

November 2009

## Oregon Department of Human Services 2009 Government-to-Government Report

### INTRODUCTION

---

The Oregon Department of Human Services (DHS) is pleased to share this 2009 Government-to-Government Report with the Legislative Commission on Indian Services, as required by Senate Bill 770. This report demonstrates DHS's commitment to working with the Tribes of Oregon to address the full range of human services needs faced by tribal members.

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

Key topics covered in this report include:

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

## TABLE OF CONTENTS

---

Senate Bill 770 .....	3
Burns Paiute Tribe.....	3
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians .....	5
Confederated Tribes of Grand Ronde .....	7
Confederated Tribes of Siletz.....	9
Confederated Tribes of Umatilla Indian Reservation.....	11
Coquille Tribe .....	13
Cow Creek Band of Umpqua Indians .....	15
Klamath Tribes.....	17
Confederated Tribes of Warm Springs.....	19
DHS Programs Affecting All Tribes in Oregon .....	23
Summary .....	49
Glossary of Terms .....	50

### 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

---

#### BURNS PAIUTE TRIBE

The Burns Paiute Tribe has two staff members who are involved as elder coordinators. Both participated in a May caregiver training for Title III and Title VI staff this year. This training helped to increase collaboration to serve the Native elders on care giving issues, nutrition, and healthy aging topics. A Medicare Part D presentation was given to the elders through the Senior Health Insurance Benefits Assistance Program and the Harney County Seniors Services Center resulting in Title III and Title VI coordination.

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 around 300 tribal members. The services provided at the clinic are limited and referrals to other medical providers are common. Billing for services provided at the clinic is through the Division of Medical 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, this is the federal program governing payments to Indian tribes and DHS works as pass-through for tribes to access these funds.

The Burns Paiute Tribe has a unique relationship with Department of Human Services Children, Adults and Families Division. The Burns Paiute is the smallest tribe in Oregon with fewer than 200 tribal members living on the reservation located just outside of Burns. The Tribal Court for the Burns Paiute Tribe hears the Indian Child Welfare cases and 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 tribe's sovereignty.

The Burns Paiute received \$5,000 in Oregon's System of Care funds to provide individual services to and promote safety of children in the foster care system and their families. Ten clients were served with these funds.

The Burns Paiute received a Social Services Block Grant (SSBG) of \$2,541 to provide support services for the tribe's child welfare program for tribal members. The tribe provided services to 30 clients with these funds.

The Burns Paiute received Title IV-E Waiver funds of \$9,378 and served 128 clients.

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

- Tribal staff completed the community readiness survey in March, and consequently formed an Alcohol and Drug Prevention Coalition/Advisory Committee. This committee will address the

alcohol and drug prevention and intervention needs of the tribe and community. The prevention coordinator provided several alternative activities each quarter including “Culture is Prevention” night with tribal members making moccasins, medallions and lanyard necklaces. “Protecting You, Protecting Me” curriculum was offered to the youth group. The prevention coordinator received training on prevention research, program planning, evaluation, ethics, domestic violence 101 and financial wellness. The prevention coordinator collaborated with the Harney County Drug Free Coalition on implementing a “noneb421” media campaign that focused on preventing underage drinking among the tribal and community members.

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

The Seniors and People with Disabilities (SPD) staff participated in the Native Caring Planning Committee with the tribe to develop tribal caregiver guidelines for Title VI with six yearly partner meetings. This increased Title III and Title VI coordination by sharing best practices with Area Agencies on Aging, the State Unit on Aging (SUA) and the tribe.

The SUA staff offered technical support to the Elder Coordinator on care giving and nutrition programs with monthly phone calls and e-mails to increase the knowledge of how the Title III and Title VI caregiver and nutrition programs work in Oregon. The goal is for people to live as independently as possible.

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 uniquely is a joint partnership with Coquille Indian Tribe. The Coquille Indian Tribe also operates a clinic open to members of the two tribes in Coos Bay; the

tribes have agreed to divide services between their respective clinics. Both tribes bill through the Division of Medical Assistance Programs, Department of Human Services.

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians operate a tribal court. Children in need of child protective services receive those services through the Department of Human Services Children, Adults and Families Division. Through its local office in Coos Bay and through the ICWA manager, DHS partners with the tribe on Indian Child Welfare Act cases.

The Confederated Tribes of Coos Lower Umpqua and Siuslaw Indians received a waiver and two grants to promote the safety and well being of tribal children and families:

- A social services block grant (SSBG) of \$6,323 for which client service data was not yet available;
- A System of Care (SOC) grant of \$15,229.33, which served 78 clients.

To help ensure a sober, healthy community and to deal with mental health disorders the Confederated Tribes use many education and alternatives strategies for tribal and community members. Education and tribal culture are infused in events such as the cedar bark gathering, canoe crew, traditional clam digging, spring break snow camp, Florence Indian Education powwow, summer schools/camps and arrowhead making. The tribes succeeded in preventing distribution of souvenir beer and wine glasses during the high school's junior prom. The coordinator also gives alcohol and drug prevention presentations at the local schools, and talks about how car crashes are the number one preventable cause of death in Oregon. The prevention coordinator encourages young leaders to facilitate alternative and cultural activities as the leaders and future of the tribe and community.

## CONFEDERATED TRIBES OF GRAND RONDE

Approximately 300 tribal members attended the Tribal Health Fair, where a community partner of Northwest Senior & Disability Services (NWSDS, the local Area Agency on Aging) increased caregiver knowledge of respite and tools for caregivers.

Through an intergovernmental agreement, DHS staff and NWSDS monitor the three adult foster homes where elders are safe and living as independently as possible. There have also been meetings with the tribe to develop additional projects and programs such as senior peer counseling.

SPD staff participated with the tribe in the Native Caring Planning Committee.

The Confederated Tribes of Grand Ronde provides a wide variety of health care services to its tribal members through a comprehensive clinic located at the tribal offices in Grand Ronde. The Grand Ronde clinic is a federally qualified health center that bills for health services through the Department of Human Services Division of Medical Assistance Programs. DHS meets quarterly with the tribe to provide training and oversight on the Medicaid and Medicare programs.

The prevention coordinator provides services and alternatives throughout the year for the tribal and community members. Monthly meetings of the community awareness and methamphetamine awareness teams continued. The prevention coordinator provides many cultural events such as skirt-making class, weaving, monthly canoe family meeting and weekly youth canoe meeting. The tribe supports a community-based teen parent task force, and hosted a training titled "Darkness to Light," which focuses on child abuse education. The tribe implemented an eight-week curriculum on childbirth and newborn care for teens who are expecting or have newborns.

The Confederated Tribes of Grand Ronde operates an Indian Child Welfare program to protect tribal member children from abuse or neglect. A Title IV-E contract with DHS provided \$35,906 for foster care services for children who are in out-of-home placements, serving a total of five families. System of Care funding from DHS provided \$57,550 for safety, permanency, well-being and attachment services for children in care.

The Confederated Tribes of Grand Ronde received a social service block grant for \$18,471.50 to augment the tribe's Child Protective Services to protect the safety and well being of children in the care, control and custody of the tribe.

The Confederated Tribes of Grand Ronde continues to operate three adult foster homes housing 15 elders. At the request of the Confederated Tribes of Grand Ronde, the Department of Human Services Seniors and People with Disabilities Division (SPD) licenses the tribe-operated adult foster homes. This is a unique relationship. Although the homes are independently operated and state funding is not required to obtain a state license, the tribe has requested DHS to inspect and license the homes in order to ensure that they are operated in the safest manner possible.

