throughout the year, touching the lives of thousands of tribal and community members. This data was taken from the minimum data set for prevention database (MDS). Each quarter the tribal prevention coordinators electronically enter the prevention services and demographics of participants into the database which can be used to run reports and track services.

**A/D Prevention Individuals Served in 2011**



### BURNS PAIUTE TRIBE

The tribal prevention coordinator provided several educational and alternative activities throughout the year including: implementing the Healthy Relationships curriculum; methamphetamine and marijuana prevention education with Eric Martin; working with youth on media campaigns; a community billboard; radio ads; and a workshop on digital storytelling. The coordinator continued Tribal Best Practices such as facilitating the Powwow club.

### CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS

The tribal prevention coordinator uses many education and alternative strategies for tribal and community members. Education and tribal culture are infused in various events throughout the year including: family gatherings, Canoe Crew Program, culture camps, after school prevention education, traditional food gatherings. The program focuses on bringing families together, promoting bonding and working together.

### CONFEDERATED TRIBES OF GRAND RONDE

The tribal prevention coordinator provided services throughout the year for tribal and community members including: canoe family/canoe journey; parent and community internet safety training; and youth culture club twice a month. The coordinator also sponsored the Native Youth Wellness Day in March and the 9<sup>th</sup> annual Agency Creek Round Dance. The tribal prevention coordinator is a member of the SPF-SIG State Advisory Council, and is a key tribal contact for state agency staff.

### CONFEDERATED TRIBES OF SILETZ

The tribal prevention coordinator helps facilitate the Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) Coalition including recruiting membership, and assisting in the implementation of Coalition goals and plan. The tribe has many ongoing programs including leadership activities, school-based prevention education, Methamphetamine Awareness Program, and a Drug Awareness Program, and hosted numerous prevention activities throughout the year.

### CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

The tribe continues to offer Daughters of Tradition classes at the middle school, Wellbriety coalition meetings, a Son's and Daughter's of Tradition summer session and traditional camp out. The coordinator also provided prevention education classes and assisted in the annual Basketball Against Alcohol and Drugs tournament and Red Ribbon Week activities, which included prevention awareness activities, stomp out drugs walk, and honoring people in recovery.

### CONFEDERATED TRIBES OF WARM SPRINGS

The tribe continues to provide many alternative educational opportunities, and community-based processes including “Back to the Boards” a Tribal Best Practice. Many cultural and educational activities are available to the community throughout the year including: a methamphetamine prevention conference, men and women’s health fairs, traditional drum making classes, jingle dress making class, and the annual Pi-um-sha Health Fair and Powwow.

### COQUILLE INDIAN TRIBE

The Tribal Prevention Education program continues to be a successful area with growth and participation. The after school and teen programs provide an excellent opportunity for education and interaction. The staff continues to build strong, meaningful relationships with youth. The tribal prevention coordinator provides various educational and alternative activities including: an ATOD-free New Year’s Party (more than 200 attended in 2011-12); a teen group which meets weekly; and participation in a community coalition.

### COW CREEK BAND OF UMPQUA TRIBE OF INDIANS

The tribal prevention coordinator and behavioral health staff provide opportunities for prevention education and family bonding at tribal events throughout the year, including at the annual Tribal Powwow and health fairs. Staff collaborates with various partners and participates in the local coalition with county and non-profit staff.

## KLAMATH TRIBES

Throughout the year, there are many family bonding opportunities that include prevention education and ATOD free activities, sports camp, culture camp, a drum group, marijuana prevention education, and back to school Powwow. Additionally, the coordinator provides early identification and referrals for tribal and community members in need of services, and family mediation services.

## PREVENTION INPUTS AND OUTCOMES

All tribes identify outcomes to be addressed with the prevention resources from the Addictions and Mental Health Division. The list below describes the prevention inputs coupled with outcome data.

<b>Prevention Inputs</b>	<b>Prevention Outcomes</b>
Provide A/D prevention education	90 percent of tribal and community members gave positive feedback on comment cards.
Tribal prevention coordinator reaching out to the community to increase capacity of the coalition.	Increased coalition attendance with 14-15 members attending regularly.
Prevention education and implementation of Tribal Best Practices	70 percent of tribal members reported increased knowledge of A/D prevention issues.
Various community based processes	Increased ability to early identify youth and make referrals to services.
Prevention education, alternative activities for family bonding	Pre- and post-tests with 50 percent of tribal members demonstrating increased knowledge  Families are reporting an increase in bonding and positive communication.

