December 2007

Oregon Department of Human Services
2007 Government-to-Government Report

INTRODUCTION

The Oregon Department of Human Services (DHS) is pleased to share this 2007 Government-to-Government Report with the Legislative Commission on Indian Services, as required by Senate Bill 770. This report demonstrates DHS's commitment to working with the tribes of Oregon to address the full range of human services needs faced by tribal members.

Oregon's Native American population is estimated at between 45,000 and 50,000. All Native Americans residing in Oregon, regardless of tribal enrollment are Oregon citizens and are entitled to receive the services provided by DHS to Oregonians.

Key topics covered in this report include:

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

TABLE OF CONTENTS

SENATE BILL 770

HEALTH SERVICES CLUSTER

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. Given the scope of the work DHS does with the tribes of Oregon there will be discussions during the course of this year to separate some of the state partners from the Health Services Cluster and create an additional cluster.

Striving to produce a more meaningful annual report DHS has changed the format of this year's report. The new format has changed from years past from a report outlining the activities DHS has had with the tribes of Oregon to a format that is outcomes driven. This year's report is the beginning of a new report that will reflect measuring the inputs, outputs and outcomes of programs the tribes operate that are funded by DHS.

Several of the programs the tribes of Oregon operate are directly funded by the tribe or the federal government, therefore limited information is available for these programs. Senior programs and disability services are two such programs.

TRIBAL ACTIVITIES

BURNS PAIUTE TRIBE

The Burns Paiute Tribe operates a tribal clinic providing services to tribal members and other members of federally recognized Indian tribes. Burns is a small tribe with approximately 300 tribal members. The services provided at the clinic are limited and referrals out of the clinic to other medical providers are common. Billing for services provided at the clinic is through the Division of Medial Assistance Programs (DMAP). DMAP meets with the Burns Paiute Tribe each quarter and provides technical assistance to the tribe on how to bill and other

aspects of the Title XIX – the federal program governing payments to Indian tribes. DHS works as pass-through for tribes to access these funds.

The Burns Paiute operates a Tobacco Prevention and Education program with a grant from the Public Health Division, DHS in the amount of $6,363.00. The grant is provided for education to reduce the use of tobacco products by American Indians. 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; however the data is not available individually by tribe.

The Burns Paiute Tribe has a unique relationship with Children, Adults and Families Division (DHS/CAF). The Burns Paiute is the smallest tribe in Oregon with less than 200 tribal members living on the reservation located just outside of Burns, Oregon. The tribal court for the Burns Paiute Tribe hears the Indian Child Welfare cases and DHS/CAF 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.

The Burns Paiute receive Oregon's System of Care funds to provide individual services meeting the needs of children and their families in the foster care system and promoting safety for those children.

CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians operate a health clinic serving tribal members and other Indians who are members of federally recognized Indian tribes. The clinic that is operated by the tribe is unique in that it is a joint partnership with Coquille Indian Tribe. The Coquille Indian Tribe also operates a clinic. The two tribes both located in Coos Bay have agreed to divide services between their respective clinics. Both tribes bill through the DMAP/DHS.

The Public Health Division of DHS awarded a grant for youth suicide prevention to the Native American Rehabilitation Association located in Portland (NARA). NARA provided training to the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians tribal providers on intervention skills and suicide prevention. The Coos Tribe received a grant for $8,435.00 to reduce tobacco use by its tribal

members. The data for this grant and all of the tribal grants is located at the end of the Tribes section of this report.

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians does not operate a tribal court and all of their children in need of child protective services receive those services through CAF/DHS through its local office in Coos Bay. The ICWA manager for CAF/DHS maintains close contact with the tribe and partners with the tribe on Indian Child Welfare Act cases.

CONFEDERATED TRIBES OF GRAND RONDE

The Confederated Tribes of Grand Ronde provide heath care services to its tribal members through a clinic located at the tribal offices in Grand Ronde. The Grand Ronde clinic is quite comprehensive and offers a wide variety of medical services. The Grand Ronde clinic is a Federally Qualified Health Center like other tribes' clinics in Oregon; billing for health services is through DMAP/DHS. DHS meets quarterly with the tribe and the other tribes of Oregon to provide training and oversight to the tribe on the Medicaid and Medicare programs.

The Confederated Tribes of Grand Ronde has been very active with the Public Health Division/DHS on Public Health Emergency Preparedness (PHEP). During 2007 the tribe in its plan for emergency preparedness identified a tribal preparedness coordinator and a health alert network administrator. The tribe also completed two preparedness assessments (Pandemic Influenza/All Hazards) and drafted two response plans for pandemic flu and all hazards. The tribe also attended the annual preparedness coordinators' conference.

In the area of adolescent health, statewide 2.5 percent of clients seen in School-Based Health Centers (SBHC) are Native American. The Confederated Tribes of Grand Ronde has a working agreement to accept referrals from the Willlamina SBHC and the tribe collaborates with Willamina SBHC on family trainings.

