DHS Oregon Department of Human Services

Oregon Health Authority

2011 Government-to-Government Report

Oregon Department of Human Services
Oregon Health Authority

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INTRODUCTION

The Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) is pleased to share this 2011 Government-to-Government Report with the Legislative Commission on Indian Services, as required by Senate Bill 770. This report demonstrates DHS and OHA'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 and OHA to Oregonians.

Key topics covered in this report include:

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

TABLE OF CONTENTS

Senate Bill 770 3

Burns Paiute Tribe 3

Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians 5

Confederated Tribes of Grand Ronde 6

Confederated Tribes of Siletz 9

Confederated Tribes of Umatilla Indian Reservation 11

Coquille Indian Tribe 12

Cow Creek Band of Umpqua Indians 14

Klamath Tribes 15

Confederated Tribes of Warm Springs 17

DHS Programs Affecting All Tribes in Oregon 19

Summary 72

Glossary of Terms 74

SENATE BILL 770

HEALTH SERVICES CLUSTER MEETINGS

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

TRIBAL ACTIVITIES

BURNS PAIUTE TRIBE

The Burns Paiute Tribe invited the State Unit on Aging staff and the Harney County Area Agency on Aging to attend their Health Fair in June. The AAA will be expanding their services to include the tribal elders for the 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. Members from the Tribe attended the 6th Native Caring Conference and scholarships were given.

The Burns Paiute Tribe is a member of a list serve for caregiver and nutrition education with the State Unit on Aging.

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. Forty-two 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

DHS/SPD State Unit on Aging staff offers technical support and sharing of resources for both the Older American's Act Caregiver and Nutrition programs. Staff also encourages collaboration between the local Area Agency on Aging (Lane Council of Governments Senior & Disability Services) and the Tribe.

State Unit on Aging Staff, Area Agencies on Aging and the Coos, Lower Umpqua & Siuslaw Tribes developed the Tribal Caregiver Guidelines for Title VI and held training in September. This increases Title III and Title VI coordination.

SPD staff participates in the Native Caring Planning Committee with the Tribe. Staff also worked with the Elder Coordinator to write the Multicultural Health grant for listening sessions at the 6th Annual Native Caring Conference. The $5,000 grant was received and a final report developed.

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 $6,690.00 for which client service data was not yet available;
- A System of Care (SOC) grant of $14,817.75, which served 122 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

The local Area Agency on Aging (Northwest Senior & Disability Services) is pursuing the Peer Counseling program at Grand Ronde. They also attend and participate in the Tribal Health Fair where 300 tribal members are in attendance.

DHS staff and NWSDS are involved with the intergovernmental agreement for monitoring of the three Adult Foster Homes on the reservation where elders are safe and living as independently as possible. SUA staff organized a visit to the homes with staff from the Portland Q Center representing the GLBT community. The Q Center is looking to pursue a similar project in Portland.

The 6th Annual Native Caring Conference was held at Spirit Mountain Casino in March, 2011. Over 265 elders and caregivers participated with over 50% being at the conference for the first time. The conference focuses on supporting family caregivers and grandparents raising

grandchildren. The outcomes from the conference are to increase independent living skills; increase caregiver knowledge of health promotion, nutrition and self care and to increase caregiver satisfaction (pre and post evaluation results).

The Native Caring Committee received a $5,000 grant from the Office of Multicultural Health to hold listening sessions on equity in health care at the conference and over 40 tribal members participated.

SPD staff and Grand Ronde staff participated in the Native Caring Planning Committee in planning and implementation of the conference. DHS/SPD State Unit on Aging staff offers technical support and sharing of resources for both the Older American's Act Caregiver and Nutrition programs.

Grand Ronde is a member of a list serve for caregiver and nutrition education with the State Unit on Aging.

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 that 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 $22,289.40 for foster care services for children who are in out-of-home placements, serving a total of twenty-eight families. System of Care funding from DHS provided $58,109.01 for safety, permanency, well-being and attachment services for children in care serving 372 clients. The tribe also received a SSBG grant for children in care in the amount of $36,047.00.

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 Elder Coordinator on care giving and nutrition programs. This increased the knowledge of how the Title III and Title VI Caregiver programs work in Oregon and increased collaboration between the Tribe and Oregon Cascades West Council of Governments which is the local Area Agency on Aging. Siletz Tribal staff was on the Native Caring Committee and sponsored members from the tribe to attend the Native Caring Conference in March 2011.

The State Unit on Aging staff, Elder coordinators and Area Agencies on Aging developed Tribal caregiver guidelines for the Title VI caregiver program and held full-day training at Warm Springs with other Oregon Title VI programs in September. This event increased collaboration, communication and coordination between Title III and Title VI Services with the tribes.

The Siletz Tribe is a member of a list serve for caregiver and nutrition education with the State Unit on Aging.

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 $27,067.08 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 $32,913.00 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 205 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

SPD staff, the Area Agency on Aging (CAPECO) and the Tribe worked to develop Tribal caregiver guidelines and held training in September. This increased Title III and Title VI Coordination and increased collaboration and communication on joint shared clients. CAPECO offered a Powerful Tools for Caregivers training at the Tribe and the SUA offered technical support to the Elder Coordinator on care giving and nutrition programs. This increased collaboration with a goal of people living as independently as possible and people staying healthy. The CAPECO Director is a member of the Native Caring Committee with planning and implementation of the conference and works closely with the Umatilla Tribe.

SPD staff participated in the Native Caring Planning Committee with the Tribe. The Umatilla Tribe has played an active role on the Committee and the next Native Caring Conference will be held at Wild horse Casino in March 2012.

The Umatilla Tribe is a member of a list serve for caregiver and nutrition education with the State Unit on Aging.

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 $19,407.00 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 clients severed were 236. The tribe received Title IV-E in the amount of $125,375.98 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

State Unit on Aging staff offered technical support to the Elder Coordinators on caregiver 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, Elder coordinators and Area Agencies on Aging developed Tribal caregiver guidelines for the Title VI caregiver program and held full-day training.

SPD staff participates in the Native Caring Planning Committee with the Tribe and they are active with planning and implementation of the conference. Staff also encourages collaboration between the local Area Agency on Aging (South coast Business Employment Center) and the tribe.

Coquille tribe is a member of a list serve for caregiver and nutrition education with the State Unit on Aging.

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

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 tribe 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 $6,400.00 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; 18 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 $9,966.11 for services.

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

DHS/SPD State Unit on Aging staff offers technical support and sharing of resources for both the Older American's Act Caregiver and Nutrition programs. Staff also encourages collaboration between the local Area Agency on Aging (Douglas County Senior & Disability Services Division) and the Tribe. The AAA is offering a Powerful Tools for Caregivers in Southern Douglas County including tribal caregivers. Outreach has been accomplished with the Tribe and there is an increased knowledge of caregiver programs resulting in people living as independently as possible.

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

The Cow Creek Tribe is a member of a list serve for caregiver and nutrition education with the State Unit on Aging.

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 $10,800.00 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; 349 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

DHS/SPD State Unit on Aging staff offers technical support and sharing of resources for both the Older American's Act Caregiver and Nutrition programs. Staff also encourages collaboration between the local Area Agency on Aging (Klamath Basin Senior Citizen's Council) and the Tribe.

The State Unit on Aging staff, Elder coordinators and Area Agencies on Aging held training on Title VI Caregiver Guidelines in 2011 and two Senior Program staff- the Coordinator and Supervisor attended. This training increased collaboration, communication and coordination between Title III and Title VI Services with the tribes. The training also resulted in increased knowledge on Caregiver programs in Oregon.

SPD staff participated in the Native Caring Planning Committee with the Tribe and many Klamath Tribal elders were able to attend the 6th Annual conference and took part in the Listening Sessions for health care equity. The Klamath Tribes are a member of a list serve for caregiver and nutrition education with the State Unit on Aging.

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

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 $25,440.00.
- 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 283 clients.
- Title IV-E Administrative Payments $121,230.96.

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 form 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 $33,992.00 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 424 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 $258,290.52 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

Tribe-wide Activities

Health Security, Preparedness and Response Program

The Health Security, Preparedness and Response Program (HSPR) is in contract with eight of the nine federally recognized tribes in Oregon. The Tribal Preparedness Liaison provides direct technical support via regularly scheduled face-to-face meetings, phone, email, webinar and annual conferences.

