

December 2008

## Oregon Department of Human Services 2008 Government-to-Government Report

### INTRODUCTION

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The Oregon Department of Human Services is pleased to share this 2008 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 health and human service 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, and
- Additional human services issues as determined by the Tribes.

Where the narrative lists dollar amounts and numbers of individuals served, those figures are for 2008 unless otherwise specified.

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## SENATE BILL 770

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### 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.

### TRIBAL ACTIVITIES

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#### **BURNS PAIUTE TRIBE**

The Burns Paiute Tribe is the smallest of the federally recognized Indian Tribes in Oregon, with approximately 340 members. Of those, approximately 200 live on or near the reservation near Burns, Oregon. Tribal lands consist of 13,736 acres.

The Tribe operates a health clinic that provides services to tribal members and members of other federally recognized Indian Tribes. The services provided at the clinic are limited; referrals out of the clinic to other medical providers are common. Billing for services provided at the clinic occurs through the DHS Division of Medical Assistance Programs (DMAP). DMAP meets with the Burns Paiute Tribe each quarter to provide technical assistance to the Tribe on billing processes and other aspects of Title XIX, the federal program governing payments to Indian Tribes. DHS serves as a pass-through agency to enable the Tribes to access Title XIX funds.

During 2008 the Burns Paiute Tribe operated a Tobacco Prevention and Education program with a \$6,363 grant from the DHS Public Health Division. The grant supports education to reduce the use of tobacco products by American Indians. Grant reports for 2008 and 2009 are due at the end of 2009. A collective report on the benefit of the grant to all the Tribes of Oregon is located at the end of the Tribes section of this report.

The Burns Paiute Tribe has a unique relationship with the DHS Children, Adults and Families Division. The Tribal Court for the Burns Paiute Tribe hears Indian child welfare cases; DHS provides services to the Tribe in the form of case workers, foster home payments and case management services. This relationship works well, protecting children while respecting the sovereignty of the Tribe.

During 2008 the Tribe received \$5,000 from Oregon's System of Care funds. The money was used to provide individual services needed by children and their families in the foster care system to promote safety for those children. Three families were served.

The Tribe also received Social Services Block Grant funding in the amount of \$2,541 to provide supportive services for the child welfare program the Tribe provides to its members. The Tribe provided services to 13 families with these funds.

Federal and state funds accessible to the Burns Paiute Tribe pay for 23.6 percent of the Tribe's overall child welfare budget.

The Burns Paiute Tribe uses the following methods to promote a sober and healthy community and to deal with substance abuse and mental health disorders.

- Elders and other tribal members teach native tradition, life skills and substance abuse education through programs such as the Positive Youth Program and through native arts and crafts such as root digging, making willow shades and cradle baskets, making buckskin pouches, and crafting hair barrettes, beads and regalia.
- The Tribe holds traditional and modern events such as Elders' Breakfasts, Cultural Days, Pow Wow, Red Ribbon, Halloween Party, Annual Language Gathering, Walk/Run, Elders Christmas Luncheon, Community B-B-Q, La Crosse and a quarterly Wellness Day.
- Results of pre- and post-tests reveal 50 percent of the participants stated they felt cultural pride in their crafts and they feel more bonded to their community.

#### **CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS**

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians have approximately 850 members, most of whom live in the Coos Bay area. Tribal lands consist of 127 acres, the smallest amount of land owned by a federally recognized Indian Tribe in Oregon.

The Tribes operate a health clinic that provides services to tribal members and members of other federally recognized Indian Tribes. The clinic is operated in partnership with the Coquille Indian Tribe. The Coquille Indian Tribe also operates its own clinic. The two Tribes, both of which are located in Coos Bay, have agreed to divide services between their respective clinics. Both Tribes bill through the DHS Division of Medical Assistance Programs.

The DHS Public Health Emergency Preparedness Program has established contacts with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians to plan and conduct public health preparedness activities such as development and exercise of emergency response plans, the national Incident Management System, Incident Command Systems, and Health Alert Network.

During 2008 the Coos Tribe received a grant for \$8,435 from the DHS Public Health Division to reduce tobacco use by tribal members. The data for tribal grants are located at the end of the Tribes section of this report.

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians do not operate a Tribal Court. All of their children in need of child protective services receive those services through the DHS Children, Adults and Families Division. DHS, through its local office in Coos Bay and through the Indian Child Welfare Act (ICWA) manager for DHS, maintains close contact with the Tribes to partner on ICWA cases. The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians received two grants and a Title IV-E waiver of payments for \$1,263.05 during 2008. The waiver served 10 families.

The waiver and grants are designed to promote the safety and well-being of children and families in the Tribes. The Tribes also received a Social Services Block Grant (SSBG) in the amount of \$6,288, but data for the number of clients served were not available. The Tribes also received a System of Care grant in the amount of \$15,229.33, which helped serve 17 families.

Additionally in 2008, each participating Tribe opted to receive an optional Point of Dispensing (POD) Security Site Assessment at their clinic, POD signage and an iridium satellite phone. Tribal attendance has been exceptional at state-sponsored trainings such as Mass Fatality, Public Information Officer, Homeland Security Exercise and Evaluation Program, and antiviral/community mitigation planning meetings. The Tribes recently partnered with Oregon to purchase antiviral medications to protect their critical staff during a potential influenza pandemic.

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians use the following methods to promote a sober, healthy community and to deal with mental health disorders.

- The Tribes conduct an annual Canoe Crew Program, which teaches native tradition, a drug-free life style and tribal pride. All of the participants report the importance of the canoe program to the Tribes and the value of a drug-free life style.

## **CONFEDERATED TRIBES OF GRAND RONDE**

The Confederated Tribes of Grand Ronde, with approximately 4,900 members, make up the largest federally recognized Indian Tribe in Oregon. Tribal members are located primarily in the Grand Ronde area. Tribal lands consist of 11,000 acres.

The Tribes provide health care services to their members through a clinic located at the Tribal offices in Grand Ronde. The Grand Ronde clinic is quite comprehensive and offers a variety of medical services. The clinic is a Federally Qualified Health Center and, like other tribal clinics in Oregon, bills for health services through the DHS Division of Medical Assistance Programs. DHS meets quarterly with the Tribes to provide training and oversight on the Medicaid and Medicare programs.

The Confederated Tribes of Grand Ronde have been very active with the DHS Public Health Division on Public Health Emergency Preparedness. During 2008 the Tribes continued to conduct public health preparedness activities such as development and exercise of emergency response plans, the National Incident Management System, Incident Command Systems, and Health Alert Network.

Additionally in 2008, each participating Tribe opted to receive an optional Point of Dispensing (POD) Security Site Assessment at their clinic, POD signage and an iridium satellite phone. Tribal attendance has been exceptional at state-sponsored trainings such as Mass Fatality, Public Information Officer, Homeland Security Exercise and Evaluation Program, and antiviral /community mitigation planning meetings.

The Grand Ronde Tribe has a working agreement to accept referrals from the Willamina School-Based Health Center (SBHC) and has collaborated on family trainings. Statewide, 2.3 percent of clients seen at SBHCs are Native American. The majority of these clients were seen in seven of the 45 certified centers. In two SBHCs more than one in 10 clients (11 percent) were Native American.

The Confederated Tribes of Grand Ronde also were recipients of a Tobacco Prevention and Education Program grant to reduce the use of tobacco products by tribal members. Data on the outcomes for the grant are located in the Warm Springs section of this report.

The Confederated Tribes of Grand Ronde operate an ICWA program to protect tribal children from abuse or neglect. The Tribe has a contract with DHS for Title IV-E, which provides foster care services for children who are in out-of-home placements. During 2008 the Tribe received \$75,183.16, which helped provide services to eight families. DHS also provided System of Care (SOC) funding to the Tribe in the amount of \$57,550, which serves 90 families. The funding is used for safety, permanency, well-being and attachment, tailored to the needs of children in care. SOC also provides for individualized services, families' involvement in case planning, community collaboration and custom-designed services.

The Confederated Tribes of Grand Ronde received a social service block grant for \$36,947 to serve 96 families to augment the child protective services operated by the Tribe to protect the safety and well-being of children in the care, control and custody of the Tribe.

The Confederated Tribes of Grand Ronde continue to operate three adult foster homes housing 15 elders. At the request of the Tribes, the DHS Seniors and People with Disabilities Division licenses the adult foster homes operated by the Tribe. This is a unique relationship. The Tribe operates the adult foster homes independently from state services and funding, and is not required to obtain a state license. The Tribe is striving to operate the homes in the safest environment possible, and has requested DHS to inspect and license the homes.

The Tribes use the following methods to promote a healthy and sober community and to assist with mental health disorders.

- The Tribes provides a monthly Healthy Thursday to reduce substance abuse. Topics include underage drinking, tobacco use, stress reduction, diabetes and other wellness topics. Pre- and post-survey results indicate participants increased their knowledge of the subject matter.
- The Tribal Prevention Coordinator provided signage with ATOD messages and “This Is a Methwatch Community” at all community events.

