

OFFICE HOURS REPORT TRIBAL PARTNERS

EXECUTIVE SUMMARY

1. Detox and residential SUD treatment services with tribal-specific practices are needed.^[1]
2. Tribal members struggle to find housing, and need more transitional, low-barrier, and affordable housing options.^[2]
3. Capital expenditures, and grants for infrastructure projects, represent a significant need for tribes.^[3]
4. Tribal elders need assisted living support; youths need substance use programs and treatment.^[4]
5. State licensing boards are a barrier for experienced providers to work in Oregon.^[5]
6. OHA should engage tribal organizations in-person, with cultural awareness, and a historical context.^[6]

OFFICE HOURS

OPAL hosted a virtual Office Hours session on December 5th, 2023. Six grantees from tribal-affiliated organizations were invited to attend (see accompanying Summary Report for full list of invitees). The session lasted one hour, and four tribal organizations attended. This report summarizes the findings from the grantee partner during that session.

ATTENDEE(S)

[Confederated Tribes of Grand Ronde](#)

[Klamath Tribal Health](#) (Klamath Tribes)

[NARA Northwest](#)

[Yellowhawk Tribal Center](#) (Confederated Tribes of the Umatilla Indian Reservation)

BARRIERS AND CHALLENGES

1. [Tribal communities need detox and residential substance use treatment services.](#) Tribal organizations currently have very limited access to detox and residential treatment services, especially ones that have culturally specific practices.
 - 1.1. Lack of detox services is among the highest concerns for tribal groups. Tribal reservations lack adequate detox and residential treatment services to meet the needs of tribal members. Housing for individuals in the process of undergoing treatment is also lacking.
 - 1.2. Tribal organizations have struggled to get members to go into treatment, in large part because members will only go to traditional practice recovery facilities – which Oregon largely lacks. Lack of culturally specific tribal recovery services, as well as the stigma of attending treatment, creates a strong barrier for tribal members to go to treatment.
 - 1.3. Rural tribal communities need detox and residential facilities located in their region. Klamath, Umatilla, and other rural locations are over three hours away from detox services in Portland.

These services often don't provide residential services, transportation, or meals, creating further barriers for tribal members who need to travel for care.

- 1.3.1. Although there may be some detox services in the region, detox centers frequently find a reason not to accept tribal members, explains Yellowhawk Tribal Center. Tribal members often must travel outside their area to neighboring counties to access detox services.
- 1.4. Outbreaks of COVID at one of the few statewide tribal residential treatment facilities has further limited the already insufficient statewide capacity. Many tribes have been impacted by the ripple effects of these limitations on residential treatment capacity.
- 1.5. Overall, tribal organizations have observed a lack of recognition from the State that tribal populations have some of the highest substance use rates in the state. Tribal populations are disproportionately battling alcohol and drug addiction, yet they have received relatively little of the Measure 110 funding from marijuana sales. Tribes have watched their reservations receive only a fraction of the funding awarded to non-tribal companies, which has been frustrating to see.

"There's barely any residential treatment to begin with, let alone any that have tribal-specific practices."

– Confederated Tribes of Grand Ronde

2. [Tribal members struggle to access housing.](#) Many tribal members end up homeless because they cannot get into existing housing. Sometimes this is because they are still using substances, or because they cannot afford rent. Transitional, low-barrier, and affordable housing options within tribal communities are all needed to house tribal members.
 - 2.1. Transitional housing is needed across the board. Tribal groups have experienced a huge demand for transitional housing, especially low-barrier options, which are essential for tribal members who may still be using substances. Furthermore, teaching life skills about how to utilize resources in the community is a valuable part of a transitional housing program.
 - 2.2. Tribal organizations have found success in opening their own transitional pallet shelters. Klamath Tribal Health and Confederated Tribes of Grand Ronde have opened, or are preparing to open, low-barrier pallet shelters for tribal members. Their capacity is completely full, and organizations are already making plans to open more pallet shelters to meet the overwhelming demand.
 - 2.3. The organizations discussed that non-tribal shelters are often not an option. Tribal members report facing discrimination and theft in non-tribal shelters – when they can get in at all. Therefore, tribal-affiliated shelters or tiny homes are necessary to provide a needed safe space.
 - 2.4. Long-term rental assistance is a significant need. Even when organizations are able to place individuals into housing, their mental, behavioral, or physical health conditions often prevent them from being able to afford their high rent costs. Therefore, many individuals need long-term rental assistance to sustain their housing. During COVID, there was a lot of short-term rental assistance available for this purpose, however, those sources are now drying up.

