

December 2006

Oregon Department of Human Services 2006 Government-to-Government Report

INTRODUCTION

The Oregon Department of Human Services is pleased to share this 2006 Government-to-Government Report with the Legislative Commission on Indian Services, as required by Senate Bill 770. This report demonstrates DHS'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. All Native Americans residing in Oregon, regardless of tribal enrollment, also are Oregon citizens and are entitled to receive the services provided by DHS to Oregonians.

Key topics covered in this report include:

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

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SENATE BILL 770

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. DHS is the lead agency for these meetings, which also include Oregon Housing and Community Services, the Commission on Children and Families, the Department of Business and Consumer Services, and other agencies. DHS organizes and provides logistical support for the meetings.

STATEWIDE ACTIVITIES

ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT

During 2006 each tribe received funding to reduce substance abuse prevention and underage drinking. Funding details are contained in the individual tribal information beginning on page 16. The majority of the funds pay for prevention coordinator positions that provide direct services, technical assistance, training and comprehensive prevention planning.

All tribes provided year-round family/community substance-free activities. In addition, all tribes provided summer cultural camps that featured speakers who serve as community role models and who are able to represent clear and healthy belief standards.

Each tribe provided media messages, administered a community underage drinking survey and provided education to raise awareness of abuse problems. During 2007 the tribes will use the results of the community survey to guide them with developing underage-drinking plans.

All tribes have fetal alcohol response teams and all are working on developing suicide prevention strategies.

The majority of tribes provided evidence-based programs such as Making Parenting a Pleasure, Nurturing Parenting, Parents Who Care, Project Alert, Lions Quest, Protecting Youth - Protecting Me, and Life Skills.

Many tribes also provided holiday family events that were alcohol-, tobacco- and drug-free, such as Halloween, July Fourth and New Year celebrations.

Six tribes have “No Meth on My Rez” task forces. In addition, community-based planning has united communities for similar causes.

The above-mentioned programs helped create change at the community level for the tribes. Tribal surveys demonstrate that:

- 100 percent of program participants showed an increase in parenting skills;
- 100 percent increased their knowledge of the factors that put youth at risk of drug and alcohol abuse, and the factors that decrease risk;
- 75 percent gained an increase in their knowledge of the importance of not abusing substances; and
- 50 percent demonstrated positive problem-solving skills.

In addition:

- School absenteeism decreased by 25 percent for those youth who were assigned tutors and/or mentors;
- Participation in scheduled community activities increased 15-90 percent among the various tribes; and
- There were multiple referrals to other services due to an increased awareness of available resources.

CHILD WELFARE

DHS collaborated with the tribes during 2006 to prevent and reduce the number of tribal children needing to be placed in state custody.

Three other major initiatives during 2006 included:

- Revising the Tribal Child Safety and Risk Assessment Curriculum with the assistance of the National Resource Center Child Protection Action for Children;
- Updating the Oregon Indian Child Welfare Act (ICWA) procedures manual for inclusion in the DHS Children, Adults and Families Division procedures manual; and
- Conducting a Child and Family Service Review at the ICWA Unit in the Portland metropolitan area.

The tribes were represented in these activities through the ICWA Tribal/State Advisory Committee, which conducts monthly conference calls, meets quarterly and holds annual conferences. ICWA also regularly interacts with the Child Welfare League of America, the National Resource Center on Foster Care and Permanency Planning, and the Executive Committee of the National Association of Public Child Welfare Administrators.

TITLE IV-E AGREEMENTS

Title IV-E provides federal reimbursement for the costs of eligible children in foster care. It covers room, board, food, clothing and related administrative costs, but does not cover the costs of treatment services. Tribes do not have the ability to access Title IV-E directly through the federal government and must enter into an inter-governmental agreement with the state to recoup eligible expenses.