### **CONFEDERATED TRIBES OF SILETZ**

The Confederated Tribes of Siletz have approximately 4,700 members, most of whom live in or near Siletz, Oregon. Tribal lands consist of 4,204 acres.

The Tribe provides for the medical needs of its members through a medical clinic located with the tribal offices in Siletz, Oregon.

The Tribe bills for Medicare and Medicaid services through the DHS Division of Medical Assistance Programs.

The Confederated Tribes of Siletz, in partnership with the DHS Public Health Division, has a contract for Public Health Emergency Preparedness. The Tribe has received an optional Point of Dispensing (POD) and security site assessment at their clinic along with a signage and an Iridium satellite phone. The Tribe participated in the Mass Fatality, Public Information Officer and Homeland Security exercises.

Currently, tribal members access Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services at the Lincoln County Health Department in Newport. Lincoln County Public Health has established a strong referral system with the Tribal Health Center to ensure all eligible women, infants and children receive WIC services. Representatives from the Siletz Tribe and WIC work collaboratively on promotional campaigns as active community members of the Lincoln County Breastfeeding Coalition.

The Confederated Tribes of Siletz provide child protective services to tribal members in their service area. Indian child welfare cases are handled through the Tribal Court located at the tribal offices in Siletz. The Tribe serves tribal member children in their care, control and custody, and tribal member children who are in the care, control and custody of the DHS Children, Adults and Families Division (CAF). CAF has strong partnership with the Tribe for tribal member children in both the tribal and state systems. This relationship has resulted in CAF and the Tribe entering into a Title IV-E contract. The Confederated Tribes of Siletz received \$46,173.52 from Title IV-E to provide for foster care services to children in the custody of the Tribal Court. These funds served seven families.

The Tribes also have a contract for a Social Service Block Grant for \$33,218, which assists the Tribe in remedying neglect, abuse and exploitation of children. During 2008 this grant served 182 families. The grant provides for community-based care, home-based care and other forms of less intensive care.

The Tribes receive \$42,973 in System of Care funds to provide individualized services, involve families in case planning, assist with community collaboration and establish custom-designed services.

The Tribes have an agreement with CAF to provide some of the programs related to Temporary Assistance to Needy Families (TANF). DHS collects and tracks TANF data for families receiving assistance from the department through the DHS data systems. DHS does not collect TANF data for families receiving TANF assistance through the Klamath or Siletz Tribes.

The Tribes receive a federal grant directly from the U.S. Department of Health and Human Services to run their own program. The federal funds do not pass through DHS. The Tribes administer their own program and use their own system and method to track data for the families they serve.

DHS has an agreement with the Confederated Tribes of Siletz to provide additional services to the tribal population. The services are funded through General Fund dollars, which are then countable toward the state's TANF Maintenance of Effort requirement. The agreement asks only that the Tribe submit information about the clients who receive those services.

The Confederated Tribes of Siletz use the following methods to promote a sober and healthy community and to assist with mental health disorders.

- The Tribal Prevention Coordinator facilitated the Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) coalition including recruiting membership and assisting in implementing coalition goals and plans.
- The coordinator also facilitated the Daughters Of Traditions and Sons Of Traditions groups for 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> graders at Siletz School. The program increased social skills and led students to decrease or abstain from alcohol and other drug abuse by actively participating in cultural programming that promotes living a healthy lifestyle, as measured by pre- and post-testing.

## **CONFEDERATED TRIBES OF UMATILLA INDIAN RESERVATION**

The Confederated Tribes of Umatilla Indian Reservation have approximately 2,450 members, most of whom live on or near Umatilla, Oregon. Tribal lands consist of 172,882 acres.

The Tribes have a community health center, Yellow Hawk Clinic, which offers health care to tribal members, their families and members of federally recognized Indian Tribes.

The Tribes work with the DHS Division of Medical Assistance Programs to bill Medicare and Medicaid for services provided by in the Yellowhawk Clinic. DHS meets with the Tribes quarterly to offer technical assistance and update the Tribes about program and rule changes.

The DHS Public Health Division has licensed the Umatilla Fire Department as an emergency medical services provider. The Tribes receive a bi-annual licensing review from DHS.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) contracts with the Tribes to provide WIC services to tribal members and their families on the reservation. During 2006-2008, 271 tribal members received WIC preventive health services including 81 pregnant and post-partum women, 85 infants and 105 children under the age of 5. WIC funding for the Tribes was \$26,095. WIC data demonstrate a high need for these services due to health disparities among the women, infants and children served by tribal WIC programs.

The Tribes received a \$19,413 Social Service Block Grant through DHS. The grant provides funding so that children under the jurisdiction of the Tribal Court and their families can receive effective child welfare services to reduce abuse and neglect. The Tribes also received \$39,230.67 in System of Care funds to meet the individual needs of children and their families to promote safety and permanency. The Tribes have a Title IV-E contract with DHS and received \$10,704.48 for administrative costs and training.

The Confederated Tribes of the Umatilla Indian Reservation use the following methods to promote a healthy and sober community and to assist with mental health disorders.

- The Tribes conducted the Sacred Beginnings Prenatal Program, which involved expectant mothers and fathers in culturally based alcohol and drug education to reduce alcohol and drug use during pregnancy. Fifty percent of the participants demonstrated an increase in the knowledge of the dangerous effects of alcohol and other drugs on the unborn.
- The Tribe also conducted Protecting You/ Protect Me, an underage drinking program that was provided to 70 participants. Pre- and post-tests indicated the participants demonstrated a 50 percent increase in knowledge of the dangerous effects of alcohol to the adolescent brain development.

## **COQUILLE INDIAN TRIBE**

The Coquille Indian Tribe has approximately 820 members, most of whom live in or near Coos Bay. Tribal lands consist of 6,502 acres.

The Tribe provides health care to its members and to members of other federally recognized Indian Tribes in its Tribal Clinic in Coos Bay. As listed in the Coos Tribes section of this report the two tribes, the Confederated Tribes of Coos, Lower Umpqua and Siulaw Indians and the Coquille Indian Tribe, provide health care to each others' tribal

members, with each tribe providing specific programs so the Tribes don't have to duplicate services, given that both tribes are located in Coos Bay. The Coquille Indian Tribe uses the DHS Division of Medical Assistance Programs to bill Medicaid and Medicare for services.

In 2008 the Coquille Indian Tribe, through the DHS Public Health Division, opted to receive an optional Point of Dispensing (POD) Security Site Assessment at their clinic. The Tribe received POD signage and an iridium satellite phone. Tribal attendance has been very high at state-sponsored training for Mass Fatality, Public Information Officer, Homeland Security Exercise and Evaluation Program, and antiviral/community mitigation planning meetings.

Once a quarter the Coos County Women, Infants and Children (WIC) Nutrition Program provides on-site nutrition screening, individualized preventive health education and referral services at the Coquille Tribal Office to approximately 35 women, infants and children. Coquille tribal participants also can access WIC services through the local health department in North Bend.

The Public Health Division Office of Family Health created a mechanism for tribal governments to access federal funds for Maternal and Child Health (MCH) services. In January 2007 OFH offered mini-grants of \$5,000 for six months for Tribes to develop Triennial Plans and population data to be used in the state's funding formula for equitable distribution of the MCH Title V Block Grant (pursuant to SB855, 2005 Legislative Session).

The Coquille Indian Tribe and the Cow Creek Band of Umpqua Indians are now fully funded with their MCH Title V Block Grant Funds for FY 2008-2009. Each Tribe is developing MCH programs that will provide cavity prevention for pregnant women and children. MCH program staff continue to provide technical assistance and consultation in the implementation of their programs. Interested Tribes may apply for these MCH planning mini-grants at any time.

The Coquille Indian Tribe operates a Tribal Court offering services to tribal members in need of child protective services. The Tribe received a Social Service Block Grant in the amount of \$10,024 to provide effective child welfare services and reduce the risk of abuse and neglect to 45 families.

During 2008 the Coquille Indian Tribe received System of Care (SOC) funds through DHS in the amount of \$11,083.53 to meet the individual needs of children in the tribal foster care system. The SOC funds were used to promote safety, permanency and well-being, and to employ a strength/needs-based philosophy and practice relative to child welfare for 19 families.

The Coquille Indian Tribe has an agreement with DHS for Title IV-E funds. Title IV-E is an entitlement program from the U.S. Department of Health and Human Services, which provides funds to the Tribes of Oregon that operate Tribal Courts that provide child

protective services. Title IV-E covers the costs of room, board, food, clothing and related administrative costs. During 2008 the Tribe received \$9,966.11 and served 15 families.

The Coquille Indian Tribe uses the following methods to promote a sober and healthy community and to assist with mental health disorders.

- A tribal newsletter and community gatherings help increase underage drinking awareness and the dangers of alcohol abuse.
- An after-school program, provided four times a week, focuses on alcohol- and drug-free cultural activities, healthy choices and self-esteem. More than 3,000 youth attended the program during 2008. Pre- and post-survey results show an increase in awareness of the dangers of alcohol and other drug use and the importance of native culture.

