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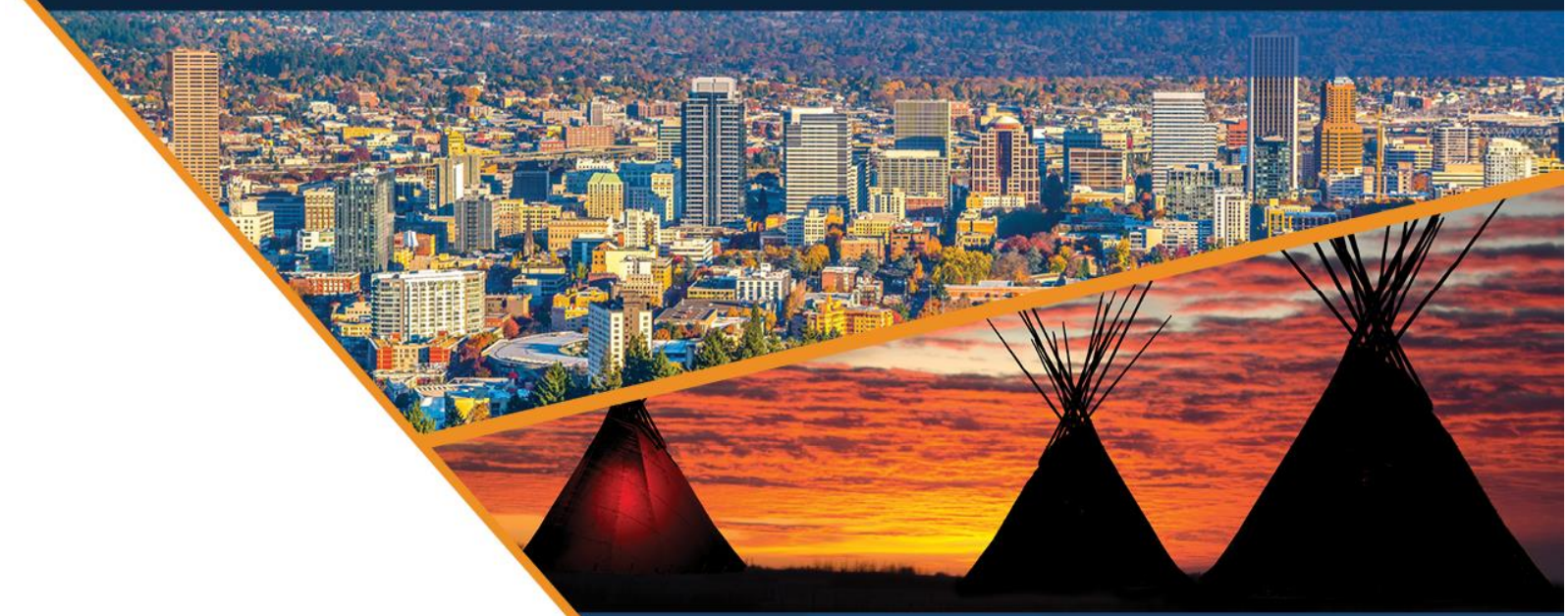
Tribal Behavioral Health Strategic Plan – 2019 to 2024



Oregon Health Authority

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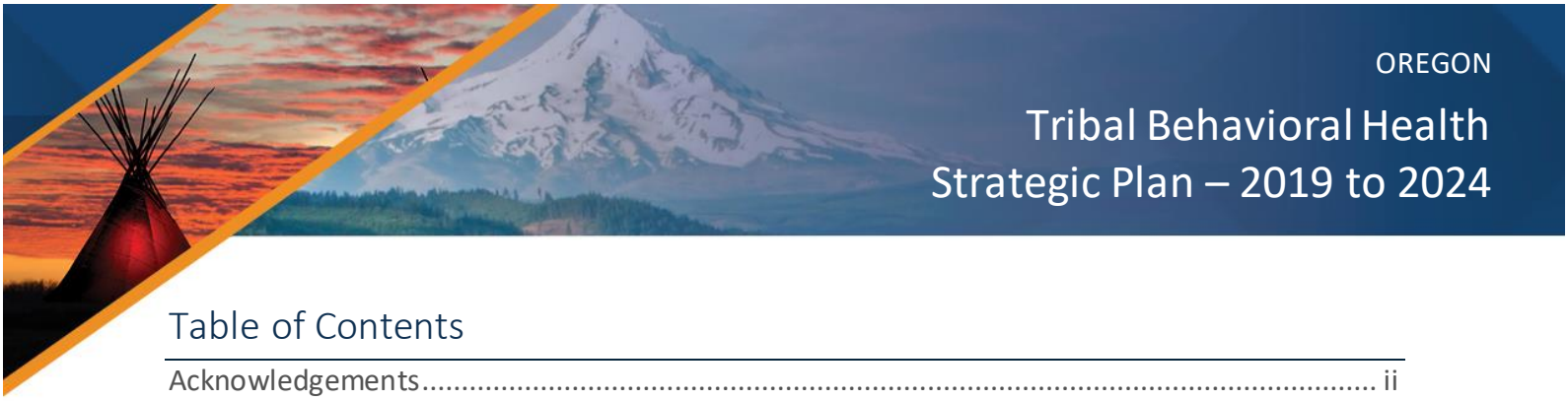