The Confederated Tribes of Grand Ronde was also a recipient of a Tobacco Prevention and Education Programs (TPEP) grant. The purpose of the grant is to reduce the use of tobacco products by members of the tribe. The outcomes for the grant are not tribal specific and are located in the Warm Springs section of this report.

The Confederated Tribes of Grand Ronde operates an Indian Child Welfare program to protect tribal member children from abuse or neglect. The tribe has a contract with DHS for Title IV-E which provides for foster care services for children who are in out-of-home placements. DHS also provides System of Care funding to the tribe in the amount of $54,781.74 and is used for safety, permanency, well-being and attachment. The program is tailored to the needs of the child or children in care. System of Care provides for individualized services, families' involvement in case planning, community collaboration and custom designed services.

The Confederated Tribes of Grand Ronde operate three adult foster homes, housing 15 elders. DHS, through Senior 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.

CONFEDERATED TRIBES OF SILETZ

The Siletz Tribe provides for the medical needs of its tribal members through a medical clinic located with the tribal offices in Siletz, Oregon.
The tribe has a relationship with DHS, Division of Medical Assistance Programs for Medicare and Medicaid services which are billed through the Division of Medical Assistance Programs.

The Confederated Tribes of Siletz with Public Health Division/DHS has a contract for Public Health Emergency Preparedness (PHEP). The tribe has appointed a tribal preparedness coordinator and connected to the Health Alert Network (HAN). The tribe developed preparedness assessments and emergency response plans to pandemic influenza and all hazards.

Siletz tribal members access the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) at the Lincoln County Health Department in Newport. The Lincoln County Public Health with the assistance of the Public Health Division has established a strong referral system with the tribal health center assuring tribal members who are eligible to receive WIC services.

The Confederated Tribes of Siletz provide child protective services to tribal members in their service area and 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 DHS, Children, Adults and Families Division (CAF). CAF has a strong partnership with the tribe for both the tribal member children in the tribal system as well as tribal member children in the state system. This relationship has resulted in CAF and the tribe entering into a Title IV-E contract. Title IV-E provides for foster care services to children in custody of the tribal court.

The tribe also has a contract for a Social Service Block Grant (SSBG) in the amount of $28,956.00. The grant assists the tribe in remedying neglect, abuse or the exploitation of children. The grant provides for community-based care, home-based care or other forms of less intensive care.

The tribe receives System of Care funds of $28,956.00 to provide for individualized services, to involve the family in case planning, assist with community collaboration and establish custom designed services.

The tribe has an agreement with DHS, Children, Adults and Families 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 tribal assistance through the Klamath or Siletz tribes, which are funded directly by the Federal government.

The tribe receives a federal grant directly from the federal Department of Health and Human Services (DHHS) to run their own program. The federal funds do not pass through DHS. The tribe administers their own program and uses their own system to track data for the families they serve.

DHS has an agreement with Confederated Tribes of Siletz to provide additional services to the population. The agreement is from general funds, which are then countable toward the state's TANF maintenance of effort requirement. The agreement asks only that the tribe submit information for the clients they serve.

CONFEDERATED TRIBES OF UMATILLA INDIAN RESERVATION

The tribe operates a community health center called the Yellowhawk Clinic. The tribe offers health care to tribal members, their families and members of federally recognized Indian tribes. The tribe has a relationship with DHS, Division of

Medical Assistance Programs for billing Medicare and Medicaid for services provided by the Yellowhawk Clinic. DHS meets with the tribe quarterly and offers technical assistance as needed, keeping the tribe updated on changes to the programs or rules governing the programs.

The tribe is developing a renal dialysis facility. DHS, Public Health Division will provide a Medicare certification survey so the facility is eligible to receive federal reimbursement for services provided. Before this service was implemented, tribal members had to travel from the reservation south of Pendleton to Hermiston and back for a round trip of 60 miles.

DHS Public Health Division has licensed the Umatilla Fire Department for emergency medical services (EMS) and renews that license biannually.

Public Health Emergency Preparedness (PHEP) is working with the tribe to identify a tribal preparedness coordinator. The tribe has completed two preparedness assessments for pandemic influenza and all hazards. The Hospital Preparedness Program provided funding to the Yellowhawk Tribal Clinic to purchase computers, improve security and increase medical surge capabilities and medical stockpiles for public health emergencies.

The tribe in conjunction with Public Health provides the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). During 2006-07 approximately 270 tribal members received WIC preventive health services including 85 pregnant and post-partum women, 84 infants and 100 children under the age of five. The WIC funding for the tribe was $24,755.

The tribe received a Social Service Block Grant through DHS that provided funding so that children under the jurisdiction of the tribal court and their families received effective child welfare services to reduce abuse and neglect. The tribe also received System of Care funds in the amount of $17,894.00. These flexible funds are used to meet the individual needs of children and their families in order to promote safety and permanency.