### **COW CREEK BAND OF UMPQUA INDIANS**

The Cow Creek Band of Umpqua Indians has approximately 1,290 members, most of whom live in or near Roseburg. Tribal lands consist of 3,235 acres.

The Tribe provides health care services to its members and to members of federally recognized Indian Tribes in its clinic located in Roseburg. The Tribe files its billing through the DHS Division of Medical Assistance Programs, and DHS provides training and technical assistance to the Tribe on Title XIX services.

The DHS Public Health Division created a mechanism for tribal governments to access federal funds for Maternal and Child Health (MCH) services. In January 2007 the Cow Creek Band of Umpqua Indians received a mini-grant of \$5,000 for six months for the Tribe to develop triennial plans and population data to be used in the state's funding formula for equitable distribution of the MCH Title V Block Grant. The Tribe is now fully funded with their MCH Title V Block Grant Funds for FY 2008-2009.

The Cow Creek Band of Umpqua Indians does not operate a Tribal Court. Child protective services are provided by the DHS Children, Adults and Families Division (CAF). The Tribe works with CAF's Tribal Liaison to meet the protective service needs of the Tribe. The Tribe received a Social Service Block Grant in the amount of \$16,943 to provide effective child welfare services to reduce the risk of abuse and neglect and to serve tribal families in need of preventive and intervention services to 74 families.

The Tribe also received \$19,673.34 in System of Care funding to meet the individual needs of children and their families to promote safety, permanency and well-being, and to employ a strength/needs-based philosophy and practice relative to child welfare. Thirty-one families were served. Federal and state funds accessible to the Cow Creek Band of Umpqua Tribe pay for 28 percent of the Tribe's overall child welfare budget.

The Cow Creek Band of Umpqua Indians use the following methods to promote a sober and healthy community and to assist with mental health disorders.

- The Tribe sponsored a Great American Smoke Out display in the lobby of Seven Feathers Casino to increase awareness of the negative effects of the use of tobacco and to pledge not to smoke for a day.
- Education presentations and seminars provided parents information regarding alcohol and drug use including signs of use/abuse and how to talk to their children about setting clear guidelines on alcohol and other drug use.

## **KLAMATH INDIAN TRIBES**

The Klamath Indian Tribes have approximately 3,550 members, most of whom live in the Chiloquin and Klamath Falls area. Tribal lands consist of 399 acres.

The Tribes work with the DHS Public Health Division on public health preparedness activities to develop emergency response plans in conjunction with the National Incident Management System, Incident Command System and Health Alert Network.

The Tribes operate a tribal clinic with services provided at Chiloquin and in Klamath Falls. The Tribe works closely with the DHS Division of Medical Assistance Programs, which provides training and technical assistance to the Tribes on the billing requirements of Title XIX.

The Klamath Indian Tribes have been dependent on the DHS Children, Adults and Families Division (CAF) to provide protective services to tribal children. In 2007 the Tribes opened a Tribal Court to offer protective services to tribal children in Klamath County. This new program also expanded the services of the tribal social services program to include child protective services.

During 2008 the Tribes receive several streams of funding to provide child protective services to tribal children – a \$27,014 Social Service Block Grant to provide effective child welfare services for 49 families; System of Care funds in the amount of \$27,531.48 to meet the individual needs of children in 16 families; \$116,680.29 in Title IV-E funds to provide for the physical needs of children in substitute care; and Title IV-E waiver moneys in the amount of \$14,657.23, serving 25 families. All of these funding streams are administered through CAF.

The Tribes have an agreement with CAF to provide some of the programs related to Temporary Assistance to Needy Families (TANF). DHS collects and tracks TANF data for families receiving assistance from the department, but does not collect TANF data for families receiving Tribal TANF assistance through the Klamath or Siletz Tribes.

The Tribes receive a federal grant directly from the U.S. Department of Health and Human Services to run their own program. The federal funds do not pass through DHS. The Tribes administer their own program and use their own system and method to track data for the families they serve.

DHS has an agreement with the Klamath Indian Tribes to provide additional services to the population. Funding is provided from General Fund dollars, which are then countable towards the state's TANF Maintenance of Effort requirement. The agreement asks only that the Tribe submit information about the clients who receive those services.

The Klamath Indian Tribes use the following methods to promote a sober and healthy community and to assist with mental health disorders.

- The Tribes provided a variety of education programs including Protecting You /Protecting Me, a week-long Sports Camp, Cultural Camp, Skill Building Youth Groups and parenting education. These activities involved targeted population groups with a culturally based approach to reduce alcohol, drug and tobacco use, and gambling and problem behavior. Seventy-five percent of the participants reported increased knowledge of the dangers of using alcohol and other drugs and gambling.
- The Tribes provided a variety of youth and family ATOD free activities such as Round Dance, Memorial Pow Wow, Restoration Pow Wow, Sobriety Pow Wow, and holiday activities and spring break activities.

#### **CONFEDERATED TRIBES OF WARM SPRINGS**

The Confederated Tribes of Warm Springs have approximately 4,370 members, most of whom live on or near the reservation near Warm Springs, Oregon. Tribal lands are the largest of any of the federally recognized Indian Tribes in Oregon, at an estimated 644,000 acres.

The Tribes provide medical services to their members and members of other federally recognized Indian Tribes through the Tribal Clinic. The billing of these Title XIX services is done through the DHS Division of Medical Assistance Programs.

DHS meets each quarter with the Confederated Tribes of Warm Springs and the other Tribes of Oregon to discuss all aspects of the Title XIX program and provide technical support to the Tribes.

The DHS Public Health Division (PH) provided emergency medical services (EMS) training and licensed the Confederated Tribes of Warm Springs EMS transporting. These valuable services will provide medical transportation to tribal members throughout the Warm Springs reservation, a rural reservation where tribal members having limited access to transportation. PH also provides training at Warm Springs on how to provide care to obstetric, stroke and pediatric patients.

The Oregon State Public Health Laboratory (OSPHL) provided a "Laboratory Response to Pandemic Influenza" regional training and table top exercise last year, hosted by the Confederated Tribes of Warm Springs Health and Wellness Center at the Tribal Museum Conference Center, and a "Lab Preparedness and Response across Borders" presentation at the annual Northwest Portland Area Indian Health Board Preparedness Conference.

The OSPHL Laboratory Response Network has partnered with the Tribes to use the state's database and communication network, through which important public health laboratory information on outbreaks, trainings, exercises and routine updates are communicated.

In partnership with the DHS Public Health Division (PH), the Confederated Tribes of Warm Springs received a Garrett Lee Smith Memorial Act (GLSMA) grant for youth suicide prevention activities. The Tribe held a five-day family retreat in June 2007, bringing in a nationally known speaker to deliver the culturally specific, reservation-based program called Native HOPE to adolescents, young adults and adult tribal members who serve as mentors to youth.

The Youth Suicide Prevention (YSP) program collaborates with the Native American Rehabilitation Association (NARA) in Portland, which also received a GLSMA grant. The YSP program held culturally appropriate suicide intervention skills trainings for NARA and the Tribes. For the past 15 years suicide has been the second leading cause of death for 15- to 24-year-old American Indians. The suicide rate for this age group is 31.7 per 100,000, as compared to a rate of 13.0 per 100,000 for persons in this age group for the general U.S. population. A suicide attempt requiring hospitalization commonly costs \$5,000 or more, and these costs can escalate in isolated communities with high transportation costs. The outcomes of this program will be measured when the grant expires in 2009.

The Tobacco Prevention and Education Program for the Confederated Tribes of Warm Springs is funded by a \$23,954 PH grant.

The DHS Public Health Emergency Preparedness (PHEP) program has a contract with the Confederated Tribes of Warm Springs for tribal preparedness activities including the identification of a tribal preparedness coordinator, a health alert network administrator, preparedness assessments, and the Pandemic Influenza and Health and Medical Annex. The Tribe also participates in monthly PHEP conference calls and attends the annual preparedness coordinators conference.

The OSPHL Laboratory Response Network partnered with the Warm Springs Tribal Health and Wellness Center to host a Response to Pandemic Influenza Regional Conference held at the Tribal Museum Conference Center.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has a contract with Confederated Tribes of Warm Springs to provide WIC program services to tribal members and their families. The total WIC grant for the Tribes for FY 2007-2008 was \$65,064.

During 2007, 725 tribal members received monthly WIC preventive health services including 214 pregnant and post-partum women, 215 infants and 296 children under the age of 5. During 2008, 709 tribal members received monthly WIC preventive health

services including 190 pregnant and post-partum women, 210 infants and 309 children under the age of 5. Due to demonstrated need, the Warm Springs WIC Program's monthly WIC caseload assignment was increased during 2008, by 41 clients, with additional administrative dollars.

The Confederated Tribes of Warm Springs received a \$32,454 Social Service Block Grant to help the Tribes provide effective, culturally relevant child welfare services to Indian children and their families. The grant served 75 clients. Child welfare services provided by the Tribes are not funded for prevention of abuse or neglect; the services provided by the Tribes are to meet the needs of children who have been the victims of abuse or neglect.

