

November 2010

Oregon Department of Human Services  
2010 Government-to-Government Report

## INTRODUCTION

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The Oregon Department of Human Services (DHS) is pleased to share this 2010 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.

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### HEALTH SERVICES CLUSTER MEETINGS

Senate Bill 770, passed in 2001 and entered into statute as ORS 182.162, requires state agencies to promote communications between the agencies and the tribes of Oregon. The Legislative Commission on Indian Services established a Health Services Cluster to meet quarterly with the tribes of Oregon to address intergovernmental and tribal issues. DHS is the lead agency for these meetings, which also include Oregon Housing and Community Services, the Commission on Children and Families, the Department of Business and Consumer Services and other agencies. DHS organizes and provides logistical support for the meetings.

### TRIBAL ACTIVITIES

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#### BURNS PAIUTE TRIBE

The Burns Paiute Tribe has two staff members who are involved as elder coordinators. The local Area Agency on Aging has been encouraged to expand its services to include the tribal elders for the Older Americans Act (OAA) Nutrition and Family Caregiver Support Programs. A Medicare Part D presentation was given to the elders through the Senior Health Insurance Benefits Assistance Program and the Harney County Senior Services Center.

The Burns Paiute Tribe operates a tribal clinic providing services to tribal members and members of other federally recognized Indian tribes. Burns is a small tribe with approximately 300 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 DHS Division of Medical Assistance Programs (DMAP). DMAP meets quarterly with the Burns Paiute Tribe and provides technical assistance to the tribe on billing and other aspects of Title XIX, the federal program

governing payments to Indian tribes. DHS acts as the conduit for these funds to the tribes.

The Burns Paiute Tribe, the smallest in Oregon with fewer than 200 members living on the reservation located just outside of Burns, has a unique relationship with DHS Children, Adults and Families Division. The Tribal Court 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 \$8,146.72 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. Five 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 members.

The tribe has worked diligently to have a true community Substance Abuse Prevention Coalition in place and has met with Tribal Council to discuss key issues. This has been a great success with many community members involved. The Tribal Prevention Coordinator provided several educational and alternative activities throughout the year including alcohol prevention bingo, tobacco prevention training, marijuana prevention education, a prevention dinner and walk, Red Ribbon week activities and multiple family fun nights.

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

The state Unit on Aging staff offered technical support to the Elder Coordinators on caregiving 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 Coos, Lower Umpqua and Siuslaw Tribes developed the Tribal Caregiver Guidelines for Title VI. This increases Title III and Title VI coordination.

Staff from the DHS Seniors and People with Disabilities Division (SPD) participates with the tribe in the Native Caring Planning Committee.

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians operate a health clinic serving tribal members and members of other 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 DMAP.

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 DHS 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 \$14,817.75, which served 119 clients.

The tribal prevention coordinator uses many educational and alternative strategies for tribal and community members. Education and tribal culture are infused with events such as family gatherings, Canoe Crew Program, culture camps, after-school prevention education, traditional food gatherings and various other events throughout the year. The program focuses on bringing families together, promoting bonding and working together.

#### CONFEDERATED TRIBES OF GRAND RONDE

Northwest Senior & Disability Services (NWSDS), the local Area Agency on Aging working with the Confederated Tribes of Grand Ronde to pursue a peer counseling program. The agency also participates in the Tribal Health Fair attended by 300 tribal members.

DHS staff and NWSDS are involved with the intergovernmental agreement for monitoring of the three Adult Foster Homes where elders are safe and living as independently as possible.

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 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 DHS 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. The community

awareness and methamphetamine awareness teams continued to meet monthly. 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 and neglect. A Title IV-E contract with DHS provided \$122,385.34 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 \$58,109.01 for safety, permanency, well-being and attachment services for children in care.

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 asked DHS to inspect and license the homes in order to ensure that they are operated in the safest manner possible.

The Tribal Prevention Coordinator provides services throughout the year for the tribal and community members including; canoe family/canoe journey, parent and community internet safety training, youth culture club (two times a month), sponsored the Native Youth Wellness Day in March and the eighth annual Agency Creek Round Dance. The Tribal Prevention Coordinator is a member of the SPF-SIG (Strategic Prevention Framework) Advisory Council, and is a key contact for state agency staff.



## CONFEDERATED TRIBES OF SILETZ

The State Unit on Aging staff offered technical support to the tribe's elder coordinator on caregiving 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.

The Native Caring Planning Committee held six partner meetings with the Siletz Tribe. This resulted in plans for a Native Caring Conference to be held in 2011 and comprehensive and integrated client supports through best practice sharing. It also helped the tribe meet goals for Older Americans Act Title III and Title VI coordination.

The Siletz Tribe provides for the medical needs of its members through a medical clinic 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 DHS Children, Adults and Families Division (CAF). CAF has a strong partnership with the tribe for member children in the 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 \$34,287.37 in Title IV-E funds 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 and

exploitation of children. The grant provides for community-based, home-based or other less intensive forms of care.

The tribe receives System of Care funds of \$53,412.78 to provide for individualized services, to involve families in case planning, assist with community collaboration and establish custom services serving 196 clients.

The tribe is one of two in Oregon that runs its own Tribal TANF program. The funds do not pass through DHS. The tribe receives federal funds directly from the U.S. Department of Health and Human Services (DHHS). The tribe administers the program and uses its own system and methods for tracking data on the families its serves.

DHS has an agreement with the tribe to provide additional services to members who are receiving Tribal TANF assistance. These services include employment and training work experience, and additional supports to families. They are paid with state funds and counted toward the TANF maintenance of effort requirement. The agreement requires the tribe to provide data on the number of clients served through the agreements.

The Tribal Prevention Coordinator facilitated the Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) coalition including recruiting membership and assisting in the implementing of coalition goals and plans. The tribe implements many programs including leadership activities, school-based prevention education, Methamphetamine Awareness Program, Drug Awareness Program, and hosted many prevention activities throughout the year.

## CONFEDERATED TRIBES OF UMATILLA INDIAN RESERVATION

State Unit on Aging (SUA) staff organized a Social Security presentation at an elder's luncheon in August. It was attended by 20 elders.

SPD staff, the Area Agency on Aging (Community Action Program of East Central Oregon or 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 SUA offered technical support to the elder coordinator on caregiving and nutrition programs with monthly phone calls and emails and two site visits. This increased collaboration with a goal of people living as independently as possible and people staying healthy. SPD staff participated in the Native Caring Planning Committee with the tribe. SPD staff provided Targeted Case Management (TCM) training to new and existing tribal staff.

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 DHS 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 Services 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 \$31,974.67 to meet the individual needs of the children and their families in order to promote safety and permanency. The tribe received \$38,355.56 for direct service.

The tribe continues to offer Daughters of Tradition classes at the middle school, Wellbriety coalition meetings, a Sons and Daughters of Tradition

summer session and traditional campout. The coordinator also provided prevention educational classes and assisted in the annual Basketball Against Alcohol and Drugs (BAAD) tournament and Red Ribbon week activities including prevention awareness, stomp out drugs walk and honoring people in recovery.

## 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.

The 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 Siuslaw 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 DHS Division of Medical Assistance Programs to bill Medicaid and Medicare for services.

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

The Coquille Indian Tribe receives \$15,043.08 in System of Care 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; 64 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 to 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 Tribal Prevention Education program continues to be a successful area with growth and participation. The after-school and teen programs provide an excellent opportunity for education and interaction. The staff continues to build strong, meaningful relationships with youth. The youth mentoring trip and snow camp allow staff to interact with tribal youth who do not live on the reservation but are an important component to youth programs. The Tribal Prevention Coordinator provides various education and alternative activities including an Alcohol, Tobacco and Other Drugs-free (ATOD) New Year's party with over 200 in attendance, and a teen group that meets weekly. The coordinator also participates in a partnership with the community coalition.

## COW CREEK BAND OF UMPQUA INDIANS

The local Area Agency on Aging and the Cow Creek human services manager met to collaborate in Older Americans Act (OAA) programs, especially caregiver services for relatives raising children. A “powerful tools for caregivers” training is being planned for tribal members.

Training was offered by the State Unit on Aging staff to local Lifespan Respite and Family Caregiver Support Program staff in Douglas County. Due to outreach to the tribe, there is 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. Talks were begun with Cow Creek Tribal Clinic to discuss the potential of instituting a targeted case management program.

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 \$22,897.28 in flexible System of Care funds to meet the individual needs of children and their families; 211 clients were served.

The tribal prevention coordinator and behavioral health staff provide opportunities for prevention education and family bonding at tribal events throughout the year including the annual tribal powwow, health fairs and

other tribal community events. Staff collaborates with various partners and participates in the local coalition with county and non-profit staff.