COQUILLE INDIAN TRIBE

The Coquille Indian Tribe provides health care to its tribal members and members of federally recognized Indian tribes in its tribal clinic located 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 other's tribal members with each tribe providing specific programs, so the tribes are not duplicating services given that both tribes are located in Coos Bay. The tribe uses DHS, Division of Medical Assistance Program to bill Medicaid and Medicare for services.

The Coquille Indian Tribe has a contract with DHS, Public Health Division for Public Health Emergency Preparedness. This grant allows the tribe to plan for pandemic influenza and all hazards. The tribe will appoint a preparedness coordinator and a health alert network administrator. The tribe will participate in public health emergency preparedness monthly calls and attend the annual preparedness coordinators conference.

The tribe is participating in the Maternal and Child Health mini-grant. In January 2007, the tribe received $5,000.00 for six months to develop triennial plans and population data to be used in the state's funding formula for equitable distribution of MCH Title V Block Grant. The Coquille Indian Tribe submitted their triennial MCH plans on November 30, 2007 along with client/member data for the funding formula. Public Health Division will integrate the tribe into the state's funding formula and begin distributing funds on the same schedule as county health departments.

DHS has coordinated once a quarter with the Coos County WIC Program to provide on-site nutrition screening, individualized preventative health education and referral services at the Coquille Tribal Offices to about 40 women, infants and children.

The Coquille Indian Tribe operates a tribal court for child protective services for tribal members. The tribe received a Social Services Block Grant (SSBG) in the amount of $2,300.22 to provide effective child welfare services and reduce the risk of abuse and neglect.

The Coquille Indian Tribe receives System of Care (SOC) funds through DHS in the amount of $6,360.58 to meet the individual needs of children in the tribal foster care system. The System of Care funds are used to promote safety, permanency and well being, and to employ a strength/needs-based philosophy and practice relative to child welfare.

The Coquille Indian Tribe has an agreement with DHS for Title IV-E funds. Title IV-E is an entitlement program from the Federal Department of Health and Human Services passed through 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.

COW CREEK BAND OF UMPQUA INDIANS

The Cow Creek Band of Umpqua Indians provides health care services to its tribal members and to members of federally recognized Indian tribes in its clinic located in Roseburg. The tribe files its billing through DHS, Division of Medical Assistance Programs. DHS provides training and technical assistance to the tribe on Title XIX services.

The Cow Creek Band of Umpqua Indians participated in the Tobacco Prevention and Education Program (TPEP) grant program along with the other eight federally recognized tribes of Oregon. A base grant of $5,000.00 was awarded as a base amount per tribe. The TPEP grant is flexible to allow for the culturally-appropriate tobacco prevention strategies to be implemented in the tribal community.

The Public Health Division/DHS 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 $5,000.00 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 Cow Creek Band of Umpqua Indians does not operate a tribal court. Child protective services are provided by Children Adults and Families Division/DHS. The tribe works with the tribal liaison located in CAF for the protective service needs of the tribe. The tribe received a Social Service Block Grant in the amount of $3,338.33 for the tribe to provide effective child welfare services to reduce the risk of abuse and neglect and to serve tribal families in need of preventive and/or intervention services.

The tribe also received System of Care (SOC) funds in the amount of $6,360.58 to provide the flexibility to meet the individual needs of children and their families in order to promote safety, permanency and well-being, and to employ a strength/needs-based philosophy and practice relative to child welfare.

KLAMATH TRIBES

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

The Klamath Tribes received a grant through DHS, Public Health Division for Tobacco Prevention and Education Program (TPEP) in the amount of $20,961.00. The funding provides the tribe the ability to develop culturally-appropriate tobacco prevention strategies for their tribal community.

Prior to 2007 the Klamath Tribes had been dependant on DHS, Children, Adults and Families to provide protective services to tribal member children. In 2007 the tribe opened a tribal court to offer protective services to tribal member children in Klamath County. This new program also expanded the services of the tribal social services program to include child protective services.

The tribe receives three streams of funding to provide child protective services to tribal member children. The tribe received a Social Service Block Grant (SSBG) in the amount of $26,100.00 to provide effective child welfare services. The tribe received System of Care (SOC) funds in the amount of $28,461.19 to provide flexible funds to meet the individual needs of children. The tribe also received Title IV-E funds to provide for the physicals needs of children in substitute care. All three of these funding streams are administered through DHS, Children Adults and Families Division.

The tribe has an agreement with Children, Adults and Families/DHS to provide some of the programs related to Temporary Assistance to Needy Families (TANF). DHS collects and tracks TANF data for families receiving assistance through the DHS data systems. DHS does not collect TANF data for families receiving tribal TANF assistance through the Klamath Tribe or the Siletz Tribe.

The tribe receives a federal grant directly from the Department of Health and Human Services (DHHS) to run their own program. The federal funds do not pass through DHS. The tribe administers their own program and uses their own system to track data for the families they serve.