**Question to the Tribal Prevention Coordinators: “How do you know these programs and/or activities are working?”**

- Positive feedback and well attended by community members.
- People’s attitudes and contributions to the issues that we are addressing seem to be more positive and interactive.
- Because we are getting families together and creating opportunities for bonding.
- Increased participation and received many positive comment cards.
- The youth who are involved in our programs are not getting referred to social services. Good attendance, happy parents and community members.

**SYSTEM IMPROVEMENT INITIATIVES**

1. The 2011 State of Equity Report was published in June 2011, by the Office of Multicultural Health and Services, Oregon Health Authority/Department of Human Services. The report indicated Native Americans have higher rates of eighth graders who have used alcohol and illicit drugs. AMH staff will be using this report for discussion and planning on how to improve access to services for Native Americans in the state.

2. The Strategic Prevention Framework-State Incentive Grant (SPF-SIG) is a five-year cooperative agreement between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the State of Oregon that will support an array of community-based activities, environmental strategies and policies for delivering effective substance abuse prevention services to reduce alcohol related health consequences. Two tribal staff, a representative from the Northwest Portland Area Indian Health Board and the AMH tribal liaison attend the monthly SPF-SIG State Advisory Council meetings.

3. The Student Wellness Survey was implemented in the spring of 2010 to provide data for tribes and communities in the areas of school climate, positive youth development, mental and emotional health, problem gambling, substance use, drug free community core measures and risk/protective factors. This data is used by the tribal prevention coordinators to plan prevention programming and to identify trends. The survey will be administered again in 2012.

4. The Alcohol and Drug Policy Commission was established during the 2009 legislative session and builds upon the work of the Governor's Council on Alcohol and Drug Abuse Programs. The Commission will produce a plan for effective funding and delivery of alcohol and drug prevention and treatment services across all human services and public safety agencies. The membership of the Commission consists of sixteen appointed positions including a representative of an Indian tribe.

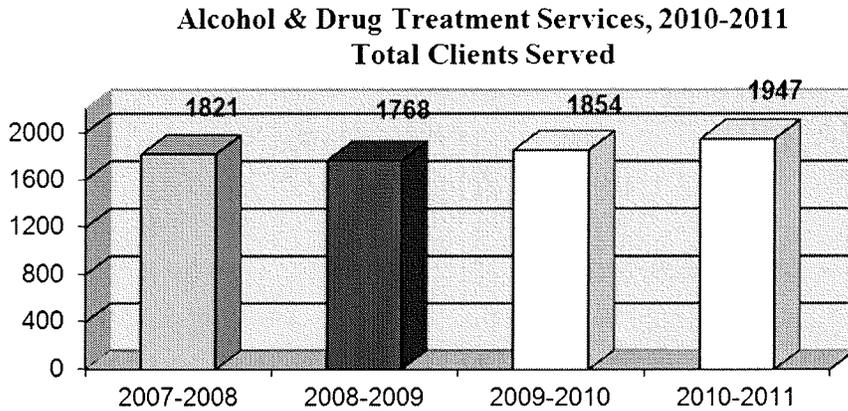
5. The Oregon Tribal Best Practices effort was formed to “document that Indian and minority people have been implementing effective cultural practices for years within their own communities” (Caroline Cruz, and Dr. John Spence). The AMH tribal liaison collaborates with the Tribal Best Practice panel members in the review and approval of Tribal Best Practices, and offers support to state staff working in other departments.