The Confederated Tribes of Grand Ronde promote the following to ensure a healthy and sober community and to assist with mental health disorders:

- Monthly Healthy Thursday to reduce substance abuse. Topics include underage drinking, tobacco, stress reduction, diabetes and other wellness topics. Pre- and post-survey results indicate participant's increased knowledge of the subject matter.
- The Tribal Prevention Coordinator provided signs with alcohol, tobacco and other drug (ATOD) prevention messages and "This Is a Meth Watch Community" at all community events.

## CONFEDERATED TRIBES OF SILETZ

Staff from the State Unit on Aging offered technical support to the Siletz Elder Coordinator on care-giving and nutrition programs. This increased the knowledge of how the Title III and Title VI Caregiver programs work in Oregon and increased collaboration with the local Area Agency on Aging. Staff also participated in the Siletz Elder Honor Day, attended by approximately 650 elders, who received health promotion, caregiver, nutrition and healthy aging information.

There were six partner meetings with the Native Caring Planning Committee involving the Siletz Tribe. This resulted in a Native Caring Conference, and comprehensive and integrated client supports through best practice sharing. Another goal met was the Older Americans Act Title III and Title VI coordination.

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

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 its care, control and custody and tribal member children who are in the care, control and custody of the Department of Human Services Children, Adults and Families Division (CAF). CAF has a strong partnership with the tribe for member children in tribal system and in the state system. This relationship has resulted in CAF and the tribe entering into a Title IV-E contract. The Confederated Tribes of Siletz received \$23,504 from Title IV-E to provide for foster care services to children in custody of the Tribal Court; these funds served seven families.

The tribe also has a contract for a Social Service Block Grant (SSBG) for \$32,172, which assists the tribe in remedying neglect, abuse or exploitation of children. The grant provides for community-based care, home-based care or other less intensive forms of care.

The tribe receives System of Care funds of \$42,973 to provide for individualized services, to involve families in case planning, assist with community collaboration and establish custom services serving 199 clients.

The tribe has 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. DHS does not collect TANF data for families receiving TANF assistance through the Klamath Tribe or the Siletz Tribe.

The tribe receives a federal grant directly from the U.S. Department of Health and Human Services (DHHS) to run its own TANF program with federal funds that do not pass through Oregon DHS. The tribe administers its own program and uses its own system and method to track data for the families it serves.

DHS has an agreement with Confederated Tribes of Siletz to provide additional services to members provided by state General Funds, which are then counted toward the state's TANF maintenance of effort requirement. The agreement asks only that the tribe submit information on the clients who receive those services.

The Confederated Tribes of Siletz promote the following to ensure 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 the implementation of coalition goals and plan. The programs included “Daughters of Tradition,” “Protecting You/Protecting Me,” leadership activities, school-based prevention education, Meth Awareness Program, Drug Awareness Program, and other prevention alternative activities throughout the year.

## CONFEDERATED TRIBES OF UMATILLA INDIAN RESERVATION

Seniors and People with Disabilities (SPD) staff, the Area Agency on Aging (CAPECO) and the tribe worked to develop tribal caregiver guidelines for Title VI with six yearly partner meetings. This increased Title III and Title VI coordination and increased collaboration and communication on joint shared clients. CAPECO offered a “Powerful Tools for Caregivers” training at the tribe and the SUA offered technical support to the elder coordinator on care-giving and nutrition programs with monthly phone calls and e-mails and two site visits. This increased collaboration with a goal of helping people be healthy and live as independently as possible.

Umatilla elder coordinators attended a caregiver staff training with SUA and AAA staff sharing best practices and learning caregiver, nutrition and healthy aging information.

SPD staff participated in the Native Caring Planning Committee with the tribe.

The tribe offers health care to tribal members, their families and members of federally recognized Indian tribes through Yellowhawk Clinic, a community health center. The tribe has a relationship with the Department of Human Services Division of Medical Assistance Programs (DMAP) for billing Medicare and Medicaid for services provided in the clinic. DHS meets with the tribe quarterly and offers technical assistance on an as-needed basis, keeping the tribe updated on changes to the program and its rules.

The tribe received a social service block grant of \$19,413 through DHS 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 tribe also received System of Care funds totaling \$39,230.67 to meet the individual needs of the children and their families in order to promote safety and permanency. The tribe received \$139,739 for direct service, administrative costs and training through its Title IV-E contract with DHS.

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

- The tribe's prevention coordinator disseminated information to tribal members at a booth at the Nixyaawi Pow Wow for three days and nights.
- Community-based processes the tribe hosted included five Wellbriety Coalition meetings with over 100 tribal members in attendance, and a "Vision Day" with 146 participants registered including board of trustee delegates, elders and youth.
- The coordinator provided a Tribal Best Practice Talking Circle with 55 participants.
- The tribe sponsored a New Year's Eve dance that was alcohol-, tobacco- and other drug-free.

## COQUILLE INDIAN TRIBE

SPD and State Unit on Aging facilitated a meeting to discuss the feasibility of housing for elders on the reservation. Five staff were in attendance and the outcome was increased collaboration and communication on joint shared clients.

State Unit on Aging staff offered technical support to the elder coordinators on care giving and nutrition programs that increased knowledge of how the Title III and Title VI Caregiver programs work in Oregon.

State Unit on Aging Staff, Area Agencies on Aging and the Coquille Tribe drafted tribal caregiver guidelines for Title VI. This is an increased Title III and Title VI coordination.

SPD staff participated in the Native Caring Planning Committee with the 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 reported 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 in order to avoid duplicate services given that both tribes are located in Coos Bay. The tribe uses the Department of Human Services, Division of Medical Assistance Program to bill Medicaid and Medicare for services.

The Coquille Indian Tribe operates a Tribal Court offering services to tribal members whom are in the need of child protective services. The tribe received a Social Service Block Grant (SSBG) of \$6,383 to provide effective child welfare services and reduce the risk of abuse and neglect.

The Coquille Indian Tribe receives \$11,083 in System of Care (SOC) funds through DHS to meet the individual needs of children in the tribal foster care system. These funds are used to promote safety, permanency and well being, and to employ a strength/needs-based philosophy and practice relative to child welfare; 24 families were served.

The Coquille Indian Tribe has an agreement with DHS for Title IV-E funds, an entitlement program from the U.S. Department of Health and

Human Services passed through to the tribes that operate Tribal Courts that provide child protective services. Title IV-E covers the costs of room, board, food, clothing and related administrative costs. The tribe received \$9,966, serving 188 clients.

The Coquille Indian Tribe promotes the following to ensure a sober and healthy community and to assist with mental health disorders:

- The Tribal Community Center, which continues to be headquarters for most youth activities, provides an ATOD-free building for Head Start and After School programs. Snow Camp, Youth Mentoring Trip, Youth Leadership Conferences, Camp Ta Nae (culture camp), and the ATOD-free New Year's party are just a few of the positive activities offered every year.
- Excellent rapport with our Education and Social Services department allows tribal youth to access services if needed. Over the past reporting period, ATOD partnered with the education department to ensure consistent tutoring to youth throughout the school year.
- The Tribal Peace Giving Court (in collaboration with the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw) continues to be a positive way to approach youth who may be having difficulty due to a variety of issues and risk factors.
- The Coquille prevention program remains committed to increasing protective factors, building positive self-esteem and tribal identity/relationships. The program will continue to work towards encouraging, enriching and assisting tribal youth in becoming successful, happy, healthy people.