DHS has an agreement with the Klamath Tribes to provide additional services to the population. The agreement is from general funds, which are then countable toward the state's TANF maintenance of effort requirement. The agreement asks only that the tribe submit information for the clients they serve.

CONFEDERATED TRIBES OF WARM SPRINGS

The Confederated Tribes of Warm Springs provides medical services to its tribal members and other members of federally recognized Indian tribes through its tribal clinic. The billing of these services is through DHS, Division of Medical Assistance Programs (DMAP). The federal program billed is Title XIX of the Social Security Act which is an entitlement program. There are extensive rules, regulations and codes governing Title XIX programs.

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

DHS, through the Pubic Health Division, provided Emergency Medical Services training and licensed the Confederated Tribes of Warm Springs for emergency medical services transporting. These valuable services will provide medical transportation to tribal members throughout the Warm Springs reservation. Warm Springs is a rural reservation with tribal members having limited access to transportation.

Through the Public Health Division, the Confederated Tribes of Warm Springs received a grant from the Garrett Lee Smith Memorial Act (GLSMA), for youth suicide prevention activities. The tribe held a five-day family retreat in June of 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 communities that are isolated and have high transportation costs. The outcomes of this program will be measure when the grant expires in 2009.

The Tobacco Prevention and Education Program for the Confederated Tribes of Warm Springs is based on a grant from DHS, Public Health Division. The amount of the grant is $23,954.00.

Public Health Emergency Preparedness (PHEP) has a contract with the Confederated Tribes of Warm Springs for tribal preparedness activities which include the identification of a tribal preparedness coordinator and a health alert network (HAN) administrator. The preparedness coordinator assesses the Pandemic Influenza and Health and Medical Annex. The tribe also participated in monthly PHEP conference calls and attends the annual preparedness coordinators conference.

The Oregon State Public Health Laboratory - 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 Museum at Warm Springs.

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. Last year 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 five. In 2007, the WIC caseload increased by 33 clients with the WIC grant also increasing to $63,456.00.

In September, DHS, Children, Adults and Families and the Confederated Tribes of Warm Springs co-hosted the annual Indian Child Welfare Conference. The 2007 annual conference, “Empowering Families through a Circle of Tradition and Culture” provided a forum to learn more about Native American issues and an opportunity to build and strengthen relationships between the state and tribes. This conference ensures that Indian children will be placed in foster or adoptive homes that reflect the unique values of Indian culture. Based on the evaluations, attendees indicated this was one of the best ICWA conferences they had attended.

The Confederated Tribes of Warm Springs received a Social Service Block Grant (SSBG) to assist the tribe with providing effective, culturally relevant child welfare services to Indian children and their families. The grant amount was $31,356.00

and the tribe served 58 clients. Child welfare services provided by the tribes are not funded for prevention of abuse or neglect; the services provided by the tribe are to meet the needs of children who have been the victims of abuse or neglect.

The Confederated Tribes of Warm Springs also receive $86,782.50 for Oregon's System of Care (SOC) serving 72 clients. System of Care is the product of an agreement between DHS, the Juvenile Rights Project (JRP), 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 in order to promote safety, permanency and well-being, and to employ strength/needs based philosophy and practice relative to child welfare.

The Confederated Tribes of Warm Springs has a Title IV-E agreement with DHS. Title IV-E provides for eligible children in foster care, room, board, food, clothing and related administrative costs; 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.

The Confederated Tribes of Warm Springs and DHS, Senior and People with Disabilities (SPD) Division 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.

TOBACCO PREVENTION AND EDUCATION PROGRAM (TPEP)

$150,000.00 was distributed to the tribes during 2007 for the Tobacco Prevention and Education Program. Grant funds were divided according to a funding formula developed in 1997 in partnership with the tribes. Thirty percent of the funds were split equally to create a $5,000.00 funding base per tribe. The remaining funds (70 percent) were distributed on a per capita basis.

The grant provides for education to reduce the use of tobacco products by American Indians. Measuring the results of this grant there has been a decrease in tobacco prevalence from 43 percent to 38 percent. There has been 53 percent reduction in chew tobacco use among American Indian males in Oregon since 2000-2002 and a 32 percent decrease in infants born to American Indian women who smoked during pregnancy in Oregon from 1997 to 2005. Since 2001 Oregon's

8th grade American Indian smoking prevalence has declined from 17 percent to 13 percent in 2006.

ADDICTIONS AND MENTAL HEALTH SERVICES

The data collected by DHS, Addictions and Mental Health Division (AMH) for 2007 was collected for all the tribes collectively and is not available by individual tribe for 2007 therefore the summary is as follows:

Brief Program Summary:
Oregon tribes face major challenges; cultural differences, being in multiple counties (two to 11 counties), reservations (three tribes), but most of the tribes have partial land base that has been put into federal trust. Partial land base has resulted in scattered pieces of land that may not always be next to each other. This creates demographic challenges in providing mental health and prevention services. In addition, six of the nine federally recognized tribes have recently been reinstated after being terminated in the 1950's. This has lead to various stages of development with tribal organizational infrastructures to provide services.