## KLAMATH TRIBES

SPD and State Unit on Aging staff offered technical support to the elders coordinator on caregiving and nutrition.

The State Unit on Aging staff, elder coordinators and Area Agencies on Aging developed tribal caregiver guidelines in 2010 for the Title VI Caregiver Program with the assistance from the Administration on Aging. There were six partner meetings this year which increases collaboration, communication and coordination between Title III and Title VI Services with the tribes.

SUA staff worked closely with the department to develop Title VI Caregiver Standards. This resulted in increased knowledge of caregiver programs in Oregon. A site review by the local Area Agency on Aging led to a suggestion of increased participation with the Klamath Tribes and Older Americans Act programs. This will help elders and tribal members receive a nutritious meal that meets RDA requirements and enhances caregiver services.

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

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 Tribe 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 four sources, all administered by CAF:

- A Social Service Block Grant of \$27,014;
- System of Care funds of \$24,280.32 to meet the individual needs of children, which served 180 clients;
- Title IV-E waiver monies in the amount of \$14,657, serving 180 clients.
- Title IV-E Administrative Payments \$3,132.

The tribe is one of two in Oregon that runs its own TANF program. The funds do not pass through DHS. The tribe receives federal funds directly from the U.S. Department of Health and Human Services, administers the program and uses its own system and methods for tracking data on the families it serves.

Under an agreement with the tribe, DHS provides additional services to members who are receiving TANF assistance from the tribe. These services include employment and training, work experience and additional supports to families. They are paid with state funds and counted toward the TANF maintenance of efforts requirement. The agreement requires the tribe to provide data on the number of clients served through the agreement.

The tribal prevention coordinator wrote a newspaper article about parents talking to their youth regarding the dangers of inhalants. Throughout the year, there are many opportunities for prevention education and ATOD-free activities including sports camp, culture camp, marijuana prevention education, back-to-school powwow, marijuana prevention education, and other family bonding opportunities. The coordinator provides early



identification and referrals for tribal and community members in need of individual or family mediation services.

## CONFEDERATED TRIBES OF WARM SPRINGS

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

The State Unit on Aging staff provides contract oversight and compliance for the Administration on Aging's Evidence Based Living Well federal grant. The Confederated Tribes of Warm Springs have developed ongoing programs for their elders and give presentations to help other tribes around the nation initiate similar programs. The Enhanced Fitness physical activity program results in improved health and decreased hospitalization and health care costs.

With assistance from the Administration on Aging, the State Unit on Aging, elder coordinators and Area Agency on Aging in 2010 developed tribal caregiver guidelines for Title VI caregiver program. There were six partner meetings during the 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 Services Block Grant of \$32,980 to assist with providing effective, culturally relevant child welfare services to Indian children and their families. Funds provided to the tribes for child welfare services provided by the tribes are not 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 received \$56,602.17 for Oregon's System of Care, serving 168 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 \$205,941.77 for Title IV-E foster care payments.

The Confederated Tribes of Warm Springs co-manages DHS cases with SPD. The tribe and DHS are increasing their collaboration and communication regarding shared clients 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 tribe continues to provide many alternatives, educational opportunities and community-based processes including "Back to the Boards" a tribal "best practice." The tribe hosted several community-based activities including weekly Saturday garden workshops. Many cultural and educational activities are available to the community throughout the year including a methamphetamine prevention conference,

men and women's health fairs, traditional drum making, jingle dress making class, and the annual Pi-um-sha health fair and powwow.

## DHS PROGRAMS THAT AFFECT ALL TRIBES OF OREGON

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### TRIBE-WIDE ACTIVITIES

## PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

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The Public Health Emergency Preparedness Program (PHEP) has established contracts with eight of the nine federally recognized tribes in Oregon. The PHEP tribal liaison provides direct technical support to the tribes via regularly scheduled face-to-face meetings, phone, email, web-based seminar and annual conferences.

PHEP-supported activities include:

- Development of emergency operation plans;
- Incident command system (ICS) training;
- Funding to support the staffing of a tribal preparedness coordinator; and
- Assistance with integration of tribal public health preparedness with emergency management.

During the H1N1 response, state and federal resources were directly distributed to tribal partners. These included pandemic vaccine and Strategic National Stockpile (SNS) assets such as antiviral medications and personal protective equipment.

Since 2007, PHEP maintains contracts with participating tribal governments through government-to-government agreements. The contract funding formula was developed in partnership with tribal governments and the Northwest Portland Area Indian Health Board. It

includes a base award of \$8,000 plus per capita funds to support preparedness activities.

In 2009, Congress appropriated supplemental Public Health Emergency Response (PHER) funds to support pandemic H1N1 response activities. Funding was used to support distribution of pandemic H1N1 vaccine, SNS-supplied antiviral medications and personal protective equipment for public information and education activities.

<b>Preparedness Program Funding to Tribal Governments (2009/2010 grant cycle)</b>		
	<b>PHEP</b>	<b>PHER</b>
The Confederated Tribes of the Coos, Lower Umpqua, Siuslaw Indians	\$20,918	\$12,000*
The Confederated Tribes of the Grand Ronde	\$37,952	\$18,000
The Confederated Tribes of the Siletz Indians	\$54,826	\$18,000
The Confederated Tribes of the Umatilla Indian Reservation	\$37,266	\$18,000
The Confederated Tribes of Warm Springs	\$58,888	\$18,000
The Coquille Indian Tribe:	\$23,076	\$18,000
The Cow Creek Band of Umpqua Indians:	\$31,678	\$12,000*
The Klamath Tribes	\$37,684	\$18,000
		*Opted out PHER 3 funds

## HEALTHCARE PREPAREDNESS PROGRAM

The Healthcare Preparedness Program (HPP) allocates funds to each of the seven preparedness regions. Awards to individual entities are determined by regional boards made up of representatives from hospitals, health departments, emergency management, EMS, behavioral health, clinics and tribal governments. Among other conditions of award, recipients of funds agree to develop emergency management plans, use the Incident Command System (ICS), participate in local emergency planning and exercises, and to participate as a member of the regional health care preparedness board.

### **Health Care Preparedness Program Funding to Tribal Governments (2009/ 2010 grant cycle)**

	<b>HPP</b>
The Confederated Tribes of the Siletz Indians	\$14,853
The Confederated Tribes of the Grand Ronde Community of Oregon	\$15,080

## OFFICE OF DISEASE PREVENTION AND EPIDEMIOLOGY

### ACUTE AND COMMUNICABLE DISEASE PREVENTION

Acute and Communicable Disease Prevention (ACDP) works regularly with the Northwest Portland Area Indian Health Board (NPAIHB), an organization established by and serving the tribes of Oregon, Idaho and Washington.

ACDP's medical epidemiologist regularly meets with NPAIHB staff to develop rules that will better ensure the accuracy of birth, death and cause-of-death reporting for American Indians/Alaska Natives by the state Public Health Division (PHD) Center for Health Statistics.

Examples of work completed in 2009 are:

- Linked with NPAIHB's Northwest Tribal Registry to improve accuracy of American Indian/Alaska Native race data in the PHD's influenza hospitalization and mortality database.
- Worked with the NPAIHB medical epidemiologist to arrange and co-present a day-long national workshop, Improving Data Quality in Indian Country.
- Worked with NPAIHB, other states, Indian Health Service (IHS), and the U.S. Centers for Disease Control and Prevention (CDC) to develop an ongoing case-control study that assesses risk factors of influenza hospitalization and mortality among American Indians/Alaska Natives.

ACDP activities with specific tribes:

The Klamath Tribes:

Consulted with tribal health director to develop strategies that increase the relevance and usefulness of PHD-sponsored epidemiology trainings for tribal health staff.

The Confederated Tribes of Siletz Indians:

Worked with PHD Office of Family Health and Siletz Tribal Community Health Program to coordinate efforts in obtaining and implementing grants to fund evidence-based maternal, infant, and early childhood home-visiting interventions.

Provided training on a new, web-based reportable disease tracking system so that tribal staff can have direct access and can use the system for disease reporting.

At the statewide Oregon Epidemiology Conference in Bend, staff from the Warm Springs Prevention Health Education Team presented information on their innovative “knock and talk” program to increase

awareness of effective influenza prevention strategies and to promote H1N1 flu immunization.

## HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

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The state's Tobacco Prevention and Education Program (TPEP) issued \$720,000 in tobacco prevention program grants to federally recognized tribes in Oregon for the 2009-2011 biennium (\$360,000 each year). 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. With these resources, tribes are working on policy and systems change to create (commercial) tobacco free environments, prevent tobacco use initiation among youth, promote quitting, and reduce the burden of tobacco-related chronic disease. Grant objectives emphasize policy development in tribal worksites, multi-unit housing, tribal health centers, Head Start and child care, retail settings and events. TPEP follows guidance from the National Native Tobacco Prevention Network (called Keep It Sacred), NPAIHB and tribal members working on TPEP grants to ensure that trainings are culturally appropriate and successfully build capacity for tobacco use prevention advocacy within tribal communities.