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Acknowledgements

The Oregon Health Authority would like to acknowledge those who participated in the development of this plan. Participants of the strategic planning workshop held March 7–8, 2019, in Portland, OR, include representatives from:

- Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes
- Yellowhawk Tribal Health Center (Confederated Tribes of the Umatilla Indian Reservation)
- Native American Rehabilitation Association of the Northwest (NARA)
- Northwest Portland Area Indian Health Board (NPAIHB)
- Oregon Health Authority
- Oregon Department of Human Services (DHS) Office of Tribal Affairs

Kauffman & Associates INCORPORATED

The Oregon Health Authority contracted with Kauffman & Associates, Inc. (KAI), to facilitate a strategic planning session for the Oregon Native American Behavioral Health Collaborative. KAI is an American Indian-owned management firm dedicated to improving the lives of vulnerable populations and enhancing the reach and effectiveness of caring organizations. At KAI, we do work that matters. www.kauffmaninc.com

Tribal Behavioral Health Strategic Plan – 2019 to 2024

Introduction

The Oregon Health Authority (OHA) administers the state's Medicaid program, funds community-based health care services, and manages the Substance Use and Mental Health Block Grant. The grant supports substance misuse prevention, treatment, and recovery for uninsured or underinsured people, including the many people who receive health care services operated by the federally recognized tribes in Oregon or the Native American Rehabilitation Association of the Northwest (NARA). OHA is working to enhance health outcomes in Oregon by improving access for all Oregon citizens to behavioral health care services and integrating behavioral health care seamlessly with other health care services.

In 2016, OHA assembled a state behavioral health collaborative to improve systems of care in Oregon. In response to this effort, Oregon tribes, NARA, and the Northwest Portland Area Indian Health Board (NPAIHB) articulated a need to collaboratively address behavioral health care needs in Oregon tribal communities and more specifically and appropriately respond to the unique systems operated in the communities they represent.

A list of Oregon tribes on the wall at the NARA Wellness Center

As part of its overall efforts to improve behavioral health care across Oregon, OHA is committed to upholding the government-to-government relationship with tribes and collaborating with tribal governments and urban Indian health programs to reduce disparities in health outcomes and access to care for American Indians and Alaska Natives in Oregon. OHA acknowledges that tribal and urban Indian health programs are key providers with the cultural understanding to address behavioral health in their communities and to strengthen their nations.

The nine tribal nations in Oregon are:

- 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

NARA is the urban Indian health program in Portland, OR. Representatives from the nine tribal organizations, NARA, OHA, the Oregon DHS Office of Tribal Affairs, and the NPAIHB form the Oregon Native American Behavioral Health Collaborative, which works to improve behavioral health for tribal communities in Oregon.

On March 7 and 8, 2019, the Oregon Native American Behavioral Health Collaborative convened to address behavioral health among American Indian and Alaska Native (AI/AN) people in Oregon. In preparation for the in-depth strategic planning session, OHA tribal affairs staff met with behavioral health administrators from NARA and several Oregon tribes on February 7, 2019, at OHA offices in Salem, OR. During the pre-planning meeting, the group reviewed an environmental scan to understand the current reality of Oregon's behavioral health care system broadly and in Indian Country, and began to develop a vision for the strategic plan. During the strategic planning session in March, the group defined their vision of success, identified obstacles to achieving it, and developed strategic pillars and strategic outcomes that articulate how we will work collaboratively to achieve our shared vision.

