Introduction

The Oregon Department of Human Services (DHS) is committed to joining with the Tribes of Oregon to address the full range of human services issues. Major areas of work with the Tribes include:

- 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, held quarterly, as required by Senate Bill 770.

2002 activity highlights

New DHS

During 2002, DHS continued its massive restructuring and streamlining work, authorized by House Bill 2294.

The reorganization, although complex task because of the agency's size, has a simple purpose: to achieve better outcomes for clients and communities, through collaboration, integration and shared responsibility.

Throughout the process, DHS has sought and received consultation from the Tribes of Oregon. The Tribes continue to be a valued advisor.
Director's Office and Administrative Services

Supporting government-to-government meetings

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

From each meeting, DHS develops the meeting minutes and an action item list. DHS Tribal Liaisons are responsible for completing and/or reporting action items in their disciplines on or before the next meeting. This process has greatly improved the response to issues raised by the Indian communities of Oregon.

Electronic communication and the Web

- DHS instituted electronic communication with the Tribes and Urban Indian programs. Problem solving response time has improved as a result.

- The new DHS Web site, scheduled to launch in early 2003, includes a section for the department's Tribal Relations work. It will include a history of interaction between the Tribes and DHS, the minutes of the Health Services Cluster meetings, links to other sites, and these government-to-government reports.

Funding and contracting

- Tribes are now able to access Title XIX administrative funds, as a result of research conducted by a team of Director's Office personnel. There is also a proposal for the Tribes to access Targeted Case Management federal funds.
- DHS administration has been working with the Tribes to establish a seamless contracting process between the Tribes and DHS. Contract language respectful of Tribal sovereignty has been instituted.

Health Services, health care

Health care continues to be a major agenda item between DHS and the Tribes. The DHS Office of Medical Assistance Programs (OMAP) continues its leadership with the Tribes in this area.

- OMAP has a number of units that interact with the Tribes daily on Medicaid and the state's Children's Health Insurance Program. Day-to-day business includes claim payment problems, policy interpretation, transportation issues, enrollment issues for eligibility, and managed care.

- Difficulties with OMAPs claim payment system concerning exemptions for American Indian /Alaska Native clients have been solved.

- OMAP and the Tribes are working on changes to the client application and handbook because the phrase "managed care" used in those publications has two different meanings to the Tribes. The issue should be resolved by March 2003.
• OMAP has reviewed all revisions to the state plan amendment, rules, and systems programming to assure that all the new rules and programs exempt Tribes from co-payments, premiums and the pharmacy management program.

• OMAP has signed an outreach agreement with the Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians.

• OMAP continues to be a leader by participating with a federal technical assistance group on recommendations to the federal government regarding services for American Indian/Alaskan Natives.

• The unofficial Technical Advisory Committee to the federal Centers for Medicare and Medicaid Services (CMS) was officially recognized by CMS this year. One of the committee functions is to assist CMS with definitions, rules and regulations as they apply to Tribal programs.

**Health Services, mental health**

The Office of Mental Health and Addiction Services (OMH/AS) has continued to partner with the nine federally recognized Tribes in Oregon on issues ranging from joint conference planning and participation to ongoing development of a plan for Tribes to become Local Mental Health Authorities (LMHA).

This change allows all nine Tribes within Oregon to become their own LMHA, if they so desire, potentially making mental health services more accessible to Tribal members.

OMH/AS is committed to supporting and fostering ongoing working relationships and to developing new and creative ways to partner with Oregon Indian communities.

**Health Services, alcohol and drug abuse**

• For the year 2002, the nine Tribes of Oregon have been awarded up to $95,000 each for alcohol and drug abuse prevention.

• Alcohol and drug prevention coordinators for the Tribes and OMH/AS staff meet regularly to discuss prevention best practices.

• Letters approving Tribes as alcohol and drug programs were issued to the Warm Springs, Siletz Grand Ronde, Burns Paiute, Cow Creek, Umatilla, and Klamath Tribes.

• Training will be scheduled for technical assistance to reduce Fetal Alcohol Syndrome in Native American communities.

**Health Services, public health**

**Breast and Cervical Cancer Program (BCC)**

This program, funded by the federal Centers for Disease Control and Prevention, has
maintained an annual contract with the Northwest Portland Area Indian Health Board (NPAIHB) since 1995.

The contract provides technical assistance to the state and local BCC programs staff on specific cultural issues related to cancer and early detection for Oregon's Tribal communities.

Since 1996, the BCC program has directly funded eight of the Oregon Tribes for early detection activities and one tribe (Siletz) for education and screening services. Two Tribal health clinics (Cow Creek and Coquille) are screening provider sites for the county's BCC program.

**Tobacco Prevention**

Oregon may be the only state in the nation to provide tobacco prevention money directly to the Tribes. The Tribes developed the formula for distribution of funds. Because of the religious significance of tobacco in Indian culture, careful distinctions are drawn between the use of tobacco in its religious and cultural practice and the misuse of tobacco as it relates to health.

**Women, Infant and Children's Program (WIC)**

The Confederated Tribes of Warm Springs manage their own WIC Program. Funded by DHS, the program operates under DHS assurances. Training, staff development and consultation, and nutritional services are provided by DHS.

**Seniors and People with Disabilities (SPD)**

**Elder abuse**

With a $75,000 grant from the Oregon Department of Justice, SPD produced an elder abuse video for Native American communities. The video won the Best Public Service Film award at the American Indian Film Institute's film festival in San Francisco on November 9.

