Discussion Summary

1. What are the most significant challenges and needs, faced by your tribal health program and its clients, related to the prevention and treatment of mental health disorders, substance use disorders and problem gambling?

   - Mental Health Investment Funding
   - Tribal reservations need to be healthier
   - There is only one Tribe that is a CMHP
   - Provide stable, flexible state mental health funding for Tribes/urban Indian programs
   - Investigate Tribal-specific residential care

2. When you think about behavioral health services provide to your tribal members, what are the success stories?

   - Treating Tribal members in Tribal communities with providers who specialize in Native American health
   - AMH Mental Health investment funds that allow all 9 Tribes to have Mental Health programs
   - Prevention block grant funding and strategic prevention framework has been valuable, but funding needs to be stable
   - In the last ten years, we’re starting to become a recovery community
   - “We’re sending kids out [for treatment] and they’re coming back to unhealthy soil;” we need help creating healthy communities to support our kids; we’re dealing with intergenerational traumas (Note: Warm Springs has been focusing on trauma-informed care)
   - Funding a Tribal Liaison Position within AMH
   - AMH consolidating or lining up meetings to make travel to Salem more efficient
3. **How can the Oregon Health Authority assist you to develop and sustain an effective system of care that is responsive to your needs?**

- Increase communication to Tribal behavioral health providers
- Review the state of Washington Tribal Centric Behavioral Health plan and find components that can be replicated in Oregon
- Support Tribes in developing community-based services that promote recovery
- Include Tribes/NARA as integral to AMH/DMAP work, including Medicaid waivers
- Make state contracting easier
- Provide infrastructure support and workforce development