Current Reality

The AI/AN population in Oregon experiences the same behavioral health challenges that are common across the state, such as substance misuse and depression, but they face significant disparities in morbidity, mortality, health outcomes, and access to care. For example, in a 2014 study[1], the NPAIHB Northwest Tribal Epidemiology Center found the following information pertaining to behavioral health disparities for AI/AN people.

- From 2006–2010,
  - deaths from suicide were higher for AI/AN people (2.8%) than non-Hispanic White people (1.9%) in Oregon and
  - suicide rates for AI/AN youth ages 10 to 19 were 2.8 times higher than rates among non-Hispanic White youth in the same age group.

[1] NPAIHB Northwest Tribal Epidemiology Center. (2014). Oregon American Indian & Alaska Native Community Health Profile. Retrieved from: http://www.npaihb.org/images/epicenter_docs/IDEA/2014/OrReports/OR%20THP%20Final_Full%20Report.pdf

- From 2006–2012,
  - more AI/AN women (42%) than non-Hispanic White women (36%) reported feeling depressed or in poor mental health in the previous month;
  - despite 26% of AI/AN men reporting high levels of depression or poor mental health, only 1.3% of AI/AN men said they received treatment for a mental health condition; and
  - AI/AN women were more than twice as likely to binge drink (35%) than non-Hispanic White women (15%).

AI/AN people can access health care through tribal, urban Indian, or IHS programs. The available services vary by program. Tribes and urban Indian health programs have developed fully integrated behavioral health services within their care systems. As the state works to improve behavioral health, it is important to fully consider, consult with, and integrate tribal/urban care providers in meaningful and appropriate ways, to honor tribal-based practices and ensure these providers receive the needed funding to continue providing effective services. In their response to the state behavioral health collaborative, Oregon tribes, NARA, and the NPAIHB recommended several ways to improve behavioral health care in Indian Country, including development of this strategic plan.

OHA Policies and Structure

In March 2018, OHA passed a new tribal consultation policy designed to more closely resemble the CMS tribal consultation approach. The policy expands the state's obligation to consult with tribes to any action that could affect tribes, rather than only applying to Medicaid-related decisions. Full implementation of this policy will mean a respectful government-to-government relationship between OHA and tribes and meaningful collaboration with NARA.

A reorganization within OHA placed substance use prevention work under the public health division, separating it from substance use treatment and mental health. Following the reorganization, the OHA addictions and mental health/substance abuse prevention tribal liaison shifted to managing tribal affairs for OHA overall, and the original position was not replaced. Expansion of the tribal affairs department to offer a liaison specifically for the intersections of OHA's behavioral health work with tribes and NARA would support the collaborative's work moving forward.

Partnership between Tribes and CCOs

Coordinated Care Organizations (CCOs) provide much of the health care for Oregon Health Plan members. CCOs are provider networks at the community level that work to integrate physical, behavioral, and dental health care.

Currently, only three tribes have contracts with CCOs. Additional partnerships between tribes and CCOs could be mutually beneficial for care providers and consumers. Including tribal and

urban providers in the CCO network would improve reimbursement from Medicaid at no cost to the CCO or the state and increase much-needed coverage for vulnerable populations served by tribal and NARA providers. Tribal and NARA provider systems must be incorporated into the CCO network in meaningful ways so that local efforts to provide seamless, integrated care is available, reimbursable, and culturally appropriate.

The Oregon 1115 Waiver, Attachment I—Tribal Engagement and Collaboration Protocol, outlines how CCOs should work with tribes for Medicaid programs, including provisions for training and contracting and a requirement that each CCO have a tribal liaison. Other ways to integrate tribes and NARA into the CCO system in the future include establishing a tribal advisory council to assist in holding CCOs accountable for meeting Attachment I requirements, and including tribal representatives on CCO governing boards.

Strategic Plan 2019 to 2024

The Oregon Native American Behavioral Health Collaborative developed this strategic plan to enhance collaboration and overcome challenges to improve behavioral health in Indian Country for Oregon. As a foundation for the strategic plan, the group developed the following shared vision, strategic pillars, and outcomes to guide their efforts.

Shared Vision

The Oregon Native American Behavioral Health Collaborative developed the following vision to lead implementation efforts during the next 5-years:

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

Figure 1 is a visual representation of the shared vision, as depicted by strategic planning participants.