DHS currently has agreements with six Oregon tribes for Title IV-E funding – the Confederated Tribes of Grand Ronde, the Confederated Tribes of Siletz, the Confederated Tribes of Umatilla, the Confederated Tribes of Warm Springs, the Coquille Indian Tribe, and the Klamath Tribes. An average of 70 tribal children were served under IV-E each month during 2006.

DHS also provided technical training to the Title IV-E tribes. The goal of the training is to reduce the response time for questions from the tribes, allow more frequent discussion between the state and the tribes, and provide an opportunity to follow up on training related to federal funds.

SYSTEM OF CARE SERVICES

DHS provided all nine Tribes of Oregon funding through the System of Care (SOC) program. The funding supports services intended to help prevent children from entering foster care, help families reunite more quickly once a child enters foster care, keep children safe while in foster care, enhance the child's well-being, and move more quickly toward a plan for permanency.

These services are identified as the best means to address many of the issues that surface for families involved in child welfare. Examples of SOC-funded services include:

- Mentoring parents to reinforce appropriate disciplinary techniques;
- Providing therapeutic supervision during visitations to provide coaching and skilled observation;
- Mentoring for children and adolescents to provide appropriate role modeling;
- Providing behavioral intervention to support continued placement in the least restrictive substitute care setting for very difficult children;
- Providing specialized treatment services such as sex offender treatment for non-adjudicated pre-adolescents; and
- Providing services that support preservation of cultural connections and a child's sense of identity.

During 2003-2005 (the last complete reporting period), 292 clients received services through SOC-funded services.

SOCIAL SERVICES BLOCK GRANT SERVICES

DHS provided all nine Tribes of Oregon funding through the Tribal Social Service Block Grant (SSBG) program. The funding helps provide effective, culturally relevant services to Native American children and their families.

DHS partnered with tribes to conduct needs assessments, develop service plans and deliver services to target populations. Services included youth

advocacy; delinquency, alcohol and drug abuse, and family and mental health counseling; daycare; parent and foster parent training; child protective services and emergency placements; short-term intensive residential care; and provision of culturally relevant child welfare employee training.

INDIAN CHILD WELFARE ACT CHILD, FAMILY AND SAFETY REVIEW

The Indian Child Welfare Act (ICWA) requires active efforts as needed to provide remedial services to prevent the break-up of Native American families. DHS designed and implemented a specialized Child, Family and Safety Review (CFSR) process to address tribal concerns around the application of standards for an active effort finding. The goal was to replace anecdotal information with actual data and improve statewide consistency of identified tribal children in state custody.

The review, which focused on the ICWA unit in the Portland metropolitan area, analyzed services and court findings to evaluate safety, well-being, permanency and active efforts compliance. The 12-member review team included representatives from DHS, the Confederated Tribes of the Grand Ronde, the Confederated Tribes of Umatilla Indian Reservation, and the Klamath Tribes.

The review required a week for on-site study of 12 randomly selected cases and interviews with caseworkers, supervisors, managers, foster parents and tribal child welfare program staff. This was the first such review conducted by any state.

2006 ICWA TRAINING INSTITUTE AND FALL CONFERENCE

DHS and the Confederated Tribes of Grand Ronde co-hosted the 14th annual Indian Child Welfare Conference in September 2006, which drew 165 participants.

The conference provided essential training on the Indian Child Welfare Act, as well as promising practices in child welfare. The conference strengthened the growing cooperation among the National Resource Center, Portland State University, the Juvenile Court Improvement Project and Oregon Judicial Department.

OREGON TRIBAL CHILD SAFETY AND RISK ASSESSMENT TRAINING

The Oregon Tribal/State ICWA Advisory Committee requested technical assistance from the Resource Center on Child Protection Action for Children to enhance and develop the train-the-trainer's curriculum for Indian Child Welfare Safety Decision-Making. The Native American Resource Center consultant previously had provided technical assistance in Oregon with DHS and the Oregon tribes.

In response to the committee's request, a curriculum development committee began meeting to review, enhance and develop the train-the-trainer's curriculum. Participants include representatives from DHS, Portland State University and the Oregon tribes. The group's goal is to customize the curriculum based on what will work well within Oregon.