HSPR supported activities include:

- Development of Emergency Operation Plans, specifically the Health & Medical Annex,
- Exercise of response and communication plans,
- Implementation of National Incident Management System (NIMS) and Incident Command System (ICS) training,
- Funding to support the staffing of a Tribal Preparedness Coordinator, and
- Assistance with integration of tribal preparedness with emergency management.

2010 – 2011 primarily focused on improving lessons learned from H1N1, strategic planning, exercise, and response. The March earthquake and subsequent tsunami from Japan provided an opportunity to test communications plans and procedures for the tribes on the coast, while the August wildfires in Central Oregon danced around the Confederated Tribes of Warm Springs proving community resiliency. A preparedness summit, hosted by the Confederated Tribes of Warm Springs in May, provided an excellent opportunity for training and collaboration amongst all the tribes; as well as with our partners at Oregon Emergency Management and the Bureau of Indian Affairs.

The supplemental Public Health Emergency Response (PHER) funding remained this year providing an additional $10,000 to the base award and allowing for corrective actions identified during the H1N1 response. Redundant power, communications, mobilization of medical assets and electronic health record implementation were all priorities met. PHER funding also provided emergency back-up power at the clinics of the Confederated Tribes of the Umatilla Indian Reservation, the Coquille Indian Tribe and Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians, enhancing the ability of the region and the State to better prepare, respond and recover from any health emergency.

Preparedness Program Funding to Tribal Governments (2010/2011 grant cycle)		
	Base	**PHER**
The Confederated Tribes of the Coos, Lower Umpqua, Siuslaw Indians	$10,459	$10,000
The Confederated Tribes of the Grand Ronde Community of Oregon	$18,976	$10,000
The Confederated Tribes of the Siletz Indians	$27,413	$10,000
The Confederated Tribes of the Umatilla Indian Reservation	$18,633	$10,000
The Confederated Tribes of Warm Springs	$29,444	$10,000
The Coquille Indian Tribe	$11,538	$10,000
The Cow Creek Band of Umpqua Indians	$15,839	$10,000
The Klamath Tribes	$18,843	$10,000

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, or coalitions, and are comprised 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), and participate in local emergency planning and exercise. Participation as a member of the regional healthcare coalition is recommended but not required.

Healthcare Preparedness Program Funding to Tribal Governments (2010/ 2011 grant cycle)	**HPP**
The Confederated Tribes of the Siletz Indians	$6,718
The Confederated Tribes of the Grand Ronde Community of Oregon	$7,000

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, who serves as the tribal epidemiology liaison for Oregon Health Authority, Public Health Division's (PHD) Office of Disease Prevention and Epidemiology regularly meets with NPAIHB staff to develop and pursue strategies that will better ensure the accuracy of health data for American Indians/Alaska Natives in datasets maintained by PHD.

Examples of work completed in 2010-2011 are:

- Linked with NPAIHB's Northwest Tribal Registry to improve accuracy of American Indian/Alaska Native race data in ACDP's Orpheus communicable disease database.
- Collaborated with NPAIHB and the PHD Center for Health Statistics, culminating in successful linkage of the Northwest Tribal Registry with CHS's Birth and Death Certificate databases, improving the accuracy of American Indian/Alaska Native race information in the state databases.
- Worked with NPAIHB and the PHD Center for Health Statistics to draft policies guiding analysis and reporting of newly collected tribal affiliation data in Birth and Death certificate databases.
- Worked with the NPAIHB medical epidemiologist and representatives of other states, tribal epidemiology centers and tribes in the western U.S. to plan the Council of State and Territorial Epidemiologists Western State Tribal Epidemiology Conference to be held in Feb. 2012. Agenda focuses on strategies to 1) improve accuracy of health data in Indian country and 2) increase access to this data for those working to improve Indian health.
- Through the Council of State and Territorial Epidemiologists Tribal Epi Workgroup, collaborated with two other epidemiologists to develop a website outlining the rationale for data linkages, a toolkit for carrying them out, and examples of their value in improving the accuracy of American Indian/Alaska Native race information in state databases.

ACDP activities with specific tribes:

<u>The Klamath Tribes:</u>
Continued consultations with tribal health director to increase the relevance and usefulness of PHD-sponsored epidemiology trainings for tribal health staff.

The Confederated Tribes of Umatilla Indians:
Worked with C.E.O. of the tribe's Yellowhawk Clinic in planning for upcoming Western States Tribal Epidemiology meeting in Feb. 2012.

Confederated Tribes of Warm Springs
Tribal health staff are using Orpheus, ACDP's web-based reportable disease tracking system for communicable diseases, to enter case information.

Coquille Indian Tribe
Responded to request for information from Coquille Assistant Health and Human Services Administrator regarding status of Health Information Exchange planning at the state level.

HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

The state's Tobacco Prevention and Education Program (TPEP) will issue $1,000,000 in tobacco prevention program grants to federally recognized tribes in Oregon for the 2011 – 2013 biennium ($500,000 each year). Grant funds are divided according to a funding formula developed in partnership with the tribes. In 2011, this funding formula was updated to include a $32,500 base for each tribe, with the remaining funds 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 pertaining to tobacco use among American Indians in Oregon show:

- A decrease in smoking prevalence from 43 to 38 percent between 2000/01 and 2004/05.
- A reduction in chew tobacco use among male American Indians and Alaska Natives from 17 to 8 percent between 2000/01 and 2004/05.
- A decrease in infants born to American Indian women who smoked during pregnancy in Oregon from 30 to 22 percent between 1997 and 2007.
- A decline in 8th grade American Indian smoking prevalence from 17 to 12 percent between 2001 and 2008.
- A decline in 11th grade American Indian smoking prevalence from 35 to 20 percent between 2001 and 2008.

In 2010-2011, the Health Promotion and Chronic Disease Prevention (HPCDP) section worked 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 provided $32,500 per tribe to seven of the nine federally recognized tribes in order to supplement existing tobacco program resources. This additional funding supported staffing, travel and participation in statewide training opportunities to fulfill Healthy Communities Building Capacity activities, including the completion of a community assessment called the CHANGE tool.

HPCDP holds a contract with the NPAIHB to aggregate the assessment data and present a Healthy Communities Assessment report.

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.

In an effort to increase screening for Chlamydia and gonorrhea of females ages 15 – 19 Oregon Infertility Prevention Project (IPP) representatives initiated discussions with three Indian Health Clinics to determine how best to utilize supplemental IPP resources in their area for this population.

During 2011 HST collaborated with the Centers for Disease Prevention and Control and Indian Health Services to provide Oregon data to estimate the burden of mycobacterium tuberculosis among American Indians and Alaskan Natives. HST is continuing to work with the Northwest Portland Area Indian Health Board (NPAIHB) for the purpose of increasing case ascertainment of American Indian/Alaskan Native STD and HIV cases.

Injury Prevention and Epidemiology

The Youth Suicide Prevention program in Injury Prevention and Epidemiology (IPE) section of ODPE grants $29,000 in annual funding (through federal SAMHSA grant funds) for an Oregon tribe to organize and hold summer youth camps for high-school age Native youth and their chaperones from all nine federally-recognized Oregon tribes. One tribe is the fiscal agent for the camps, which are planned and held in collaboration among the tribes. The summer camps have sponsored Dr. Clayton Small to present Native HOPE, a youth suicide prevention program that engages youth directly and adults as mentors. The camps also include traditional arts, crafts, and activities that help strengthen cultural ties among youth and their tribes. These activities provide protective factors against suicide

for youth. The YSP program also collaborates closely with the tribal liaison in the Addictions and Mental Health Division of OHA and attends tribal meetings.

Office of Environmental Public Health

Drinking water program

Drinking Water capital projects: The Drinking Water Program has continued to include each of the nine tribes in our statewide solicitation of letters of interest. These letters of interest become the basis for identifying potential projects for low- or no-cost funding of capital projects to address public health issues. The program has received no tribal letters of interest.

Climate change program

The Climate Change program solicited tribal applications for 'mini grants' to implement public health projects to adapt to our changing climate. We received no tribal applications.

Family Health Programs

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) joined the program in 2011 and Klamath Tribes will join by March 2012.

By the end of 2012, approximately 15,000 tribal members in Oregon will have access to services funded partially with Title V Block Grant funds.

About 9.5% of the total available Title V Block Grant funds are allocated to tribal MCH activities. The table below outlines the target populations and funding levels for the three current participating tribes.