Figure 1. A medicine wheel that represents the collaborative's vision

Challenges

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

- **Workforce**: an underdeveloped workforce that is defined by non-Native culture
- **Training**: inadequate training, care, and support for the workforce
- **Communication**: ineffective and inconsistent communication
- **Distance**: geographic and time constraints that limit connections and access
- **Cultural retraining of the state**: a constant demand for training for the state and securing and maintaining respect for cultural practices;
- **System fragmentation**: fragmented, insensitive systems that do not follow a trauma-informed approach
- **Politics**: the impact of political turbulence
- **Tribal-state relations**: the ongoing relationship-building between the state and tribal/urban systems

For example, implementing systems through which tribes can train and accredit their own workforce will help create a culturally informed workforce. OHA and tribes/NARA can achieve effective, consistent communication and strengthen their partnership through regular reporting and trainings for OHA and tribal leadership. The following sections of this document highlight the shared vision and offer a detailed look at the strategic pillars and outcomes that outline how the collaborative will surmount these challenges.

Participants collaborate on strategic planning considerations

Strategic Pillars

The Oregon Native American Behavioral Health Collaborative developed the following strategic pillars to support the shared vision.

1. **Training and credentialing**
2. **Tribal-based practices**
3. **Efficient data systems**
4. **Tribal consultation**
5. **Governance and finance**

Strategic Outcomes

The Oregon Native American Behavioral Health Collaborative identified outcomes for each pillar, listed in Table 1. These outcomes demonstrate an activity or result that can be measured once achieved. Additionally, each strategic pillar and outcome focuses on an identified tribal best practice outlined in Figure 1.

Table 1. Strategic outcomes for each strategic pillar

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

Strategic Action Steps

Table 2 through Table 6 list the strategic action steps the Oregon Native American Behavioral Health Collaborative outlined to achieve the intended outcomes of each strategic pillar. For each action step, the tables list who needs to be involved and the completion timeframe.

The action steps are coded by the acronym of the strategic pillar and numbered by the outcome. For example, the first strategic pillar is training and credentialing. This pillar's acronym is TC. There are three outcomes under this strategic pillar. In the following action step table, TC-1 refers to the first strategic pillar and the first outcome.

Training and credentialing

To strengthen the tribal workforce and empower providers to offer culturally appropriate care, the Oregon Native American Behavioral Health Collaborative recommends establishing a tribal credentialing system and an accredited tribal learning center. Another objective is to create a behavioral health tribal liaison position at OHA, with 25% of their time dedicated to workforce development.

Table 2. Action steps to develop a training initiative and tribal credentialing system

Outcome	Action Steps	Key Players	Timeframe
TC-1: Establish an accredited tribal learning center approved by MHACBO	TC-1.1: Survey all Oregon tribes and urban Native American programs to find trainers	Wenona Scott, Misty Kopplin, T.J. Foltz, Caroline Cruz, Laurie Dawkins, OHA tribal liaison	July 2019
	TC-1.2: Create a master list of trainers	Wenona Scott, Misty Kopplin, T.J. Foltz, Caroline Cruz, Laurie Dawkins, OHA tribal liaison	August 2019

Outcome	Action Steps	Key Players	Timeframe
	TC-1.3: Identify existing topics and gaps	Wenona Scott, Misty Kopplin, T.J. Foltz, Caroline Cruz, Laurie Dawkins, OHA tribal liaison	September 2019
	TC-1.4: Set a schedule of cohorts and classes throughout the state	Wenona Scott, Misty Kopplin, T.J. Foltz, Caroline Cruz, Laurie Dawkins, OHA tribal liaison	October 2019
TC-2: Secure funds to develop a qualified tribal workforce to provide a total continuum of care	TC-2.1: Meet with the OHA tribal affairs director and OHA leadership to include a behavioral health tribal liaison position at OHA, with 25% of their time dedicate to tribal workforce development, and dedicated funds for training	Caroline Cruz	May 2019
TC-3: Create a tribal credentialing system to achieve sustainability for tribal-based behavioral health	TC-3.1 Review the 22 tribal-based practices, including a crosswalk for clinical use, and seek tribal and federal recognition and certification	Behavioral health departments of the 9 Oregon tribes and NARA	September 2019
	TC-3.2: Review all credential requirements for mental health providers and standardize tribal credentials	Behavioral health departments of the 9 Oregon tribes and NARA	October 2019

