

December, 2005

Oregon Department of Human Services

Government-to-Government Report, 2005

Introduction

The Oregon Department of Human Services is pleased to share this 2005 Annual Report with the Legislative Commission on Indian Services, as required by Senate Bill 770. In this report, we believe DHS' commitment to addressing the full range of human services issues with the Tribes of Oregon is illustrated. Major areas of work with the Tribes are:

- Health care
- Child welfare
- Public welfare
- Alcohol and drug abuse prevention and treatment
- Public health
- Mental health
- Developmental disability services
- Elder care
- Care for persons with disabilities
- Vocational rehabilitation
- Any human services issues that the Tribes wish to discuss

This report summarizes recent and current work in many of these areas, paying particular attention to the interaction between the Tribes and DHS.

Several of the areas covered in this report were identified during Government-to-Government Health Services Cluster meetings, conducted quarterly, as required by Senate Bill 770.

2005 activity highlights

DHS Structure

During 2005, DHS had two changes of administration. During the transition, all the work the Tribes and DHS have engaged in paid off with no disruption in the Government to Government Relationship between the Indian Communities and DHS.

DHS has sought and received consultation from the Tribes of Oregon, who continue to be valued advisers.

Director's Office and Administrative Services

Supporting government-to-government meetings

DHS is the lead agency for the Health Services Cluster meetings required by Senate Bill 770. DHS organizes and provides logistical support for the quarterly meetings.

DHS is working with its other State partners in these meetings to improve communication between state agencies and the Tribes of Oregon. Oregon Housing, the Commission on Children and Families, and the Department of Consumer and Business Services have all developed higher profiles at the Senate Bill 770 meetings.

Communication between the DHS Director's Office and the Tribes of Oregon

DHS Directors have sought a more positive communication with the Tribes and Urban Indian programs. Gary Weeks, former director, met with each Tribe at their tribal offices. Brian Johnston, interim director, continued this process.

DHS continues to lead in the area of funding for the Tribes of Oregon. As a result of research by a DHS Director's Office team, the Tribes are now able to access Title XIX administrative funds. Targeted Case Management (TCM) is now available to the Tribes, with Warm Springs taking the lead to develop a TCM program in 2004. In 2005, the Confederated Tribes of Umatilla developed a TCM program and became the first tribe in Oregon to

activate its program in 2005. This will result in the Tribes being able to expand their human services programs.

DHS administration has been working with the Tribes to establish a seamless contracting process between the Tribes and DHS. DHS has been seeking better communication between DHS and the Attorney General's office to develop and maintain contract language respectful of Tribal sovereignty. DHS contracts personnel and the Tribes continue to discuss the consolidation of contracts between DHS and the Tribes to further simplify contracting with DHS.

The Tribal Relations Liaisons office in the DHS Director's Office continues to work diligently to problem-solve, to expand communication, and to bring tribal issues to the DHS administration for resolution.

DHS and the Confederated Tribes of Warm Springs worked as partners to expand Tribal access to Title V services. In the coming years this will assist the Tribes in providing expanded services to the children they serve.

Health Services: Health care

OMAP provides on-going technical assistance for day-to-day operations ranging from assistance with billing to the implementation and testing of the new HIPAA compliant software for electronic billing. This last year OMAP initiated a pre-Tribal Quarterly meeting to give staff of Tribal Health Facilities an opportunity to ask questions of OMAP staff.

OMAP staff continues to provide information to the North Portland Area Indian Health Board (NPAIHB), Portland Area Indian Health Services Unit and Tribal Health Facilities regarding changes in Medicare services. Most of the efforts have targeted the new Medicare Part D. Additionally, all of the Tribal Health Directors and Tribal Chairs have participated in providing input for the changes to Oregon's Medicaid program as a result of legislation that was passed in the 2005 session.

OMAP has participated in a number of conferences at the request of the NPAIHB that addressed proposed federal cuts to the Medicaid program and the Tribal Technical Assistance Group with CMS.