The Confederated Tribes of Warm Springs also received \$73,910.55 from Oregon's System of Care (SOC), serving 31 clients. SOC is the product of an agreement between DHS, the Juvenile Rights Project and the National Center for Youth Law. The agreement includes provisions for the use of flexible funds to meet the individual needs of children and their families to promote safety, permanency and well-being, and to employ a strength/needs based philosophy and practice relative to child welfare.

The Confederated Tribes of Warm Springs have a Title IV-E agreement with DHS. The Tribes received \$215,710.41 and served 34 families, and also received IV-E Waiver payments in the amount of \$29,830.57, which served 25 families. Title IV-E provides room, board, food, clothing and related administrative costs for eligible children in foster care; it does not cover treatment services. Title IV-E is an entitlement program covering the level of need established on a case-by-case basis.

Federal and state funds accessible to the Confederated Tribes of Warm Springs pay for 32 percent of the Tribe's overall child welfare budget.

The Confederated Tribes of Warm Springs and the DHS Seniors and People with Disabilities Division (SPD) are co-managing cases. The Tribe and DHS are increasing their collaboration and communication on clients they share to provide comprehensive and integrated client support. SPD is participating on the Tribal Multidisciplinary Team and working with Tribal law enforcement on background checks to provide a safer environment for seniors and people with disabilities.

The Confederated Tribes of Warm Springs use the following methods to promote a sober and healthy community and to assist with mental health disorders.

- The Tribal Prevention Coordinator provided the Back to Boards program that involved expectant mothers in culturally based parenting classes to reduce alcohol, drug and tobacco use during pregnancy. Seventy-five percent of the expectant mothers who participated in the course reported increased knowledge of the dangers of alcohol and other drug use during pregnancy and SIDS. One hundred percent of the participants completed their boards.
- The Coordinator facilitated the Tribes in implementing a Community Garden. Tribal members participate in the process of preparing, planting, weeding, and

harvesting and distributing the produce.

## **OVERALL DHS PROGRAMS THAT AFFECT ALL THE TRIBES OF OREGON**

### **TOBACCO PREVENTION AND EDUCATION PROGRAM**

The Tobacco Prevention and Education Program (TPEP) issued \$510,000 in grants to federally recognized Tribes in Oregon for the 2007-2009 biennium (\$150,000 for FY 2008, \$360,000 for FY 2009). Grant funds are divided according to a funding formula developed in 1997 in partnership with the Tribes. Thirty percent of the funds are split equally to support an equal funding base per Tribe; the remaining funds (70 percent) are distributed on a per capita basis.

TPEP data analysis regarding tobacco and American Indians shows:

- A decrease from 43 percent to 38 percent since 1997 in tobacco use prevalence. (Though not statistically significant due to small sample size, this trend mirrors the trend observed in Oregon adults generally.)
- A 53 percent reduction since 2001 in chew tobacco use among male American Indians and Alaska Natives in Oregon.
- A 32 percent decrease from 1997 to 2005 in infants born to American Indian women in Oregon who smoked during pregnancy.
- A decline from 17 percent to 12 percent since 2001 in smoking prevalence among Oregon's 8th grade American Indians.
- A decline from 35 percent to 20 percent since 2001 in smoking prevalence among Oregon's 11th grade American Indians.

Using community-based collaborative research methods, Tribes and TPEP are working together to determine tobacco prevention needs and document program effect. TPEP has enlisted contract support to assist tribal tobacco prevention programs in documenting and evaluating program activities and results.

The TPEP Tobacco Disparities Advisory Council enlists the Native American Rehabilitation Association of the Northwest and the Northwest Portland Area Indian Health Board to help identify and eliminate tobacco-related disparities among urban and tribal American Indian populations.

TPEP made available a number of trainings on culturally appropriate tobacco prevention strategies for tribal communities including three breakout sessions at the annual meeting (October 2008) addressing tobacco cessation integration into mental health and addiction programs for Native Americans, and tobacco-free tribal properties. TPEP also is working in partnership with the Tribes to establish a new training strategy for integrating tobacco prevention efforts into other chronic disease prevention, early detection and self-management efforts.

### **IMMUNIZATION PROGRAM**

The Oregon State Immunization Program (OIP) works closely with clinics serving tribal members to improve immunization-related services for American Indians and Alaskan Natives. To accomplish this goal, the program solicited the help of Rick Acevedo, DHS Tribal Relations Liaison, to facilitate the meetings between the clinics and OIP. During the Senate Bill 770 meeting held in Pendleton August 27, 2008, Dr. Jim Gaudino, Senior State Medical Epidemiologist, and Nasreen Abdullah, Health Educator from OIP, presented their plan for reaching out to each clinic for an on-site, detailed and clinic-specific discussion.

The purpose of on-site meetings with the clinical and administrative staff is to build and strengthen existing partnerships, understand childhood and adult vaccine delivery systems, identify barriers, increase access to state-supplied vaccines, and explore opportunities for working together and supporting immunization efforts. Based on the findings of the meeting, site-specific strategies will be developed and implemented to improve immunizations.

The program staff visited Yellow Hawk Tribal Clinic in Pendleton August 27, 2008. In October, the OIP staff reached out to staff at the Coquille Indian Community Health Center in Coos Bay and Cow Creek Indian Health and Wellness Center in Roseburg. Based on the specific needs identified at each site, the OIP staff is working to provide individualized consultation, technical assistance and trainings.

OIP worked with the Northwest Portland Area Indian Health Board, which in turn worked with the Indian Health Services, to co-sponsor an Immunization Conference during the first week of December 2008, held at the Native American Center on the Portland State University Campus in Portland, Oregon. The Conference was designed for tribal and Indian Health Service clinic staff in Oregon, Washington and Idaho.

The Oregon Partnership to Immunize Children is providing clinic immunization coordinators from all three states with a set of immunization education materials, including copies of the Centers for Disease Control's premier publications, *Epidemiology and Prevention of Vaccine-Preventable Diseases* (2008), and *Do Vaccines Cause That?* (2008), published by the National Network for Immunization Information.

## **REPRODUCTIVE HEALTH PROGRAM**

Through a network of 168 local clinics, the Reproductive Health Program provided reproductive and contraceptive management services to 1,698 American Indians and Alaska Natives in FY 2008. Tribal affiliation was not captured.

Most individuals were seen at either a Planned Parenthood or Multnomah County Clinic. Cervical cancer screenings and/or pelvic exams were conducted during approximately 25 percent of the visits, and almost one-third of clients left their visit with a more effective method of birth control than they previously were using.

The Breast and Cervical Cancer Program (BCCP) provided cancer screening and additional diagnostic procedures to 58 American Indians and Alaska Natives in FY 2008. Tribal affiliation was not captured.

The network of breast and cervical screening sites includes the Native American Rehabilitation Association (NARA), Grande Ronde Hospital and the Siletz Community Health Center. BCCP recently collaborated with NARA to share educational resources and to strategize about outreach to Native Americans living in urban areas of Portland.

### **HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION PROGRAM**

The Oregon Partnership for Cancer Control (OPCC) participates in the Northwest Tribal Cancer Coalition in collaboration with the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB also has standing membership on the Coordinating Committee of the OPCC and participates in the OPCC Cancer Surveillance Advisory Workgroup, as does the Oregon State Cancer Registry (OSCaR). The Cancer Surveillance Advisory Workgroup has developed an evaluation plan to track progress in implementing the state's comprehensive cancer control plan.

OSCaR, NPAIHB and the Indian Health Service annually conduct investigations to determine if Native Americans have been incorrectly identified in the state registry as belonging to another race. Through these efforts, we have discovered that almost 450 people's records contained incorrect race information, and these records were amended. This makes it possible to better understand and respond to the burden of cancer among Native Americans in Oregon.