#### COW CREEK BAND OF UMPQUA INDIANS

Training was offered by the State Unit on Aging staff to the local Lifespan Respite and Family Caregiver Support program staff in

Douglas County. Outreach to Tribe increased knowledge of caregiver programs, resulting in people living as independently as possible.

SPD staff participated with the tribe in the Native Caring Planning Committee.

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 Roseburg clinic. The tribe bills through the DHS Division of Medical Assistance Programs, which provides Title XIX training and technical assistance.

The Cow Creek Band of Umpqua Indians works closely with DHS child protective services through a CAF tribal liaison. The tribe received a Social Service Block Grant of \$10,563 to reduce the risk of abuse and neglect and to serve tribal families in need of preventive or intervention services.

The tribe also received \$19,673 in flexible System of Care (SOC) funds to meet the individual needs of children and their families; 307 clients were served.

The Cow Creek Band of Umpqua promotes the following to ensure a sober and healthy community and to assist with mental health disorders:

- The tribe hosted a Chief Miwaleta Day at Galesville Dam, which was well attended by youth and families. A tribal elder presented a brief history of Chief Miwaleta. This was followed by fishing, boating, native species presentation, nature trail hike and a prevention-themed scavenger hunt.
- During the Tribal Pow-Wow, the prevention coordinator used archery to demonstrate delayed gratification and self-discipline. This activity was very popular among tribal youth tribal members.

- The prevention program completed a day-long white water rafting trip on the North Umpqua River. Young participants learned native history and how to identify healthy and unhealthy risks.
- The prevention program officially launched the Youth Outdoor Recreation/Mentoring Program, which is quickly becoming very popular with the tribal youth and families.
- The prevention coordinator participated in three quarterly summits, as well as training in suicide prevention, smoking cessation and alcohol/drug services trainings.

The ATOD department's goals are to create youth mentoring tribal best practices, complete CPS certificate, continue to build strong alliances with other Oregon tribes, and to implement well coordinated tribal basketball teams among all Oregon tribes.

## KLAMATH TRIBES

Training on Medicare Part D, volunteers and community partnering were the focus of a meeting facilitated by the State Unit on Aging. Ten representatives of the tribe, Klamath Basin Senior Services and SPD attended. Its goal was collaboration with the U.S. Centers for Medicare and Medicaid Services (CMS) and the Area Agency on Aging to enroll eligible Medicare recipients for Medicare Part D.

SPD and State Unit on Aging staff offered technical support to the elders coordinator to develop Title VI caregiver standards. This resulted in increased knowledge of caregiver programs in Oregon and an increased number of tribal members receiving a nutritious meal.

SPD staff participated in the tribe's Native Caring Planning Committee meeting.

The Klamath Tribe operates a tribal clinic with services provided in Chiloquin and Klamath Falls. The tribe works with the DHS Division of Medical Assistance Programs, which provides Title XIX training and technical assistance.

The Klamath Tribes has been dependant on the DHS Children, Adults and Families Division (CAF) 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 program also expanded the services of the tribal social services program to include child protective services.

The tribe funds child protective services to member children through three sources, all administered by CAF:

- A Social Service Block Grant of \$27,014;
- System of Care (SOC) funds of \$27,531.48 to meet the individual needs of children, which served 180 clients;
- Title IV-E waiver monies in the amount of \$14,657, serving 111 clients.

Under an agreement with CAF, the tribe and DHS cooperate to provide Temporary Assistance to Needy Families (TANF) programs. 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 Tribe or the Siletz Tribe.

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

DHS has an agreement with the tribe to provide additional services to members provided by state General Funds, which are then counted toward the state's TANF maintenance of effort requirement. The agreement asks only that the tribe submit information on the clients who receive those services.

The Klamath Tribes promotes the following to ensure a sober and health community and to assist with mental health disorders:

- The prevention coordinator wrote a prescription drug safety newsletter article.
- More than 200 people attended a Valentines/JOM honors powwow with a “don’t monkey with drugs” ball.
- An ATOD-free Christmas break activity was attended by 45 children under age 12.
- Peer-to-peer mediation training was given at middle school in response to many student expulsions.
- Prevention groups were held at Klamath Union High School for youth struggling with issues such as poor school attachment and family dysfunction, who were referred by the Title VII educator. Some of these youth were connected with specific services to address their needs.
- Highly successful interventions were held for youth and families when referred from the Youth attendance team.
- As a result of a call from a concerned school official, a suicide prevention plan was developed. It includes program referral and continued coordination of care.

## CONFEDERATED TRIBES OF WARM SPRINGS

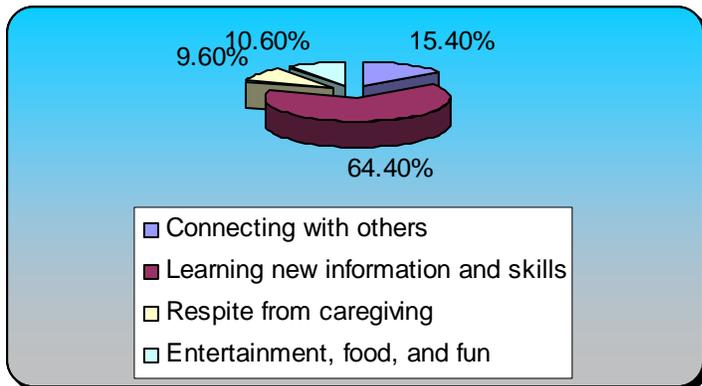
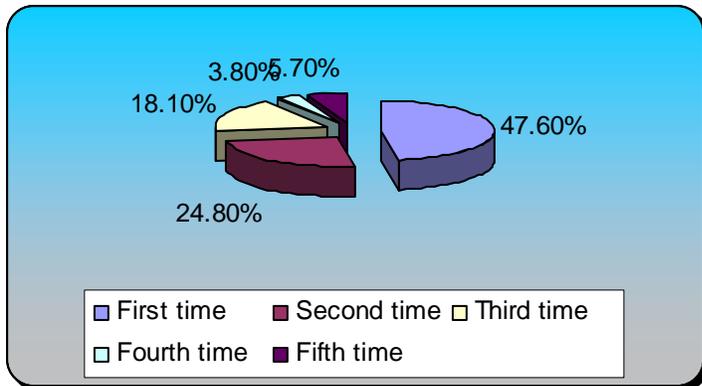
The SPD Office of Developmental Disabilities provided technical assistance with developing DD case management services. Regular site visits helped to establish DD case management for children and adults with developmental disabilities living at home with their families; the goal is to provide access, information and referral to DD services.

The State Unit on Aging Staff provides contract oversight and compliance for a federal grant that funds the evidence-based Enhance Fitness and Living Well programs. The Confederated Tribes of Warm

Springs has developed ongoing programs for their elders, and is helping other tribes initiate similar programs. Enhance Fitness is a physical activity program whose goal is improved health and decreased hospitalization and health care costs.

The SUA and the Native Caring Planning Committee held the Fifth Annual Native Caring Conference in October 2009. The Native Caring Planning Committee comprises members of Area Agencies on Aging and Oregon tribes. The conference, held at Kah-Nee-Ta Resort and Casino, included approximately 200 participants from 15 northwest tribes. The conference focuses on supporting family caregivers and grandparents raising grandchildren.