Statewide Changes in Service Delivery for Persons with Mental Health Needs:

The biggest changes in the delivery of mental health services in Oregon for 2007 are in services provided to children, adolescents and their families. In 2003 the Legislative Assembly directed DHS to implement significant changes to the children's mental health system. That 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 from our Legislators, the Children's System Change Initiative was implemented. The children's mental health system now has a standardized method of determining a child and family's level of service need, assures care coordination, includes service flexibility and interagency collaboration and increases accountability at a local and state level. Services are community-based with management, decision making, and service delivery occurring at the local level.

Profile of Mental Health Services in Tribal Communities:

The following is from general sources: the State Hospital and Acute Care Services is from the Oregon Patient Resident System (OPRCS). General services data is from the Medicaid Management Information System (MMIS) and the Client Process Monitoring System (CPMS).

Counts of Native Americans in Mental Health Services CY 2006[1]

Adults:	2,031
Children (age <18)	1,850
State Hospitalizations:	33
Acute Care Hospitalizations:	55
Adult Outpatient:	1,069
Children's Outpatient:	1,062
Crisis (Children and Adults):	371
Adult Residential:	13
Children's Residential:	68
Children's Day Treatment:	25
All Services:	3,881

In terms of mental health and addictions treatment resources for tribal children and adolescents there are currently two programs that serve the majority of this population. One program in Eastern Oregon provides Psychiatric Residential Treatment Services. A second program in the southern part of our state provides treatment for alcohol, tobacco and other drugs to tribal youth. A third residential program is scheduled to open in 2007 and will be providing dual diagnosis treatment and is located within the greater Portland-Metro area.

Profile of Mental Health Needs in Tribal Communities:

In 2003, DHS, Addiction and Mental Health Division (AMH) contracted with NPC Research 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

[1] Mental health data systems.

client level outcomes. One of the selected pilot sites provided services to the Klamath Tribes. At baseline 91% of families had one or more of the following risks: 1) parental mental health issues, 2) parental substance abuse issues, 3) family conflict, 4) domestic/partner abuse, 5) low level of parental education and 6) low income. These risk factors are important because they are linked to longer term outcomes for children including substance abuse and juvenile delinquency. The pilot sites utilized the Starting Early Starting Smart (SESS) approach which integrates traditional behavioral health services into easily accessible, non-threatening settings where parents naturally and regularly take their young children. This pilot site implemented a variety of activities to serve families in its communities including screening and assessment, parenting education, home visits and referrals to community resources. Project services were designed to measure the following outcomes: Parenting practices, parent-child relationships, quality of adult and family relationships, child development, parental substance abuse and parental mental health.

Summary and Conclusions of the SIG-E Project:

This project had positive impact in the areas of parenting practices in Native American families. These families faced many challenges. Because of the small number of families with evaluation data (a total of 23 families for whom intake and follow-up data was collected), some of the results are inconclusive. Additional evidence to support the positive changes in early childhood systems and service provider practices can be found in the overall summary of project findings.

Profile of Alcohol and Drug Abuse in Tribal Communities:

Two primary sources of data were used in the past year by the Addictions and Mental Health Division to assess the prevalence and need for prevention and addiction services among Native American tribal communities and among those who identify themselves as American Indian or Alaska Native (AI/AN) in Oregon: Oregon Health Teen (OHT) survey data and the Tribal Underage Drinking Survey conducted by the Addictions and Mental Health Division in 2006-07.

The tables below provide a sample of OHT responses comparing AI/NA youth with statewide data related to use of alcohol in the past 30 days coinciding with DHS Key Performance Measure (KPM) number 22, "8th GRADER RISK FOR ALCOHOL AND DRUG USE-Percentage of 8th graders at high risk for alcohol and other drug abuse". The target for 2008 is 30%. In addition, summary data is provided for marijuana and illicit drug use as compared to statewide responses.

2004-2007 8th Grade American Indian or Alaska Native Alcohol and Drug Use

On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the past 30 days?

		Both	Female	Male
2004	American Indian or Alaska Native	36.9%	41.9%	31.9%
	Oregon	28.5%	30.9%	25.8%
2005	American Indian or Alaska Native	37.9%	43.0%	32.8%
	Oregon	30.1%	33.0%	27.1%
2006	American Indian or Alaska Native	37.3%	41.9%	33.2%
	Oregon	31.9%	33.9%	29.9%
2007	American Indian or Alaska Native	37.2%	39.3%	34.9%
	Oregon	30.9%	32.4%	29.4%

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row that is within a couple hours?