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 in Oregon who smoked during pregnancy from 1997 to 2005.

- Since 2001, Oregon's eighth grade American Indian smoking prevalence declined by 29 percent overall, and by 17 percent in 2008, when the smoking rate was 12 percent.
- Since 2001, Oregon's 11th grade American Indian smoking prevalence declined by 43 percent, and 35 percent in 2008, when the rate was 20 percent.

Health Promotion and Chronic Disease Prevention (HPCDP) has been working with the tribes and the Northwest Portland Area Indian Health Board to develop a strategy for integrating tobacco prevention efforts into other chronic disease prevention, early detection, and self-management efforts within tribal communities. HPCDP contracted NPAIHB to help plan the Tribal Healthy Communities Institute held in April 2010. At this institute, HPCDP and tribes reviewed and gathered feedback on a draft community assessment tool that examines health policy and environmental determinants of health. HPCDP gathered recommendations from tribes on how to best continue to support tribes for a Healthy Communities program process (Healthy Communities Building Capacity) which involves convening partners, completing a community health policy and environments assessment, and community action planning for chronic disease prevention, early detection, and self-management.

Having established a common understanding and direction with all nine federally recognized tribes, HPCDP staff met with individual tribes over the summer of 2010 to conduct a readiness assessment. This allowed HPCDP to learn more about the specific opportunities and challenges faced by each tribe to successfully complete the Healthy Communities process.

HPCDP provided additional resources (\$32,500 per tribe) to seven of the nine federally recognized tribes in order to supplement existing tobacco program resources. This additional funding is supporting staffing, travel and participation in statewide training opportunities to fulfill Healthy Communities Building Capacity activities.



HPCDP is in the process of detailing the scope of work for its contract with the NPAIHB in order to ensure that technical assistance and training support delivered to tribes during this process is culturally relevant and appropriate, and that data collection and sharing honor existing tribal data-sharing agreements.

#### HIV/SEXUALLY TRANSMITTED DISEASE / TUBERCULOSIS PROGRAM

HIV / Sexually Transmitted Disease / Tuberculosis (HST) collaborates in planning efforts with the tribes by attending the Northwest Portland Area Indian Health Board's planning group on sexually transmitted disease (STD) and teen issues and by tribal representation on the HIV planning group.

HST is also working on a request to link data with the NPAIHB's Epicenter to identify misclassified cases of reportable STDs among American Indians.

#### INJURY PREVENTION AND EPIDEMIOLOGY

The Youth Suicide Prevention program in Injury Prevention and Epidemiology (IPE) section of ODPE works with the nine federally recognized tribes in several ways, including attendance at the quarterly meetings held with tribal prevention coordinators, in collaboration with the DHS Addictions and Mental Health Division (AMH) tribal liaison. This collaboration has resulted in funding youth activities prioritized and agreed upon by the tribes.

## **Garrett Lee Smith Memorial Act (GLS) Funds Provided to Tribal Governments**

The Confederated Tribes of the Siletz Indians	\$3,000	Siletz Tribal Traditional Crafts/Arts as Mental Health Practices Tribal Adolescent Workshop
The Confederated Tribes of Warm Springs	\$26,000	Native Youth Prevention Conference

### THE SILETZ TRIBAL TRADITIONAL CRAFTS / ARTS AS MENTAL HEALTH PRACTICES TRIBAL ADOLESCENT WORKSHOP HELD ON APRIL 5-6 AT THE SITKA CENTER FOR ART AND ECOLOGY

Tribal youth were invited to attend the workshop and experience traditional arts and crafts sessions led by Native American artists and George Nagel, a mental health practitioner who works for the Confederated Tribes of Siletz. Activities included presentations on traditional arts and crafts as a practice of mental, emotional, spiritual and physical self care; a talking circle in which artists and craftspeople shared how their practices foster personal, family, and community growth and development; basket weaving; drawing; clay sculpture and mask making; and storytelling.

### THE NATIVE YOUTH PREVENTION CONFERENCE, WARM SPRINGS, JUNE 13-18

Tribal youth were invited from all nine federally recognized tribes, as well as youth and adult mentors from the Native American Rehabilitation Association of the Northwest (NARA). The week-long conference

featured Dr. Clayton Small, who facilitated Native HOPE (Helping Our People Survive). This is a promising evidence-based practice that strengthens the capacity of Native American teens and young adults to help each other, their families, schools and communities by using their “sources of strengths,” including culture and spirituality to break the “code of silence” and unhealthy multi-generational cycles. The goal of Native HOPE is to create a call to action among youth and adults to develop and implement a strategic action plan to reduce suicide and its contributing factors (depression, substance abuse, violence and exposure to trauma).

Workshops on healing historical trauma, healthy gender roles and relationships, conflict resolution, communication skills, healthy sexuality and a suicide intervention skills training in QPR (Question, Persuade, Refer) were also offered, as well as traditional activities including sweat lodge, salmon bake, crafts, games, drum and moccasin-making, storytelling, whitewater rafting and other physical activities.

Several counties received Garrett Lee Smith (GLS) funds as well; for instance, the Douglas County site (ADAPT) works closely with the Cow Creek Band of Umpqua Indians to train new trainers in suicide intervention skills and hold training in the community.

## OFFICE OF FAMILY HEALTH

### TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT PROGRAM

The Title V Maternal and Child Health (MCH) Block Grant program for Oregon tribal governments includes the Cow Creek Band of the Umpqua Indians, the Coquille Tribe, and the Confederated Tribes of Warm Springs. The Yellowhawk Tribal Health Center (Confederated Tribes of the Umatilla Indian Reservation) is preparing a three-year plan and will likely be included in the formula for the 2011-2012 fiscal year.

The table below outlines the target populations and funding levels for the three current participating tribes.

MCH Funding <sup>1</sup> FY 2009-2010		Programs	Partner Counties	MCH Data Grant Funding Formula <sup>2</sup>		
				Births	Women In Need	Population age 0 - 44
Coquille Indian Tribe	\$14,777	Oral Health – Early Childhood Caries Prevention	Coos, Curry, Douglas, Lane, Jackson	9	90	316
Cow Creek Band of Umpqua Indians	\$18,552	Oral Health – Early Childhood Caries Prevention	Douglas	20	557	1571
Confederated Tribes of Warm Springs	\$33,724	Perinatal health: case management, parenting skills/education; child safety	Jefferson Wasco Crook	127	432	3605

1. Total funding available for counties and tribes: \$1,687,133; tribal portion: \$67,053.
2. Data for funding formula: submitted by tribes using member and/or client demographic data as proxy for county demographic data; data from 2007 or 2008.

Below is a description of the three tribal MCH programs as reported for 2009-2010. The MCH Block Grant provides partial support for these activities, mostly for education materials, partial support for staff, and for events and health education classes.

**THE COW CREEK BAND OF UMPQUA INDIANS, COW CREEK HEALTH AND WELLNESS CENTER**

Cow Creek Clinic program began in 2007. It sponsors a dental health education program for pregnant women and children to prevent cavities in early childhood and young children, to increase participation in the dental care services provided by the Cow Creek Dental Clinic.

Activities include:

- Raise awareness and knowledge on cavity prevention among pregnant women and children up to age 12; ongoing recruitment of pregnant women and mothers to participate.
- Develop and distribute packets of information and incentives for young child oral health care including: packets addressed to each child with new monthly calendar and stickers; supply of toothpaste and replacement toothbrushes and heads; articles in tribal and employee newsletters.
- Hold special events for mothers and children to educate about preventive oral health, fluoride supplements, and dental sealants including: brochures and staff at health and employee fairs including goodie bags; sponsoring of sugar-free treats during the holiday season at the clinic; sponsoring events in fall and spring.
- Participants (2009 – 10):
  - Children ages 0 – 12, 159 eligible; 37 currently participating
  - Pregnant women – 11
  - Dental visits – 121

#### THE COQUILLE INDIAN TRIBE, COMMUNITY HEALTH CENTER

The Coquille program began 2007. It is implementing a comprehensive program for prevention of early childhood caries within Coquille tribal youth 6 years and younger. It also is developing a “best practices” public health program to address the problem. Coquille’s goal is to reduce the prevalence of early childhood caries within the target population. Activities include:

- Dental case management using a multidisciplinary approach to improve access and utilization of preventive dental care for application of topical fluoride for all Coquille tribal children aged 0-6 years;
- Education in prevention of early childhood caries provided to the tribal community at large using frequent articles in the Coquille

- Tribal Newsletter, individual education during home visits and telephone conversations;
- Create and distribute educational packets containing a variety of materials to all parents/guardians of children in the target population and pregnant mothers;

Participants (2009-2010):

Families with children 0 – 6 years,37;

Pregnant women – 8;

Fluoride treatments – 19;

Tribal Health Fair – 144;

THE CONFEDERATED TRIBES OF WARM SPRINGS, WARM SPRINGS  
HEALTH AND WELLNESS CENTER

The Warm Springs programs began in 2009. Its programs are focused on improving the birth outcomes and parenting skills of new mothers with particular attention to teen mothers. Following are its goals and activities.