The 170 participants, representing the nine tribes of Oregon, completed pre- and post-conference evaluations. Some of the results are seen in the charts below, including number of conferences attended and main reasons for attending.



Approximately 1,000 elders and family members attended the Warm Springs Senior Day, where SPD/SUA staff and the Area Agencies on Aging disseminated health promotion, caregiver and nutrition information to tribal elders. This event increased health promotion to the most vulnerable elder population with the goal of ensuring that people are healthy.

The State Unit on Aging staff, elder coordinators and Area Agencies on Aging developed tribal caregiver guidelines for Title VI caregiver program with the assistance from the Administration on Aging. There were six partner meetings per year which increases collaboration, communication and coordination between Title III and Title VI Services with the tribes.

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 DHS Division of Medical Assistance Programs (DMAP) provides billing under Title XIX of the Social Security Act.

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

The Confederated Tribes of Warm Springs received a Social Service Block Grant (SSBG) of \$29,318 to assist with providing effective, culturally relevant child welfare services to Indian children and their families. The tribe served 54 clients. Child welfare services provided by the tribes are not funded for prevention of abuse or neglect, but rather to meet the needs of children who have been the victims of abuse or neglect.

The Confederated Tribes of Warm Springs also receive \$73,910 for Oregon's System of Care (SOC), serving 127 clients. System of Care is the product of an agreement among DHS, the Juvenile Rights Project and the National Center for Youth Law 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.

Under a Title IV-E agreement with DHS the tribes received \$231,861 and served 48 clients; Warm Springs also received \$29,830 in Title IV-E Waiver payments to serve 105 clients. Title IV-E provides for eligible children in foster care, room, board, food clothing and related administrative costs; it does not cover treatment services.

The Confederated Tribes of Warm Springs co-manages DHS cases with SPD. 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 promotes the following to ensure a sober and healthy community and to assist with mental health disorders:

The tribe held a fetal alcohol spectrum disorders workshop with 50 in attendance.

The tribe implemented tribal best practices titled "Back to the Boards." The tribe hosted a methamphetamine conference attended by approximately 80 persons, and held several community-based processes including weekly Saturday garden workshops.

The tribe hosted a back-to-school barbeque and handed out more than 500 backpacks.

Cultural activities throughout the year include jingle dress-making class, Back to the Boards, Pi-um-sha health fair, and the annual Pi-um-sha

Pow Wow. New tribal hires include Joe Marmo, prevention health education team supervisor, and Wayne Miller, alcohol and drug prevention specialist.

## DHS PROGRAMS THAT AFFECT ALL TRIBES OF OREGON

---

### TRIBE-WIDE ACTIVITIES

The DHS Seniors and People with Disabilities mission is to assist older Oregonians to achieve well-being through opportunities for community living, employment and services that promote choice, independence and dignity.

The Older Americans Act emphasizes Title VI and Title III coordination of services that are provided within the Title VI service areas of six Oregon tribes. Coordination is key in avoiding duplication of services and maximizing available resources for everyone. The U.S. Administration on Aging's primary goals for seniors and elders are:

#### GOAL 1

Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options

#### GOAL 2

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

#### GOAL 3

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

## GOAL 4

Ensure the rights of older people and prevent their abuse, neglect and exploitation.

### OFFICE OF MULTICULTURAL HEALTH AND SERVICES (OMHS)

The DHS Office of Multicultural Health and Services (OMHS) has established a weekly communication that is distributed to more than 700 community-based organizations, community advocates and DHS staff. This communication shares job and funding announcements, research and training resources, and other culturally specific information that can be useful in building community capacity to promote health and well being in diverse communities. This year, OMHS established a connection with the tribal liaison so that this weekly communication is distributed as appropriate to all contacts on the tribal liaison's distribution list.

### H1N1-VULNERABLE POPULATIONS

The Office of Multicultural Health and Services received funding from the U.S. Centers for Disease Control and Prevention to ensure that Oregon's H1N1 response included the additional needs of at-risk populations. This includes those with an increased exposure to infection, increased susceptibility to severe disease, complications or death, and lack of access to health care. Additionally, this includes those who are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; have disabilities; live in institutionalized settings; and have pharmacological dependency.

Activities funded by this grant include assessing the current plans of local health departments and tribal governments to understand the methods and needs for support for focusing H1N1 interventions on the

most vulnerable. This assessment is currently under way, and to date the Coquille and Warm Springs tribes have participated.

The survey will be followed by a grant announcement to support additional activities focused on engaging and supporting vulnerable communities to prevent and respond to H1N1.

#### MINI-GRANT FUNDING

The Office of Multicultural Health and Services receives funding from the federal Office of Minority Health to support health education and health promotion activities for diverse communities. Due to the restructure of OMHS, more of the funds from this federal funding source are able to be allocated to respond to mini-grant requests.

#### UMATILLA MORROW ALTERNATIVES

A mini-grant of \$5,000 was awarded to Umatilla Morrow Alternatives to conduct the “Umatilla/Morrow Counties Collaborative Effort: HIV Prevention” project. This collaborative project ran from January through June 2009. The grant supported three, half-day community forums promoting cultural sensitivity, inclusion and acceptance, and HIV/Hepatitis prevention education in Hermiston, Oregon. The meetings were to create a venue for GLBTQ Hispanic/Latinos and American Indians/Alaskan Natives to meet with community members and health service providers with the intent of identifying ways to support the provision of comprehensive and inclusive services for this population within the Umatilla/Morrow region.

Two meetings were also to be conducted with local officials to discuss agenda items in preparation for the community meetings.

The expected outcome of this project is to build workable links in the Umatilla/Morrow county area that facilitate the progressive reduction of

transmission rates of blood-born viruses among GLBTQ Hispanic/Latinos and American Indian/Alaskan Native individuals. Additionally, the community forums will: 1) prepare GLBTQ students for life in college, 2) clarify the importance and overall benefits of needle exchange as a method of risk reduction, and 3) help community and local health department providers understand how subtle and overt discrimination affects risk behaviors among GLBTQ.

A final report of activities has not been received.

#### MUSTANGS AND MOHR (MUSTANGS OFFERING HOPE AND RENEWAL)

A mini-grant of \$5,000 was awarded to Mustangs & MOHR for their “Native American Horse Program: Mustangs and MOHR.” This project period runs from August through December 2009. It proposes to teach positive peer, academic, and relationship skills to 20 Native American youth who were referred from Cedar Bough (a mental health treatment program for tribal youth at Christie Care, Inc.), at-risk tribal youth referred from Chemawa Indian School in Salem and from the Social Services Department at the Confederated Tribes of Grand Ronde (CTGR).

Through this project the 20 youth are expected to achieve positive peer, academic, and relationship gains as documented by the horse project survey results and, where applicable, on Tribal Juvenile Crime Prevention (JCP) data outcomes.

The final report for this project is due January 1, 2010.

## TOBACCO PREVENTION AND EDUCATION PROGRAM (TPEP)

The Tobacco Prevention and Education Program (TPEP) issued \$510,000 in tobacco prevention program grants to federally recognized tribes in Oregon for the 2007-09 biennium (\$150,000 for FY '08, \$360,000 for FY '09). 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, since 1997, in tobacco use prevalence from 43 percent to 38 percent. (Though not statistically significant due to small sample size, this trend mirrors the trend observed in Oregon adults generally.)
- A 53 percent reduction in chew tobacco use among male American Indians and Alaska Natives in Oregon since 2000-2001.
- 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 declined 29 percent overall, and 17 percent to 12 percent in 2008.