#### TRIBAL ALCOHOL AND DRUG TREATMENT SUMMARY

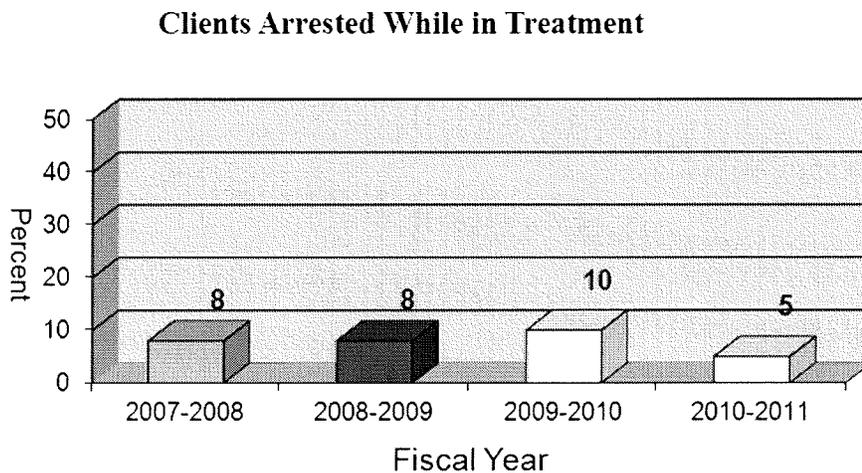
Seven of the nine federally recognized tribes in Oregon receive a minimum of \$50,000.00 per year for outpatient treatment services. The Coquille Indian Tribe and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw do not receive outpatient treatment dollars because they have not yet established the necessary infrastructure to provide these services. Native American Rehabilitation Association of the Northwest (NARA) receives outpatient and residential treatment dollars to serve urban Indians, and referrals from all nine tribes of Oregon. Klamath

Youth Residential Treatment Center provides residential substance abuse services for adolescents in Klamath Falls.

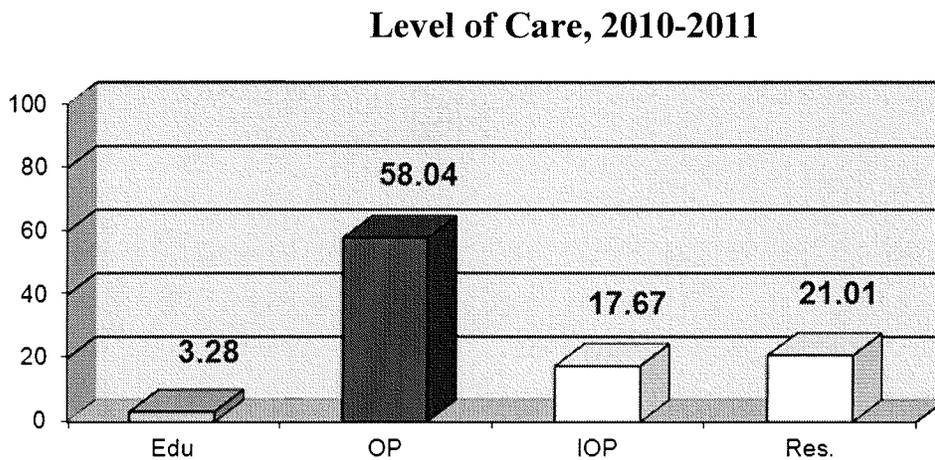
Providers served 1,947 clients during the 2010-2011 fiscal year. The number of clients served during the past four years has been fairly consistent, ranging from 1,768 to 1,947. This data was taken from the Client Process Monitoring System (CPMS) on 9-29-2011.



One of the most significant and cost saving related outcomes of addiction treatment is reduced criminal involvement. Of the clients who completed treatment or otherwise discontinued participation in tribal programs, 95 percent remained crime free while participating in services. The percent of clients arrested while in treatment over the past four years ranged from 5 to 10 percent.



The following chart lists the percent of clients by the level of care received. ‘Edu’ stands for education, ‘OP’ stands for outpatient, ‘IOP’ stands for intensive outpatient and ‘Res.’ stands for residential. The percentages from highest to lowest are: outpatient (58.04 percent), residential (21.01 percent), intensive outpatient (17.67 percent), and education (3.28 percent).