MCH Funding [1] FY 2011-2012		Programs	Partner Counties	MCH Population Data (3 year average)		
				Births	Women In Need	Population age 0-44
Coquille Indian Tribe	$14,266	Oral Health – Early Childhood Caries Prevention	Coos, Curry, Douglas, Lane, Jackson	8	99	347
Cow Creek Band of Umpqua Indians	$16,260	Oral Health – Early Childhood Caries Prevention	Douglas	17	636	850
Conf. Tribes of Warm Springs	$32,086	Perinatal health: case management, parenting skills/education; child safety	Jefferson Wasco Crook	120	1,439	4,106
Conf. Tribes of Umatilla – Yellowhawk Clinic	23,229			63	476	5,122
Klamath Tribes*	Projected FY 2013: 22,000*	Prenatal/Early Childhood Preventive Oral Health Services	Klamath	47	1,684	4,539
Totals	$107,841			255	4,334	14,964

Total Title V Block Grant funding available for counties and tribes: $1,747,133

Coquille Indian Tribe, Community Health Center

The Coquille program began 2007 and they are implementing a comprehensive program for prevention of early childhood cavities within Coquille Tribal youth 6 years and under, as well as developing a "best practices" public health program to address the problem.

Participants (2010-2011)
Families with children between 0-6 years: 65
Pregnant women: 17
Fluoride treatments: 69
Tribal Health Fair: 240

The Cow Creek Band of Umpqua Indians, Cow Creek Health and Wellness Center

Cow Creek Clinic program began in 2007 and they sponsor 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.

Participants (2010-11):
Children ages 0-12: 45
Pregnant women: 9

Confederated Tribes of Warm Springs, Warm Springs Health and Wellness Center

The Warm Springs programs began in 2009, and their programs are focused in improving the birth outcomes and parenting skills for new mothers with particular attention to teen mothers.

Participants (2010-11):
Mom and babies group: 562
Childbirth class: 240
Cradle board class: 102
Parenting Classes: 90
Hospital/Home Visits: 1279

Confederated Tribes of the Umatilla Indian Reservation

The Yellowhawk Clinic began participation in the MCH Block Grant program in July 2011. Their MCH services will follow a life course approach by focusing on preventive services for women before and between pregnancies, during pregnancy and their infants through 27 months. Their goals and activities will include assessment of needs for this population and development of preconception, prenatal, postpartum and well-child services.

Klamath Tribal Health and Family Services

Klamath Health Center has received a planning grant and will submit the Triennial Plan by mid-February. Their programs will focus on oral health and caries prevention and treatment in pregnant women to improve early childhood oral health.

MATERNAL AND CHILD HEALTH PROGRAM

The Centers for Disease Control and Prevention (CDC)/Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellow at the Maternal Child Health program conducted analysis of PRAMS-2 data in conjunction with the Northwest Portland Area Indian Health Board. PRAMS-2 is Oregon's follow-back survey to the Pregnancy Risk Assessment Monitoring System (PRAMS). Mothers who responded to PRAMS receive a second survey when their child turns two 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 which conducts a PRAMS follow-back survey.

The analysis examined postpartum stressful life events and postpartum intimate partner violence as risk factors for self-reported postpartum depression, among American Indian/Alaska Native (AI/AN) mothers of two-year-olds in Oregon. Stressful life events were categorized into four types: partner-related, traumatic, financial, and emotional. Partner-related

and traumatic stressful life events 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. PRAMS-2 is a population based study, which allows these findings to be generalized to all American Indian/Alaska Native mothers of two-year-olds in Oregon.

WOMEN'S AND REPRODUCTIVE HEALTH PROGRAM

The Women's Health Program conducted outreach to tribal domestic and sexual violence organizations 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 Women's Health Program is also providing technical assistance to Multnomah County's CityMatCH Action Learning Collaborative regarding screening and binge drinking. The Action Learning Collaborative's participants include the Northwest Area Indian Health Board, NARA, and NAYA. The goal is to increase alcohol screening among Native American pregnant women.

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 contacted key staff at the tribal health centers directly. A fact sheet about BCCP was tailored to tribal health centers and disseminated at events and via email.

In 2011, three tribal health centers participate 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.

IMMUNIZATION PROGRAM

The Oregon Immunization Program is committed to ongoing engagement with tribal health partners to ensure American Indians and Alaskan Natives have access to vaccine and immunization services. The Oregon Immunization Program recognizes our special obligation to this population and reports to the Oregon Department of Human Services 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.

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

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, Wadatika and Yellowhawk Health Center. Written vaccine supply agreements with tribal immunization programs:

- 100% of vaccinating tribal health clinics order state influenza vaccine.
- 100% of 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, 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. An assessment is done of each clinics clients' to look at 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 provide updates to tribal leaders and learn of any barriers to care.

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.

Work continued with tribes and IHS on reporting to ALERT IIS and providing vaccine eligibility by dose.

NUTRITION AND HEALTH SCREENING (WIC) PROGRAM

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) contracts with both the Confederate Tribes of Warm Springs and Confederate Tribes of Umatilla to provide WIC Program services to tribal members and their families on the reservations.

WIC Data demonstrates High Need and Health Disparities in Tribal Programs

The following WIC program data demonstrates both the progress and the disparities of the women, infants and children served by tribal WIC Programs. As the number of total participants served by each of the tribal programs is limited, statistics are given based on a three-year cumulative average. For some data points, even a three-year average does not provide enough cases to share data for Confederated Tribes of Umatilla.

- In 2010, 4.94% of births to Warm Springs WIC participants were to teens under age 18 compared with 3.69% of WIC births statewide.
- 25.9% of Warm Springs WIC children over the age of two are classified as at risk for overweight, and an additional 29.8% classified as overweight. For the Confederate Tribes of Umatilla WIC Program, 20.7% of children are classified as at risk for overweight and 30.7% as overweight. This compares to 17.7% and 15.0%, respectively, statewide.
- Of children enrolled on the Warm Springs WIC Program who were born between 2008 and 2010, 4.3% were considered low birth weight ($\leq$ 2500 grams) compared to 6.8% statewide. In addition, 10.3% were classified as high birth weight, compared to 9.4% statewide. Not enough cases were available to share data for Confederated Tribes of Umatilla.
- 94.4% of Warm Springs mothers initiated breastfeeding, which is on par with the statewide rate of 93.1%. A full 45% continue to breastfeed at six months and 33% at one year, again mirroring statewide rates.

*2008-2010 CDC Pediatric Nutrition Surveillance System (PEDNSS)

Confederate Tribe of Warm Springs

This last year, 752 tribal members received monthly WIC preventative health services including 216 pregnant and postpartum women, 543 infants and children under five. The total WIC grant for the tribe for FY 2010-2011 was $82,681.

Confederate Tribe of Umatilla

During 2010, approximately 206 tribal members received WIC preventative health services, including 47 pregnant and post partum women and 159 infants and children under five. The total WIC grant for the tribe for FY 2010-2011 was $27,075.

Siletz Tribe

Lincoln County WIC Program does not currently provide WIC services on-site at the Siletz Health Center but has in the past. Currently, tribal members access WIC services at the Lincoln County Health Department in Newport. Lincoln County Public Health has established a strong referral system with the tribal health center to assure all potential women, infants and children receive WIC services. Representatives from Siletz Tribe and the WIC Program work collaboratively on promotional campaigns as active community members of the Lincoln County Breastfeeding Coalition.

Coquille Tribe

In 2010, Coos County WIC Program provided on-site nutrition screening, individualized preventative health education, and referral services at the Coquille Tribal Office to about 77 women, infants and children. This clinic is open one day quarterly, and Coquille tribal participants can also access WIC services through the local Health Department in North Bend.

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 into state custody. The Oregon tribes participate with DHS through the Tribal/State Advisory Committee, which meets quarterly and holds an annual conference. Oregon DHS also has a full-time staff person assigned as its Indian Child Welfare Manager. In addition to offering the supports to tribes listed below, the DHS Indian Child Welfare Manager also regularly interacts with the Child Welfare League of America, the National Resource Center 4 Tribes, the National Resource Center on Foster Care and Permanency

Planning, Casey Family Programs, the National Association of State Indian Child Welfare Managers and the Executive Committee of the National Association of Public Child Welfare Administrators to advocate for policies that will positively impact Native American children served in the Oregon and tribes' child welfare programs.

