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July 28, 2021

Health
Oregon
Authority

Tribal Affairs

2021 Legislative Session

Historic and Transformative Budget 2021-2023

\$30.2 billion in total funds, up from \$25.6 billion last biennium.
\$3.5 billion in state general funds, up from \$2.4 billion.
4,763 positions, up from 4,440. (Includes 2 new Tribal Liaison positions)

Create a Tribal Traditional Health Worker Program

\$400,000 (\$288,000 state general fund, \$24,000 other state funds, \$47,000 federal)

Operation of Indian Managed Care Entities

\$15 million (\$1.4 million state general fund, \$13.5 million federal)

Public Health Modernization

\$45 million

Behavioral Health System Investments

Increase residential treatment, services and housing for people with behavioral health needs \$130 million (\$65 million state general fund, \$65 million federal)

Certified Community Behavioral Health Clinics \$121 million (\$24.5 million state general fund, \$96.5 million federal)

Transformation and system alignment in the behavioral health system
\$50 million

Open two, 24-bed patient units at Oregon State Hospital \$31 million

Community services for “Aid & Assist” patients \$21.5 million (\$19.2 million state general fund, \$2.3 million federal)

Oregon State Hospital staffing \$20 million

Addiction and recovery services called for in Ballot Measure 110, and backfills the \$70 million that Ballot Measure 110 had redirected from other critical behavioral health services \$302 million

Indian Managed Care Entities

Four OR Tribes and the Urban Indian Health Program will each establish their own IMCEs. Additional tribes may choose to join the program at a later time.

Oregon is implementing IMCEs that utilize the Primary Care Case Management model. Under this model, the tribes will receive a Per Member Per Month (PMPM) payment for each American Indian/Alaska Native enrollee. The IMCEs will be responsible for providing care coordination for these tribal members.

State Plan Amendment was recently approved by CMS effective July 1, 2021.

The activities undertaken by the tribes under the IMCE program include the following:

- Provision of Telephonic or Face-To-Face Case Management
- Development of Enrollee Care Plans
- Provision of Enrollee Outreach and Education Activities
- Operation of a Customer Service Call Center
- Implementation of Quality Improvement Activities Including Administering Satisfaction Surveys
- Conduct Outcome Measurement and Provide Outcome Reports to OHA
- Nurse Triage and Advice Line
- Intensive Care Management for High Risk, High Acuity Clients
- Provision of health education and/or disease self-management programs
- Coordination with LTSS systems/providers
- Review of Provider Claims, Utilization and Practice Patterns to Conduct Provider Profiling and/or Practice Improvement
- Execution of Contracts with and/or Oversight Responsibilities for The Activities of FFS Providers in The FFS Program
- Provision of Payments to FFS Providers on Behalf of The State

Tribal Traditional Health Worker Program

HB 2088 creates a Tribal Traditional Health Worker category in statute. This will facilitate the delivery of culturally responsive care to tribal community members, including utilizing Tribal Based Practices.

Currently OR tribes are utilizing Traditional Health Workers in their communities with success. Community Health Workers, Peer Support Specialists-including Family Support Specialists and Youth Support Specialists and Personal Health Navigators.

This new program will be developed by the tribes for the tribes to best meet the needs identified.

Next steps will include curriculum development, a certification process for these new providers and updating the Traditional Health Worker Registry Website.



Questions?

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