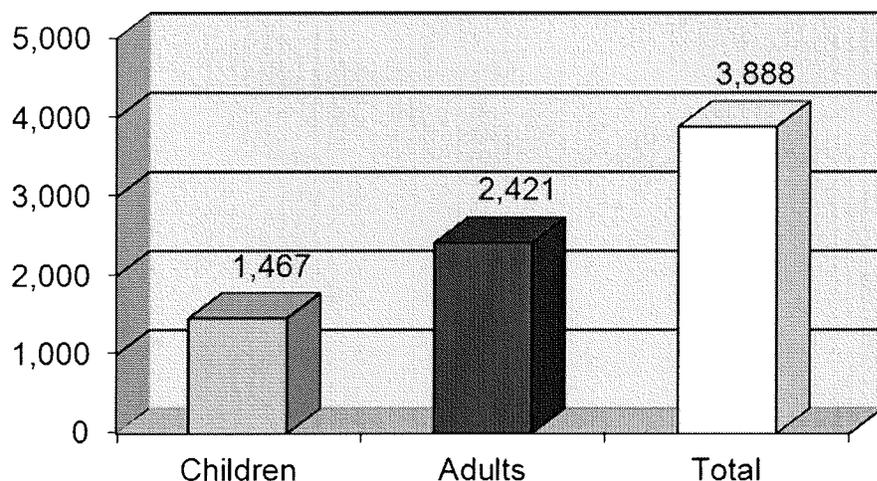
## MENTAL HEALTH SYSTEM

In 2003, Oregon’s Legislative Assembly directed the Department of Human Services that children and adolescents with severe emotional disorders need and benefit from services that are coordinated, comprehensive, culturally competent, and delivered in natural environments. Many clients require multiple interventions to be successful. Additionally, state General Funds were distributed to Community Mental Health Programs (CMHP) to enhance system capacity for children and families who are either not eligible for Medicaid or determined to be Medicaid eligible but who are not enrolled in a Mental Health Organization (MHO).

## MENTAL HEALTH INDIVIDUALS SERVED

Each year many Native American clients receive mental health services. This year 2,421 adults and 1,467 children received services for a total of 3,888 individuals.

**Individuals Receiving Mental Health Services**



Many tribes report that having to access mental health services for their children through the local CMHP does not meet their needs in terms of receiving culturally sensitive and relevant services. In 2009, adjustments were made by AMH that allowed the tribes to refer directly to a psychiatric residential treatment service (PRTS) provide the child or adolescent met criteria for medical necessity.

In terms of mental health and addictions treatment resources for tribal children and adolescents, there are two primary programs that serve the majority of this population. ChristieCare©, a child and adolescent PRTS in Oregon City opened in 2008. The ChristieCare program focuses exclusively on providing an array of culturally competent and tribal specific treatment services to native youth from Oregon and Alaska. A second program, Klamath Youth Residential Treatment Center provides residential alcohol and drug treatment to tribal youth and is located in Klamath Falls, Oregon.

## **Health Services: Health Care 2012**

Oregon Health Authority provides ongoing technical assistance for day-to-day operations related to the Oregon Health Plan (OHP) through its Division of Medical Assistance Programs (DMAP). This includes assistance with claims billing, compliance with federal requirements including HIPAA, National Provider Identification (NPI) and taxonomy compliance; understanding DMAP policy and procedures and providing technical assistance with the Medicaid Management Information System (MMIS).

DMAP continues to hold program meetings to ensure tribal programs are informed in advance of program changes. This allows them the opportunity to provide input on changes affecting tribal programs; to prepare for implementation of changes to MMIS; to ask questions of DMAP staff; and to troubleshoot emerging issues and system changes.

DMAP staff continue to share information with the Northwest Portland Area Indian Health Board (NPAIHB), Portland Area Indian Health Services Unit and Tribal Health Facilities regarding federal and state changes impacting Medicaid services. DMAP continues to participate in national conference calls with CMS and state Medicaid Directors about new regulations, and continues to share and consult with NPAIHB and Tribal Health Directors about the effect of changes.

As a result of the October 2010 Tribal Consultation Policy, the department continues to increase communication between the state and the tribes and foster a positive government-to-government relationship. Tribal representatives are given opportunities to review and provide input on all State Plan and 1115 Demonstration Amendments before the agency submits them to CMS.

Tribal Consultation Policy meetings have been held regularly (approximately on a monthly basis) and facilitated by either Dr. Bruce Goldberg or Judy Mohr-Peterson. These meetings have provided up to date information on health system transformation efforts, which includes the creation of coordinated care organizations. Tribal leaders were consulted on their recommendations for the approach to enrolling AI/AN members in CCOs. Tribes decided on an opt-in provision for AI/AN members.

The opt-in approach means that tribal members will not be automatically enrolled into a managed care plan or a CCO; they can choose to be enrolled at any time. Tribal members can also choose to disenroll from a managed care plan or CCO at any time. Tribal members who were enrolled, by choice, in managed care plans that became or were replaced by CCOs in their service areas had their membership transferred to the new CCO to avoid disruptions in their preferred healthcare delivery method. Oregon tribes will continue their efforts to assist their tribal members in choosing the best delivery of Medicaid health benefits to best meet their health care needs.