OMAP asked CMS for approval to implement SB allowing AI/AN clients that are eligible for OHP Standard to continue to be allowed retroactive enrollment. The request is still pending.

Health Services: Mental Health

The Office of Mental Health and Addiction Services (OMHAS) has continued to expand services for Oregon's nine sovereign Tribes in 2005. Most recently, OMHAS has worked directly with Richard Acevedo, DHS Tribal Liaison in the Director's Office, to establish professional relationships between Tribal mental health leaders and treatment providers that specialize in children's mental health issues. The short-term goal of establishing these relationships is to expand services for Tribal children who have mental health challenges and their families. The long-term goal of this important work is to explore the creation of Tribal specific mental health services for children in Oregon. DHS has received positive feedback from the Tribes and the providers related to this unique effort and OMHAS plans to continue this work in 2006.

OMHAS has also maintained Tribal slots in Psychiatric Residential Treatment Services (PRTS) and Psychiatric Day Treatment Services (PDTS) in 2005. The Warm Springs Tribe has two dedicated day treatment slots at the Morrison Center for PDTS and two dedicated psychiatric residential slots at Edgefield Children's Center for PRTS. In addition, OMHAS has eight dedicated psychiatric residential Tribal slots at Eastern Oregon Children's Multi-Phasic Treatment Center for PRTS. Use of these dedicated Tribal slots has been high, supporting the future development of additional Tribal slots in psychiatric residential and psychiatric day treatment services.

On October 1, 2005, OMHAS implemented the Children's System Change Initiative (CSCI) as directed by a Budget Note in the 2003 Legislative Session. This initiative's goal is to increase community-based services and minimize institutional care so that children and their families receive mental health services in the most natural environment. As part of this effort, OMHAS contracted with C.H. "Hank" Balderrama to create an initial review of cultural competence related to the CSCI. The extensive 214-page report has provided OMHAS with very useful data regarding the location and service utilization of tribal members throughout Oregon. The OMHAS Tribal Liaison, Derek Wehr, plans to take a leadership role in using this data in the development of additional Tribal mental health services.

Health Services: Alcohol and Drug Abuse

2005 Annual Native American Report for Office of Mental Health and Addictions Services (OMHAS) - Alcohol and Drug Policy Unit - submitted by Caroline M. Cruz

Native American Rehabilitation Association (NARA) has been granted a three-year Suicide Prevention grant from the U.S. Centers for Disease Control and Prevention (CDC). White Bison will provide technical assistance and training for the project. All nine Tribes, NARA and Chemawa Indian School will be involved in this three-year project. NARA is in the process of hiring a Suicide Prevention coordinator to oversee this grant. The project will start with a healing ceremony by taking the "Sacred Hoop" to all the sites. A series of trainings for the entire community will follow. OMHAS Tribal Liaison will partner with NARA to assist with this process.

Alcohol and drug prevention/treatment coordinators for the Tribes, Juvenile Commission and OMHAS staff continue to meet regularly to discuss evidence-based practices (EBP). A paper titled "Oregon Tribal Evidence Based and Cultural Best Practices" dated August 7, 2005, was completed by John Spence, Ph. D., and Caroline M. Cruz, B.S., on behalf of and with the feedback of the Tribes and many other Indian people. It's in the process for review with One Sky Center (Native American Resource Center at Oregon Health Services University), the National Indian Child Welfare Act (NICWA), OMHAS steering committee, State EBP Steering committee and the Tribes. OMHAS EBP Manager, Cruz and Spence will develop a work plan to implement the paper's recommendations.

For the 2005-07 biennium, all nine tribes are receiving \$50,000 per year to address alcohol and drug abuse prevention. This is an average increase of \$2,500 per year from the previous biennium. Discussion is in process for a minimum base amount for alcohol and drug treatment dollars for 2007-09.