NOTABLE 2011 INDIAN CHILD WELFARE EFFORTS

DHS is working in partnership with Oregon tribes to safely reduce the number of Indian children in foster care. Specific strategies to safely reduce the disproportionate number of Indian children in state custody who are Indian Child Welfare Act-eligible are being developed, and a grant from Casey Family Programs will bring additional resources to support that effort. In May, 2009, the Oregon tribes, DHS staff and several community partners convened the N8V Summit, partially funded by the grant from Casey Family Programs to address the issues of Indian Child Welfare Act (ICWA) compliance and the disproportionality of Native American children with Oregon's child welfare system. There were a total of 12 teams with each tribe having a team, one team from each of the DHS ICWA Units and one team from CAF Central Office. The teams put together action plans specific to their areas that included addressing culturally appropriate resources and services and continued to work on their action plans through 2010. In 2011, with funding and other assistance from Casey Family Programs this partnership became the Safe & Equitable Reduction in Foster Care Project. In the beginning there were eight county teams working with Casey support, this has recently expanded to 11 counties. Those counties with tribes have tribal participation on their teams.

In 2010 the ICW Program Manger, with the assistance of the District Managers and the Field Services Manager, revived the work being done on the ICWA Liaison Roles and Responsibilities document with the result that it was implemented throughout the state to provide practice consistency, accountability and strengthen the relationships between DHS

and tribes. In 2011, DHS and tribes have continued to work on ways to support the ICWA Liaison Roles and Responsibilities including District and Program Managers reviewing the document at their meetings and the tribes passing on their concerns and support to DHS through the quarterly ICWA Advisory Committee meetings. The work the liaisons do and acknowledging that work was one of the focuses of the 2011 ICWA Conference held August 30, 31 and September 1, 2011.

In 2011, the Tribal/State ICWA Conference was co-hosted by the Confederated Tribes of Warm Springs Indians. This is the 33rd year since the congressional passage of ICWA. At the ICWA Conference, both state and tribal staff increased and strengthened their knowledge in culturally competent and promising practices related to ICWA. This year's focus was on the work that ICWA Liaisons do, the support they need to continue doing the work well and acknowledging those currently doing this important work. Workshops and activities were designed to strengthen these areas with an intended outcome of better support for ICWA Liaisons in addition to building relationships with state and tribal staff and understanding the work of each other. While similarities may exist there are many differences in approaches to the child welfare work. The conference is anticipated throughout the year as a renewal of hope and working together to provide 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 practice.

As part of the Program Improvement Process (PIP), DHS identified the need for an expanded list of expert witnesses for court proceedings when a case is identified as an ICWA case. DHS staff and tribal staff have formed a workgroup to develop training materials for the recruitment and training of expert witnesses. The first meeting was held in September, 2009 and meetings continued through 2011 to address the different aspects of the expert witness process and who/where to target recruitment efforts toward with the goal to begin recruitment efforts early in 2012. At this time the work is pending due to funding issues. As soon as funding is

found/resolved the work will continue forward with recruitment and training.

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. The OR-Kids implementation date was delayed and went “live" on August 29, 2011. The tribes received training on the new OR-Kids system in December, 2010 and January, 2011.

FUNDING

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

SSBG TITLE XX AGREEMENTS

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

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

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

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

System of Care

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

The flexible funding agreement granted to the tribes to assist them in implementing a strength/needs-based model of child welfare will expire on December 31, 2011. Tribes may use up to a maximum of 5% of the total allocated funding for administrative purposes in administering this grant.

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

Title IV-E Agreements

Title IV-E provides federal reimbursement for the costs of eligible children in foster care. It covers food, clothing, shelter, daily supervision, school supplies, reasonable travel for visitation, and related administrative costs, but does not cover the costs of treatment services. All Title IV-E

eligible children are to receive medical coverage under Title XIX (Medicaid). DHS pays the non-federal share of the Title IV-E payment, e.g., the match payment, from the state's general fund at approximately 37% 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 who 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;
- Continue to provide the general fund match for all children eligible for Title IV-E foster care, Adoption Assistance and Guardianship Assistance;
- Allow the Tribes the use of 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 June 30, 2016 while the Administration of Children and Families (ACF) review our request to renew our Title IV-E Flexible Funding Waiver. The four Oregon tribes who have an approved Title IV-E Waiver agreement received the same extension through December 31, 2010. The extension did not provide any additional funding, but did allow the tribes more time to expend the funds.

The purpose of these Agreements are 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.

The types of services provided with Title IV-E Waiver funds focuses on 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 CRB's; attendance and participation at child safety meetings, family decision meetings, school meetings and other meetings/staffing related to the child; group sessions, such as talking circles, that are age and school appropriate and teach culturally appropriate social, communicative and conflict management skills and traditions; native dance, regalia making, beading and drumming and activities such as ceremonies, festivals or gatherings 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 our Title IV-E Waiver renewal. This collaboration has ensured 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 need, if the Title IV-E Waiver renewal is approved

by ACF and the Oregon Legislator approves a General Fund budget to match the federal funds during the next legislative session,

ON-GOING SUPPORT FOR CHILD WELFARE PROGRAMS

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

- Scheduled conference calls take place with one of the tribes on a weekly rotation schedule;
- Face-to-face visits at the tribal office as requested by the tribe;
- Provide technical assistance and training to tribal staff on the appropriate documentation needed to support the tribes' Title IV-E claim for administrative costs and training costs;
- Monitor and evaluate the tribes' 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 OR-Kids training as the new OR-Kids was implemented August 28, 2011;
- Assist with submission of annual state plans and fund requests for Title IV-E; and
- Work corroboratively with Region X to ensure tribes' administrative claiming process meets federal requirements.

TRIBAL CONSULTATION

Participation of and consultation with tribal representatives is an important piece of the Title IV-B plan. Numerous opportunities for tribal consultation are ongoing in Oregon which provide for collaboration with Oregon tribes. Some of the structured involvement is through participation in ongoing meetings such as the SB 770 Health Services Quarterly Cluster meetings, Indian Child Welfare Act (ICWA) Quarterly Advisory Committee meetings, Quarterly ICWA Regional Liaison meetings, and tribal representation on statewide Child Welfare Advisory Committee, ICWA conference planning committee, Native American Independent Living Program (ILP) conference planning committee, and other special initiatives. These are addressed in more detail throughout the report.

Attendance for the tribes at the ICWA Advisory committee quarterly meetings varies based on location, time of year and their workload. At the November, 2010 meeting, four of the nine tribes were represented; they were the Confederated Tribes of Grand Ronde, Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians, Confederated Tribes of Umatilla Indian Reservation and the Confederated Tribes of Warm Springs. At the February, 2011 meeting, there were five of the nine tribes represented; they were the Confederated Tribes of Grand Ronde, The Klamath Tribes, Confederated Tribes of the Umatilla Indian Reservation, Cow Creek Band of Umpqua Indians and the Burns Paiute Tribe. At the May, 2011 meeting, there were six of the nine tribes represented; they were the Confederated Tribes of Grand Ronde, Cow Creek Band of Umpqua Indians, The Klamath Tribes, Confederated Tribes of Siletz Indians, Coos, Lower Umpqua & Siuslaw Indians and the Confederated Tribes of the Umatilla Indian Reservation. At the August, 2011 meeting, there were seven of the nine tribes represented; they were the Confederated Tribes of Grand Ronde, Confederated Tribes of Warm Springs, The Klamath Tribes, Cow Creek Band of Umpqua Indians, Burns Paiute Tribe, Confederated Tribes of Siletz, and Confederated Tribes of Umatilla

The Oregon tribal representatives recommend goals and objectives for Oregon's five-year plan which are actively worked on throughout the year. This is done through specific meetings scheduled in addition to discussing the plans at the ICWA Advisory Committee meetings that are held quarterly and through projects and goals submitted as part of the Title IV-B Plan. There was a total of 40 hours spent by DHS in consultation with the tribes in compiling the five-year plan. Outcome measures and progress are discussed at the ICWA Tribal/State advisory meetings. Small work groups are organized depending upon the project.

The tribes consult with and share their five-year and annual plans with DHS through the quarterly ICWA Advisory Committee meetings. DHS shares the State's five-year and annual plans with the tribes electronically at the time the plans are submitted to ACF and at the ICWA Advisory committee meetings.