Specific outcomes to be accomplished include:

- Determining roles and responsibilities in child protection and assessing safety and risk;
- Developing community awareness and collaborations that support program goals for child safety and well-being;
- Developing and implementing a quality assurance process in child welfare; and
- Developing and providing a train-the-trainer's approach throughout the state and in tribal communities, which will cross programs (child welfare, courts, tribal police and other services) to ensure compliance in safety, well-being and permanence.

INDEPENDENT LIVING PROGRAM (ILP)

DHS contracted with the Confederated Tribes of the Grand Ronde to sponsor The Native American Teen Gathering in August 2006 at Southwestern Oregon Community College in Coos Bay. The event involved 45 teens and young adults ages 14-20.

The Gathering provided an opportunity for Native American youth to network with one another, develop skills to assist in transitioning to adulthood and participate in cultural activities. Both ILP-eligible and at-risk native youth were invited. Registration fees were covered by the tribes.

ELDER CARE

DHS coordinated with local Area Agencies on Aging (AAAs) and the tribes to focus on a range of elder care issues during 2006. Staff from the Seniors and People with Disabilities Division (SPD) provided support for aging, disability and family caregiver issues by providing health promotion and caregiver information, and offering training on how to spot and avoid financial exploitation and scams targeted at elderly individuals.

In addition, five AAAs helped plan and implement the 2006 Native Caring Conference, which was held in February 2006 in Canyonville, and was hosted by the Cow Creek Band of Umpqua Indians. There were 175 Native American caregivers and elders in attendance from Oregon, Washington, Idaho, California and Nevada. Several AAAs also provided scholarships to tribal members from their areas to attend the conference.

SPD staff worked with the Tribal Elders Council to distribute caregiver information as well as the Oregon Legal Guide for Grandparents Raising Grandchildren.

SPD staff also spoke with tribal staff and council members about long-term care options, and is committed to visiting each tribe during 2007 to continue these conversations.

HEALTH CARE

DHS provided ongoing technical assistance for day-to-day operations related to the Oregon Health Plan through its Division of Medical Assistance Programs (DMAP). This included assistance with claims billing, HIPAA compliance, and preparation for the national provider identification and taxonomy requirements being implemented and the new MMIS system, both of which are scheduled to begin in 2007.

DMAP staff reviewed tribal administrative rules for clarification and identification of issues to be addressed in Memorandum of Agreement revisions.

DMAP staff continue to share information with the North Portland Area Indian Health Board (NPAIHB), Portland Area Indian Health Services Unit and Tribal Health Facilities regarding changes in Medicare services (Medicare Part D coverage, QMB coinsurance coverage and more), and federal budget changes impacting Medicaid services such as the Deficit Reduction Act (DRA) requirements for citizenship and identity documentation. DMAP facilitated the contracted outreach sites' role in viewing required citizenship and identity documents to mitigate some of the impact of these federal requirements on Native American Medicaid clients.

DHS and DMAP have continued to request a decision from the Centers for Medicare and Medicaid Services (CMS) on Oregon's waiver amendment request related to 2003's SB 878. Subject to CMS approval, SB 878 would allow American Indian and Alaska Native clients who are eligible for OHP Standard to be allowed retroactive enrollment. DMAP has monitored and worked with NPAIHB staff on pending federal legislation including the reauthorization of the Indian Health Improvement Act. Additionally, DMAP has explored with CMS the DRA options for benchmark plans as recommended by NPAIHB staff. All tribal health directors and tribal chairs have participated in providing input for the state plan and waiver amendment changes to Oregon's Medicaid program.

MENTAL HEALTH

DHS continued to expand services for Oregon's tribes through its Addictions and Mental Health Division (AMH), including collaborating with tribal mental health leaders and treatment providers who specialize in children's mental health issues. The long-term goal of this work continues to be the creation of tribal-specific and culturally appropriate mental health services for Native American children in Oregon.