SPD's Roll Call video, developed for law enforcement to use for training on elder abuse at their "roll call" meetings, was re-edited this year for use by Tribal police. Gary Farmer, a well-known American Indian actor replaced the previous narrator.

The National Committee on Elder Abuse (NCEA) will help fund mailing a free copy of both of these videos to every federally recognized Tribe in the U.S. Many Tribes are also ordering a sample training curriculum, modeled after a successful elder abuse training held at Spirit Mountain in 2001.

**Medicare outreach**

SPD obtained several grants to educate Tribes about Medicare.

One program focuses on elders and Tribal social and medical service staff. It's designed
to educate them about Medicare benefits and to help them identify Medicare fraud.

The other grant is targeted to Native American and Hispanic senior communities. It enables elders and their families/caregivers to access Medicare information to learn about benefit entitlements, patient rights and choices, and information on how Medicare and supplemental insurance works.

Currently, five Tribes participate in this program, receiving a high-quality computer, computer furniture and one year of paid Internet access. Four other Tribes are considering participating.

**Area Agencies on Aging (AAA)**

Increased outreach and service coordination between the Area Agency on Aging Title III programs and the Native American Title VI programs under the Older Americans Act is one of SPD's goals.

SPD administration has outlined its expectation that AAAs:

- amplify their efforts in building positive connections with local Tribes;
- remove barriers and improve access to services for Native American elders; and
- foster collaborative efforts in service delivery for the congregate and home-delivered meal programs, caregiver support services, and elder-abuse prevention.

AAA Directors received training on fundamentals of the government-to-government relationship, the requirements of SB 770, historical events in Tribal history, and protocol for developing successful working relationships.

At this time, AAAs are working on their service delivery plans for 2003-2007. The plans must include clearly defined and measurable objectives, timelines, and outcomes for outreach and service delivery to Native American elders. These activities will be included in the AAA contracts with the state and will be monitored through data systems and field reviews.

**State General Assistance (GA) and Supplemental Security Income (SSI) liaison training**

Tribes need more information about the Social Security system, the process for disability determination, how the state's GA program differs from the Tribal GA program, and how to coordinate program services between the two.

SPD staff have visited eight of the nine Tribes to give information and staff cases of Tribal members who have applied for SSI. The remaining Tribe will be scheduled. Further training sessions for Tribal social service staff and/or medical providers have been requested.

These visits have developed stronger links between the tribes and their local AAA or DHS offices and have provided personal assistance to some members in accessing benefits.
**Family-caregiver support program**

Reauthorization of the federal Older Americans Act created a new family-caregiver support program. Tribes with Title VI senior programs received grants from the Administration on Aging to develop family-caregiver support programs for elders and family members caring for them, or for elders raising grandchildren.

SPD staff have provided caregiver training materials to the Warm Springs Tribe and are helping Siletz social services staff plan a caregiver workshop. As a result of a Region X training, several Tribal Title VI directors requested additional assistance.

**Children, Adults and Families (CAF)**

**(Indian Child Welfare Act) ICWA Program**

DHS, Oregon Tribes, and the Citizen Review Board (CRB), published Principles & Expectations for Active Efforts in October.

The document provides training and reference guidelines to the judiciary, the Citizen Review Boards, and DHS field workers on how to manage an ICWA case to meet the federal mandate for active efforts. This achievement is the first of its kind in the nation.

**Tribal Agreements**

- The Coquille ICWA agreement was signed and put into effect in March.

- New Title IV-E agreements, which allow reimbursement of administrative and training costs to Tribes, were completed with the Coquille, Grand Ronde, and Siletz Tribes.

- The Grand Ronde IV-E Agreement is near finalization.

- CAF has initiated the new DHS Tribal Contracts protocol to ensure more timely and accurate process for negotiating contracts and inter-governmental agreements with the Tribes.

**2002 ICWA Conference**

This year's ICWA Conference was held October 8-10th in Coos Bay. The Coquille and the Coos, Lower Umpqua & Siuslaw co-hosted the event with DHS. The conference, which featured an historical overview of Tribal history, Native American culture and presentations by Tribal Elders and young people, received excellent ratings by participants.

**Other Funds to Tribes**

- Federal funds were made available to the Tribes through a Children's Justice Act grant to provide training and other services to Oregon's Tribes to help enhance Tribal child-welfare systems.
The ICWA program was awarded another $50,000 Fetal Alcohol Syndrome/Effects (FAS/FAE) grant for education, training and systems development in the Oregon Tribal child welfare and health care systems. CAF is implementing this FAS/FAE project in collaboration with the DHS Health cluster.

**Other Projects**

CAF has awarded a one-year contract to the Native American Youth Association (NAYA), based in Portland, to identify strategies to improve recruitment and retention of Indian foster homes in Oregon. This effort will help DHS comply with ICWA mandates for placing Tribal children into foster care.

**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.

- DHS has negotiated and renewed agreements with the Klamath Tribe and the Confederated Tribes of Siletz.

**Vocational Rehabilitation**

During 2001, 630 American Indians with disabilities received vocational assistance through the Office of Vocational Rehabilitation Services. OVRS counselors, in conjunction with Tribal VR counselors, facilitate the client's transition to suitable work. Emphasis is placed on outreach to Indian youth with disabilities.

VR counselors are creating work experience sites in state offices and helping the Umatilla Tribe establish financing for the first Tribal Charter School for alternative education on the reservation.