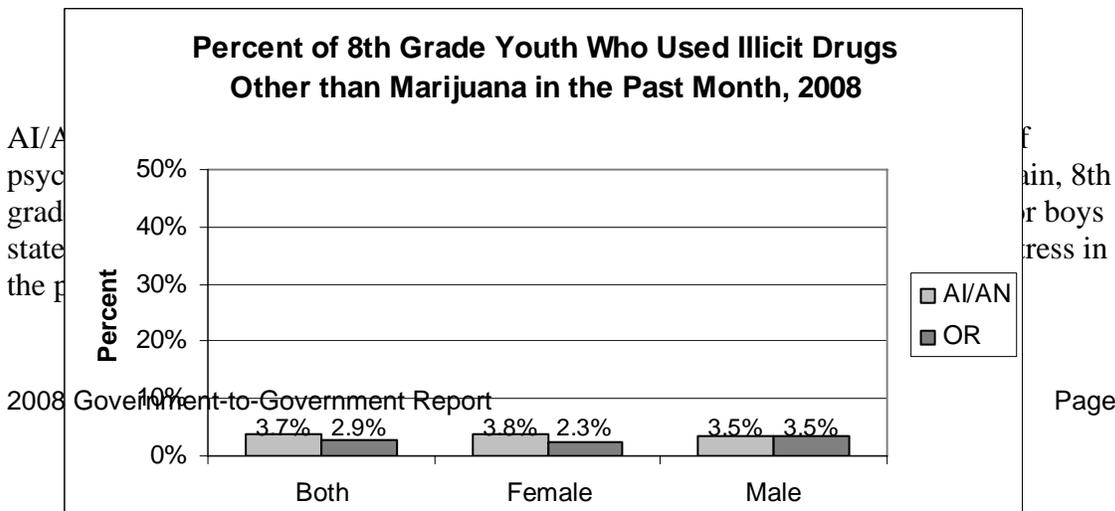
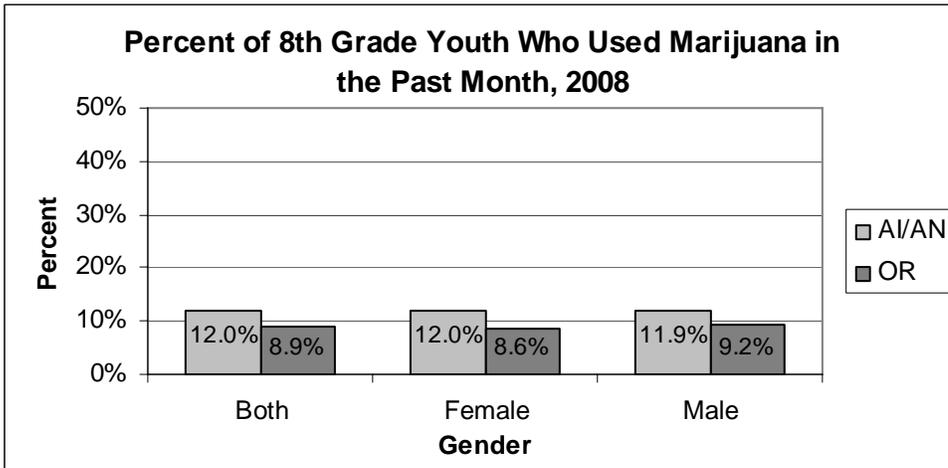
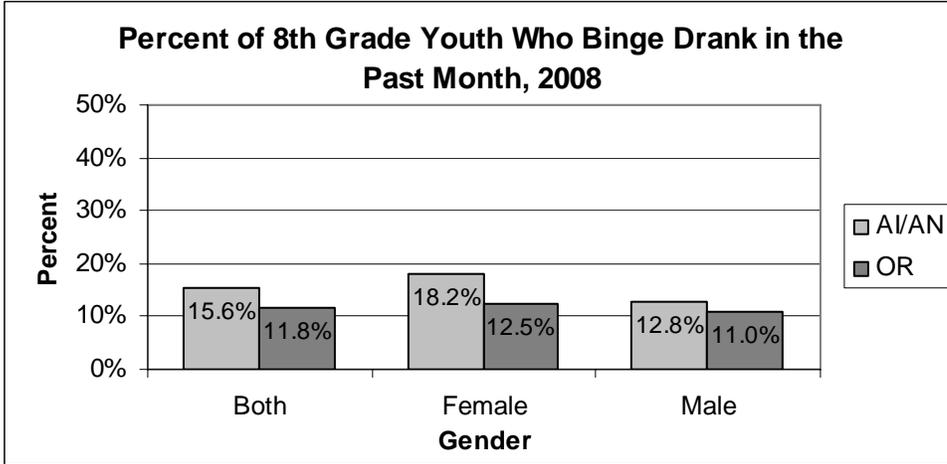
### **DRUG AND ALCOHOL PREVENTION AND ADDICTION SERVICES**

Oregon Healthy Teens (OHT) survey data and the Tribal Underage Drinking Survey conducted by the DHS Addictions and Mental Health Division (AMH) in 2007-2008 were used by AMH to assess the prevalence and need for prevention and addiction services among Native American tribal communities and among those who identify themselves as American Indians or Alaska Natives.

The charts below compare the 2008 OHT survey responses for 8th grade American Indian youth to statewide results. Four substance use and three mental health measures are presented. Oregon's goals related to substance abuse include reducing alcohol use among youth to 17 percent and illicit drug use including marijuana to 12 percent among 8th grade youth by 2010.

The 2008 OHT data show 8th grade American Indian girls with higher rates of alcohol use, binge alcohol use and marijuana use than the state rates for girls. In addition, American Indian girls have higher rates of alcohol use and binge alcohol use than American Indian boys. Rates of alcohol use, binge alcohol use and marijuana use among

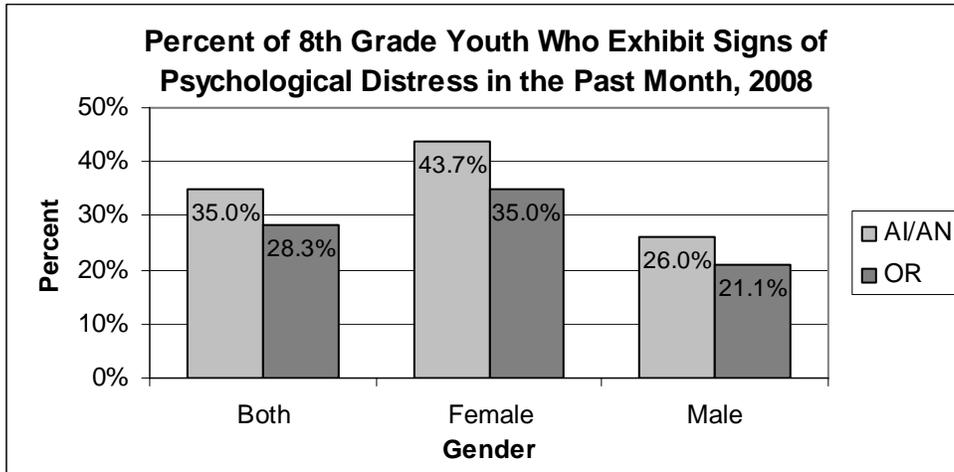
8th grade American Indian boys look slightly higher than the state rates for all boys, but the differences are not statistically significant. American Indian youth are at about the same risk of using other illicit drugs as youth throughout the state.



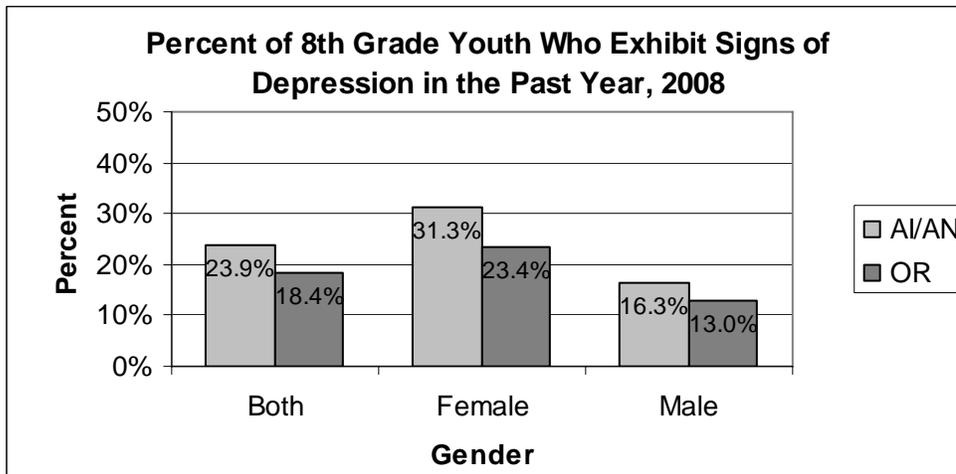
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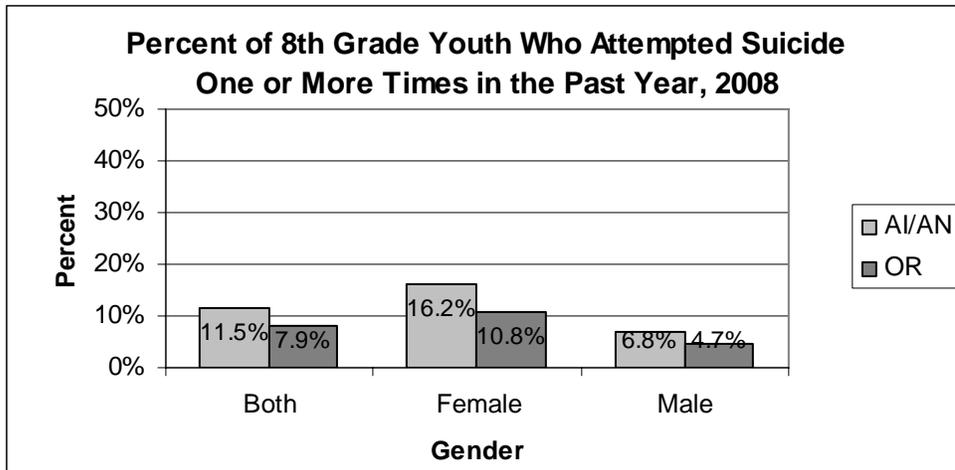
2008 Government-to-Government Report

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American Indian youth report a higher rate of both depression and suicide than other Oregon youth. Native American girls report a higher rate of both depression and suicide than Native American boys.