AMH continued to maintain tribal slots in Psychiatric Residential Treatment Services (PRTS) and Psychiatric Day Treatment Services (PDTS) during 2006.

PUBLIC HEALTH

During 2006 the DHS Public Health Division (PHD) provided a variety of services and information designed to improve the overall health of tribal members. Key areas of public health assistance follow.

FETAL ALCOHOL SYNDROME (FAS) PREVENTION PROGRAM

The FAS Prevention Program staff gathered data to identify and establish a prevalence rate for all FAS children born in Oregon from January 1, 2001, through December 31, 2006. This project, which is part of a CDC-funded Cooperative Agreement, was conducted in collaboration with the Northwest Portland Area Indian Health Board and the Northwest Tribal Epidemiology Center.

ADOLESCENT HEALTH CARE

School-Based Health Centers (SBHCs) continued to provide services to Native American students. Statewide, 2 percent of clients seen in SBHCs were Native American. Of these, 20 percent were seen in two SBHCs – Pendleton and Madras.

IMMUNIZATIONS

The Oregon Partnership to Immunize Children (OPIC), a public-private partnership coalition, organized a meeting with North West Area Indian Health Board (Nwaihb) staff, the DHS Tribal Liaison, and the Addictions and Mental Health Division (AMH) Tribal Liaison to seek American Indian and Alaska Native participation in OPIC's leadership structure. This resulted in participation by Nwaihb on OPIC's advisory board beginning in 2007.

MATERNAL AND CHILD HEALTH (MCH) CARE

Efforts moved forward to implement SB 855, which allows for the Title V MCH Block Grant to be awarded to tribal governments. DHS met during 2006 with county health departments, the Confederated Tribes of Grande Ronde and the Confederated Tribes of Warm Springs.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

WIC provides nutrition and health screening, nutrition education, breastfeeding support, a monthly food package and referrals for low-income pregnant women, breastfeeding and non-breastfeeding postpartum women, and infants and children up to age 5. WIC is effective at decreasing low birth weights, decreasing premature births, decreasing the incidence of anemia, and increasing breastfeeding initiation and duration rates. WIC also works to prevent chronic disease and obesity through nutrition and physical activity education.

In partnership with the Northwest Portland Area Indian Health Board and the National Epidemiology Program of the Indian Health Service (IHS), the Oregon State Cancer Registry conducted a linkage of data from IHS and tribal clinics with the State Cancer Registry to identify and correct racial misidentification of cancer cases reported to the registry. In all, 104 cases of racial misidentification were found and corrected.

OREGON DIABETES CONTROL AND PREVENTION AND OREGON HEART DISEASE AND STROKE PREVENTION

The Oregon Diabetes Control and Prevention and the Oregon Heart Disease and Stroke Prevention programs worked with Portland Indian Health Service and Northwest Portland Area Indian Health Board in planning sessions for both programs.

TOBACCO PREVENTION AND EDUCATION PROGRAM (TPEP)

TPEP issued \$150,000 in tobacco prevention program grants to the tribes during 2006. Grant funds were divided according to a funding formula developed in 1997 in partnership with the tribes. Thirty percent of the funds were split equally to create a \$5,000 funding base per tribe. The remaining funds (70 percent) were distributed on a per capita basis. Funding details are contained in the individual tribal information beginning on page 16.

DHS offered training on integrating smoking cessation referrals into tribal clinic settings in partnership with the Northwest Portland Area Indian Health Board and the Indian Health Service.

DHS partnered with the Tobacco Disparities Advisory Council, the Native American Rehabilitation Association of the Northwest, the Northwest Portland Area Indian Health Board, and the Native People's Circle of Hope to help identify and eliminate tobacco-related disparities among populations.

DHS participated in the CDC-funded Tribal Capacity Collaborative operated by the California Rural Indian Health Board to improve the cultural competency of tobacco quit line services.