DMAP has corrected the defect that was occurring in MMIS which dropped the Heritage Native American (HNA) code from the system. This code serves multiple purposes: 100 percent reimbursement for FMAP claims submitted by an IHS/Tribal 638 facility; direct billing by IHS/Tribal 638 facilities to DMAP-bypassing the managed care edits and audits; and support for the opt-in provision. If an AI/AN member has verified their Native American Heritage with a caseworker, their HNA case descriptor will be added to their case records, which in turns feeds into MMIS. The designation will now permanently be maintained.

DMAP continues to work closely with the state of Washington to foster a partnership in providing optimal services to American Indian/Alaska Native populations in both states. Quarterly phone conferences take place between each state's Medicaid tribal program managers to promote collaboration and share best practices.

In a joint effort with Washington State, DMAP is working on an uncompensated care payment program that will allow AI/AN Medicaid patients seen at tribal health facilities (IHS & Tribal 638 clinics) to receive, in essence, full Medicaid services similar to the benefit package that OHP Plus recipients receive. DMAP has requested technical assistance and guidance from CMS and is working closely with their staff to identify the process of moving forward with this program. CMS approved a similar model in the state of Arizona.

The DMAP tribal liaison has visited all but one (Burns/Paiute) tribal health clinic in Oregon. The intent of these visits is for an informal meet and greet in an area and forum where tribal representatives are comfortable. This allows the opportunity to discuss any questions, concerns or issues the tribal clinic may be experiencing. This approach supports a good working relationship based on trust, flexibility and a willingness to be available.

#### OREGON STATE HOSPITAL TRIBAL SERVICES 2012

The Oregon State Hospital (OSH) Native American Advisory Group (NAAG) has met monthly during the past year. The OSH NAAG is comprised of Native American and non-Native American health care providers and professionals from various OSH disciplines such as; nursing, psychology, quality assurance, spiritual care, cultural diversity, patient representatives, recovery specialists, social work, education and rehabilitation services. NAAG provides direction on Native American research, treatment, spiritual care, ceremonies, policymaking, cultural education, and historical education for OSH. This group has helped to increase relationship with and provide services to the OSH Portland campus, the geriatric program, the forensic medium security program, the forensic maximum security program, the forensic cottage program and the forensic transitional program. NAAG strives, through group effort, to be able to provide culturally appropriate services that are accessible to all OSH Native American patients.

Currently OSH offers the following services to Native American patients;

- Sweat Lodge - twice a month for Men and Women
- Smudge Ceremony - weekly in each program
- White Bison's Medicine Wheel and 12-Step program
- White Bison's Intergenerational Trauma group
- Talking Circles
- Ancestry research
- Tribal scholarship application assistance
- Family support
- Community outings with Native American focus
- Individual sessions with a Native American cultural or spiritual advisor.
- Treatment team liaison for Native American patients, when requested.
- Psychiatric Security Review Board liaison for Native American patients, when requested.
- Cultural education groups that include, but are not limited to, sessions on smudging, medicine, boarding school history, tribal history, removal, allotment, and current events.

It is estimated that approximately 50-60 Native American's are hospitalized at OSH at any one time. OSH does not currently have a reliable method of obtaining an accurate demographic of patient's race. However, NAAG is working with OSH leadership and admissions to develop a reliable method for obtaining this demographic information.

In the past year, OSH has designated a Native American Services Coordinator who oversees and provides guidance for services to Native American patients. In addition, the Native American Services Coordinator is a board member for the new OSH Museum.

Over the past year, the NAAG has been working with OSH leadership to develop a new sweat lodge and designated ceremonial area for the new OSH facility. NAAG has coordinated with program directors, landscape

architects, City of Salem historical planners, and Historical Landmark Commission members. This coordinated effort resulted in a formal presentation to the Historical Landmark Commission in December of 2011 and a projected opening of a new OSH sweat lodge in the Spring of 2012.

NAAG has recognized the need for OSH staff education regarding Native Americans. NAAG is currently exploring training design options that will effectively teach OSH employees about Native American culture, treatment needs and OSH legal obligations. NAAG is currently negotiating an agreement with the OSH Education Development Department to provide ongoing Native American culture classes that will be available to all OSH staff.