All nine tribes received an additional \$4,000 to be spent by May 2006 on prevention of underage drinking (UAD). All tribes will be working on a media campaign, a community UAD profile, and a UAD plan. The Confederated Tribes of Warm Springs has been selected as a UAD pilot site with the Pacific Institute for Research & Evaluation. Caroline Cruz will provide the technical assistance and training and will bring the same resources to all nine tribes.

The Tribes of Oregon, the Native American Rehabilitation Association (NARA) and the Chemawa Indian Center have formed Fetal Alcohol Syndrome teams. They have completed the first phase, which consisted of increasing awareness of fetal alcohol syndrome and forming the teams. The training continued with a booster session to review what they learned and to refine their teams. OMHAS prevention dollars were used from state general funds. The next phase will kick off soon with federal funds from the DHS Children, Adults and Families (CAF) cluster.

Alcohol and drug prevention coordinators for the Tribes and OMHAS staff meet regularly to discuss prevention best practices, an important concept to both the Tribes and DHS. A committee was established to define best practices in public contracting as it relates to Indian issues.

All nine Tribes are receiving \$47,500 annually to address alcohol and other drug Prevention. With the exception of the Coos and Coquille, all Tribes have letters of approval from DHS to provide these services.

Health Services: Public Health

Some cultures use tobacco differently than the mainstream U.S. smoker. *Sacred or traditional use of tobacco by American Indians is very different from commercial tobacco use.* Tobacco has an important role in traditional American Indian life. For tribes throughout North America, the use of traditional tobacco plants for spiritual, ceremonial and medicinal purposes goes back thousands of years. This historic and enduring relationship with sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco prevention in American Indian communities.

The Tobacco Prevention and Education Program (TPEP) is working to address tobacco use in culturally appropriate ways within tribal communities affected by tobacco-related disparities in Oregon. The tribal community historically has a high rate of commercial, non-ceremonial tobacco use. We are working with our partners to reduce use disparities among American Indian tribes across all of Oregon. TPEP makes limited funding available to all nine of Oregon's federally recognized tribes for programs designed to decrease tobacco use by American Indians, while respecting the sacred use of tobacco in their cultures.

Our Tribal partners are:

- Northwest Area Indian Health Board
- Burns Paiute Tribe
- Coquille Indian tribe
- Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians
- Cow Creek Band of Umpqua Tribe of Indians
- Confederated Tribes of Grand Ronde
- Klamath Tribe
- Confederated Tribes of Siletz Indians
- Confederated Tribes of Warm Springs Indian Reservation of Oregon
- Confederated Tribes of Umatilla Indian Reservation

All nine federally-recognized American Indian tribes in Oregon receive funds to implement tobacco prevention and education programs. These projects are working to decrease tobacco use through a variety of program and policy strategies directed at both youth and adults.

Public Health has been working with the Tribes of Oregon to improve health preparedness. During the course of the next year a concerted effort will be undertaken to bring parity to the Tribes of Oregon in the health preparedness arena. Public health will work with the Tribes to improve their local health preparedness plans and connect the Tribes and their local counties to develop cooperative agreements to better serve the local communities.

Seniors and People with Disabilities (SPD)

Increased outreach and service coordination

- The 2003-2007 Area Plans of the Oregon Area Agencies on Aging (AAAs) are required to address tribal coordination and outreach. Each AAA had to outline at least one goal, complete with objectives, activities, targeted dates and anticipated outcomes with accomplishments. These activities are considered part of the statement of work in the AAA contracts with the State. The State Unit on Aging continues to offer technical support, addressing the importance of this collaboration and partnering to produce the necessary outcomes.

- SPD is assisting with the certification of three new adult foster homes for the Confederated Tribes of the Grande Ronde community. The Tribe has requested an exception/waiver of the specific OAR sections regulating adult foster care facilities.
- SPD was represented at the 2005 Government-to-Government Summit, the quarterly Senate Bill 770 Cluster meetings, and the DHS Director's meeting with the nine Tribes of Oregon.
- SPD has increased agency awareness of tribal issues with the *Fundamentals of Adult Protective Service* trainings for SPD field staff. The staff trainings, at which the video *Restoring the Sacred Circle* is shown, are held monthly around the state.
- SPD conducted Medicare Prescription Drug trainings with the Oregon Tribes at the Quarterly Senate Bill 770 Cluster meetings. Resources were provided.
- Tribal members were invited to regular Medicare fraud trainings held by SPD throughout Oregon.