DHS provided several letters of support to tribes and tribal organizations including the Northwest Portland Area Indian Health Board, Chemawa Indian School, Native American Rehabilitation Association of the Northwest and Native People's Circle of Hope for their pursuit of federal and foundation dollars.

TPEP staff attended and participated in bi-monthly meetings with tribal leaders and health professional to enhance the awareness of tribal leaders, health professionals, families and youth about appropriate immunizations, and to reduce related health disparities.

DHS conducted focus groups with members of the Native American community to identify the best approaches, venues and times for collecting Behavioral Risk Factor Surveillance System (BRFSS) data. The idea is to promote the BRFSS data collection, awareness of health disparities, and grass root strategies for improving health among Native Americans.

DHS conducted and analyzed data from Native American women listening groups to identify barriers to health services, develop strategies for improving the health status of Native Americans, and evaluate the general awareness of tribal and non-tribal health resources. This included a focus on oral health issues and resources related to Native American communities and families.

ADDITIONAL HUMAN SERVICES ISSUES AS DETERMINED BY THE TRIBES

DHS Director Bruce Goldberg, M.D., met with the representatives of each tribe at the Health Services Cluster meetings during 2006 to discuss the needs of the tribes and how DHS and the tribes can cooperate to improve relationships and outcomes.

DHS worked with the tribes to establish a seamless contracting process between the tribes and DHS, and continues to seek better communications between DHS and the Oregon Attorney General's Office to develop and maintain contract language respectful of tribal sovereignty.

The Tribal Relations Coordinator in the DHS Director's Office continues to work diligently to enhance communications, identify and resolve problems, and bring tribal issues to the DHS administration for resolution.

MULTI-TRIBAL FUNDING

DHS provided the Native American Rehabilitation Association of the Northwest (NARA), which serves urban Native Americans and tribes:

- \$1,720,048 for adult residential care;
- \$423,400 for room and board for residential care;
- \$320,841 for outpatient care; and
- \$21,900 for dependents of adults in residential care.

DHS provided a total of \$281,720 in System of Care allocations to all nine Tribes of Oregon during the 2005-2007 biennium. The funds were used by the tribes to provide housing, food and lodging; support services for care givers; well-being and developmental needs; and transportation.

DHS provided a total of \$164,868 in Social Service Block Grant funding to all nine Tribes of Oregon during FFY 2006.

DHS provided each of the nine tribal clinics with \$150,000 worth of vaccines.

DHS issued a \$93,500 grant to facilitate participatory evaluation planning for tribal tobacco programs, in which tribes drive the evaluation plan.

DHS issued a \$70,000 grant to the Native American Rehabilitation Association of the Northwest for a tobacco prevention program targeting urban Native Americans in Oregon.

DHS allocated \$53,579 for the Independent Living Program contract for youth services.

DHS provided \$20,000 for the Native American Teen Gathering.

DHS allocated \$1,400 in ILP discretionary funds to each of the nine tribes.

BURNS PAIUTE TRIBE

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Burns Paiute Tribe:

- \$50,000 for substance abuse prevention
- \$27,601 for outpatient substance abuse treatment
- \$6,386 to assist tribal members with tobacco cessation
- \$4,000 to target underage drinking
- \$2,455 to provide protective services for tribal children
- \$2,113 to prevent children from entering the foster care system

CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians:

- \$50,000 for substance abuse prevention
- \$15,257 to prevent children from entering the foster care system
- \$8,435 to assist tribal members with tobacco cessation
- \$5,708 to provide protective services for tribal children
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians:

- Disseminated caregiver and healthy aging information at the tribe's Elder Health Fair, reaching 200 elders.