		Both	Female	Male
2004	American Indian or Alaska Native	17.6%	20.9%	14.5%
	Oregon	12.1%	13.0%	11.2%
2005	American Indian or Alaska Native	19.4%	22.6%	16.2%
	Oregon	11.5%	12.7%	10.3%
2006	American Indian or Alaska Native	21.7%	28.8%	15.6%
	Oregon	13.3%	14.0%	12.5%
2007	American Indian or Alaska Native	16.7%	17.7%	15.6%
	Oregon	12.8%	13.3%	12.3%

During the past 30 days how many times have you used marijuana?

		Both	Female	Male
2004	American Indian or Alaska Native	17.2%	20.6%	13.8%
	Oregon	10.3%	10.0%	10.6%
2005	American Indian or Alaska Native	17.3%	14.6%	20.1%
	Oregon	10.7%	10.4%	10.9%
2006	American Indian or Alaska Native	14.1%	13.5%	14.6%
	Oregon	9.9%	9.1%	10.8%
2007	American Indian or Alaska Native	14.6%	14.4%	14.8%
	Oregon	8.9%	8.3%	9.5%

During the past 30 days how many times have you used stimulants, cocaine, heroin, ecstasy, and/or LSD?

		Both	Female	Male
2004	American Indian or Alaska Native	7.0%	8.5%	5.4%
	Oregon	3.8%	3.9%	3.8%
2005	American Indian or Alaska Native	5.0%	5.9%	3.9%
	Oregon	2.9%	3.2%	2.6%
2006	American Indian or Alaska Native	1.4%	1.7%	1.2%
	Oregon	2.4%	2.3%	2.5%
2007	American Indian or Alaska Native	5.9%	5.5%	6.3%
	Oregon	4.3%	3.5%	5.2%

The data suggests that AI/AN use rates are higher than the statewide average and that the rates are higher than the benchmark established by the Legislature and used by DHS as KPM 22: 30% for 8th grader risk for alcohol and drug use. Another finding relates to gender in that AI/AN female rates are statistically higher than males, however the large variation and trend over time is due to small sample size. This finding is true for youth regardless of race / ethnicity statewide who participate in the survey.

Alcohol and marijuana use occur at higher rates among American Indian and Alaska Native 8th graders, but trends in data provide reason for optimism. From 2004 to 2007 8th grade alcohol use rates increased statewide, but the rates among native youth did not. In addition, marijuana use among 8th grade native youth declined 15 percent over the past four years.

Tribal Underage Drinking Community Profile 2006-2007

The Tribal Underage Drinking Community Profile was administered to all nine tribes. Those surveyed were middle and high school youth, adult non-parent, parents, and grandparents.

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

- Assaults
- Family problems
- Criminal behavior
- Domestic violence

- Teen drinking parties
- Drinking and driving/vehicle crashes
- Property damage/vandalism
- Pregnancy/sexually transmitted disease

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

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

Funding:

Each tribe receives $50,000 per year for substance abuse prevention. This amounts to $450,000 for the nine federally recognized tribes. In 2007 each tribe also received $5,000 to target underage drinking through the Enforcing Underage Drinking Laws program.

Effective July 1, 2007, seven of the nine tribes receive a minimum of $50,000 per year for outpatient treatment services. Many of the tribes received their treatment funding in late fall 2007 due to the tribal process requiring a resolution from tribal councils or boards to accept funding. This has resulted in contracts being signed after July, delaying funding. As a result, AMH can only provide minimum data for treatment outcomes. Coquille Indian Tribe and Confederated Tribes of Coos, Lower Umpqua and Siuslaw do not receive outpatient treatment dollars because they have yet to establish 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 tribes of Oregon. The Wemblie House through the Klamath Tribes provides residential substance abuse services for adolescents.

Prevention Planning:

Tribes have identified the following long-term outcomes to address with the allocation of resources from the Addictions and Mental Health Division:

- Decrease teen alcohol use
- Reduce substance abuse and use during pregnancy
- Reduce adult substance abuse
- Decrease teen substance use

- Increase community engagement
- Increase protective factors

Prevention Programs and Strategies:
The majority of funds pay for prevention coordinator positions that provide direct services, technical assistance, training and comprehensive prevention planning. In addition, the six prevention strategies promoted by the National Center of Substance Abuse Prevention are incorporated into all levels of care within the Institute of Medicine. The majorities of services are family focused, and are universal prevention. Indicated and selective prevention are not as effective for tribal populations. Providing an intervention to some members of the community while denying services to others creates problems that can undermine the success of the program.

Outcomes – To prevent the onset and to reduce the progression of substance abuse, including childhood and underage drinking, reduce substance abuse-related problems in communities, and build prevention capacity and infrastructure at the tribal and community levels.

Information Dissemination – Most tribes provide year-round media campaigns to provide substance abuse prevention messaging via newsletters, use of radio stations, brochures, health fairs and community signage promoting wellbriety.