The OSH NAAG has reached out to the OSH Spiritual Care Department and has enjoyed a reciprocal relationship. Our contracted Native American Elder was invited to provide training on Native American culture and spirituality to OSH Chaplain interns. In turn, the OSH Spiritual Care Chaplains are sitting in on Native American Treatment groups.

During 2012, the OSH Native American Services Coordinator completed a qualitative research study in an attempt to find information that may be useful for OSH service providers. The purpose of the study was to investigate the subjective experience of Native American patients in order to better understand their unique challenges and strengths in the hospital setting. In addition, the study examined the services that Native American individuals are receiving within OSH and explored the path by which Native American persons reached hospitalization. This study was also an opportunity for Native American patients to share ideas for changes at OSH.

The NAAG has coordinated and performed honoring ceremonies for the new OSH buildings and is currently planning to conduct more honoring ceremonies as additional wings open in the new OSH facility.

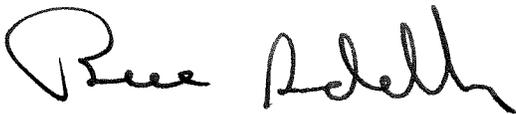
During 2012, OSH NAAG members have attended or presented at the following trainings:

- The Wellbriety Training Institute - White Bison Mending Broken Hearts; Native American grief recovery workshop.
- National Congress of American Indians, National Conference
- Native American Rehabilitation Association - Spirit of Giving Conference
- American Counseling Association – Conference & Exposition
- Society of Indian Psychologists - National Conference
- Veteran’s Conference – Bend, Oregon
- State of Oregon Diversity Conference - Discovering the Richness of Diversity
- Pacific University’s Diversity Day – Forest Grove, OR

## SUMMARY

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While extensive, this 2012 annual report presents only highlights of the full range of efforts that OHA has brought this year to its work with Oregon's nine federally recognized tribes. The cultures of these tribes reflect not only an essential part of Oregon's history and heritage, but also the challenges of meeting contemporary needs. Therefore, OHA devotes significant resources and energies across the agency to maintaining and improving this collaborative partnership. OHA believes it is doing a creditable job, and we invite representatives of the tribes and other stakeholders to continue to work with the agency to help our agency become even more effective in the years to come.



Bruce Goldberg, Director

11/26/2012

Date

PARTICIPATING OHA STAFF

Tribal Relations Liaison..... Richard Acevedo  
FQHC/RHC Program Manager and Tribal Resource..... Helena Kesch  
Seniors and People with Disabilities Division .....Michael Stickler  
and Judy Bowen  
Addictions and Mental Health Division ..... Jason Yarmer  
Office of Equity and Inclusion..... Tricia Tillman  
Oregon State Hospital ..... Cynthia Prater

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## GLOSSARY OF TERMS

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AAA	Area Agency on Aging
AMH	Addictions and Mental Health Division
BRFSS	Behavioral Risk Factor Surveillance System
CAF	Children, Adults and Families Division
CDC	Centers for Disease Control
CFSR	Child, Family and Safety Review
CMS	Centers for Medicare and Medicaid Services
DHS	Oregon Department of Human Services
DMAP	Division of Medical Assistance Programs
DRA	Deficit Reduction Act
FAS	Fetal Alcohol Syndrome
FFY	Federal Fiscal Year
HB	House Bill
HIPAA	Health Insurance Portability and Accountability Act
ICWA	Indian Child Welfare Act
HIS	Indian Health Service
ILP	Independent Living Program
MCH	Maternal and Child Health
MMIS	Medicaid Management Information System
NARA	Native American Rehabilitation Association
NPAIHB	North Portland Area Indian Health Board
NRC	National Resource Center
NWAIHB	North West Area Indian Health Board
OHP	Oregon Health Plan
OPIC	Oregon Partnership to Immunize Children
ORS	Oregon Revised Statutes
OVRS	Office of Vocational Rehabilitation Services
PDTS	Psychiatric Day Treatment Services
PHD	Public Health Division
PRTS	Psychiatric Residential Treatment Services
QMB	Qualified Medicare Beneficiaries
SB	Senate Bill

SBHC ..... School-Based Health Center  
SOC ..... System of Care  
SPD ..... Seniors and People with Disabilities Division  
SSBG ..... Social Services Block Grant  
TANF ..... Temporary Assistance for Needy Families  
TCM ..... Targeted Case Management  
TPEP ..... Tobacco Prevention and Education Program  
WIC ..... Women, Infants and Children