CONFEDERATED TRIBES OF THE GRAND RONDE

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Confederated Tribes of Grand Ronde:

- \$54,781 to prevent children from entering the foster care system
- \$50,000 for substance abuse prevention
- \$35,694 to provide protective services for tribal children
- \$26,432 to assist tribal members with tobacco cessation
- \$9,530 for substance abuse outpatient treatment
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Confederated Tribes of Grand Ronde:

- SPD coordinated the Adult Foster Home licensing process for the Confederated Tribes of Grand Ronde through a Government-to-Government agreement. Fifteen elders will reside in the adult foster homes.
- The Office of Vocational Rehabilitation Services (OVRS) within the DHS Children, Adults and Families Division developed a cooperative agreement with the tribe to provide rehabilitation services to tribal members.
- DHS provided access to Title IV-E federal reimbursement for the costs of eligible children in foster care.

CONFEDERATED TRIBES OF SILETZ

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Confederated Tribes of Siletz:

- \$79,740 for substance abuse outpatient treatment
- \$50,000 for substance abuse prevention
- \$30,002 to provide protective services for tribal children
- \$28,721 to assist tribal members with tobacco cessation
- \$28,116 to prevent children from entering the foster care system
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Confederated Tribes of Siletz:

- Disseminated caregiver and healthy aging information at the Siletz Elder Honor Days, reaching 600 elders.
- Provided access to Title IV-E federal reimbursement for the costs of eligible children in foster care.
- Negotiated and renewed the tribe's Temporary Assistance for Needy Families (TANF) agreement and changed the agreement to align with federal TANF renewal timelines. This will facilitate the renewal process by requiring the same documents for both the state and federal governments.
- Assisted the tribe in holding local smoking cessation training sessions.

CONFEDERATED TRIBES OF UMATILLA INDIAN RESERVATION

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Confederated Tribes of Umatilla Indian Reservation:

- \$50,000 for substance abuse prevention
- \$44,356 to prevent children from entering the foster care system
- \$17,894 to provide protective services for tribal children
- \$15,743 to assist tribal members with tobacco cessation
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Confederated Tribes of Umatilla Indian Reservation:

- Jointly developed and implemented the first tribal Targeted Case Management program in Oregon. This will result in the tribes being able to expand their human services programs by allowing the use of tribal funds previously dedicated to casework.
- Disseminated caregiver and healthy aging information at the Umatilla Elder Honor Days, reaching 300 elders.
- Initiated certification for the Yellowhawk Tribal Health Center as a community mental health program. The goal of this effort is to increase the tribes' ability to provide timelier and more culturally appropriate mental health and crisis intervention services to Native Americans living on and visiting the reservation.
- Worked with the tribes to develop additional tribal mental health services for adults through the Yellowhawk Tribal Health Center.
- Provided access to Title IV-E federal reimbursement for the costs of eligible children in foster care.
- Contracted with the tribe to provide on-site WIC services to Native Americans.

- Increased the assigned monthly WIC caseload for the tribes from 140 to 154. Overall, 260 unduplicated clients were served, including 50 pregnant women, 14 breastfeeding women, 77 infants and 104 children. For FY 2005-2006, the total WIC grant for the tribes was \$25,507.

CONFEDERATED TRIBES OF WARM SPRINGS

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Confederated Tribes of Warm Springs:

- \$268,004 for substance abuse outpatient treatment
- \$86,782 to prevent children from entering the foster care system
- \$50,000 for substance abuse prevention
- \$31,356 to provide protective services for tribal children
- \$23,954 to assist tribal members with tobacco cessation
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Confederated Tribes of Warm Springs:

- Jointly developed and implemented a Targeted Case Management program. This will result in the tribes being able to expand their human services programs by allowing the use of tribal funds previously dedicated to support casework.
- Expanded tribal access to Title V services. This will assist the tribes in providing expanded services to the children they serve.
- Implemented an innovative new policy proposed by the Warm Springs Housing Authority stating that anyone engaging in illegal drug use and/or alcohol abuse not only can be evicted from living in Housing Authority residences, but also will be ineligible to apply for housing through the Housing Authority. This new policy will assist in reducing alcohol- and drug-related incidents on the reservation. As a result of this action, the Confederated Tribes of Warm Springs received the 2006 Success Story Award from the Enforcing Underage Drinking Laws National Leadership Conference held in Baltimore, Maryland, in August 2006.