### **TRIBAL UNDERAGE DRINKING COMMUNITY PROFILES IN 2007-2008**

The DHS Addictions and Mental Health Division (AMH) assisted tribes in conducting the Tribal Underage Drinking Community Profiles survey for 2007-2008. The survey was administered to middle and high school youth, adult non-parents, parents and grandparents.

Eight primary problems involving underage drinking were identified from the survey:

- Assaults
- Family problems
- Criminal behavior
- Domestic violence
- Teen drinking parties
- Drinking and driving/vehicle crashes
- Property damage/vandalism
- Pregnancy/sexually transmitted diseases

The top six factors that contributing to underage drinking in tribal communities are:

- Adults providing alcohol to youth
- Peer pressure to drink
- Alcohol is easily obtainable
- Lack of alternatives for kids
- Poor role modeling by adults
- Code of silence among youth

During 2007-2008 each Tribe received \$50,000 for substance abuse prevention. The funds supported the prevention coordinator position. The prevention coordinator provided direct services, technical assistance, training and comprehensive prevention planning. An additional \$5,000 was awarded to each Tribe from the Enforcing Underage Drinking funds to support underage drinking prevention strategies. The Siletz and Umatilla Tribes

also received funds to provide the Strengthening Families Program 10-14, an evidence-based parenting curriculum that was funded during the 2007-2009 biennium as part of a Governor's initiative to reduce underage drinking and substance use.

The prevention infrastructure supported by DHS provides Tribes with the technical and programmatic resources to leverage other funds and places them in a competitive position to apply for other federal grants. To this end, seven Oregon Tribes have been successful in securing funds from the Office of Juvenile Justice and Delinquency Prevention for juvenile crime prevention services that compliment the array of prevention services funded by AMH.

### **PREVENTION PLANNING**

The Tribes routinely identify and refine long-term outcomes to be addressed with the resources from the DHS Addictions and Mental Health Division (AMH). The Tribes currently are focusing on improving outcomes for teen alcohol and drug use, use of alcohol and drugs during pregnancy, reducing adult substance abuse, increasing community engagement, and increasing protective factors in families and communities.

### **PREVENTION PROGRAMS AND STRATEGIES**

DHS Addictions and Mental Health Division funds support tribal prevention coordinators. Coordinators provide direct prevention services, training and technical assistance to tribal members and facilitate comprehensive prevention planning for Tribes. The Federal Center for Substance Abuse Prevention's six prevention categories of strategies is used to guide the selection and implementation of the prevention services. A majority of prevention services are family- and community-focused.

All Tribes provided year-round family/community substance-free activities, many of which were listed in each Tribe's section of this report. 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 beliefs and standards.

Each Tribe provided media messages, administered a community underage drinking survey and provided education to raise awareness of abuse problems. During 2008 the Tribes used the results of the community tribal survey to guide them with developing their 2009-2011 implementation plans.

Many Tribes continue to provide holiday family events that are alcohol-, tobacco- and drug-free, such as Halloween, Fourth of July and New Year celebrations.

Six Tribes have "No Meth on My Rez" task forces. All Tribes have signed an interagency agreement among the nine federally recognized Tribes in Oregon to work together to

combat meth. In addition, community-based planning has united communities for similar causes.

The question, “How do you know these programs and/or activities are working?” is asked as part of each quarterly report. Responses include:

- Because more and more community members are attending, especially the parents. Elders are attending and getting involved.
- There is an increase in calls for information from parents. There are fewer reports from Parole and Probation regarding tribal youth.
- Feedback from the school staff, youths and families. Continued referrals from family members for other relatives and support from community partners, such as juvenile probation, juvenile court, city and county schools and Klamath Youth Development Center (juvenile mental health services).
- School attendance has increased in the Chiloquin area with children who have had a problem with absentee issues since home visits have been initiated and collaborated with the Youth Attendance Team of Klamath County.
- The way we knew it was working was by the changes the girls went through. They learned many new things, then told their friends and family about it. The girls also came to the class on a regular basis, which seemed to indicate the program was working. Less truancy, teen pregnancy, self-awareness and happier attitude. Parents have said they’ve seen a change in their child and the youth seem to be excited to attend the class.
- Community members who have never attended activities in the past are attending our programs and activities. Those who attended the Culture Day are requesting to have it every Friday night. That’s a big plus.
- We’ve been pretty lucky with our youth all summer. The community members have all been involved in the activities that have been provided. They like the visiting and laughter they hear.
- The tribal youth are doing great. They are bringing in positive grade reports and seeking out tutoring through our Education Department when necessary. We have had very few referrals to Peacegiving Court. They are involved in outside activities. Many youth report they plan to go to college in the future. We still have a lot of work to do, but the proof is seeing them succeed in small ways each day.

## **SYSTEM IMPROVEMENT INITIATIVES**

A stakeholder gathering for Tribal Best Practices was held May 14, 2008. This resulted in a sub-committee being formed whose task is to refine the process for identifying and validating tribal best practices. Results were shared December 8, 2008, with Native American stakeholders.

A specialized tribal training for Certification for Prevention Specialists was offered September 10-13, 2008. Certification is mandated by Oregon Administrative Rule. The Western Center for Applied Prevention Technology (WSCAPT) and Native American Center of Excellence (NACE) co-sponsored this training with the DHS Addictions and

Mental Health Division. The Coquille, Klamath and Burns Paiute Tribes were successful in obtaining Certification for Prevention Specialist. Five of the nine federally recognized Tribes in Oregon will be taking the test in December 2008 and/or March 2009.

## **TREATMENT**

Seven of the nine federally recognized Tribes in Oregon receive a minimum of \$50,000 per year for outpatient treatment services. Coquille Indian Tribe and Confederated Tribes of Coos, Lower Umpqua and Siuslaw do not receive outpatient treatment dollars because they have not yet established the necessary infrastructure to provide these services. Native American Rehabilitation Association of the Northwest receives outpatient and residential dollars and serves urban Indians and referrals from all nine federally recognized Tribes of Oregon. The Wembly House through the Klamath Tribes provides residential substance abuse services for adolescents.

The DHS Addictions and Mental Health Division (AMH) will work with the Tribes for the upcoming biennia for strategic implementation to address the needs for substance use services in tribal communities. The 2007-2009 Legislatively Adopted Budget (LAB) included funding for each Tribe at a base amount of \$50,000 annually for addiction treatment. The funding is a first step in addressing treatment needs in tribal communities. AMH developed a budget policy package for additional treatment capacity that would have provided more funding to each of the Tribes with the infrastructure to implement services, but this package was not included in the LAB. AMH will continue collaborating with all Tribes to refine outcomes and collect data as part of the client treatment data system. This data is captured from all publicly funded providers and includes outcome measures that are federally required and reported to the Substance Abuse and Mental Health Services Administration.

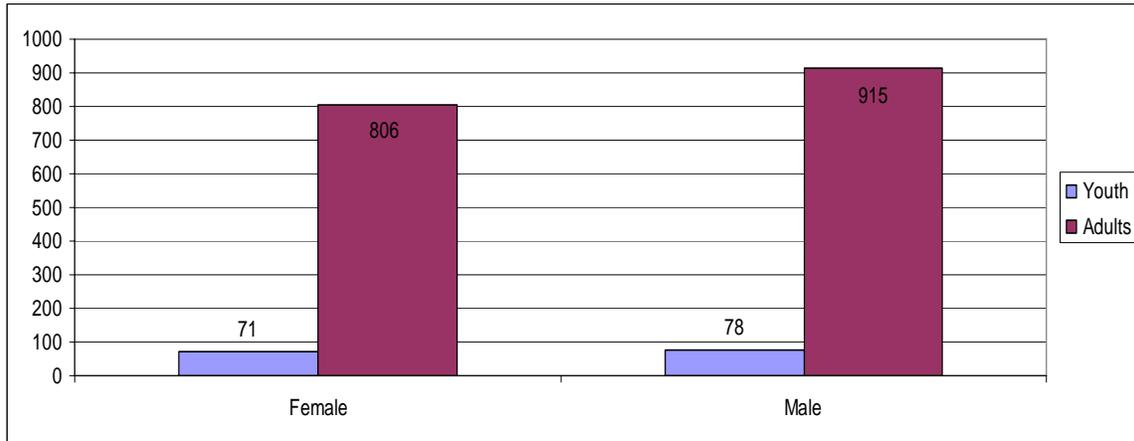
## **REPORTED SERVICES AND CAPACITY NEEDS**

The DHS Addictions and Mental Health Division (AMH) identifies service provision and gaps, and reports provider performance measures and outcomes. This includes all tribal services reported by the Client Process Monitoring System. Since last year's report included all clients identified as Native American and/or Alaskan Native, the counts will be different for this reporting year.