Outcome	Action Steps	Key Players	Timeframe
	TC-3.3: Develop a credentialing matrix that enables fee-for-service billing with the Oregon Health Plan or other insurance	Behavioral health departments of the 9 Oregon tribes and NARA, Jason Stiener	December 2019
	TC-3.4: Create a tribal certification board	Oregon tribes, NARA, NPAIHB, IHS	March 2021
	TC-3.5: Sustain the negotiated state plan amendment for encounter rates	Oregon tribes, NARA, the state	March 2021
	TC-3.6: Seek PL 93-638 compacted funding for a community health accreditation program (CHAP)	Oregon tribes, NARA	March 2021

ces

To ensure tribes can continue to care for their people according to cultural best practices, the state must support tribal-based practices through policy and funding. A peer-run technical assistance team and database of tribal-based practices would further support this strategic pillar.

reinstate and maintain tribal-based practices

Outcome	Action Steps	Key Players	Timeframe
TBP-1: Create a permanent rule or statute in support of tribal-based practices	TBP-1.1: Amend state legislation to include stronger language for tribal-based practices and support a continuum of care beyond prevention	NPAIHB, Oregon tribes, a representative to propose the amendment	June 2023

Outcome	Action Steps	Key Players	Timeframe
TBP-2: Secure state funding for technical assistance in implementing tribal-based practices	TBP-2.1: Establish a peer-run, state-funded team to provide technical assistance for implementing tribal-based practices	Oregon tribes	July 2019
TBP-3: Develop a centralized database of tribal-based practices	TBP-3.1: Compile tribal-based programs and practices within a database	Oregon tribes	March 2020
	TBP-3.2: Evaluate the evidence base for tribal best practices	Oregon tribes	March 2020
	TBP-3.3: Include CHAP in the statewide system	NPAIHB	October 2022

Efficient data systems

To design efficient systems for collecting and reporting behavioral health data, the Oregon Native American Behavioral Health Collaborative identified the need to conduct an inventory of baseline behavioral health data and develop culturally relevant metrics.

Table 4. Action steps for creating data systems

Outcome	Action Steps	Key Players	Timeframe
DS-1: Conduct an inventory of all baseline behavioral health data from state, federal, tribal, and local resources	DS-1.1: Assemble a data workgroup that includes representation from tribes, NARA, and NPAIHB to do the inventory	OHA Tribal Affairs	June 2019
	DS-1.2: Define the inventory's scope	Data workgroup	September 2019

Outcome	Action Steps	Key Players	Timeframe
	DS-1.3: Create the data inventory	Data workgroup	March 2020
	DS-1.4: Identify gaps, redundancies, measures that are not culturally appropriate, and other issues	Data workgroup	May 2020
	DS-1.5: Report the findings of the inventory to all stakeholders	Data workgroup	July 2020
DS-2: Create and identify culturally relevant, specific tribal behavioral health metrics	DS-2.1: Create a behavioral health metrics workgroup that includes tribal, NARA, and NPAIHB representation	OHA, Oregon tribes, NARA, NPAIHB	July 2019
	DS-2.2: Complete an environmental scan of surveys, metrics, and outcomes in Indian Country	Metrics workgroup	Start in July 2019
	DS-2.3: Identify recommendations for culturally appropriate metrics based on the environmental scan	Metrics workgroup	Start in July 2020
	DS-2.4: Report out on the recommendations to OHA, tribes, NARA, and other stakeholders	Metrics workgroup	September 2020

Tribal consultation policy

OHA passed an updated tribal consultation policy in March 2018 designed to increase meaningful government-to-government collaboration. Full implementation of this policy will require regular communication with tribes, training for state employees on how to engage with tribes effectively, and strengthened relationships between CCOs and tribes/NARA.

Table 5. Action steps to fully implement the tribal consultation policy

Outcome	Action Steps	Key Players	Timeframe
TCP-1: Establish regular information sharing between the state and tribes	TCP-1.1: Implement a requirement for the state to send a monthly communication summary to tribal leaders	OHA Tribal Affairs	July 2019
TCP-2: Provide comprehensive, mandatory annual training for all state employees on how to appropriately engage with tribes	TCP-2.1: Develop a training plan	Michael Stickler	October 2019
	TCP-2.2: Create a training curriculum	OHA Tribal Affairs, with review and recommendations from tribes/NARA/NPAIHB	January 2020
	TCP-2.3: Recruit tribal leaders to co-facilitate the trainings	OHA Tribal Affairs	June 2020
TCP-3: Clarify the relationships and expectations between CCOs and tribes/NARA	TCP-3.1: Implement quarterly train-the-trainer trainings for CCOs	OHA Tribal Affairs	October 2020, ongoing

Governance and financing

Tribal/urban representation in governance entities and funding formulas is crucial to ensuring they have adequate input and resources to provide effective care for the people they serve.