- Hosted a booth and provided caregiver information at the Warm Springs Elder Honor Days.
- Provided technical assistance for the Administration on Healthy Aging Grant. The grant money will be used to train three leaders in Living Well/Chronic Disease Self-Management to better serve elders.
- Developed a cooperative agreement with the tribes to provide rehabilitation services to tribal members.
- Provided access to Title IV-E federal reimbursement for the costs of eligible children in foster care.
- Contracted with the tribes to provide on-site WIC services to Native Americans.
- Increased the assigned monthly WIC caseload from 365 to 437, to accommodate an increase in participation from the recruiting and retention efforts of agency staff. Overall, 674 unduplicated clients were served including 153 pregnant women, 33 breastfeeding women, 177 infants and 293 children. For FY 2005-2006, the total WIC grant for the tribes was \$52,486.
- Interviewed 30 WIC moms to determine acceptance of WIC services, appropriateness of food packages with native diets, role of transportation in accessing healthy foods, and food preferences. Findings from this study will help streamline services and better tailor the WIC program's nutritional education component.
- Assisted the tribes in holding local smoking cessation training sessions.
- Met with tribal representatives and the Northwest Portland Area Indian Health Board to review types of data available to the tribes to monitor implementation of the tribes' cancer control plan and to offer assistance in obtaining data of interest.

COQUILLE TRIBE

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Coquille Tribe:

- \$50,000 for substance abuse prevention
- \$8,571 to assist tribal members with tobacco cessation
- \$6,360 to prevent children from entering the foster care system
- \$5,941 to provide protective services for tribal children
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Coquille Tribe:

- Provided access to Title IV-E federal reimbursement for the costs of eligible children in foster care.
- Provided quarterly on-site services at the Coquille Tribal Office to approximately 40 WIC participants. Participants also were able to access WIC services through the local health department in North Bend.
- Assisted the tribes in holding local smoking cessation training sessions.

COW CREEK BAND OF UMPQUA INDIANS

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Cow Creek Band of Umpqua Indians:

- \$50,000 for substance abuse prevention
- \$10,797 to assist tribal members with tobacco cessation
- \$9,781 to provide protective services for tribal children
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Cow Creek Band of Umpqua Indians:

- Arranged for a presentation from the Medicare Patrol grants contractor to 30 tribal members about elder financial abuse.

KLAMATH TRIBES

FUNDING

In addition to the multi-tribal funding listed earlier in this report, the following funds were distributed during 2006 to the Klamath Tribes:

- \$130,502 for substance abuse outpatient treatment
- \$50,000 for substance abuse prevention
- \$28,461 to prevent children from entering the foster care system
- \$26,100 to provide protective services for tribal children
- \$20,961 to assist tribal members with tobacco cessation
- \$4,000 to target underage drinking

ADDITIONAL SERVICES

In addition to the statewide services listed in the earlier parts of this report, DHS provided the following services to the Klamath Tribes:

- Provided access to Title IV-E federal reimbursement for the costs of eligible children in foster care.
- Negotiated and renewed the tribes' Temporary Assistance for Needy Families (TANF) agreement and changed the agreement to align with federal TANF renewal timelines. This will facilitate the renewal process for by requiring the same documents for both the state and federal governments.

SUMMARY

While extensive, this 2006 annual report presents only highlights of the full range of efforts that DHS has brought this year to its work with Oregon's nine federally recognized tribes. The cultures of these tribes reflect a central part of Oregon's history and heritage, as well as challenges in meeting contemporary needs. Therefore, DHS devotes significant resources and energy across the agency to maintaining and improving this collaborative partnership. Although DHS believes it is doing a creditable job, the agency invites representatives of the tribes and other stakeholders to advise DHS how it can be more effective.

Bruce Goldberg, Director

Date

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GLOSSARY OF TERMS

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
OVR	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