1. Provide education and support services to optimize healthy pregnancy outcomes, and nurture parenting skills with health education and disease prevention programs.
2. Improve the physical, social, psychological and spiritual well being of the members of the Confederate Tribes of Warm Springs community. Activities include:
  - Weekly Mom, Dad and Babies Support Group that provides social opportunities for new parents and also teaches parenting skills;
  - Monthly facilitator for parenting program for group parent gatherings;
  - Quarterly baby board classes where parents make a baby board while learning about its traditional purpose, value and safe use.
  - Postpartum hospital and home visits to arrange follow-up appointment, teach newborn care and safety, provide breastfeeding support and assess infant growth.
  - Participants (2009-10):
    - Mom and babies group – 599;

Childbirth class: – 205;  
Cradle board class – 59;  
Parenting classes – 9;  
Hospital/home visits – 1,269.

## MATERNAL AND CHILD HEALTH PROGRAM

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The Centers for Disease Control and Prevention (CDC) and Council of State and Territorial Epidemiologists (CSTE) funded an Applied Epidemiology Fellow at the Maternal and Child Health program. This individual analyzed PRAMS-2 data in conjunction with the Northwest Portland Area Indian Health Board. PRAMS-2 is Oregon's follow-up survey to the Pregnancy Risk Assessment Monitoring System (PRAMS). Mothers who responded to PRAMS receive a second survey when their children turn 2 years old. The objective of PRAMS-2 is to gather knowledge regarding health experiences of toddlers, and the attitudes and behaviors of their mothers. Oregon is one of only four states in the country that conducts a PRAMS follow-up survey.

PRAMS-2 examined stressful life events and intimate partner violence as risk factors for self-reported postpartum depression among American Indian/Alaska Native (AI/AN) mothers of 2-year-olds in Oregon. Stressful life events were categorized as partner-related, traumatic, financial, and emotional events. They were found to be statistically significant risk factors for self-reported postpartum depression among the 226 AI/AN mothers who responded to PRAMS-2 in 2006 and 2007. As a population-based study, PRAMS-2's findings can be generalized to all American Indian/Alaska Native mothers of 2-year-olds in Oregon.

## WOMEN'S AND REPRODUCTIVE HEALTH PROGRAM

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The Women's Health Program reached out to tribal domestic and sexual violence organizations to encourage them to apply for Rape Prevention and Education (RPE) program funding and to participate on the Attorney

General's Sexual Assault Task Force. Of 18 applicants, the Native American Youth and Family Center (NAYA) in Portland was selected as one of six RPE grantees. This is the first time that a tribal organization will receive Oregon RPE funding.

The CDC Fetal Alcohol Syndrome (FAS) grant has ended. Native Americans were one of the grant's targeted populations because they are at increased risk. Although the FAS grant has ended, posters and brochures are still available and will be sent to tribal organizations upon request.

Oregon's Breast and Cervical Cancer (BCCP)/WISEWOMAN program worked with the Northwest Portland Area Indian Health Board's cancer control project coordinator to recruit tribal health centers. BCCP staff spoke about the program at various NPAIHB events and directly contacted key tribal health center staff members. A BCCP fact sheet was tailored to tribal health centers and disseminated at events and via email.

In 2010, three tribal health centers participated in BCCP: Klamath Tribal Health and Family Services, Siletz Community Health Center, and Warm Springs Health and Wellness Center. Conversations are in process with Grand Ronde Health and Wellness Center, Yellowhawk Tribal Health Center of the Umatilla Tribe, and the Chemawa Indian Health Center, which serves all federally recognized American Indian and Alaska Native people and their descendants.

State employees worked with the NPAIHB to conduct training with Warm Springs and a screening event with the Klamath tribes. They developed the training along with Dr. Mitch Janacek, Warm Springs medical director. Training was provided in three parts for the various players; clinic personnel, medical assistants and data people, and the billing staff. For the Klamath tribal event, state staff worked with Christa Runnels, health educator for Klamath Health and Wellness, to set up and implement a special screening event in Chiloquin in June. Twenty-four women over the age of 50 attended an afternoon event of health



education, bingo and lunch. Women were encouraged to make appointments to be screened for breast/cervical cancer and heart/stroke risks through the BCCP/WISEWOMAN program.

Several BCCP/WISEWOMAN program staff members attended conferences and trainings specific to American Indian & Alaska Native (AI/AN) populations. These include:

- Eighth National Changing Patterns of Cancer in Native Communities: Strength through Tradition & Science held September 12-14 in Seattle. It was sponsored by the Mayo Clinic's Spirit of EAGLES (Education, Advocacy, Grants, Leadership, Elders, Survivors and Scholarship in Indian Country) Leadership Initiative on Cancer. The conference opened with an overview of the history of cancer control among the AI/AN population, followed by a look at cancer patterns. Of note is that incidence patterns vary compared to those in other ethnic groups in several areas of the country, some rates are higher and some are lower depending on the type of cancer.
- Clinician's Update, Cancer Control Training for Physicians, Nurses, Nurse Practitioners, Pharmacists and other providers was held on October 20. This conference took place at the NPAIHB and was sponsored by the Indian Health Service Clinical Support Center. The focus was on application of current research findings to clinical practice for working with cancer patients.
- Regional Native American Cancer Meeting Spring 2010. BCCP/WISEWOMAN staff presented to the tribes on the Oregon BCCP/WISEWOMAN program and how tribes could participate in them.

## IMMUNIZATION PROGRAM

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The Oregon Immunization Program is committed to ongoing engagement with tribal health partners to ensure that American Indians and Alaskan Natives have access to vaccine and immunization services. The Oregon Immunization Program recognizes its special obligations to this population. The program reports to the DHS tribal liaison, who oversees government-to-government relations. The program also works directly with tribal health clinics to provide technical support for vaccine delivery, reporting and education.

During the pandemic response last year, an H1N1 Subcommittee met weekly via conference calls to advise the Immunization Program about H1N1 activities, ensuring active partnership with tribal health clinics to ensure equitable access to vaccine, antiviral medications and other state assets.

The Oregon Partnership to Immunize Children (OPIC) coalition is charged with building immunization leadership and communications channels in all populations. Tribes are represented on the Executive Committee, the Health Equities Workgroup, and the OPIC Prevention Project.

During the H1N1 response, OPIC led development of culturally appropriate communications with the AI/AN communities.

In October 2010, OPIC hosted a regional immunization roundtable meeting at Tamastlikt Cultural Institute through a partnership with the Yellowhawk Tribal Health Center.

The Oregon Immunization Program has formal vaccine supply agreements with the following IHS and/or tribal clinics: Chemawa Indian Health Center, Coquille Indian Tribe Community Health Center, Cow Creek Indian Health and Wellness Center, Grand Ronde Health and Wellness Center, Klamath Tribal Health and Wellness Center, NARA

Health Clinic, Siletz Community Health Center, Warm Springs Health and Wellness Center and Yellowhawk Health Center. Under the written vaccine supply agreements with tribal immunization programs:

- All vaccinating tribal health clinics order state influenza vaccine.
- All vaccinating tribal health clinics have signed Vaccines for Children (VFC) agreements.
- Contractual funding of tribes for the Oregon Public Health Division is managed through Program Elements.

The provider services team provides regular technical services to tribal health clinics including site visits; assessment, feedback, incentives and exchange (AFIX) evaluations; and vaccine shipping and handling support. AFIX is a continuous quality improvement process in immunizations that is supported by the CDC. The goal is to help clinics improve their immunization rates by using ALERT immunization registry data to show them their vaccination trends: who is getting shots, when they are getting them, and where the clinic is missing opportunities to vaccinate kids.

The training team provides updated standing orders, vaccination training, and clinical on-call services to all vaccinating tribal health clinics. The Immunization Program regularly attends official nation-to-nation meetings to update tribal leaders and learn of any barriers to care. Between 2009 and early October 2010, 76 formal service contacts and site visits were documented across all of the clinics.