Each year, one of the Oregon tribes co-host with DHS, the Tribal/State ICWA Conference. The Cow Creek Band of Umpqua Indians co-hosted last years ICWA Conference held October 13-14, 2010. The conference provides essential training on the importance of the Indian Child Welfare Act, the best interests of Indian children, the stability and security of those children, their tribes, families and communities. The conference also focuses on the importance of traditions and the continued collaboration between DHS and the tribes.

CAF executive staff and central office managers also meet periodically with the Coalition of Communities of Color, an organization representing many providers and advocates in the Portland area including the Native American Youth and Family Center. These meetings focus on improving communication and collaboration around issues of concern to communities of color including recruitment and retention of native foster and adoptive homes.

QUARTERLY ICWA ADVISORY COMMITTEE

The Oregon Tribal/State ICWA Advisory Committee meets quarterly and serves two main functions:

1. To identify barriers in department policy and rules in providing services to Indian children, in both state and Tribal custody; and,
2. To work on direct communications between DHS and the tribes.

The CAF/ICWA Advisory Committee continues to work on outstanding issues and develop stronger consultation and collaboration between the State and the Oregon tribes. Tribal representation on CAF program work groups is critical to policy development that may affect Indian children, families and the Oregon tribes.

Some of the issues addressed in the Advisory Committee this year were: ICWA practice and accountability; the continued lack of native foster/adoptive homes; lack of qualified expert witnesses as required by the ICWA; addressing the need to do active efforts up front to prevent removal of native children from their homes or to safely return native children to their homes or guardians; tribal access and training related to OR-Kids; the renewed focus on the disproportionality of native children in the child welfare system; and continued efforts to provide tribes access to criminal records checks.

As a result of these discussions some of the things that have happened include: a refocusing of work at the upcoming Tribal/State ICWA Conference toward addressing active efforts before and after removal of native children from their homes; the continuation of the expert witness workgroup now focusing on recruitment and a training curriculum; discussions have been initiated between DHS/CAF management staff and tribes around practice and accountability.

SENATE BILL 770 HEALTH SERVICES CLUSTER MEETINGS

The SB 770 meetings allow both administrators from DHS and tribal representatives to meet quarterly and work on issues together to maintain a cooperative relationship with the tribes. This meeting is an outcome of Executive Order from the Governor and legislative action, with the expectation that departments within state government form and strengthen relationships with tribes.

DISTRICT MANAGERS COLLABORATION WITH OREGON TRIBES

Monthly or quarterly contact between District Managers, Tribal Managers and respective staff has been strongly encouraged to strengthen relationships. Some districts have developed processes with the tribes which enable them to have better relationships. The agency has encouraged other districts to take the model and work through the process with their local tribe. It is more about working through the process with each other that strengthens the relationship. DHS also encourages the involvement of the tribes in local planning and training.

Many of the District offices have regularly scheduled meetings with the tribes throughout the state to network and discuss issues. This has proven very beneficial and continues to be suggested to other Districts as a way to promote better collaboration between the agency and local tribes.

CONSULTATION AND COLLABORATION WITH CENTRAL OFFICE DHS

The co-chair of the ICWA Tribal/State advisory committee is the representative to the statewide Child Welfare Advisory, which is a statutory committee. Administrators and program managers attend the Quarterly ICWA Tribal/State advisory meetings. Administrators have also recruited tribal participation on DHS committees which effect policy. There are a total of 51 ICWA liaisons in all of the DHS Child Welfare

offices; as the designated staff, they are the first point of contact for Native American cases that may be identified as ICWA. The current number of ICWA liaisons as of this revision is 59; the dip in numbers was due to staff changes. The liaisons also communicate with the Oregon tribes in their region. The State of Oregon has two ICWA units, (Portland and Salem) that are fully staffed with supervisors and staff to address the high native population and provide ICWA services to the children and families. DHS administration, as a result of discussions with the ICWA Advisory Committee, asked the tribes to put together a Native American specific list of recommendations for the task force. This was accomplished and presented to the task force at their May 21, 2010 meeting.

Oregon has identified the following goals in our 2009-2014 Child and Family Services Plan. They are as follows:

WORKFORCE DEVELOPMENT

Goal: To have ICWA competent liaison's in each branch office.
Measurement: Annual survey of each branch office.

- Further develop the role of the ICWA liaison.

In 2011, the ICWA Liaisons' Roles & Responsibilities was finalized and distributed to the District Managers. This will better define the expectations of the Field Office ICWA Liaison position and improve their ability to assist branch staff in providing appropriate services to Native children and their families. There were specific sessions and workshops that focused on the role of the ICWA Liaison at the 2011 ICWA Conference. Training for ICWA Liaisons will continue through 2012.

Goal: Increase the ICWA cultural competency of staff
Measurement: Increase number of staff who has completed ICWA training.

- Move ICWA Core Training to Tribal Service Areas.

- Involve tribal members in developing and implementing ICWA training.
- Improve cultural testimony in DHS ICWA cases.

From July 1, 2010 through June 30, 2011, a total of 118 staff that attended CORE training over the previous reporting year. Of the 118 attendees, 9 were tribal staff and 109 were DHS child welfare staff. The low numbers compare to last year were due to the DHS hiring freeze; one training session was canceled and several other session were classes of only 11 staff. Included in DHS Child Welfare CORE training is our ICWA core training. The work toward enhancing representation of all nine Oregon tribes in the Child Welfare Core training is continuing. The classroom training includes an overview of Native American and the ICWA history, as well as suggestions and resources for caseworkers working with tribal children. A project currently is in place to augment the classroom training experience. Each of the nine tribes has prepared a tri-fold that is displayed during the ICWA training and the information is included in the training program. Each of the tri-fold displays are educational and provide the opportunity for the tribes to share their own culture. The displays include items such as specific tribal pictures, typical life style, resources available to children and their families, and time lines specific to their tribe. These have provided a starting point for discussions regarding cultural differences and supports that may be available for native children.

There has been an active DHS-Tribal workgroup working on developing a list of tribal experts. The workgroup started out by defining what questions were appropriate for use when a qualified expert witness was testifying based on the categories listed out in the ICWA. They are currently developing a recruitment strategy; the final step in the process will be designing a training plan for qualified expert witnesses. In addition, training will be developed for our legal partners to help them understand the role of the qualified expert witness in regard to Indian child welfare cases. At this time the committee is on hold until additional funding can be located to support the recruitment and training.

Goal: Increase ICWA compliance
Measurement: Decreased number of non-active efforts findings by the court.

Data cleanup and improved accuracy of the data gathered from families and entered into the SACWIS system continues to move forward. The ICWA Program Manager has continued to participate in the development of the OR-Kids system to ensure that the ICWA data collected would be entered as accurately as possible when the new system is implemented.

Also this past year, the ICWA Program Manager has continued to visit the field district offices to meet with management and ICWA line staff to provide training and updates on procedures. These meetings were and will be used as a way to gather information and problem solve on issues that the field is encountering that make it more difficult to comply with the ICWA. The ICWA Program Manager continues to work with the department's training unit on improving the training for new caseworkers to make sure they are more knowledgeable when they start out.

The ICWA Program Manager consults with caseworkers on a regular basis to help make sure they are complying with the ICWA.

In a seven county review by the Oregon Judicial Department, it was found that for the 125 cases sampled, the findings in court were: active efforts were met 72.41% of the time; placement preferences were met 24.4% of the time; tribes were notified 58.08% of the time and expert witness testimony happened 24.07% of the time. The data was presented at the 2011 ICWA Conference. This will be an on-going discussion through the ICWA Advisory meetings and with DHS management to improve ICWA compliance and better meet active effort requirements. The discrepancy between last year and this year appears to be better tracking of outcomes.

PERMANENCY PLANNING

Goal: Increase tribal consultation in case planning for tribal children in DHS custody.
Measurement: Branch survey to determine if there is an increased number of ICWA staffing.

- Continue to develop ICWA staffing in branch offices / tribal service areas.
- There has not been a formal survey of the branch offices to date. This was due to a lack of resources as a result of budget cutbacks and staffing issues. The plan is to survey the branch offices to develop a baseline for the coming year.

Goal: Complete a decision point analysis of case decisions.
Measurement: Change in disproportionate number of native children in foster care.

Oregon has engaged in a disproportionality initiative with Casey Family Services. The initiative has encompassed eight Oregon counties and focuses on reducing the number of African American and Native American children in foster care. The eight counties include Coos, Deschutes, Multnomah, Jackson, Malheur, Tillamook, and Washington. Part of this initiative included the completion of a Decision Point Analysis that was initially completed in December 2009 with an additional report completed in March 2010. Oregon is in the process of analyzing the information and developing further activities as a result of the plan. For those counties with tribes, the tribes are an active part of the planning and activities.