- 2.5. Establishing settings for affordable housing is also essential. Individuals trying to move from transitional housing into stable housing face high rental costs, which in many regions begin at \$1,300 a month. If an individual does not have a job due to health issues, even the cheapest housing available will be impossible for them to maintain.
3. [Grants should have flexibility, specifically to be used for capital projects.](#) Tribal groups emphasized that capital expenditures were among their primary needs, to build much-needed facilities on their reservation.
 - 3.1. Currently, the greatest funding need for tribal groups is more infrastructure and housing (tiny home villages, transitional housing, etc.), yet many grants don't allow for significant capital expenditures.
 - 3.2. Tribal groups request additional flexibility around how grant funding can be used. The organizations say that it's discouraging to secure grant funding, only to realize that it can only be used for personnel. Then, when tribal organizations do receive capital funds, it's often for just a fraction of the total cost needed for construction. Infrastructure is what tribal communities need, organizations say.

"It can be difficult to find grants that allow for any significant capital expenditures, and that's really where the need is."

– Klamath Tribal Health

4. [Tribal youths and elders need specific programs and support.](#) Youths need prevention, treatment, and accountability-based programs to address their substance use. Elders need assisted care facilities and age-in-place services that keep them engaged in their community.
 - 4.1. Tribal-affiliated grantees discussed the lack of supports for youths, who are struggling with substance use disorders (SUD) and addiction. Vaping and alcohol use among youths is a rapidly growing problem in schools.
 - 4.1.1. Yellowhawk Tribal Center has set out to address this issue from both prevention and accountability approaches. Recently, Yellowhawk Tribal Center initiated a prevention program to engage families and youths to address addiction as a family illness rather than an individual illness. To establish accountability, Yellowhawk Tribal Center is working with the court system to try to establish a community service process for apprehended youth.
 - 4.1.2. Youths that need SUD treatment must be sent to either NARA in Portland or out of state to Spokane, WA. Out-of-state providers don't accept Oregon Medicaid, so the reservation must cover these costs, amounting to \$50,000 per individual for a 3-month period.
 - 4.2. Tribal elders lack the appropriate facilities and supports. The population of tribal elders is increasing, yet tribes are unable to meet this growing need due to a lack in resources.
 - 4.2.1. Living independently is a challenge for many elders, yet tribal communities lack the appropriate assisted living facilities and community supports. Tribal elders need scaffolded

supports that accommodate individual needs as they age. Ideally, facilities would be small scale with culturally specific and appropriate services that would allow elders to age in place while receiving supportive care.

- 4.2.2. Overall, tribal elders are feeling like they're being left behind. They're not being engaged in the community, nor are they being visited. Supportive services to engage and assist the elders, for example in self-care practices, is a current need that organizations are trying to meet.
5. [The State licensing board is a significant barrier to recruiting providers to work in Oregon.](#) Long licensing timelines and requirements have contributed to struggles in recruiting qualified professionals to work for Oregon tribes.
 - 5.1. State licensing boards are very slow-moving to get people licensed as behavioral health care providers. The long timelines for testing have discouraged many potential staff from relocating to Oregon, tribal groups say, which contributes to challenges in recruiting staff and filling open positions.
 - 5.1.1. Several colleagues of the attendees have come from California to Oregon, only to return to California after dealing with state licensing board for a few months and deciding it was not worth the hassle.
 - 5.1.2. Klamath Tribal Health's attendee is currently 8 months into the process of becoming licensed in Oregon and was still waiting for the board's review. "And the crazy thing is, I was actually licensed [in Oregon] in 2017 to 2019," remarks the attendee.
 - 5.2. Other states have accommodations for experienced providers from other states. Washington State has a system of tribal attestation, which allows behavioral health staff to work in Washington as long as they have a license in another state. For staff already licensed in other states, this system facilitates and streamlines moving to Washington to provide care. In contrast, the licensing requirements in Oregon effectively keep potential recruits out of the state.
 - 5.3. Rural and urban tribal organizations are both struggling to recruit staff. Rural organizations, like Yellowhawk Tribal Center, find that oftentimes the qualified professionals entering the state are not interested in coming to Eastern Oregon, preferring to stay near urban areas. Urban areas have also faced challenged to fill their staff positions. NARA, and other urban organizations, tend to lose employees to large healthcare organizations or the county who can pay higher wages.
 - 5.4. As a result, the behavioral health field is struggling. A lack of providers is contributing to increased wait times for tribal members seeking care. Often, these individuals give up and seek off-reservation care.