Tribal health clinics have access to vaccine from the Vaccines for Children (VFC) program and technical support, as well as support in intervention design, preparedness planning and exercise, immunization information system reporting, and epidemiologic needs.

**Immunization Program Funding to Support H1N1 Response (2009/2010 grant cycle)**

The Confederated Tribes of the Coos, Lower Umpqua, Siuslaw Indians	\$6,592
The Confederated Tribes of the Grand Ronde Community of Oregon	\$6,592
The Confederated Tribes of the Siletz Indians	\$6,592
The Confederated Tribes of the Umatilla Indian Reservation	\$6,592
The Confederated Tribes of Warm Springs	\$6,592
The Coquille Indian Tribe:	\$6,592
The Cow Creek Band of Umpqua Indians:	\$6,592
The Klamath Tribes	\$6,592

**NUTRITION AND HEALTH SCREENING (WIC) PROGRAM**

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WIC is a supplemental nutrition program that provides women, infants and children with foods that supply nutrients needed for their specific growth and development needs. Foods available to WIC participants are chosen based on calcium, iron and protein content. Families can then use their other resources to buy other healthy foods. WIC provides a unique set of target services to help families give their children a healthy start. Research shows that promoting healthy habits early in life is a powerful and cost-effective way to improve lifelong health. WIC helps to:

- Support healthy pregnancies;
- Decrease the number of low birth weight infants;

- Prevent chronic conditions such as obesity, diabetes and heart disease.

Two tribes provide WIC services directly to their members.

<b>WIC Funding Provided to Tribes (2009/2010 grant cycle)</b>	<b>WIC</b>
The Confederated Tribes of Warm Springs	\$74,119
The Confederated Tribes of the Umatilla Indian Reservation	\$25,369

## OFFICE OF ENVIRONMENTAL HEALTH

### RESEARCH AND EDUCATION SERVICES

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The Research and Education Services section worked with the Confederated Tribes of the Umatilla Indian Reservation in several ways throughout 2009-2010.

On January 20, 2010, Public Health and Oregon Emergency Management (OEM) hosted a monitoring and sampling workshop where blood and urine sampling collection protocols were developed and the capacities of the Public Health Mobile Lab demonstrated. Participants included the U.S. Army, United States Environmental Protection Agency, Oregon Occupational Safety Health Administration, Umatilla County, Morrow County, Oregon Department of Agriculture, Oregon Public Health Lab, and Umatilla Military Chemical Depot.

The Confederated Tribes of the Umatilla Indian Reservation hosted the first exercise of the recently developed exposure roster and health registry

plans developed by the Office of Environmental Health, Acute and Communicable Disease Program, the state Public Health Lab, and the Public Health Emergency Preparedness Program, in conjunction with the U.S. Army Chemical Stockpile Emergency Preparedness Program (CSEPP). These plans are initially being implemented in the Umatilla CSEPP Community. A wide variety of state and federal partners participated in the exercise held at the Tamastlikt Cultural Center on October 27, 2010.

## HEALTHY HOMES AND SCHOOLS PROGRAM

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In 2009 the Childhood Lead Poisoning Prevention program worked with the Confederated Tribes of Grand Ronde, and their Head Start program to:

- Acquire a portable lead analyzer;
- Set up a blood lead testing program; and
- Set up routine reporting of the test results to the Lead Poisoning Prevention Program.

## DHS/SPD STATE UNIT ON AGING

### Background:

The Older Americans Act emphasizes coordination of Title VI and Title III services that are provided within the Title VI service areas of six Oregon tribes. Coordination helps avoid duplication of services and maximizes available resources for everyone. The primary goals of the Administration on Aging 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.

## INDIAN CHILD WELFARE

DHS collaborates with the Oregon tribes to prevent and reduce the number of Native American children placed in 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 for Tribes, 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 affect Native American children served in the Oregon and tribes' child welfare programs.

## NOTABLE 2010 INDIAN CHILD WELFARE EFFORTS

DHS partners with Oregon tribes to safely reduce the number of Indian children in foster care. Specific strategies are being developed to safely reduce the disproportionate number of Indian children in state custody who are Indian Child Welfare Act-eligible. A Casey Family Programs grant will bring additional resources to support that effort. In May, 2009, the Oregon tribes, DHS staff and several community partners convened

the N8V (“native”) 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. The 12 teams included one from each tribe, one team from each of the DHS ICWA units and one team from CAF central office. The teams developed action plans specific to their areas that included addressing culturally appropriate resources and services. They have continued to work on their action plans through 2010.

In the past year the ICW program manger, assisted by the district managers and the field services manager, revived the work being done on the ICWA liaison roles and responsibilities document. As a result, it is now being implemented statewide to provide practice consistency and accountability and to strengthen the relationships between DHS and tribes.

In 2010, the 32nd year since congressional passage of ICWA, the Cow Creek Band of Umpqua Indians co-hosted the Tribal/State ICWA conference. At the conference, state and tribal staffers increase and strengthen their knowledge in culturally competent and promising practices related to ICWA. This year’s focus was getting back to the basics of ICWA. Workshops and activities are designed to strengthen these areas; the intended outcome is building relationships among state and tribal staff and increasing understanding of each other’s work. Despite some similarities, there are many differences in approaches to child welfare work. The conference is anticipated throughout the year as a renewal of hope and working together to provide culturally appropriate services 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 practices.

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. A work group of DHS and tribal staff is developing training materials for the recruitment and training of



expert witnesses. It began meeting in September 2009 and meetings have continued thru 2010 to address the different aspects of the expert witness process and targeting of recruitment efforts. Its goal is to begin recruitment early in 2011.

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 now is scheduled to "go live" on February 28, 2011. The tribes will receive training on the new OR-Kids system in December 2010 and January 2011.

## FUNDING

Many of the funding programs 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 tribal court jurisdiction and their families can receive effective child welfare services that reduce the risk of abuse and neglect.

The source of these funds is Title XX of the Social Security Act. The programs must therefore meet Title XX requirements 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 among DHS, 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 child welfare philosophy and practice.

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

All nine of the federally recognized tribes of Oregon receive SOC funds. These funds are state General Fund dollars, with no federal requirements. An agreement between the state and the tribes outlines the requirements for SOC fund expenditures and reporting.

## 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. Effective October 1, 2009, tribes have the option to directly access and administer IV-E funds by submitting a plan to the federal government.

DHS is currently providing support to The Confederated Tribes of Warm Springs and the Confederated Tribes of Siletz as they move forward with completing all the federal requirements to access Title IV-E directly through the federal government. DHS has committed to provide the same level of support to any tribe that chooses to access Title IV-E directly. This support includes but is not limited to:

- Technical assistance in completing the Title IV-E State Plan;
- Continuing to provide the general fund match for all children eligible for Title IV-E foster care, adoption assistance and guardianship assistance;
- Allow the tribes to use the OR-Kids system to ensure accurate federal reporting.

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

Oregon's Title IV-E Waiver has been extended until December 31, 2010, while the Administration for Children and Families (ACF) reviews our request to renew our Title IV-E Flexible Funding Waiver. The four Oregon tribes that have an approved Title IV-E waiver agreement received the same extension. The extension did not provide any additional funding, but did allow the tribes more time to expend the funds.

The purpose of these agreements is to 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.

Title IV-E waiver funds are focused on providing culturally specific services that may include the following: 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/staffings pertaining to the child; group sessions, such as talking circles, that are age- and school-appropriate and teach culturally appropriate social, communication and conflict management skills and traditions; native dance, regalia making, beading and drumming, and activities such as ceremonies, festivals or gatherings which may include birth families and foster parents; and positive Indian parenting meetings that may include birth parents and foster providers.

DHS has included the nine tribes in the continued development of the Title IV-E waiver renewal. This collaboration has ensured that the tribes understand where DHS is in the negotiating process with ACF. It is DHS's intention to enter into new Title IV-E waiver agreements that are specific to each tribe's needs, if the Title IV-E waiver renewal is approved

by ACF and the Oregon Legislature approves a General fund budget to match the Federal Funds during the next legislative session.

## ONGOING SUPPORT FOR CHILD WELFARE PROGRAMS

In addition to the funding sources outlined above, DHS is responsible for providing ongoing support for Oregon's nine federally recognized tribes. Specifically, DHS is available to assist the tribes in the following:

- Scheduled conference calls with 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 for tribal staff on the appropriate documentation needed to support the tribe's Title IV-E claim for administrative costs and training costs;
- Monitor and evaluate the tribe's Title IV-E foster care maintenance payments and administrative claim to ensure timeliness and accuracy;
- Manage compliance with federal and tribal child welfare policy, judicial findings, safety requirements, foster care licensing and case documentation;
- Develop procedures for implementing and administering federal requirements as it relates to tribal Title IV-E, SSBG Title XX and System of Care programs;
- Manage tribes' Title IV-E, SSBG and SOC agreements and any contract associated with these federal programs;
- Facilitate appropriate security access;
- Coordinate FACIS and IIS training, which will be replaced by OR-Kids next year;
- Assist with submission of annual state plans and fund requests for Title IV-E;
- Work corroboratively with Region X to ensure that tribes' administrative claiming process meets federal requirements.