Children, Adults and Families (CAF)

The Oregon Tribes and DHS have a long history of positive partnerships and collaboration, which have promoted positive tribe-state working relationships that are a national model for other states and tribes.

2005 Indian Child Welfare Act (ICWA) Program

IV-B state child welfare plan ICWA compliance:

The first year of the five-year state child welfare plan has concluded with a number of major projects and initiatives for Indian Child Welfare Act (ICWA) compliance and collaboration. In 2005, strengths and barriers were identified, and quality assurance, policy and strategies were addressed in

consultation with the Oregon Tribes with the aim of reducing the number of Indian children in state custody.

The Oregon tribal child welfare programs are represented in CAF policy making. In addition, this year the Oregon tribes had an allocation of System of Care resources. DHS also provided FACIS access to the six IV-E Tribes for systemic support of their child welfare programs.

The ICWA Manager and the Family and Children's Service Director for the Confederated Tribes of Umatilla presented at the 2005 Children's Bureau Conference in Washington, D.C., on "Tribal/State Relationships and Collaboration".

A model for ICWA compliance case reviews that was implemented in the Metro region will be replicated throughout the state. The ICWA manager facilitated the Oregon DHS tribal/state advisory quarterly meetings, ICWA liaison regional quarterly meetings and the ICWA 13th annual conference.

2005 ICWA Training Institute and Fall Conference

Seven Feathers Hotel Resort and Casino in Canyonville was the gathering site for the 2005 Oregon ICWA Training Institute and the Fall ICWA Conference. Tribal and state child welfare staff attended the Training Institute, "Government-to-Government: Collaborating for Native Children and Families." It included a tribal community simulation designed to help participants better understand how individuals' values, resources and experiences affect the building of a community. It highlighted the challenges tribes have faced in child welfare and the need for collaborative working relationships. The focus was on government-to-government, including SB770, sovereignty, enrollment/eligibility, tribal courts/jurisdiction, joint investigations/cross reporting, PL280 and non-280 tribes, ICWA/active efforts.

Participants became very involved in the tribal simulation, which opened new avenues of communication. The activity culminated in a Healing Community Ceremony.

Cultural Competence conference

The following two-day conference, "Building for the Future of Indian Children and Families: Cultural Competency and Collaboration," was attended by 140 state and tribal staff who were engaged by James Mason, Ph.D, in the two opening plenary sessions. Dr. Mason is the DHS for Multi-Cultural Health director. On Day 1, he focused his remarks on demystifying cultural competence. Breakout sessions featured presenters on the following topics: creating partnerships, family unity meetings, supervision, boundaries/confidentiality, and recruitment and retention of native families.

On Day 2, Dr. Mason addressed indigenous views of health and wellness. Breakout sessions covered topics such as family/worker support, tribal communities and child abuse centers working together and on various types of guardianships.

The conference also featured Tony Johnson's narrated slide show of his canoe journey, storytelling by Ed Edmo, and several ceremonial offerings from Quartz Creek Drum, Confederated Tribes of Warm Springs Reservation. The Cow Creek Band of Umpqua Indians co-hosted the conference with DHS.

Metro ICWA Compliance Committee

The ICWA compliance committee was initiated in 2005 in the Metro region. Its purpose is to ensure agency compliance with the Indian Child Welfare Act and the agency's administrative rules. The ICWA compliance committee assists and to advises workers on case planning and services regarding ICWA cases. It also encourages the participation and support of Indian tribes and the families in case planning and reviews to ensure culturally relevant resources are identified and offered to Indian Children and their families. The committee provides a written recommendation to the caseworker and supervisor to identify ICWA-related issue and assure compliance. The ICWA compliance committee will be replicated statewide.