During FY 2007, 1,870 episodes of care were provided through the Tribes to 1,581 unique individuals (an individual might receive more than one episode of care such as both residential and outpatient services). Overall, 62.3 percent of all episodes of care served received outpatient services, 20.0 percent of these clients received intensive outpatient services and 18.1 percent of clients received education services.

The following table illustrates the Native American and Alaskan Native counts by episodes served within Oregon by Adults/Youth and Males/Females. Adults are defined

as those ages 18 and older at the time of admission for the episode of care; youth less than 18 years of age.



The following table identifies the three most frequently reported primary substances of abuse and/or dependency of all episodes of treatment.

Primary Substance of Abuse and/or Dependency  
for all Unique Tribal Individuals

Tribes	Alcohol %	Amphetamines/ Methamphetamines %	Marijuana %
Burns Paiute	92%	0%	8%
Confederated Tribes of Grand Ronde	45%	29%	20%
Confederated Tribes of Siletz	59%	22%	14%
Confederated Tribes of Umatilla	74%	7%	10%
Confederated Tribes of Warm Springs	77%	11%	12%
Klamath Tribes	46%	8%	38%
KADA	61%	12%	26%
NARA NW	53%	22%	10%
Cow Creek	33%	58%	0%
Tribal Avg.	61%	18%	13%

AMH measures outcomes according to the National Outcome Measures. The following charts show the outcome measures for unique tribal individuals.

Arrests within 30 days of the  
Treatment Termination Date (adults)

Total arrests within last 30 days	No %	Yes %	Other %
No arrests	52	33.7	14.3
One arrest	65.2	0	34.8
Three or greater arrests	85.4	5.1	9.6
Total	57.5	28.6	13.9

Living Situation at Termination

Living or Housing Arrangement Termination	No %	Yes %	Other %
Private Residence alone	44.8	46.8	8.4
Private Residence w/spouse or significant other	60.7	28.2	11.1
Private Residence w/parent, relative, adult child(ren)	62	22.2	15.8
Non Relative Foster Home	33.3	0	66.7
Institution: Hospital/Corrections	38.7	33.3	28
Private Residence w/friend(s) or other unrelated person(s)	50.6	38	11.4
Group Home	40.7	29.6	29.6
Transient/Homeless	66.2	19.7	14.1
Refused/Unknown	94.2	0	5.8
Total	58	28	14

Employment Status at Termination

Employment Status Termination	No	Yes	Other
Full time (35+hours/week)	47.7	44.4	7.9
Part time (17-34 hours/week)	54.1	29.5	16.4
Irregular (less than 17 hours)	21.4	57.1	21.4
Not employed (but has sought employment)	60.9	27.5	11.6
Not employed (and has not sought employment)	54.5	34	11.6
Unknown	95.5	0	4.5
Total	55.4	33.6	11

Compliance to Child Reunification Requirements at Termination From Treatment Program

	No	Yes	Not Applicable
Confederated Tribes of Grand Ronde	9.8	8.2	82
Confederated Tribes of Siletz	6.3	7.9	85.7
Confederated Tribes of Umatilla	17.5	7	75.4
Confederated Tribes of Warm Springs	0	0	100
KADA	9.2	9.2	81.6
NARA NW	15.3	8.1	76.5
Cow Creek	0	0	100
Total	10.6	6.5	82.9

School Attendance Improvement at Termination  
From Treatment Program (youth)

	No %	Yes %	Other %
Yes	35.3	23.5	41.2
No	55	10	35
NA	38.5	46.2	15.4
Unknown	77.3	0	22.7
Total	54.2	16.7	29.2

Reported Age at Admission

Tribal Provider	Mean Age	Median Age	Min Age	Max Age
Burns Paiute (0%)	35.4	37	18	70
Confederated Tribes of Grand Ronde (5%)	34.1	34.5	14	63
Confederated Tribes of Siletz (9%)	32.2	30	13	64
Confederated Tribes of Umatilla (10%)	32	29	13	71
Confederated Tribes of Warm Springs (21%)	31.1	28	13	67
Klamath Tribes (0%)	21.5	17	15	40
KADA (6%)	30.8	29	14	60
NARA NW (44%)	34.5	34	13	66
Cow Creek (0%)	34.3	34	20	52
Total (100%)	32.9	32	13	71

Treatment Completion Rates by Tribe

Tribal Provider	No %	Yes %
Confederated Tribes of Grand Ronde	50	50
Confederated Tribes of Siletz	62.5	37.5
Confederated Tribes of Umatilla	55	45
Confederated Tribes of Warm Springs	82	18
	54.3	45.7
NARA NW	65.2	34.8
Cow Creek	100	0
Total	66.8	33.2

**STATEWIDE CHANGES IN SERVICE DELIVERY  
FOR PEOPLE WITH MENTAL HEALTH DISORDERS**

The 2003 Legislative Assembly directed DHS to implement significant changes to the children’s mental health system. A Budget Note emphasized that children and adolescents with severe emotional disorders need and benefit from services that are coordinated, comprehensive, culturally competent, delivered in natural environments and often require multiple interventions to be successful. As a result of this directive, the Children’s System Change Initiative (HB 5023-A) was implemented. Services are community-based with management, decision making and service delivery occurring at the local level.

**TRIBAL INVOLVEMENT IN THE CHILDREN’S SYSTEM CHANGE INITIATIVE**

In order to develop coordinated care for children and their families at the community level, funds for Psychiatric Residential and Psychiatric Day Treatment programs were moved to Mental Health Organizations (MHO) to create single points of access through enrollment for mental health services. Additionally, state General Funds were distributed to Community Mental Health Programs (CMHPs) including the Warm Springs CMHP to enhance system capacity for children and families who either are not eligible for Medicaid or who are determined to be Medicaid-eligible but who are not enrolled in an MHO. The Tribes are not required to enroll in an MHO to access mental health services. The DHS Addictions and Mental Health’s tribal liaison works with Oregon Tribes to develop access protocols for children’s mental health that better support the cultural needs of their communities.

**PROFILE OF MENTAL HEALTH SERVICES IN TRIBAL COMMUNITIES**

The following encounter data for the Oregon State Hospital and acute care services are from the Oregon Patient Resident Care System (OPRCS). General service data are from the Medicaid Management Information System (MMIS) and the Client Process Monitoring System (CPMS).

**Counts of Native Americans in Mental Health Services CY 2006**

Adults:	2,031	
Children (age <18)	1,850	
State Hospitalizations:		33
Acute Care Hospitalizations:	55	
Adult Outpatient (SE 20):	1,069	
Children’s Outpatient (SE 22)	1,062	
Crisis (SE 25 Children and Adults):	371	

Adult Residential (SE 28)	13
Children's Residential (SE 128):	68
Children's Day Treatment (SE 21):	25
<u>All services:</u>	<u>3,881</u>

Mental health and addictions treatment resources for tribal children and adolescents are provided by two primary programs. ChristieCare®, a child and adolescent Psychiatric Residential Treatment Service (PRTS), opened its doors in 2008 in the Portland Metro area. ChristieCare's new program focuses exclusively on providing an array of culturally competent and tribal-specific treatment services to native youth from Oregon and Alaska. A second program, Wembly House, located in Klamath Falls, Oregon, provides residential alcohol and drug treatment to tribal youth.

### **STATE INCENTIVE GRANT FOR EARLY CHILDHOOD PREVENTION**

The DHS Addiction and Mental Health Division contracted with NPC Research in 2003 to provide evaluation for the State Incentive Grant for Early Childhood Prevention (SIG-E) at the state and local systems levels for four pilot sites and for client-level outcomes. One of the selected pilot sites provided services to the Klamath Tribes.

At baseline 91 percent of families in the Klamath Indian Tribes community had risk factors linked to youth substance abuse and juvenile delinquency. The pilot sites used the Starting Early Starting Smart (SESS) approach, which integrates traditional behavioral health services into settings where parents naturally and regularly take their young children. Results found the SIG-E project to have positive impact on parenting practices in Native American families.

### **INDIAN CHILD WELFARE**

DHS collaborates with Tribes to prevent and reduce the number of Native American children placed into state custody. The Tribes participate with DHS through the Tribal/State Advisory Committee, which meets quarterly and holds an annual conference. DHS also has a full-time staff person assigned as its Indian Child Welfare Manager. In addition to offering the supports to Tribes listed below, the DHS Indian Child Welfare Manager also regularly interacts with the Child Welfare League of America, the National Resource Center on Foster Care and Permanency Planning, Casey Family Programs, and the Executive Committee of the National Association of Public Child Welfare Administrators to advocate for policies that will positively impact Native American children served in the Oregon and tribes' child welfare programs.

DHS is working in partnership with Tribes to safely reduce the number of Indian children in foster care. Specific strategies are being developed to safely reduce the disproportionate number of Indian children in state custody who are eligible for care

under the Indian Child Welfare Act (ICWA), and a grant from Casey Family Programs will bring additional resources to support that effort.