Prevention Education – The majority of tribes are providing evidence-based programs such as Making Parenting a Pleasure; Nurturing Parenting; Parents Who Care; Project Alert; Lions Quest; Protecting You – Protecting Me; and Life Skills. Many provide culturally specific, evidence-based, parenting classes that are based on successful implementation within Indian communities. These include Back to the Boards and Indian Parenting.

Alternative Activities – All tribes provide year-round family/community substance-free activities. All tribes provide summer cultural camps that promote bonding with role models from the community and elders who teach attending youth their traditions. Pow Wows are community gatherings that provide traditional dance and a place to promote a substance free environment. Many holiday-focused events provide family activities that are alcohol, tobacco and other drug free. Examples include Halloween, the 4th of July and sober events throughout the Christmas and New Year holidays.

Community Based Process – Due to the smaller population of tribes, all operate as coalitions, with various segments of the community who are involved with all aspects of prevention strategies and planning. Six of the nine tribes have "No Meth on My Rez" task forces. Tribes continue to access training opportunities to develop their skills to do effective prevention planning and implementation.

Social Policy/Environmental Strategies – All tribes post substance abuse-free signage for their events. One tribe has initiated strict polices about substance abuse and Meth abuse within its housing policies.

Environmental Policy Success Story – Confederated Tribes of Warm Springs

In April 2006, an innovative new policy proposed by the Warm Springs Housing Authority was implemented on the Warm Springs Reservation in Central Oregon. This new policy states that anyone engaging in illegal drug use and/or alcohol abuse not only can be evicted from living in Housing Authority residences, but also will be ineligible to apply for housing through the Housing Authority. For many years, residents living on the Reservation have believed that alcohol and drug abuse was a significant problem and a community norm about which they could do nothing. Through the perseverance of concerned individuals, however, this new policy will assist in reducing alcohol and drug-related incidents on the Warm Springs Reservation.

In recognition of their bold policy change, the tribe received recognition as a "2006 Success Story" from the Office of Juvenile Justice and Delinquency Prevention National Leadership Conference, held in Baltimore, Maryland in August 2006.

Early Identification and Referral – Due to the small population size of tribes, a full continuum of addiction services does not exist with each tribe. All tribal prevention specialists are aware of local resources and refer tribal members to appropriate services when needed.

Enforcing Underage Drinking Laws – Each tribe received $5,000 to focus on underage drinking during 2007-08. These funds provide media messages, administration of a community underage drinking survey and provide education to raise awareness of the underage drinking problem. During 2007-08, the tribes will use the results of their community survey to guide the development of an underage drinking prevention plan.

Prevention Outcomes:
Prevention programs have created change at the community level for each of the tribes. The participants of the parenting programs have demonstrated:

- 100% increase in knowledge of parenting skills
- 75% increase in knowledge of substance abuse issues on the family
- 72% completion rates
- 100% increase in knowledge of what puts youth at risk and what factors protect youth (assets)
- 50% or more of parenting program participants demonstrated positive problem-solving skills

Alternative activities among the tribes have lead to:

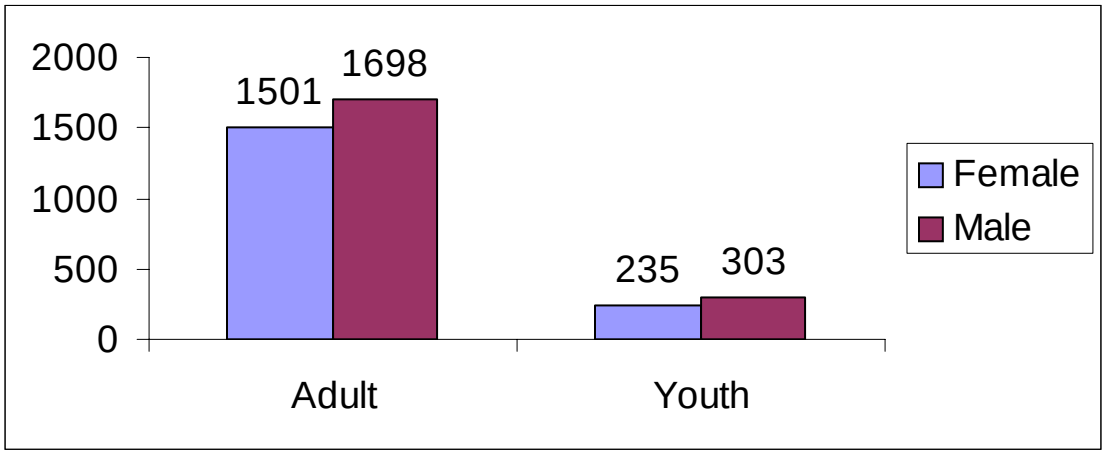
- 100% increase in knowledge of traditional tribal history
- 90% completion of arts and crafts projects
- 25% decrease in absenteeism – and an even greater decrease for those youth who have been assigned tutors and/or mentors
- Community-based planning has united communities for similar causes such as Methamphetamine prevention
- 25% to 90% participation in scheduled tribal activities
- Increase in referrals to other services due to increased awareness in services provided by the prevention specialist

Treatment
AMH will be working with the tribes for the upcoming biennia for strategic implementation to address the needs for substance use services in tribal communities. During the 2007-09 biennium, each tribe will receive at least a minimum base of funding equaling $100,000 for outpatient alcohol and drug treatment services. The funding is a first step in addressing treatment needs in tribal communities. Since AMH just initiated base funds for each tribe for addiction treatment, the division will collaborate with tribes to develop mutually agreeable performance targets.