"We're not turning people away, but it's taking 2, 3, 4 weeks to get them in. They're giving up and saying, 'forget it. We don't want to come to you guys, we'll go to somewhere else,' and they'll go off the reservation to get services."

– Yellowhawk Tribal Center

6. [Tribal organizations are willing to meet in-person with OHA.](#)
 - 6.1. Tribal groups expressed a strong preference for face-to-face conversations. “For our region, we’re ranchers; we’re farmers; we’re hunters. That is an important component for us to be able to have that face-to-face conversation,” says Yellowhawk Tribal Center.
 - 6.2. If OHA wants to engage tribal communities, they should plan to travel into the communities, meet with residents, and be willing to answer questions. Trust begins with opening up and having conversations.

“The only way trust can be established is to continue to reengage it.”

– Yellowhawk Tribal Center

- 6.3. Tribal culture is very different than culture within county or state governments, say the organizations. Therefore, it’s important that OHA approaches the tribe with cultural awareness, and an understanding of the historical context of the U.S. government’s treatment of tribes.
- 6.4. If OHA is seeking input from the community, the community members need to understand what the benefit would be for that individual to participate in the process. Otherwise, the process will seem like OHA is taking information from community members, for a process which may or may not benefit them.
- 6.5. Tribal organizations express that having a tribal liaison from OHA would be valuable to build a bridge. Confederated Tribes of Grand Ronde expressed that having Julie in her position has been tremendously helpful for them as an organization.

“Having a cultural competency background and a really good historical knowledge of how the tribes have been treated. And where we go from there? That is critical.”

– Confederated Tribes of Grand Ronde

RECOMMENDATIONS

1. [Construct tribal-affiliated detox and residential substance use disorder \(SUD\) treatment centers.](#)
 - 1.1. Ensure that all tribes have access to sufficient culturally appropriate detox and SUD treatment.
 - 1.2. Fund the construction of detox and residential SUD treatment centers on reservation land, or within the region, to make sure local treatment options are available for tribal members.
 - 1.3. Divert more Measure 110 funds to tribes, for investment into SUD and behavioral health.

2. [Provide funding for transitional, low-barrier, and affordable housing options within tribal communities.](#)
 - 2.1. Assist tribal transitional housing projects (pallet shelters, tiny home villages, etc.) to acquire funding and land needed to meet high local demand.
 - 2.2. Continue COVID-era funds for long-term rental assistance to help tribal members remain in their permanent housing.
 - 2.3. Develop affordable housing settings, where rent is affordable for a person who experiences behavioral health challenges.
3. [Grants should be flexible to allow tribes to spend awarded funds on capital projects.](#)
 - 3.1. Provide funding opportunities that support capital expenditure projects in their entirety.
4. [Provide additional programs, services, and facilities for youths and tribal elders.](#)
 - 4.1. Develop SUD residential treatment facilities and programs specifically for tribal youth.
 - 4.2. Fund tribal-affiliated assisted living facilities and community supports for elders who need support to age in place.
5. [Streamline State of Oregon licensing requirements for behavioral and mental healthcare providers.](#)
 - 5.1. Implement a tribal attestation, to allow behavioral health staff to work in Oregon as long as they have a license in another state.
6. [OHA needs to be intentional about building trust back up with tribal organizations.](#)
 - 6.1. OHA should travel to tribal reservations to meet in-person with the community.
 - 6.2. OHA must enter with cultural awareness and historical context, willing to listen and answer challenging questions.
 - 6.3. Utilizing a tribal liaison can help develop a bridge between OHA and tribal groups.