- Determine and assess the decisions at key decision points in the continuum of a child's care that may lead to disproportionality of Native children in foster care.

This will continue to be a focus area over this next year as the Decision Point Analysis was completed in March 2010. The analysis is currently being used by the eight counties listed above in their work with the Casey

initiative to reduce disproportionality in addition to information provided by Casey in their dashboards; the number of counties involved in this work has increased from 8 to 11.

PERMANENCY PLANNING AND SAFETY

Goal: Complete Five ICWA CFSR's
Measurement: Completed reports

There have not been any ICWA focused Child and Family Services Reviews over the past year. CFSR Review focus has been on targeted cases for Oregon's Program Improvement Plan. Planning will commence over the next year to resume conducting a CFSR review of ICWA cases one time per year.

RESOURCES

Goal: Increase foster parent recruitment that focuses efforts to increase placement resources for children, increase efforts on targeted recruitment, specifically related to increasing the pool Native American foster homes, and increase child specific recruitment.
Measurement: Data inquiry showing a change in the number of Native American foster homes.

- Engage Oregon's Native American tribes in planning foster and adoptive home recruitment and retention strategies.

Efforts have been made to engage and include Oregon's Native American tribes in planning foster and adoptive home recruitment and retention. Multnomah County has added an ICWA certifier to their certification unit who is Native American. This position was carved out of Multnomah certification allocation based on the recognized need to reach out to this community. This position started in November 2009 and has 20 Native American foster homes in their certification work load with seven of these

certified within the last year; and one pending certification. The worker goes out once a week and conducts informational meetings at the Native American Youth Association (NAYA), and participates in the Native American case staffing in Multnomah. The difference in numbers from last year to this year appear to be a natural occurrence based on the needs and families available and not a trend to be concerned about.

There are additional efforts to increase the number of Native American foster homes through efforts to provide specific recruitment funds for tribes as well as a general RFP to address minority recruitment.

STATE/FEDERAL FUNDING TO OREGON'S NINE FEDERALLY RECOGNIZED TRIBES

Following is an outline for each Oregon tribe of the state and federal funding it received, the number of clients served with that funding, and the percentage of the tribe's overall child welfare budget the state and federal funds represent.

Burns Paiute Tribe

Social Services Block Grant (SSBG)

Funding Received: $2643.00

System of Care (SOC)

Funding Received: $8,146.72

Clients Served 42

SSBG and SOC number of clients served are not unduplicated.

Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians

Social Services Block Grant (SSBG)

Funding Received: $6,690.00

System of Care (SOC)

Funding Received: $14,817.75

Clients Served 122

SSBG and SOC number of clients served are not unduplicated.

Coquille Indian Tribe

Social Services Block Grant (SSBG)

Funding Received: $6,400.00

System of Care (SOC)

Funding Received: $15,043.08

Title IV-E Waiver

Funding Received: $9,966.11

Clients Served 18

SSBG, SOC and Title IV-E Waiver number of clients served are not unduplicated.

Cow Creek Band of Umpqua Tribe of Indians

Social Services Block Grant (SSBG)

Funding Received:	$10,800.00

System of Care (SOC)

Funding Received:	$22,897.28

Clients Served	349

SSBG and SOC number of clients served are not unduplicated.

ADDICTIONS AND MENTAL HEALTH DIVISION (AMH)

ALCOHOL AND DRUG PREVENTION SYSTEM

In fiscal year 2011, each of the nine Oregon federally recognized Native American tribes received $52,500 for alcohol and drug prevention services. These funds support Tribal Prevention Coordinator positions that provide prevention services from each tribe's AMH approved biennial implementation plan. All nine tribes have a current Letter of Approval with AMH to operate their prevention program.

Collectively, the tribes were awarded $50,000 from the EUDL (Enforcing Underage Drinking Laws) initiative to create an inter-tribal underage drinking prevention video that focuses on 'Culture is Prevention'. This video showcases several Oregon Tribal Best Practices that were selected by the Tribal Prevention Coordinators.

New this year, each tribe received $62,500 from the Strategic Prevention Framework, State Incentive Grant (SPF-SIG) to follow the five-steps of SPF-SIG; (1) Assessment, (2) Capacity, (3) Planning, (4) Implementation, and (5) Evaluation. The SPF-SIG goals are to reduce heavy use of

alcohol, binge drinking, underage drinking from 18-20, and over-representation of Native Americans in the consequences related to alcohol use.

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 Center for Substance Abuse Prevention (CSAP) Strategies: information dissemination, education, alternatives, problem identification and referral, community-based process and environmental strategies in the delivery of their prevention services.

COMMUNICATION BETWEEN AMH AND THE TRIBES

The AMH Tribal Liaison and other agency staff attended the SB 770 Health Services Cluster meetings and the nine tribes' prevention quarterly meetings with tribal staff to learn from each other's prevention efforts, promote positive communication through the government-to-government relationship, and to share successes and challenges in the field. The AMH Tribal Liaison communicates on a regular basis with Tribal staff by phone, email and face-to-face meetings.

TRIBAL CONSULTATION

This year Oregon received recognition from SAMHSA and NASADAD for effective Tribal Consultation with the nine federally recognized Native American tribes. AMH staff participated in a SAMHSA sponsored webinar with the states of Arizona and New Mexico to shared best

practices and policies with National colleagues. AMH will continue to improve services in order to serve Native Americans.

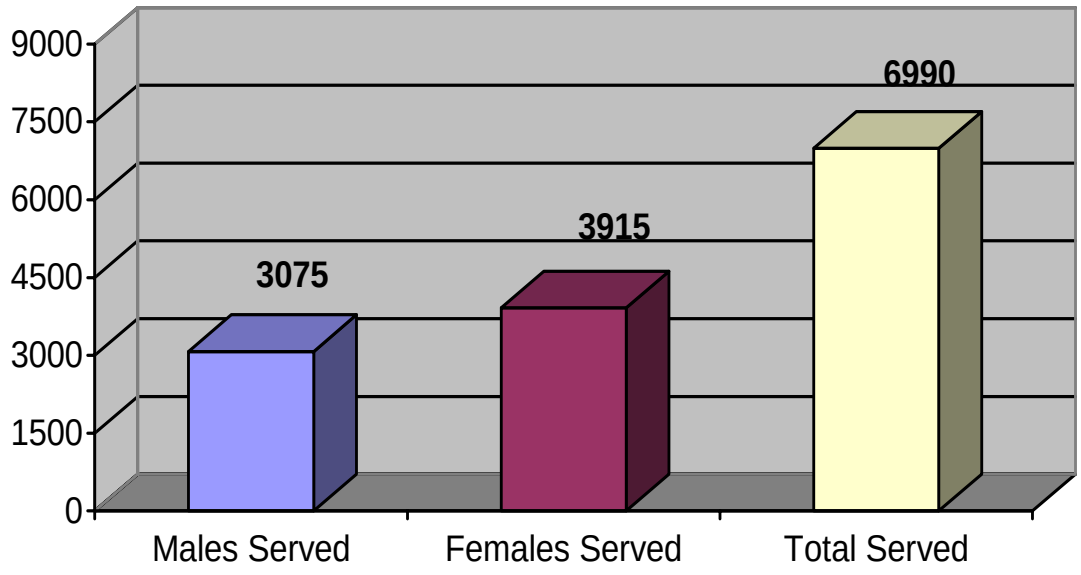
TRAINING AND TECHNICAL ASSISTANCE

Periodically, tribes request training and/or technical assistance related to substance use or suicide prevention. Several tribes requested help with the prevention database system, biennial plan formation and implementation. Two tribes requested ASIST (Applied Suicide Intervention Skills Training) workshops. The goals of this workshop are to: increase the community's 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.

PREVENTION SERVICES TO INDIVIDUALS AND FAMILIES

The tribes continue to provide many prevention services throughout the year, touching the lives of thousands of tribal and community members. This data was taken from the Minimum Data Set for Prevention 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 2011



BURNS PAIUTE TRIBE

The Tribal Prevention Coordinator provided several educational and alternative activities throughout the year including: implementing the Healthy Relationships curriculum, methamphetamine and marijuana prevention education with Eric Martin, working with youth on media campaigns, a community billboard, radio ads, digital storytelling workshop, and continued to provide Tribal Best Practices such as the Powwow club.

CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS

The Tribal Prevention Coordinator uses many education and alternatives strategies for tribal and community members. Education and tribal culture are infused in 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

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 per month), sponsored the Native Youth Wellness Day in March and the 9th annual Agency Creek Round Dance. The Tribal Prevention Coordinator is a member of the SPF-SIG (Strategic Prevention Framework) State Advisory Council, and is a key tribal contact for state agency staff.

CONFEDERATED TRIBES OF SILETZ

The Tribal Prevention Coordinator helps facilitate the Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) Coalition including recruiting membership, and assisted in the implementation of Coalition goals and plan. 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 THE UMATILLA INDIAN RESERVATION

The tribe continues to offer Daughters of Tradition classes at the middle school, Wellbriety coalition meetings, a Son's and Daughter's of Tradition summer session and traditional camp out. The coordinator also provided prevention education classes and assisted in the annual B.A.A.D. (Basketball Against Alcohol and Drugs) tournament and Red Ribbon

Week activities, which included prevention awareness, stomp out drugs walk, and honoring people in recovery.

Confederated Tribes of Warm Springs

The tribe continues to provide many alternatives, educational opportunities, and community-based processes including 'Back to the Boards' a Tribal Best Practice. 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.

Coquille Indian Tribe

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 Tribal Prevention Coordinator provides various educational and alternative activities including: an ATOD-free New Year's Party with over 200 in attendance, a teen group which meets weekly, and participates in a partnership with community coalition.

Cow Creek Band of Umpqua Tribe of Indians

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

Throughout the year, there are many opportunities for prevention education and ATOD free activities including: sports camp, culture camp, a drum group, marijuana prevention education, back to school Powwow, and other family bonding opportunities. Additionally, the coordinator provides early identification and referrals for tribal and community members in need of services, and family mediation services.

PREVENTION INPUTS/OUTCOMES

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

Prevention Inputs	**Prevention Outcomes**
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.
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.
- Because we are getting families together and creating opportunities for bonding.
- Increased participation and received many positive comment cards.
- 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 2011 State of Equity Report was published in June 2011, by the Office of Multicultural Health and Services, Oregon Health Authority/Department of Human Services. The report indicated Native Americans have higher rates of eight graders who have used alcohol and illicit drugs. AMH staff will be using this report for discussion and planning on how to improve access to services for Native Americans in the state.

2. The Strategic Prevention Framework-State Incentive Grant (SPF-SIG) is a five-year cooperative agreement between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the State of Oregon that will support an array of community-based activities, environmental strategies and policies for delivering effective substance abuse prevention services to reduce alcohol related health consequences. Two tribal staff, a representative from the Northwest Portland Area Indian Health Board and the AMH Tribal Liaison attends the monthly SPF-SIG State Advisory Council meetings.

3. 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. This data is used by the Tribal Prevention Coordinators to plan prevention programming and to identify trends. The survey will be administered again in 2012.

4. The Alcohol and Drug Policy Commission was established during the 2009 legislative session and builds upon 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 membership of the Commission consists of sixteen appointed positions including a representative of an Indian tribe.

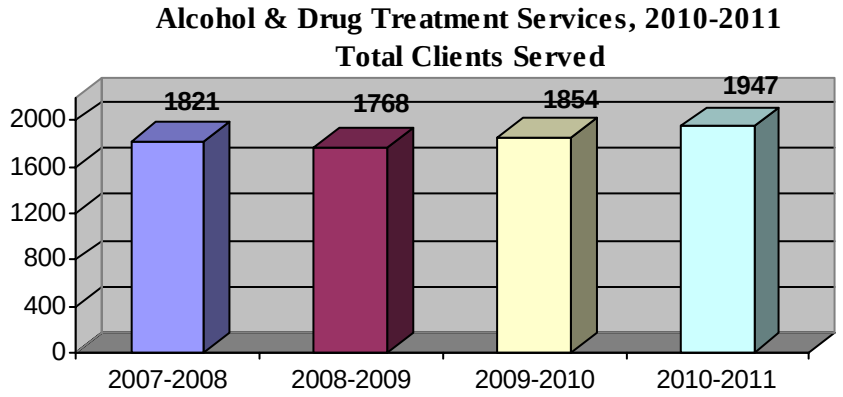
5. The Oregon Tribal Best Practices effort was formed to "document that Indian and minority people have been implementing effective cultural practices for years within their own communities" (Caroline Cruz, and Dr. John Spence). The AMH Tribal Liaison collaborates with the Tribal Best Practice panel members in the review and approval of Tribal Best Practices, and offers support to state staff working in other departments.

TRIBAL ALCOHOL AND DRUG TREATMENT SUMMARY

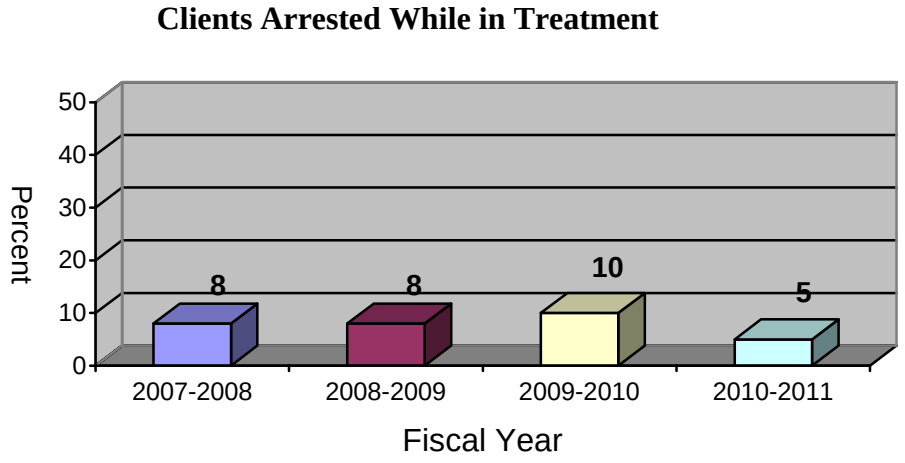
Seven of the nine federally recognized tribes in Oregon receive a minimum of $50,000.00 per year for outpatient treatment services. The Coquille Indian Tribe and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw do not receive outpatient treatment dollars because they have not yet established the necessary infrastructure to provide these services. Native American Rehabilitation Association of the Northwest (NARA) receives outpatient and residential treatment dollars to serve Urban Indians, and referrals from all nine tribes of Oregon. Klamath

Youth Residential Treatment Center provides residential substance abuse services for adolescents in Klamath Falls.

Providers served 1,947 clients during the 2010-2011 fiscal year. The number of clients served during the last four years has been fairly consistent, ranging from 1,768 to 1,947. This data were taken from the Client Process Monitoring System (CPMS) on 9-29-2011.

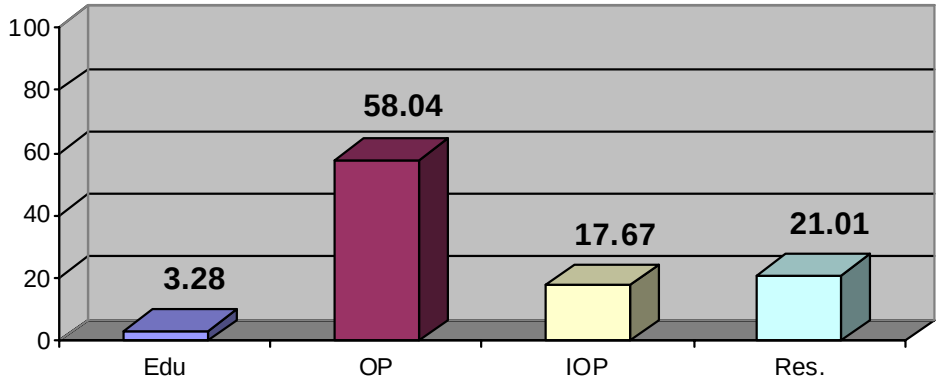


One of the most significant and cost saving related outcomes of addiction treatment is reduced criminal involvement. Of all those clients who completed treatment or otherwise discontinued participation in tribal programs, 95% remained crime free while participating in services. The percent of clients arrested while in treatment over the last 4 years ranged from 5 to 10%.