Reported Services and Capacity Needs:
Currently, AMH can report services provided as well as gaps in services with intent to report on specific performance measures and outcomes. The results reported are for the calendar year 2006 including all those reporting American Indian or Alaskan Native for race/ethnicity using public funds (privately funded clients are not reported).

Within the 2006 calendar year a total of 3,787 unique individuals were served. Overall 3,199 adults received treatment, 538 youth received treatment, and 47 dependents with parents/guardians received services (see table Addictions Treatment AI/AN). A total of 143 or 4.9% of all unique clients served received Methadone Maintenance. A total of 230 or 6.1% clients received detox services while only 35 or <1% of clients received education services.

Addictions Treatment for American Indian/Alaska Native 2006



Below are tables showing the counts of both adults and youth assessed levels of care and the administered levels of care. Where numbers are either positive or negative denotes that either more individuals received the service because they could not access the appropriate level of care or fewer individuals received the service than were assessed as needing this level of care. The numbers point to the need for more intensive or residential services for this population.

The addictions treatment system is limited in capacity for all individuals from the general population throughout Oregon as well as for tribal members. A finite number of detoxification, residential, and outpatient services exist for individuals needing publicly support services. The actual count for people accessing services does not reflect the number of people who need treatment. For instance, the prevalence of substance abuse and addiction is roughly 10 – 15% for adults in Oregon, translating to almost 400,000 adults who need services. However, Oregon serves only 65,000 unduplicated individuals each from all age groups in addiction treatment.

For adults:

	Adults Assessed	Adults Received	Percent Difference
Outpatient	1558	1708	+9.6
Intensive Outpatient	663	643	-3.0
Residential	630	495	-21.4

For youth:

	Youth Assessed	Youth Received	Percent Difference
Outpatient	241	268	+10.1
Intensive Outpatient	104	95	-9.5
Residential	147	115	-27.8

SUMMARY

While extensive, this 2007 annual report presents only highlights of the full range of efforts that DHS has brought this year to its work with Oregon's nine federally recognized tribes. The cultures of these tribes reflect a central part of Oregon's history and heritage, as well as challenges in meeting contemporary needs. Therefore, DHS devotes significant resources and energy across the agency to maintaining and improving this collaborative partnership. Although DHS believes it is doing a creditable job, the agency invites representatives of the tribes and other stakeholders to advise DHS how it can be more effective.

December 14, 2007

Bruce Goldberg, Director — Date

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GLOSSARY OF TERMS

AAA ..... Area Agency on Aging
AMH ..... Addictions and Mental Health Division
BRFSS ..... Behavioral Risk Factor Surveillance System
CAF ..... Children, Adults and Families Division
CDC ..... Centers for Disease Control
CFSR ..... Child, Family and Safety Review
CMS ..... Centers for Medicare and Medicaid Services
DHS ..... Oregon Department of Human Services
DMAP ..... Division of Medical Assistance Programs
DRA ..... Deficit Reduction Act
FAS ..... Fetal Alcohol Syndrome
FFY ..... Federal Fiscal Year
HB ..... House Bill
HIPAA ..... Health Insurance Portability and Accountability Act
ICWA ..... Indian Child Welfare Act
HIS ..... Indian Health Service
ILP ..... Independent Living Program
MCH ..... Maternal and Child Health
MMIS ..... Medicaid Management Information System
NARA ..... Native American Rehabilitation Association
NPAIHB ..... North Portland Area Indian Health Board
NRC ..... National Resource Center
NWAIHB ..... North West Area Indian Health Board
OHP ..... Oregon Health Plan
OPIC ..... Oregon Partnership to Immunize Children
ORS ..... Oregon Revised Statutes
OVRS ..... Office of Vocational Rehabilitation Services
PDTS ..... Psychiatric Day Treatment Services
PHD ..... Public Health Division
PRTS ..... Psychiatric Residential Treatment Services
QMB ..... Qualified Medicare Beneficiaries
SB ..... Senate Bill
SBHC ..... School-Based Health Center
SOC ..... System of Care
SPD ..... Seniors and People with Disabilities Division
SSBG ..... Social Services Block Grant
TANF ..... Temporary Assistance for Needy Families
TCM ..... Targeted Case Management
TPEP ..... Tobacco Prevention and Education Program
WIC ..... Women, Infants and Children