Since 2001, Oregon's 11th grade American Indian smoking prevalence declined 43 percent, and 35 percent to 20 percent in 2008.

Using community-based collaborative research methods, tribes and TPEP are working together to determine tobacco prevention needs and document program effect. TPEP 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 (NARA) and the Northwest Portland Area Indian Health Board (NPAIHB) 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 to tribal communities. Three breakout sessions at the annual meeting (October 2008) addressed tobacco cessation integration into mental health and addiction programs for Native Americans, and tobacco-free tribal properties. In addition we are 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 (OIP)

The Oregon State Immunization Program (OIP) is committed to working closely with clinics serving tribal members (both tribal and IHS sites, and eventually others) to improve immunization-related services for American Indians and Alaskan Natives. To accomplish this goal, the program solicited the help of Rick Acevedo, tribal relations liaison at DHS, to facilitate meetings between the clinics and OIP. During a Senate Bill 770 meeting held in Pendleton on 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 the state-supplied vaccines, and explore opportunities to work together and support immunization efforts. Based on the findings of the meeting, site-specific strategies will be developed and implemented to improve immunizations.

## ADDICTIONS AND MENTAL HEALTH DIVISION (AMH)

Oregon tribes face major challenges including cultural differences, providing services in multiple counties (two to 11 counties), and reservations (three tribes). Partial land base has created demographic challenges in providing alcohol and drug abuse prevention, treatment, and mental health services. Six of the nine tribes have been restored after being terminated in the 1950s. This led to various stages of development with tribal organizational infrastructures to provide comprehensive needed services.

## ALCOHOL AND DRUG PREVENTION SYSTEM

During the FY 2008-2009, each tribe received \$50,000 for substance abuse prevention. The funds support the prevention coordinator position that provides direct services, technical assistance, training and comprehensive prevention planning. An additional \$5,000 was awarded to each tribe from the Enforcing Underage Drinking Laws (EUDL) funds to support underage drinking prevention strategies.

## PREVENTION PLANNING

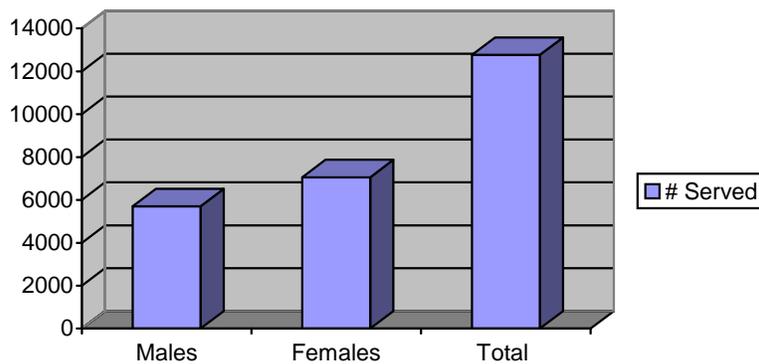
The prevention coordinators infuse culture and traditions into their prevention framework, and emphasize that ‘culture is prevention.’ They also focus on increasing protective factors that fall within four domains: individual/peer, family, school, and community. Additionally, the tribes use six strategies from the Center for Substance Abuse Prevention:

- Information dissemination
- Education
- Alternatives
- Problem identification and referral
- Community-based process
- Environmental.

## PREVENTION SERVICES TO INDIVIDUAL AND FAMILIES

The tribes continue to provide many prevention services through the year, touching the lives of thousands of tribal and community members. These data were taken from the Minimum Data Set database (MDS). The prevention services are delivered to all ages in the community. Each quarter the tribal prevention coordinators electronically enter the prevention services and demographics of participants into the database, which can be used to run reports and track services.

*Prevention Outcomes: People served in 2008-2009*



## PREVENTION INPUTS/OUTCOMES

The tribes identify and refine short and long-term outcomes to be addressed with prevention resources from the Addictions and Mental Health Division. The following is a list of some prevention inputs coupled with outcome data.

<b>Prevention Inputs</b>	<b>Prevention Outcomes</b>
31 tribal youth and adults attended a week long camp with a focus on ATOD prevention and peer pressure	60% of youth demonstrated increased knowledge of ATOD 100% of youth had increased

issues.	knowledge of tribal protocols
On average 20-25 youth attended tribal after school program regularly.	More than 40% of attendees reported an increase of knowledge of dangers of ATOD, and other information on pre- and post-tests
489 people attended traditional gatherings throughout the year to increase community attachment and bonding.	90% agree on pre- and post-tests that 'culture is prevention'  100% agree that these activities promote healthy lifestyle, and want them to continue
36 community members participated in the planning process for the Canoe Crew Program Coalition.	100% stated this is beneficial to the tribe and community
364 tribal and community members attended various 'Culture Is Prevention' events throughout the year. Many different cultural items were made.	50% feel cultural pride  80% finished their projects  50% said that they are more bonded to the community
Viewed 'This Place' DVD on 9/18/08 and 4/16/09 followed by a talking circle.	More than 40% of youth reported an increase of knowledge of dangers of ATOD and UAD on pre- and post-tests

**We asked the tribal prevention coordinators this question: “How do you know these programs and/or activities are working?” Here are some of their answers:**

“I have families calling and making sure that the prevention services are still happening.”

“In the last five years, the activities have doubled. There are more families interacting and participating in the prevention activities. People

call in the office and ask what are we doing this month, what are we doing next month, and what are we doing this year?”

“Tribal youth and their families are participating in these programs regularly, and the feedback from them is positive.”

“We had positive feedback from the coaches during the basketball against alcohol and drugs tournament.”

“Out of 55 vision day evaluations, 30 rated the event ‘excellent,’ 20 rated the event ‘good,’ and 3 rated the event ‘fair.’”

“Our program continues to get referrals, we receive positive community feedback, and our attendance is high.”

“We had zero referrals to social services or tribal peace giving court this quarter. Attendance in activities is positive and consistent.”

## STATE AND TRIBE BEHAVIORAL HEALTH COORDINATION

All tribes gather on a quarterly basis at the Nine Tribes Quarterly Prevention Summit. The tribes host the summit, and the addictions and mental health prevention specialist/tribal liaison is the facilitator. Each tribe is given an opportunity to share specific prevention activities, trainings, evaluations, issues or concerns, and upcoming events. The meetings are held in various tribal locations around the state on the second Tuesday of December, March, June, and September. This summit gives the tribes and tribal liaison an opportunity to learn from each other, coordinate with other prevention efforts across the state, and to share successes and challenges among tribal prevention coordinators.

## SYSTEM IMPROVEMENT INITIATIVES

*1. Tribal Best Practices:* In 2007, the Oregon tribes participated in their “First Gathering of Tribal Researcher and Evaluators” to discuss concerns about criteria established by AMH for defining and measuring the adoption of evidence-based practices (EBP). The existing criteria was placing Native American programs at a disadvantage; research related to practices delivered by Native American programs remains small and these programs may feel pressure to replace practices that have strong cultural validation with practices on the AMH list. Representatives of the tribes drafted a position paper of their concerns and presented it to AMH administration.

Since there is insufficient scientific evidence for imposing practices on Native American providers, AMH concluded that a different framework was needed. Native American stakeholders would take a primary role in designing and developing a framework for evaluating and disseminating effective practices for the Native American culture and values.