The following chart lists the percent of clients by the level of care received. ‘Edu’ stands for Education, ‘OP’ stand for Outpatient, ‘IOP’ stands for Intensive Outpatient and ‘Res.’ stands for Residential. The percentages from highest to lowest are: Outpatient (58.04%), Residential (21.01%), Intensive Outpatient (17.67%), and Education (3.28%).

Level of Care, 2010-2011

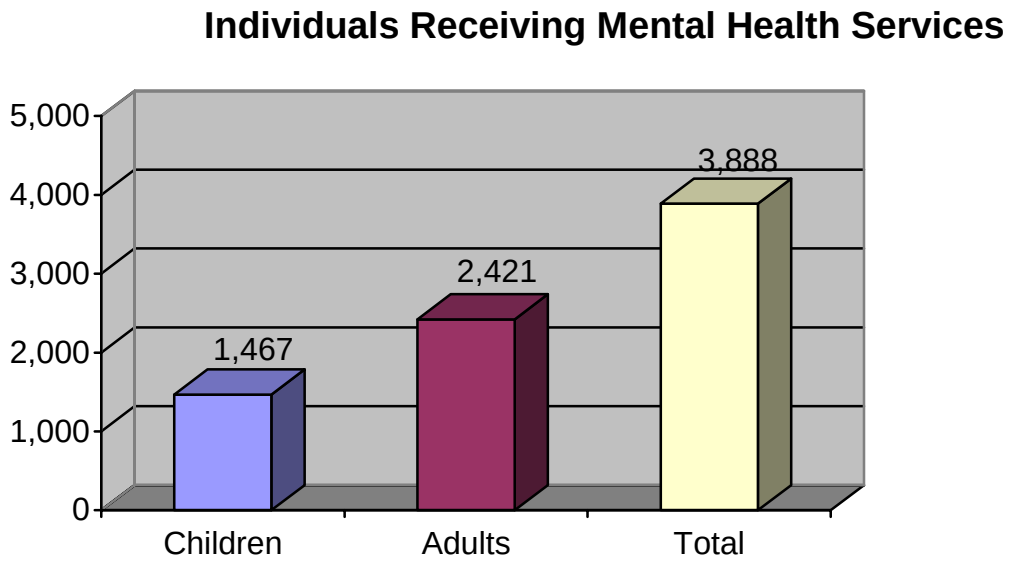


MENTAL HEALTH SYSTEM

In 2003, Oregon’s Legislative Assembly directed the Department of Human Services that children and adolescents with severe emotional disorders need and 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 (CMHP) 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 (MHO).

MENTAL HEALTH INDIVIDUALS SERVED

Each year many Native American clients receive mental health services. This year 2,421 adults and 1,467 children received services for a total of 3,888.



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 terms of mental health and addictions treatment resources for tribal children and adolescents, there are two primary programs that serve the 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, Klamath Youth Residential Treatment Center provides residential A&D treatment to tribal youth and is located in Klamath Falls, Oregon.

HEALTH SERVICES: HEALTH CARE

Oregon Health Authority 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 compliance; understanding DMAP policy and procedures and providing technical assistance with the Medicaid Management Information System (MMIS).

DMAP continues to hold program meetings to ensure 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 impacting 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 with the goal of promoting increased communication between the state and the tribes and fostering a positive government-to-government relationship. The new policy will assure that tribal representatives have ample opportunity for review and input on all State Plan and 1115 Demonstration 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 electronic mail. The only changes that we will not bring before the tribes for review are those that are mandatory and give the state no flexibility. The new policy will also provide for a monthly update to tribes on current relevant health care issues.

DMAP worked with a Tribal Health Facility to move their method of reimbursement from the Memorandum of Agreement IHS rate to the Prospective Payment System (PPS). The PPS rate provided an increase in the rate, which in turn matched more closely to the Tribal Health Facility's actual costs.

DMAP is working closely with the State of Washington to foster a partnership in providing optimal services to American Indian/Alaska Native populations in both states. Quarterly meetings are being arranged between each state's Medicaid tribal program managers to promote collaboration as well as learn from best practices.

OREGON STATE HOSPITAL TRIBAL SERVICES 2011

The Oregon State Hospital (OSH) Native American Advisory Group (NAAG) has met monthly during the past year. The OSH NAAG is comprised of Native American and non-Native American health care providers and professionals from various OSH disciplines such as; nursing, psychology, quality assurance, spiritual care, cultural diversity, patient representatives, recovery specialists, social work, education and rehabilitation services. NAAG provides direction on Native American research, treatment, spiritual care, ceremonies, policymaking, cultural education, and historical education for OSH. This group has helped to increase relationship with and provide services to the OSH Portland campus, the geriatric program, the forensic medium security program, the forensic maximum security program, the forensic cottage program and the forensic transitional program. NAAG strives, through group effort, to be

able to provide culturally appropriate services that are accessible to all OSH Native American patients.

Currently OSH offers the following services to Native American patients;

- Sweat Lodge - Twice a month for Men and Women
- Smudge Ceremony - Weekly in each program
- White Bison's Medicine Wheel and 12-Step program
- White Bison's Intergenerational Trauma group
- Talking Circles
- Ancestry research
- Tribal Scholarship application assistance
- Family support
- Community outings with Native American focus
- Individual sessions with a Native American cultural and/or spiritual advisor.
- Treatment Team liaison for Native American patients, when requested.
- Psychiatric Security Review Board liaison for Native American patients, when requested.
- Cultural education groups that include, but are not limited to, sessions on smudging, medicine, boarding school history, tribal history, removal, allotment, and current events.

It is estimated that approximately 50-60 Native American's are hospitalized at OSH at any one time. OSH does not currently have a reliable method of obtaining an accurate demographic of patient's race. However, NAAG is working with OSH leadership and admissions to develop a reliable method for obtaining this demographic information.

In the past year, OSH has designated a Native American Services Coordinator who oversees and provides guidance for services to Native American patients. In addition, the Native American Services Coordinator is a board member for the new OSH Museum.

Over the past year, the NAAG has been working with OSH leadership to develop a new sweat lodge and designated ceremonial area for the new OSH facility. NAAG has coordinated with Program directors, landscape architects, City of Salem historical planners, and Historical Landmark Commission members. This coordinated effort will culminate in a formal presentation to the Historical Landmark Commission in December of 2011 and a projected opening of a new OSH sweat lodge in the Spring of 2012.

NAAG has recognized the need for OSH staff education regarding Native Americans. NAAG is currently exploring training design options in order to effectively teach OSH employees about Native American culture, treatment needs and legal obligations. NAAG is currently negotiating an agreement with the OSH Education Development Department to provide ongoing Native American culture classes that will be available to all OSH staff.

The OSH NAAG has reached out to the OSH Spiritual Care Department and has enjoyed a reciprocal relationship. Our contracted Native American Elder was invited to provide training on Native American culture and spirituality to OSH Chaplain Interns. In turn, the OSH Spiritual Care Chaplains are sitting in on Native American Treatment groups.

During 2011, the OSH Native American Services Coordinator completed a qualitative research study in an attempt to find information that may be useful for OSH service providers. The purpose of the study was 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, the study examined the services that Native American individuals are receiving within OSH and explored the path by which Native American persons reached hospitalization. This study was also an opportunity for Native American patients to share ideas for changes at OSH.

The NAAG has coordinated and performed honoring ceremonies for the new OSH buildings and is currently planning to conduct more honoring ceremonies as additional wings open in the new OSH facility.

During 2011, OSH NAAG members have attended and/or presented at the following trainings:

- The Wellbriety Training Institute - White Bison Mending Broken Hearts; Native American Grief Recovery Workshop.
- National Congress of American Indians, National Conference
- Native American Rehabilitation Association - Spirit of Giving Conference
- American Counseling Association – Conference & Exposition
- Society of Indian Psychologists - National Conference
- Veteran's Conference – Bend, Oregon
- State of Oregon Diversity Conference - Discovering the Richness of Diversity
- Pacific University's Diversity Day – Forest Grove, OR

SUMMARY

While extensive, this 2011 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.....Helena Kesch
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

GLOSSARY OF TERMS

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

SBHC .....School-Based Health Center
SOC..... System of Care
SPD ..... Seniors and People with Disabilities Division
SSBG.....Social Services Block Grant
TANF ..... Temporary Assistance for Needy Families
TCM..... Targeted Case Management
TPEP ..... Tobacco Prevention and Education Program
WIC.....Women, Infants and Children