## ADDICTIONS AND MENTAL HEALTH DIVISION (AMH)

### ALCOHOL AND DRUG PREVENTION SYSTEM

In the 2010 fiscal year, each of the nine Oregon federally recognized Native American tribes received \$50,000 for substance abuse prevention, for a total of \$450,000 to the tribal communities. These funds support a tribal prevention coordinator position for each tribe. The position provides direct prevention services based on a biennial implementation plan. All nine tribes operate their prevention programs under a current letter of approval from AMH.

The tribes have been awarded \$50,000 from the Enforcing Underage Drinking Laws (EUDL) initiative to create an intertribal underage drinking prevention video on the theme “culture is prevention.” This video will document three Oregon tribal best practices selected by the tribal prevention coordinators. The finished product will be available for dissemination in the spring of 2011.

### PREVENTION PLANNING

The tribal prevention coordinators infuse culture, traditions and tribal best practices (TBPs) into their prevention framework. They focus on increasing protective factors that fall within four domains; individual/peer, family, school, and community. Additionally, the tribes use the six strategies of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention in the delivery of their prevention services: information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental strategies.

## COMMUNICATION BETWEEN AMH AND THE TRIBES

The AMH tribal liaison and other agency staff attended the SB 770 Government-to-Government Health Cluster meetings and the nine tribes quarterly prevention meetings with tribal staff in December, March, June and September. At these meetings, both groups learn from each other's prevention efforts, promote positive communication through the government-to-government relationship, and share successes and challenges in the field. The AMH tribal liaison regularly communicates with tribal staff by phone, email and face-to-face meetings.

## TRAINING AND TECHNICAL ASSISTANCE

Periodically tribes request substance abuse or suicide prevention training and/or technical assistance at various community events. Three tribes requested QPR (Question, Persuade and Refer), and two tribes requested ASIST (Applied Suicide Intervention Skills Training) workshops. The goals of these workshops are to: increase the communities' ability to prevent suicide; increase awareness of suicide; provide a safe place to talk about suicide; and to brainstorm local and national resources that are available to community members.

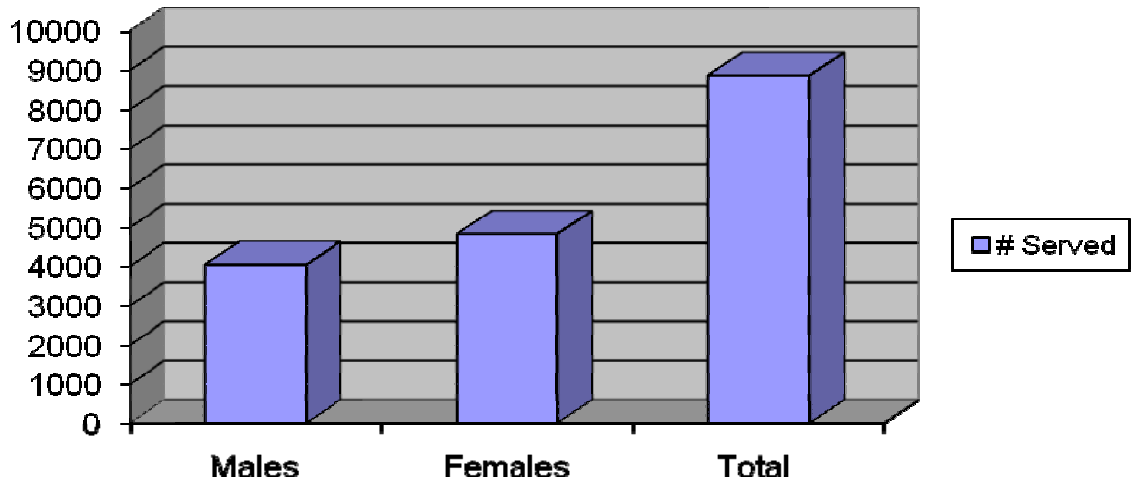
Gathering of Native Americans (GONA) was facilitated by Gary Newman from (Native American Center for Excellence (NACE)). NACE is a training and technical assistance organization funded to assist the tribes, tribal organizations, and organizations that work with tribal members to prevent alcohol and substance abuse.

## PREVENTION SERVICES TO INDIVIDUALS 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). 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.

**A/D Prevention Individuals Served in 2010**



**PREVENTION INPUTS/OUTCOMES**

All tribes identify outcomes to be addressed with the prevention resources from the Addictions and Mental Health Division. The list on the following page describes the prevention inputs coupled with outcome data.

<b>Prevention Inputs</b>	<b>Prevention Outcomes</b>
Provided A/D prevention education	90% of tribal and community members gave positive feedback on comment cards.
Tribal prevention coordinator reaching out to community to increase capacity of the coalition.	Increased coalition attendance with 14-15 members attending regularly.



Prevention education and implementation of tribal best practices	70% of tribal members reported increased knowledge of A/D prevention issues.
Wellbriety Coalition Meetings, prevention education, tribal best practices	Program received positive feedback from tribal leaders and community members.
Various community based processes	Increased ability to early identify youth and make referrals to services.
Prevention education, alternative activities for family bonding	Pre and post tests with 50% demonstrating increased knowledge  Families are reporting an increase in bonding and positive communication.

**Question to the tribal prevention coordinators: “How do you know these programs and/or activities are working?”**

- Good feedback and well attended by community members.
- People’s attitudes and contributions to the issues that we are addressing seem to be more positive and interactive.
- We received positive community and tribal feedback.
- Increased participation and received many positive comment cards.
- No referrals this quarter to social services department.
- The youth who are involved in our programs are not getting referred to social services. Good attendance, happy parents and community members.

## SYSTEM IMPROVEMENT INITIATIVES

1. The Student Wellness Survey was implemented in the spring of 2010 to provide data for tribes and communities in the areas of: school climate, positive youth development, mental and emotional health, problem gambling, substance use, drug-free community core measures and risk/protective factors. These data are used by the tribal prevention coordinators to plan prevention programming and to identify trends. This survey will be administered again in 2012.

2. The Strategic Prevention Framework-State Incentive Grant (SPF-SIG) is a five-year cooperative agreement between SAMHSA and AMH that will support an array of community-based activities for delivering effective substance abuse prevention services and reducing substance abuse problems. The SPF-SIG goals are to:

- Prevent the onset and 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 state and community levels.

Tribal members, tribal staff, a representative from the Northwest Portland Area Indian Health Board, and the AMH tribal liaison attend the monthly SPF-SIG Advisory Council meetings.

3. Alcohol and Drug Policy Commission was established in the 2009 legislative session. It builds on the work of the Governor's Council on Alcohol and Drug Abuse Programs. The commission will produce a plan for the funding and effective delivery of alcohol and drug prevention and treatment services across all human services and public safety agencies. The commission consists of 16 appointed positions including a representative of an Indian tribe.

4. Tribal best practices (TBP): The Oregon TBP effort was formed to “document that Indian and minority people have been implementing effective cultural practices for years within their own communities.” (Caroline Cruz and Dr. John Spence). The AMH tribal liaison collaborated with the Tribal Best Practice Panel members in the review and approval of tribal best practices, coordinated the Tribal Best Practice Stakeholders meeting at Klamath Tribes in June, and offers support to state staff working in other departments. We have increased approved tribal best practices in 2010 from 13 to 17, and the TBP effort is moving forward with plans to create evaluation tools with the assistance of Oregon tribal members.

5. Certified prevention specialist (CPS) update: Seven tribal prevention coordinators are certified by the Addictions Counselor Certification Board of Oregon (ACCBO). Two of them went through the CPS portfolio application process. Currently, two tribal prevention coordinators are in process of attaining their certification. Caroline Cruz and Annette Chastain from the Confederated Tribes of Warm Springs facilitate a three-day CPS preparatory training for the exam for tribal coordinators and county coordinators as needed. This workshop has increased the readiness of participants, the scores on the CPS exam, and was deemed a notable practice by the CSAP systems review committee.