In 2008, Oregon tribes held their “Second Gathering of Tribal Researchers and Evaluators.” At this meeting criteria were developed for evaluating Native American practices that include accountability or fidelity. They ensure that a practice is being provided by trained persons and follows the history and general guidelines of the practice in order to provide positive outcomes. Approval is granted by a panel of Native American elders in the field of addictions and mental health.

At this time there are 13 approved tribal practices listed on the AMH EBP Web page including; adventure-based, canoe journey/family, ceremonies and rituals, cradle boards, cultural camps, domestic violence group treatment for men, family unit, round dance, sweat lodge, talking circle, tribal crafts, tribal family activities, and tribal youth conference. The next tribal best practice stakeholder meeting is scheduled for

December 9, 2009. Participants will address the ongoing needs of adding and adapting practices to meet the requirements of SB 267, Evidence-Based Programs.

**2. *New Certified Prevention Specialist Portfolio process:*** The Addiction Counselor Certification Board of Oregon (ACCBO) board of directors approved a CPS portfolio review process for individuals having difficulty passing dominant culture psychometric standardized testing. This opens access to certification. The AMH prevention specialist/tribal liaison will provide technical assistance to the tribes on the application process. Recently, the first tribal prevention coordinator application that met AMH requirements was sent to the ACCBO for approval.

#### STATE PREVENTION STAFF UPDATE

After more than 21 years of public service, Caroline Cruz resigned as the tribal liaison to return home to the Confederated Tribes of Warm Springs where she is general manager of Human Services. On September 21, 2009, Jason Yarmer was hired as the new tribal liaison. Mr. Yarmer's previous work includes directing the Native Youth Suicide Prevention Project at the Native American Rehabilitation Association of the Northwest (NARA-NW). The project is a partnership between the nine federally recognized Native American tribes, and Portland State University. Prior to NARA-NW, Mr. Yarmer was employed at Columbia Community Mental Health, where he worked in both alcohol and drug prevention and treatment.

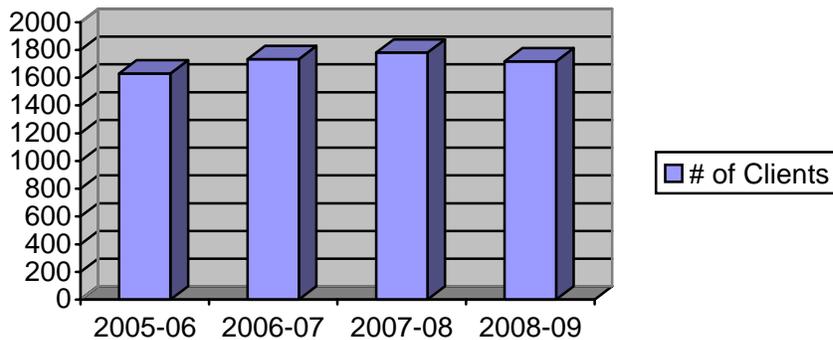
#### TRIBAL ALCOHOL AND DRUG TREATMENT SUMMARY

Seven of the nine federally recognized tribes in Oregon receive a minimum of \$50,000 per year for outpatient treatment services. The Coquille Indian Tribe and the 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. NARA-NW receives outpatient and residential dollars and serves urban Indians and referrals from all nine tribes of Oregon. The Wemble House through the Klamath Tribes provides residential substance abuse services for adolescents.

The nine providers served 1,718 clients during the 2008-2009 fiscal year. The number of clients served over the last four years has been consistent, ranging from 1,630 in 2005-2006 to 1,781 in 2007-2008. These data were taken from the Client Process Monitoring System (CPMS) on 9-25-09.

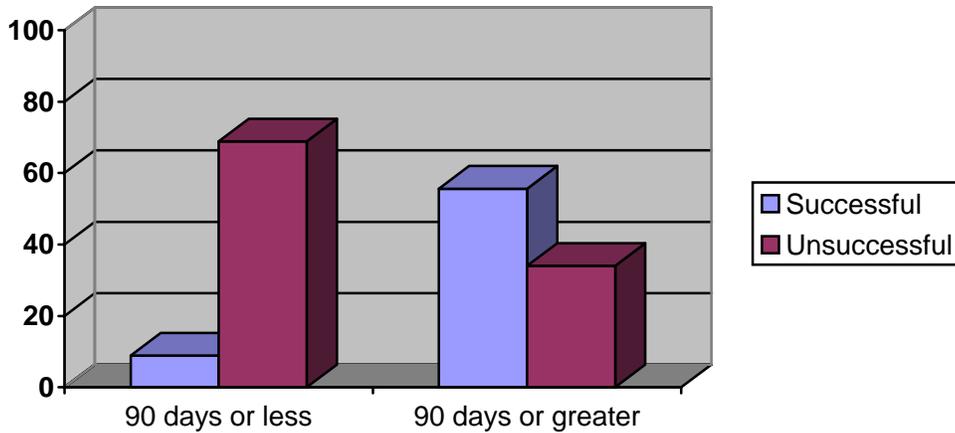
*Alcohol & Drug Treatment Services, 2008-2009*



*According to numerous research studies focused on examining outcomes associated with addiction treatment, length-of-stay in treatment is a strong indicator of positive clinical outcomes such as reduced criminal behavior, increases in employment, educational improvements, and abstinence. A minimum of 90 days in treatment is correlated with more positive outcomes. As shown in the chart above, almost 50 percent of those clients served by tribal treatment programs stay a minimum of 90 days in treatment.*

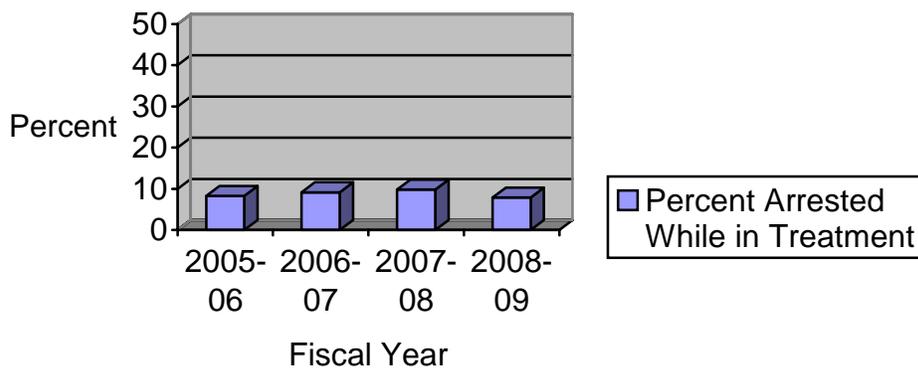
**The chart below displays the outcomes of successful or unsuccessful treatment based on the number of days in treatment. If a client is in treatment less than 90 days, the rate of treatment success is 8.93 percent. In contrast, a client in treatment for 90 days or greater has a far greater success rate of 55.59 percent.**