Oregon Tribal Child Safety & Risk Assessment Training was held on April 12-13, 2005, co-hosted by the Grand Ronde Tribe in collaboration with the Oregon Department of Human Services, Portland State University Rural Training Grant, and Action for Child Protection, Inc., for the National Resource Center for Child Protective Services. The training for tribal and

DHS staff focused on child protection and safety of at-risk children and families. A nationally known resource center consultant facilitated the training curriculum that was developed for tribes. The training curriculum will further be enhanced with cultural competency reflecting Oregon tribes' cultures.

The Oregon Tribes' child welfare directors recognize the depth and issues of child protection and providing services to children and families. The tribes and DHS staff relationship and collaboration are essential in addressing issues and finding solutions for all at-risk children in our communities.

Plans are underway to develop a "train the trainer session" on the Indian Tribal CPS Safety Intervention: Safety Assessment, Analysis and Planning Curriculum developed by the National Resource Center Child Protective Services. The session will be held spring 2006. Attendees will later serve as co-trainers for the two-day workshops statewide.

ICWA on-line course

Thirty-five state and tribal child welfare staff have signed up for the ICWA on-line training offered by NICWA through the PSU Rural Training Grant or DHS. This course presents the provisions of the Indian Child Welfare Act of 1978 (ICWA) in the order in which a child welfare worker might encounter them in an ICWA case. Along with an explanation of the law in non-legal language, the course gives the recommended performance steps associated with effective social work practice. Information is provided to support practice and to ensure appropriate case records. The course is likely to take three to six hours to complete and may be done at the trainee's pace. All ICWA liaisons are required to take this course.

Family Group Conferencing

DHS and the Oregon Tribes had a unique opportunity to have training conducted by Harry Walker, Manager of Maori Services Development and Shannon Pakura, general manager, both of the New Zealand Child Youth & Family Department, Wellington, New Zealand. The two also met with DHS Administrators for an exchange of information between governments.

Temporary Assistance for Needy Families (TANF)

The DHS Intergovernmental TANF Agreement has been a success in the relationship between DHS and the Tribes of Oregon.

In 2005 DHS has negotiated and renewed TANF agreements with the Klamath Tribe and the Confederated Tribes of Siletz. Both of the agreements' timelines were changed to be in line with the federal TANF renewal timelines. This will facilitate the renewal process for both tribes, because the same documents will be required for both the state and federal government.

The two tribal TANF programs continue to operate smoothly with support from DHS Director's Office and the DHS local service delivery area offices also supporting tribal TANF.

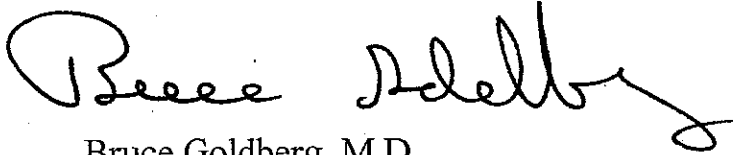
Vocational Rehabilitation

Oregon Tribes and the Office of Vocational Rehabilitation Services have collaboratively engaged in developing cooperative agreements with the Confederated Tribes of Warm Springs and the Confederated Tribes of Grand Ronde to provide rehabilitation services to their tribal members. The DHS Office of Vocational Rehabilitation Services is actively committed to strengthening partnerships with our peers working in the tribal vocational rehabilitation programs.

Conclusion

While extensive, this 2005 annual report is intended to present only highlights of the full range of efforts that DHS has undertaken this year to our work with Oregon's nine federally recognized Tribes. The tribal cultures 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 our collaborative partnership. Although we believe we are doing a creditable

) job, we invite representatives of the Tribes and other stakeholders to advise us how we can be more effective.

A handwritten signature in black ink, appearing to read "Bruce Goldberg". The signature is fluid and cursive, with a large initial "B" and a long, sweeping tail.

Bruce Goldberg, M.D.
Director
Oregon Department of Human Services

Dated: December 11, 2005