Table 6. Action steps for ensuring tribal/urban inclusion in governance and finance

Outcome	Action Steps	Key Players	Timeframe
GF-1: Ensure adequate tribal representation on regional governance entities, with required metrics and reports	GF-1.1: Require CCOs to have adequate tribal representatives and to provide metrics and reports for AI/AN people in CCO contracts	OHA Director	January 2020
	GF-1.2: Place tribal representatives on CCO governance boards and establish a tribal advisory council for the state	OHA Director	January 2020
GF-2: Establish a dedicated funding set-aside for tribal and urban programs to provide adequate, flexible funding	GF-2.1: Identify all funding mechanisms and provide detailed information to tribes	OHA	July 2019
	GF-2.2: Create an acceptable formula for distribution to tribal/urban programs that provides a minimum 10% off the top and factors in Medicaid funding, the fee-for-service model, and managed care	OHA Director	June 2020
	GF-2.3: Fund implementation of this Oregon Native American Behavioral Health Collaboration strategic plan, including an OHA behavioral health tribal liaison position, training, a needs assessment, and data systems	OHA, Oregon tribes, NARA, NPAIHB	September 2019

Outcome	Action Steps	Key Players	Timeframe
GF-3: Maintain the existing tribal billing structure, including current encounter rates and the fee-for-service system, and expand reimbursement codes	GF-3.1: Create behavioral health billing codes within the primary care billing system	Oregon Medicaid Director	December 2019
	GF-3.2: Follow new tribal credentialing standards for paraprofessionals	Oregon Medicaid Director	December 2019
	GF-3.3: Expand billing codes for peer support specialists, family support specialists, and recovery mentors	Oregon Medicaid Director	December 2019
	GF-3.4: Include billing codes for tribal-based practices	Oregon Medicaid Director	December 2019

Next Steps

In addition to the action steps listed above, the group discussed the importance of ensuring that tribes and urban Indian programs lead the reinstatement of tribal-based practices to avoid cultural appropriation by non-Native programs. Implementing written protection against appropriation is an important next step.

To launch this strategic plan, the OHA will complete the following steps.

Action	Timeframe
Finalize draft of strategic plan	Before April 10, 2019
Present draft strategic plan at the next quarterly Senate Bill 770 Health and Human Services Cluster meeting	April 10, 2019
Finalize the plan and present it to the OHA leadership team	By end of April 2019
Track the plan's progress	Ongoing, at the collaborative's monthly meetings

For more information regarding this strategic planning effort, please contact:

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Appendix A: Strategic Planning Participants

Participants of the strategic planning workshop held March 7–8, 2019, in Portland, OR, include the following representatives.

Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians

Leslie Lintner

Confederated Tribes of Grand Ronde

Kelly Rowe

Confederated Tribes of Siletz Indians

Andrew Eddings
Andulia White Elk
Ian Williams

Confederated Tribes of Warm Springs

Michael Collins
Caroline M. Cruz
Laurie Dawkins
T.J. Foltz
Ron Hager
Misty Kopplin
Alice Sampson
Darryl Scott
Jaylyn Suppah
Jillisa Suppah

Coquille Indian Tribe

Kelle Little
Yvonne Livingstone
Lisa Miller

Cow Creek Band of Umpqua Tribe of Indians

Sharon Stanphill

Klamath Tribes

Chanda K. Yates
Monica Yellow Owl

Yellowhawk Tribal Health Center

Shayne Arndt
Lisa Guzman
Dolores Jimerson
Sandra Sampson
Wenona Scott

NARA

Leroy Bigboy
Debbie Borgelt
Tara Brooks
Luci LaDue
Shane Lopez-Johnston
Jacqueline Mercer

NPAIHB

Danica Brown
Laura Platero
Sue Steward

Oregon DHS Office of Tribal Affairs

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Kristen Potts
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Jon Collins
Joanna Johnson
Julie Johnson
Michael Stickler
Jason Stiener
Ashley Thirstrup
Emily Watson