*Treatment Outcomes Based on Length-of-Stay*



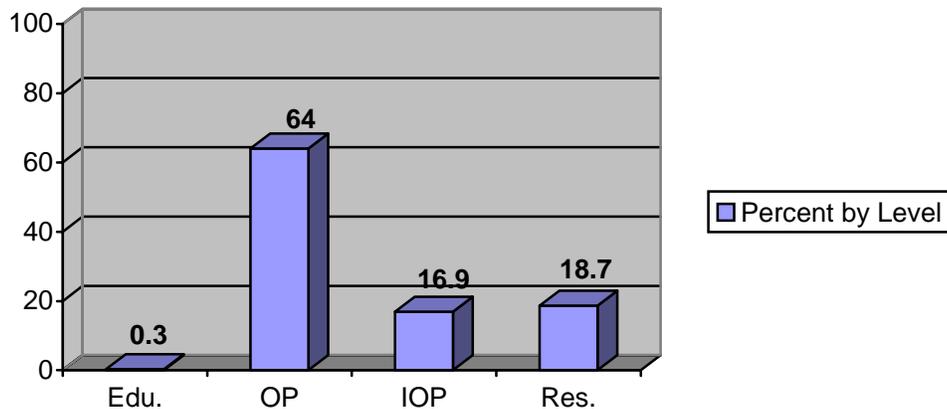
*One of the most significant and cost-saving outcomes of addiction treatment is reduced criminal involvement. Of all those clients who completed treatment or otherwise discontinued participation in tribal programs, more than 90 percent remained crime-free while participating in services. The chart below shows that only 7.88 percent of clients were arrested while in treatment in 2008-2009.*

**Criminal Justice Clients Arrested While in Treatment**



The next chart shows the percent of clients that received each level of care. ‘Edu.’ stands for Education, ‘OP’ stand for Outpatient, ‘IOP’ stands for Intensive Outpatient and ‘Res.’ stands for Residential.

### *Level of Care, 2008 to 2009*



### LETTERS OF APPROVAL AND RENEWAL

Among the providers, five received renewals during this fiscal period: Confederated Tribes of Warm Springs, Burns Paiute Tribe, Confederated Tribes of Siletz, Klamath Tribes, and NARA-NW. Chemawa Indian School received an initial letter of approval. The providers not listed (Confederated Tribes of Grand Ronde, Confederated Tribes of Umatilla, KADA, and Cow Creek Band of Umpqua Tribe of Indians) are all in compliance, and were not due for a renewal this fiscal year.

### NATIVE AMERICAN LEADERSHIP DEVELOPMENT IN OREGON

During the fiscal year 2008-09, the Department of Human Services, Addictions and Mental Health Division engaged in planning and preparation for the Oregon Native American Leadership Institute. The Institute began with five-day immersion training on the Confederated tribes of Warm Springs Reservation the week of October 5-9, 2009. This event was sponsored by the Department of Human Services, Addiction and Mental Health Division, Northwest Frontier ATTC, and the Substance Abuse and Mental Health Services Administration

(SAMHSA) Partners for Recovery Initiative. The primary goal of the Leadership Institute is to cultivate new leaders within the addiction field through the enhancement of knowledge and development of competencies among new and emerging leaders.

Eleven Oregon Native American addiction professionals representing both prevention and treatment providers participated in this first portion of a six months long Leadership Institute. Each of the 11 “Future Leaders” was paired with a “Teacher” from their Tribe for mentoring. The Future Leaders completed three assessment tools (Myers-Briggs Type Indicator, Thomas-Kilman Conflict Inventory, and a 360 degree Leadership Effectiveness Inventory) that provided them with a unique understanding of their leadership strengths and “gaps.” During the next six months they will work closely with their mentor to complete a leadership project (specific to their tribe) that will allow them an opportunity to enhance and build their leadership skills. A Completion Ceremony and presentation of their projects will be scheduled for late spring 2010.

## TRIBAL MENTAL HEALTH SERVICES IN OREGON

Development of mental health services for Native American children continues to move forward gradually. In 2008 Christie Care, a psychiatric residential treatment services provider (PRTS) opened a culturally specific residential treatment program for Native youth. The program is located along the banks of the Clackamas River and is named Cedar Bough. While there have been some glitches between tribal needs and Medicaid payment rule, in the past year the program has successfully admitted and provided mental health treatment to more than 60 middle school and high school age youth. Treatment planning has been specifically designed to provide opportunities for these young people to reconnect in their tribal customs. Treatment activities include drum circles, beaded art work, giving ceremonies, a sweat lodge, the participation and sharing by tribal elders and culturally appropriate foods

to name a few. The youth are also provided with the opportunity to participate in many of the Pow Wows held around the state.

A second program, Morrison Center provides psychiatric day treatment services and therapeutic foster homes for young Native American children. Child Welfare is working closely with the tribes to ensure their ability to directly access these services when needed.

Language in Oregon's Administrative Rule and contracts has been revised to better meet the needs of tribes wanting to access psychiatric treatment for their youth. Previously, all referrals to the PRTS level of care had to first go through the county for authorization. This is no longer necessary. Additionally specific documentation requirements have been adjusted to better meet the needs and resources of Oregon's tribal communities.

Umatilla Tribe and Warm Springs Tribe are well on their way toward developing a standing multidisciplinary team to review individual cases. These 'child and family teams' or 'circles of care' can best determine what resources might be available to the youth, ensure they are treated in the least restrictive level of care and that resources are in place to assist with discharge planning. Other tribes are being encouraged to develop similar practices.

In the Adult Mental Health system, disconnects between a changing mental health system and the rights of sovereign nations to place a mentally ill adult involuntarily in a state hospital have emerged. The Director's Office and other Addictions and Mental Health Division managers are actively working with the Tribal Liaison at the Attorney General's office to determine how to resolve these issues in a way that supports tribal access to secure adult mental health services.

In terms of statewide utilization in the last year, Oregon has provided mental health services to approximately 1,280 Native American children and 1,424 Native American adults. The data demonstrates an additional

1,424 Native American adults have been served in the State Hospital; however there may be some overlap if an adult client was in the hospital and also received community based services during this period of time.

## INDIAN CHILD WELFARE

DHS collaborates with the Oregon tribes to prevent and reduce the number of Native American children placed into state custody. The Oregon tribes participate with DHS through the Tribal/State Advisory Committee, which meets quarterly and holds an annual conference. Oregon 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.

## NOTABLE 2009 INDIAN CHILD WELFARE EFFORTS

DHS is working in partnership with Oregon tribes to safely reduce the number of Indian children in foster care. Specific strategies to safely reduce the disproportionate number of Indian children in state custody who are Indian Child Welfare Act-eligible are being developed, and a grant from Casey Family Programs will bring additional resources to support that effort. In May 2009 the Oregon tribes, DHS staff and several community partners convened the N8V Summit, partially funded by the grant from Casey Family Programs to address the issues of Indian Child Welfare Act (ICWA) compliance and the disproportionality of Native American children with Oregon's child welfare system. There were a total of 12 teams with each tribe having a team, one team from

each of the DHS ICWA Units and one team from CAF Central Office. The teams put together action plans specific to their areas that included addressing culturally appropriate resources and services.

In 2009, the Tribal/State ICWA conference was co-hosted by the Coos, Lower Umpqua & Siuslaw Tribe. This is the 31st year since the congressional passage of ICWA. At the ICWA Conference, both state and tribal staff increase and strengthen their knowledge in culturally competent and promising practices related to ICWA. Workshops and activities are designed to strengthen these areas with an intended outcome of building relationships with state and tribal staff and understanding the work of each other. While similarities may exist there are many differences in approaches to the child welfare work. The conference is anticipated throughout the year as a renewal of hope and working together to provide cultural appropriate service to Native American children and families. While there are many challenges this venue provides an opportunity for folks to have open, honest discussion and learn best practice.