The 2008 Tribal/State ICWA conference was co-hosted by the Coquille Tribe. This is the 30th year since the Congressional passage of ICWA. At the ICWA Conference, both state and tribal staff increased and strengthened their knowledge of culturally competent and promising practices related to ICWA.

DHS and the Tribes have also been involved in the development of a new data system for Oregon child welfare, called OR Kids. This effort promises to provide the state and the Tribes with better and more timely data and information that will allow them to improve services for Indian children and their families. OR-Kids is scheduled to “go live” in 2010.

Many of the funding programs as described above have their own federal outcome requirements and are based on deprivation eligibility.

### **SSBG TITLE XX AGREEMENTS**

Through the Social Service Block Grant (SSBG) agreement, funds are authorized to the Tribes to support their work to provide effective, culturally relevant child welfare services to Indian children and their families.

The objective of this agreement is to provide SSBG funding to each Tribe directly so that children under the jurisdiction of the Tribal Court and their families can receive effective child welfare services that reduce the risk of abuse and neglect, and that serve tribal families in need of preventive and/or intervention services.

All nine federally recognized tribes of Oregon receive Social Service Block Grant funds. The source of these funds is Title XX of the Social Security Act.

### **SYSTEM OF CARE**

Oregon’s System of Care (SOC) child welfare model is the result of a collaborative agreement between DHS, the Juvenile Rights Project (JRP) and the National Center for Youth Law. That agreement was reached in response to the concern that child welfare agencies were failing to address individual needs of children in the foster care system. The agreement included provisions for the use of flexible funds to meet the individual needs of children and their families to promote safety, permanency and well-being, and to employ a strength/needs-based philosophy and practice relative to child welfare.

Although the SOC agreement with JRP expired in June 2008, the flexible funding the agreement granted to the Tribes to assist them in implementing a strength/needs-based model of child welfare will continue. Tribes may use up to a maximum of 5 percent of the total allocated funding for administrative purposes in administering this grant.

All nine of the federally recognized Tribes of Oregon receive SOC funds. These funds are state General Fund dollars, with no federal requirements. There is an agreement between the state and Tribes that outlines the requirements of how SOC funds are to be used and how the expenditures are to be reported

#### **TITLE IV-E AGREEMENTS**

Title IV-E provides federal reimbursement for the costs of eligible children in foster care. It covers food, clothing, shelter, daily supervision, school supplies, reasonable travel for visitation and related administrative costs, but does not cover the costs of treatment services. All Title IV-E eligible children receive medical coverage under Title XIX (Medicaid). DHS pays the non-federal share of the Title IV-E payment (the match payment) from the state's General Fund at approximately 37 percent of the child's monthly cost of care.

Currently, 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. However, President Bush signed the Fostering Connections to Success and Increasing Adoptions Act of 2008, (P.L. 110-351, Fostering Connections Act) into law October 7, 2007. Effective October 1, 2009, Tribes will have the option to directly access and administer IV-E funds by submitting a plan to the federal government.

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.

#### **ON-GOING SUPPORT FOR CHILD WELFARE PROGRAMS**

In addition to the funding sources outlined above, DHS is responsible for providing on-going support for the nine federally recognized Tribes of Oregon. Specifically, DHS is available to assist the Tribes in the following ways:

- Scheduled conference calls take place with the one of the Tribes on a weekly rotation schedule.
- Face-to-face visits take place at the tribal office as requested by the Tribes.
- DHS provides technical assistance and training to tribal staff on the appropriate documentation needed to support the Tribes' Title IV-E claims for administrative costs and training costs.
- DHS monitors and evaluates the Tribes' Title IV-E foster care maintenance payments and administrative claims to ensure timeliness and accuracy.
- DHS manages compliance with federal and tribal child welfare policy, judicial findings, safety requirements, foster care licensing and case documentation.

- DHD develops procedures for implementing and administering federal requirements as they relate to tribal Title IV-E, SSBG Title XX and System of Care programs.
- DHS manages the Tribes' Title IV-E, SSBG and SOC agreements and any contracts associated with these federal programs.
- DHS facilitates appropriate security access.
- DHS coordinates FACIS and IIS training.
- DHS assists with submission of annual state plans and fund requests for Title IV-E.
- DHS works collaboratively with Region X to ensure Tribes' administrative claiming process meets federal requirements.

## OUTCOMES

The following outcomes were selected to provide an overall picture of how well DHS works with the Tribes to reduce the number of tribal children placed in foster care.

The data indicate that ICWA-eligible children appear to be as stable as other children in Oregon's general foster care population. The data also indicate that tribal children who are involved with the child welfare system are more likely to be reunified with their parents or caretakers than other children, but also more likely to re-enter foster care. It should be noted, however, that the numbers of tribal children is relatively small as compared to Oregon's overall foster care population, which means that a change of one or two children can have a significant impact to the percentages calculated for them.

Of all children who entered foster care during the period under review, the percent of those children who re-entered foster care within 12 months of a prior foster care episode.

Foster care re-entries  
January – June 2008

<b>Description</b>	<b># Re-entering</b>	<b>Total Entrants</b>	<b>Re-entry Rate</b>
Rest of State	178	2,281	7.8%
Member of Oregon Tribe	5	22	22.7%
Oregon Total	183	2,303	7.9%

Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, the percent of children were reunified in less than 12 months from the time of the latest removal from home.

**Length of time to achieve reunification January - June 2008:**

<b>Description</b>	<b>Reunified &lt;=12 months</b>	<b>Total Reunified</b>	<b>% Reunified in &lt;=12 Months</b>
Rest of State	867	1,535	56.5%
Member of Oregon Tribe	11	15	73.3%
Oregon Total	878	1,550	56.6%

Of all children who have been in foster care less than 12 months from the time of the latest removal, the percent of children had no more than two placement settings.

**Stability of foster care placements January - June 2008:**

<b>Description</b>	<b>Number with &lt;= 2 Placements</b>	<b>Total in Care &lt;=12 months</b>	<b>% With &lt;=2 Placements</b>
Rest of State	4,016	4,924	81.6%
Member of Oregon Tribe	32	40	80.0%
Oregon Total	4,048	4,964	81.5%

Tribe Name	Well Child Checks		Transportation		OHP Enrollment	
	Number of well child checks furnished to OHP tribal members	Number of unduplicated OHP tribal members who received well child check	Number of Medicaid covered appointments OHP tribal members transported to	Number of unduplicated OHP tribal members receiving transportation services during reporting time period	Number of tribal members enrolled with OHP who previously had OHP coverage	Number of tribal members newly enrolled with Oregon Health Plan who have never had OHP coverage
Burns-Paiute Tribe						
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	3	2				
Coquille Indian Tribe	11		1		65	4
Cow Creek Band of Umpqua Indians						
Confederated Tribes of the Grande Ronde	39	24	5	1	43	
Klamath Tribes	27	26	1,010	344	1,125	13
Confederated Tribes of Siletz Indians	4	4			14	
Confederated Tribes of Umatilla Indians	24	0	0	0	0	0
Confederated Tribes of the Warm Springs						

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.

DHS continues to wait on a decision from the Centers for Medicare and Medicaid Services (CMS) regarding a waiver amendment request related to Senate Bill 878 (2003). Subject to CMS approval, SB 878 would allow retroactive enrollment of American Indian clients eligible for OHP Standard, a limited benefit package, to enrollment for OHP Plus, a comprehensive benefit package. The DHS Division of Medical Assistance Programs (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 Deficit Reduction Act 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.

Federal budget proposals for 2007, which were made effective in 2008, impact Medicaid services by placing restrictions on targeted case management, administrative claiming and rehabilitation services. DMAP continues to participate in national conference calls with CMS and State Medicaid Directors about these regulations, and continues to share and consult with NPAIHB and Tribal Health Directors about the impacts of changes.

## SUMMARY

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While extensive, this 2008 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 credible job, the agency invites representatives of the Tribes and other stakeholders to advise DHS how it can be more effective.

DHS, in conjunction with the Tribes of Oregon, will use this report to evaluate the effectiveness of programs. The Tribes and the department also may use the report to examine trends, evaluate the need for additional services and develop solutions. Examples include determining the underlying causes and possible methods for reducing the higher percentage of Indian female youths attempting suicide and the higher percentage of methamphetamine abuse among the Cow Creek Band of Umpqua Indians. DHS also will work with the Tribes to understand the underlying causes and find ways to reduce the higher percentage of ICWA children who are returned home from foster care who then come back into care. These and other issues identified in the report will help guide the Tribes and DHS as they work together to assist the Tribes of Oregon and their members.

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

Date



PARTICIPATING DHS STAFF

Tribal Relations Liaison.....Richard Acevedo  
FQHC/RHC Program Manager and Tribal Resource ..... Daneka Karma  
Division of Medical Assistance Programs ..... Sharon Hill  
Seniors and People with Disabilities Division.....Judy Bowen  
Children Adults and Families Division..... Mary McNivens  
Addictions and Mental Health Division ..... Caroline Cruz  
Addictions and Mental Health Division ..... Rita McMillan  
Public Health Division ..... Dion Johnson

## GLOSSARY OF TERMS

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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
PDS	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