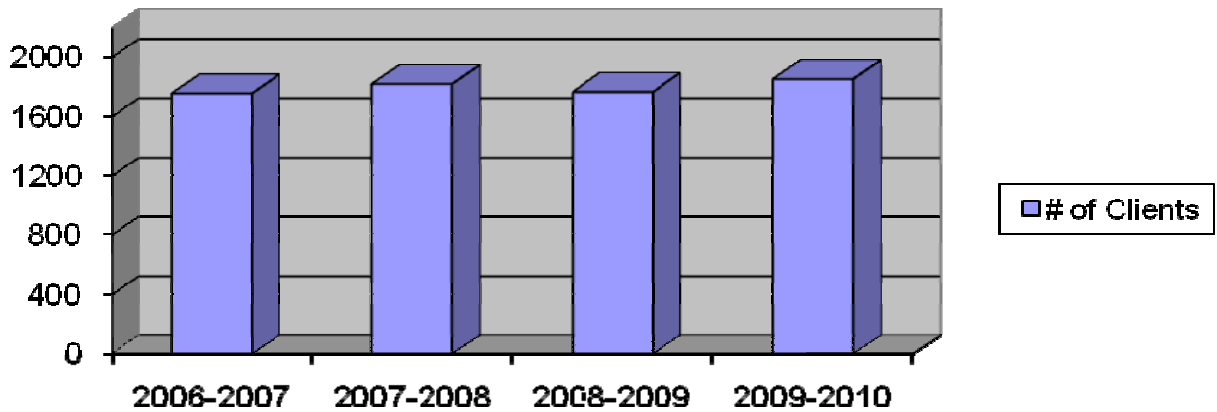
## TRIBAL ALCOHOL AND DRUG TREATMENT SUMMARY

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

Klamath Tribes provides residential substance abuse services for adolescents.

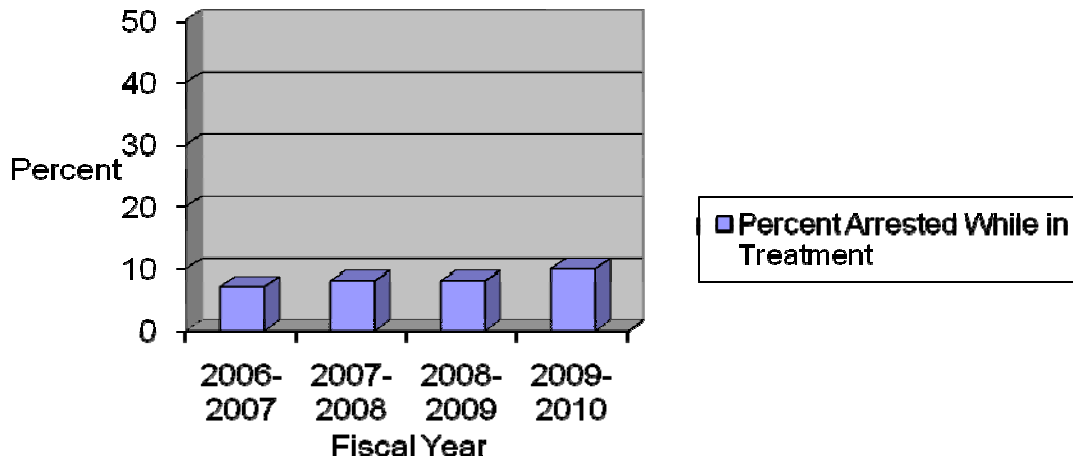
The nine providers served 1,854 clients during the 2009-2010 fiscal year. The number of clients served during the past four years has been consistent, ranging from 1,759 to 1,854. These data were taken from the CPMS on Sept. 25, 2009.

**Alcohol & Drug Treatment Services, 2009-2010**



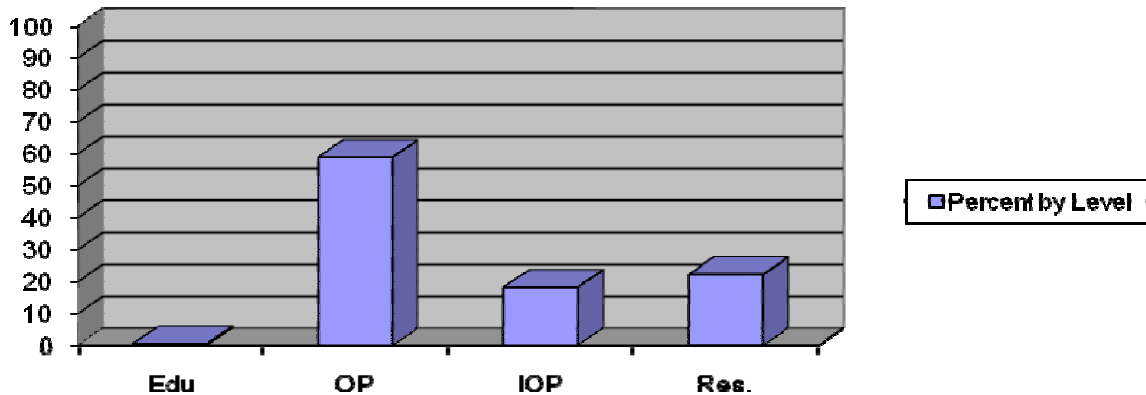
One of the most significant and cost saving-related outcomes of addiction treatment is reduced criminal involvement. Of all those clients who completed treatment or otherwise discontinued participation in tribal programs, 90 percent remained crime free while participating in services. The chart below shows 10 percent of clients were arrested while in treatment in 2009-2010; during the past four years the figure ranges from 7 to 10 percent.

### **Criminal Justice Clients Arrested While in Treatment**



The following chart lists the percent of clients by the level of care received. 'Edu' stands for education, 'OP' for outpatient, 'IOP' for intensive outpatient and 'Res.' for residential. The percentages from highest to lowest are: outpatient (58.95), residential (22.33), intensive outpatient (18.18), and education (.54).

**Level of Care, 2009-2010**



## NATIVE AMERICAN LEADERSHIP DEVELOPMENT IN OREGON

During the fiscal year 2008-09, the DHS Addictions and Mental Health Division (AMH) 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 AMH, Northwest Frontier ATTC, and the SAMHSA Partners for Recovery Initiative. The leadership institute's primary goal 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 month-long Leadership Institute. The Confederated Tribes of Warm Springs hosted a completion ceremony that included the presentation of each project. After each project was presented, the members went through a graduation ceremony which included a

certificate of completion and a framed picture of the leadership academy participants. The hope is that Native American leaders will have an opportunity to attend the advanced leadership training in 2012.

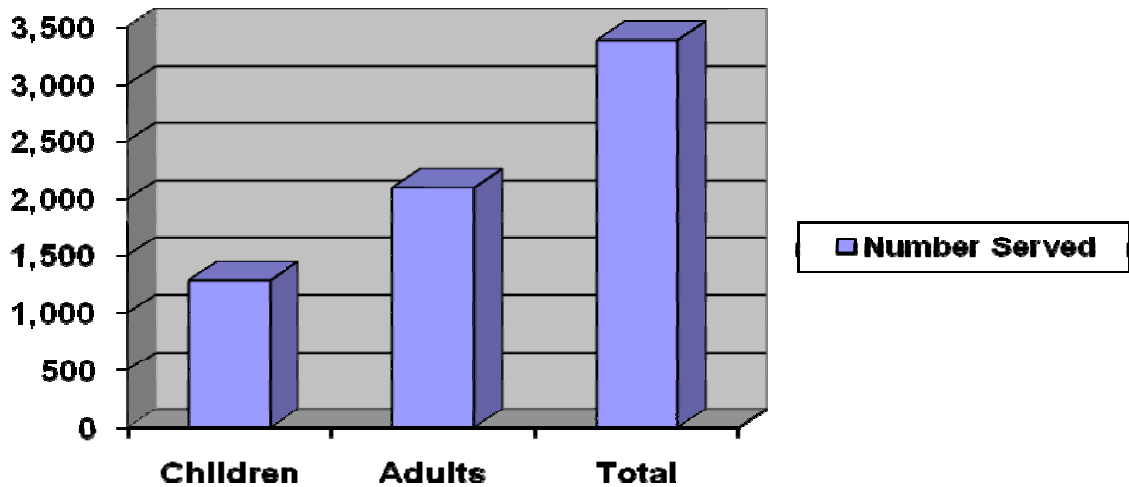
## MENTAL HEALTH SYSTEM

In 2003, Oregon's Legislature directed DHS to ensure that children and adolescents with severe emotional disorders benefit from services that are coordinated, comprehensive, culturally competent, and delivered in natural environments. Many clients require multiple interventions to be successful. Additionally, state General Funds were distributed to Community Mental Health Programs (CMHPs) to enhance system capacity for children and families who are either not eligible for Medicaid or determined to be Medicaid eligible but who are not enrolled in a mental health organization.