As part of the Program Improvement Process (PIP), DHS identified the need for an expanded list of expert witnesses for court proceedings when a case is identified as an ICWA case. DHS staff and tribal staff have formed a workgroup to develop training materials for the recruitment and training of expert witnesses. The first meeting was held in September 2009.

DHS and the Oregon 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 timelier data and information that will allow them to improve services for Indian children and their families. OR-Kids is scheduled to “go live” in the summer of 2010.

## FUNDING

Many of the funding programs as described below 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 the 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.

The source of these funds is Title XX of the Social Security Act and must therefore meet program requirements for Title XX and stay within the parameters outlined in Oregon's Title XX state plan.

All nine federally recognized tribes of Oregon receive Social Service Block Grant funds.

## SYSTEM OF CARE

Oregon's System of Care (SOC) child welfare model is the result of a collaborative agreement between the Department of Human Services, the Juvenile Rights Project (JRP), and the National Center for Youth Law. That agreement was 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 in order 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 of 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 the 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 are to receive medical coverage under Title XIX (Medicaid). DHS pays the non-federal share of the Title IV-E payment i.e. 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, on October 7, 2008, the President signed the Fostering Connections to Success and Increasing Adoptions Act of 2008, (P.L. 110-351, Fostering Connections Act) into law. This means that 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.

#### IV-E WAIVER AGREEMENTS

DHS currently has agreements with four Oregon tribes for Title IV-E waiver funding. These agreements provide waiver funding to tribes so children under the jurisdiction of the Tribal Court, or tribal children in substitute care placements and their families, can receive services that will prevent foster care placement, facilitate family reunification or expedite permanency.

The types of services provided with Title IV-E waiver funds focus on culturally specific services that may include:

- Individual sessions with the child to develop and maintain respect for Native culture;
- Child/family advocacy at community meetings;
- Child/family advocacy at court hearings and CRBs;
- Attendance and participation at child safety meetings, family decision meetings, school meetings and other meetings/staffing related to the child;
- Group sessions, such as talking circles, that are age- and school-appropriate and teach culturally appropriate social, communicative and conflict management skills and traditions;
- Native dance, regalia making, beading and drumming and activities such as ceremonies, festivals or gatherings that may include birth families and foster parents;

- Positive Indian parenting meetings that may include birth parents and foster providers

## 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 tribes with:

- Scheduled conference calls that take place with the one of the tribes on a weekly rotation schedule.
- Face-to-face visits at the tribal office as requested by the tribe.
- Technical assistance and training to tribal staff on the appropriate documentation needed to support the tribes Title IV-E claim for administrative costs and training costs.
- Monitoring and evaluation of the tribes' Title IV-E foster care maintenance payments and administrative claim to ensure timeliness and accuracy.
- Managing compliance with federal and tribal child welfare policy, judicial findings, safety requirements, foster care licensing and case documentation.
- Developing procedures for implementing and administering federal requirements on tribal Title IV-E, SSBG Title XX and System of Care programs.
- Managing tribes' Title IV-E, SSBG and SOC agreements and any contract associated with these federal programs.

## HEALTH SERVICES: HEALTH CARE

Through its Division of Medical Assistance Programs (DMAP), DHS provides ongoing technical assistance for day-to-day operations related to the Oregon Health Plan (OHP). Assistance includes:

- Claims billing;

- Compliance with federal requirements including HIPAA;
- Citizenship documentation included in Deficit Reduction Act (DRA);
- Compliance changes and implementation of the National Provider Identification and taxonomy;
- Understanding DMAP policy and procedures; and
- Implementation of a new Medicaid Management Information System (MMIS).

The new MMIS went live December 9, 2008. It offers significant benefits for tribal providers via a secure provider web portal, including the ability to submit claims, review OHP plan coverage, submit prior authorization requests and request client eligibility. It provides current information about third-party resources and managed care enrollment. Providers receive an immediate response about the status of their requests – in real time and all online.

Daneka Karma retains the tribal program responsibility she assumed effective July 1, 2007. Ms. Karma recently reviewed and revised the tribal program rules, Oregon Administrative Rule (OAR) 410 Division 146 to include:

- Clarification regarding reasonable charges related to billing transportation services, and
- The addition of Licensed Professional Counselors (LPCs) and Licensed Family Marital Therapists (LFMTs) as recognized mental health providers.<sup>1</sup>

DMAP continues to hold quarterly program meetings to ensure tribal programs are informed in advance of program changes, to provide the opportunity to provide input on changes affecting tribal programs, to

---

<sup>1</sup> The adoption of House Bill 2506 amended Oregon Revised Statute 430.010(4)(a) to include LPCs and LMFTs as mental health professionals recognized under their individual license, where previously they practiced under an AMH certification for outpatient mental health program.

answer questions and address issues with the new MMIS, and to give tribal health facilities opportunities to ask questions of DMAP staff and troubleshoot emerging issues and system changes.

The 2009 Legislature approved reductions of some vision and dental benefits from OHP Plus and OHP with Limited Drug benefit packages effective January 1, 2010. These will not affect clients who are pregnant or younger than 21 years of age.

Ms. Karma participated in a “NPAIHB-CMS-IHS Medicare, Medicaid, and CHIPRA Training” in Seattle, Washington September 29-30, 2009 where she presented on Oregon’s Medicaid program.

DMAP continues 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 and DMAP continue to wait for a decision from the Centers for Medicare and Medicaid Services regarding a waiver amendment request related to Senate Bill (SB) 878 (2003). Subject to CMS approval, SB 878 would allow Native American clients eligible for OHP Standard, a limited benefit package, to enroll in OHP Plus, a comprehensive benefit package.

HB 2116, passed during the 2009 legislative session, created a new tax on hospitals to fund the expansion of the OHP Standard program. With the additional funding, enrollment in OHP standard will increase to a monthly average of 26,000, to 50,000. The department is currently waiting for CMS approval of the continuously open reservation list.

A similar reservation list was open for one month in 2008 and 315 Native American/ Alaskan Native (NA/AN) successfully applied and received medical assistance benefits through the OHP Standard benefit

package. A total of 10,031 individuals were found eligible for medical assistance, and the NA/AN population accounted for 3.14 percent of the total population, which is consistent with the percentage of NA/AN client's representative of the OHP population as a whole.

DMAP monitored and worked with NPAIHB staff on pending federal legislation including the reauthorization of the Indian Health Improvement Act. Additionally, DMAP explored with CMS the DRA options for benchmark plans as recommended by NPAIHB staff. All tribal health directors and tribal chairs participated in providing input for the state plan and waiver amendment changes to Oregon's Medicaid program.

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

---

While extensive, this 2009 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 not only an essential part of Oregon's history and heritage, but also challenges of meeting contemporary needs. Therefore, DHS devotes significant resources and energies across the agency to maintain and improve this collaborative partnership. DHS believes it is doing a creditable job, and we invite representatives of the tribes and other stakeholders to continue to work with on becoming even more effective in the years to come.

Bruce Goldberg, Director

Date

**PARTICIPATING DHS STAFF**

Tribal Relations Liaison.....Richard Acevedo  
FQHC/RHC Program Manager and Tribal Resource..... Daneka Karma  
Seniors and People with Disabilities Division .....Judy Bowen  
Children Adults and Families Division ..... Mary McNivens  
Addictions and Mental Health Division.....Jason Yarmer  
Addictions and Mental Health Division ..... Rita McMillan  
Public Health Division ..... Tricia Tillman

## 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