## MENTAL HEALTH — INDIVIDUALS SERVED

In 2010, a total of 2,100 Native American adults and 1,282 children received mental health services for a total of 3,382.

## Individuals Receiving Mental Health Services



Many tribes report that having to access mental health services for their children through the local CMHP does not meet their needs in terms of receiving culturally sensitive and relevant services. In 2009, adjustments were made by AMH that allowed the tribes to refer directly to a Psychiatric Residential Treatment Service (PRTS) provided that the child or adolescent met criteria for medical necessity. In 2010, the AMH's tribal liaison has also been working with Oregon tribes and NARA to develop access protocols for admission to the Secure Child and Adolescent inpatient programs.

Two primary programs serve the mental health and addictions treatment needs of a majority of this population. ChristieCare, a child and adolescent psychiatric residential treatment service (PRTS) in Oregon City opened in 2008. The ChristieCare program focuses exclusively on providing an array of culturally competent and tribal-specific treatment services to native youth from Oregon and Alaska. A second program, Wemble House, provides residential alcohol and drug treatment to tribal youth; it is located in Klamath Falls.

This year, AMH has identified eight sites to participate in a year-long training with the Child Trauma Academy, a nationally recognized model of care. This training will better prepare clinicians from multiple disciplines to provide assessment and intervention to traumatized and



neglected children. The Umatilla Tribe and the Native American Rehabilitation Association of the Northwest, (NARA-NW) were selected to participate in this training opportunity. Culturally specific training opportunities are incorporated into this project in order to allow our Native sites to participate in certain activities directly related to their populations.

Additionally, the AMH tribal liaison this year attended the System of Care conference (Nak-Nu-Wit) in Washington, D.C., with NARA-NW and continues to act as a resource in developing and actualizing NARA-NW's System of Care grant.

#### HEALTH SERVICES: HEALTH CARE

DHS provides ongoing technical assistance for day-to-day operations related to the Oregon Health Plan (OHP) through its Division of Medical Assistance Programs (DMAP). This includes assistance with claims billing, compliance with federal requirements including HIPAA, National Provider Identification (NPI) and taxonomy; understanding DMAP policy and procedures and providing technical assistance with the Medicaid Management Information System (MMIS).

DMAP continues to hold program meetings to ensure that tribal programs are informed in advance of program changes, to provide the opportunity to provide input on changes effecting tribal programs, to prepare for implementation of changes to MMIS, and to give tribal health facilities opportunities to ask questions of DMAP staff and troubleshoot emerging issues and system changes.

DMAP staff continues to share information with the North Portland Area Indian Health Board (NPAIHB), Portland Area Indian Health Services Unit and Tribal Health Facilities regarding federal and state changes that affect Medicaid services. DMAP continues to participate in national conference calls with CMS and state Medicaid directors about new

regulations, and continues to share and consult with NPAIHB and tribal health directors about the impacts of changes.

The department implemented a new tribal consultation policy effective October 1, 2010, to document and makes more explicit the communication between the state and the tribes, and the mechanisms for obtaining input from the tribes on Medicaid decisions that they may be affected by, and to foster a positive government-to-government relationship. The new policy will ensure that tribal representatives have ample opportunity for review and input on all State Plan and 1115 Demonstration Waiver amendments before we submit them to CMS. We will consult at the earliest opportunity and to the extent possible, giving the appropriate tribal and urban Indian program representatives adequate time to consider and respond to the proposals. We will do this on a face-to-face basis whenever submission time allows, and when time lines are tight, we will do this by mail and email. The only changes that we will not bring before the tribes for review are those that are mandatory and give the state no flexibility, in which cases we will communicate the changes as early as possible. The new policy will also provide for a monthly update to tribes on current relevant health care issues.

Subject to CMS approval, Senate Bill (SB) 878 (2003) would allow retroactive enrollment of AI/AN clients eligible for OHP Standard, a limited benefit package, to enrollment for OHP Plus, a comprehensive benefit package. This request languished, without a firm decision from the federal government, for several years while Oregon, with the support of tribal entities and other states with similar interests, worked with federal officials to attempt to gain approval for this benefit package enhancement. Finally, in January 2010 CMS discontinued its review and notified DHS that Oregon provided insufficient documentation to show that the amendment complied with Title VI of the Civil Rights Act of 1964, given that it would provide different benefits for Medicaid recipients based on ethnicity.

## OREGON STATE HOSPITAL TRIBAL SERVICES 2010

The OSH Native American Advisory Group has met monthly during the past year. The group comprises Native American and non-Native American health care providers and professionals from various OSH disciplines such as nursing, psychology, quality assurance, spiritual care and rehabilitation services. The advisory group provides OSH with direction on Native American research, treatment, spiritual care, policymaking, cultural education, and historical education. Over the past year, through this group effort, Native American services have grown from being accessible to just medium security patients to being accessible to all OSH Native American patients.

Currently OSH offers the following services to Native American patients;

- Sweat Lodge: Men's sweat the first and third Saturday of the month; women's sweat the second Friday of every month.
- Smudge Circle: every Friday.
- White Bison's Medicine Wheel and 12 Step program.
- Individual sessions with a Native American cultural and/or spiritual advisor.
- Treatment Team liaison when requested.
- Cultural education groups that include, but are not limited to, sessions on smudging, medicine, boarding school history, removal, allotment, and current events.

It is estimated that approximately 45-50 Native Americans are hospitalized at the Oregon State Hospital at any one time. OSH does not currently have a reliable method of obtaining accurate patient racial demographic information. However, the advisory group is working with OSH leadership to develop a reliable method for obtaining this demographic information in the new OSH hospital's admission interview.

The OSH Native American Advisory group is also currently working with OSH leadership to develop and put in place a full-time Native American services coordinator.

The advisory group has also recognized the need for staff education regarding Native Americans. Members of the advisory group have given educational trainings to the OSH Psychology Department. In addition, the advisory group has successfully negotiated an agreement with the OSH Education Development Department to provide ongoing Native American culture classes that will be available to all OSH staff. Furthermore, the advisory group received approval to buy \$2,000 worth of books and study materials specifically for the OSH Native American treatment groups.

The OSH Native American Advisory group has reached out to the OSH Spiritual Care Department and the Valuing Diversity Committee in an effort to strengthen relationships and to provide quality services. Through these strengthened relationships the advisory group is driving the revision of the OSH Religious Handbook and spiritual policies so that “nothing about us is decided without us.”

The OSH Internal Review Board has recently approved a Native American qualitative research study to be conducted at OSH. The approved study will seek information that may be useful for OSH service providers who work with Native American patients. The purpose of the study is to investigate the subjective experience of Native American patients in order to better understand their unique challenges and strengths in the hospital setting. In addition, it will examine the services that Native American individuals are receiving within OSH and will explore the path by which the Native American person reached hospitalization. This study will also be an opportunity for Native American patients to share ideas for changes to OSH or programs that may improve their experience in the hospital.

Members of the OSH Native American Advisory group have also met with individuals from White Bison, Inc., to investigate the feasibility of White Bison conducting research on the effectiveness of 12-step programs at OSH. This project is currently in the planning stage.

The advisory group is currently coordinating an honoring ceremony for the opening of the new state hospital in November, 2010.

## SUMMARY

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While extensive, this 2010 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 the challenges of meeting contemporary needs. Therefore, DHS devotes significant resources and energies across the agency to maintaining and improving 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 the agency to help it become 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 ..... Michael Stickler  
and 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  
Oregon State Hospital ..... Cynthia Prater

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## GLOSSARY OF TERMS

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AAA.....	Area Agency on Aging
AMH .....	Addictions and Mental Health Division
BRFSS.....	Behavioral Risk Factor Surveillance System
CAF.....	Children, Adults and Families Division
CDC .....	Centers for Disease Control
CFSR.....	Child, Family and Safety Review
CMS .....	Centers for Medicare and Medicaid Services
DHS.....	Oregon Department of Human Services
DMAP .....	Division of Medical Assistance Programs
DRA .....	Deficit Reduction Act
FAS .....	Fetal Alcohol Syndrome
FFY .....	Federal Fiscal Year
HB .....	House Bill
HIPAA .....	Health Insurance Portability and Accountability Act
ICWA.....	Indian Child Welfare Act
HIS .....	Indian Health Service
ILP.....	Independent Living Program
MCH.....	Maternal and Child Health
MMIS .....	Medicaid Management Information System
NARA .....	Native American Rehabilitation Association
NPAIHB.....	North Portland Area Indian Health Board
NRC .....	National Resource Center
NWAIHB .....	North West Area Indian Health Board
OHP.....	Oregon Health Plan
OPIC.....	Oregon Partnership to Immunize Children
ORS .....	Oregon Revised Statutes
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