SENATE BILL 770 HEALTH SERVICES CLUSTER MEETING
SALEM, OREGON
JANUARY 25, 2006

Attendance

Richard Acevedo	Department of Human Services (DHS) – Director's Office
Diana Woods	DHS – Director's Office
Bob Barley	DHS – Office of Central Support
Kelsy Bartley	Coquille Indian Tribe
Randy Blackburn	DHS – Office of Program Performance and Reporting
Judy Bowen	DHS – Seniors and People with Disabilities
Katherine Bradley	DHS – Office of Family Health
Jeanette Burket	DHS – Children, Adults and Families
Lynn Cams	Division of Child Support – Grand Ronde/Siletz Tribal Liaison
Rod Clarke	Klamath Alcohol and Drug Abuse
Janice Clements	Confederated Tribes of Warm Springs
David Fullerton	Confederated Tribes of Grand Ronde
Bruce Goldberg	DHS - Director
Ron Hudson	Confederated Tribes of Grand Ronde
Ruth Kemmy	Department of Consumer and Business Services
Michael Kurtz	Commission on Children and Families
Yvonne Livingstone	Coquille Indian Tribe
Greg Malkasian	DCBS – Director's Office
Mary McNevins	DHS – Children, Adults and Families
Jackie Mercer	Native American Rehabilitation Association (NARA)
Debra Mosher	DOJ – Division of Child Support
Judy Muschamp	Confederated Tribes of Siletz
Stephanie Parrish Taylor	DHS – Office of Vocational Rehabilitation
Jean Phillips	DHS – Health Services
Everett Rice	DHS – Health Services
Bob Riley	DHS – Parkway Building
Jim Roberts	NW Portland Area Indian Health Board
Clyde Saike	DHS – Deputy Director
Mike Stickler	DHS – Finance and Policy Analysis
Glenda Thurman	Coos, Lower Umpqua and Siuslaw
Leah Tom	Indian Health Services
Michael Watkins	Confederated Tribes of Grand Ronde
Diann Weaver	CLUSIT
Derek Wehr	DHS – Office of Mental Health and Addiction Services
Jane-ellen Weidanz	DHS – Seniors and People with Disabilities

Introductions & Welcome

Ric Acevedo welcomed attendees to the meeting. Roundtable introductions were made. Ron Hudson, Confederated Tribes of Grand Ronde, gave a traditional opening.

Introduction of Bruce Goldberg, DHS Director

Ric Acevedo introduced Dr. Bruce Goldberg, the new DHS Director as of November 1, 2005. Bruce Goldberg gave a brief background on his work experience. He told the attendees that he looks forward to working with the Tribes and greatly values the input from Tribal Governments.

Introduction of Clyde Saiki, DHS Deputy Director

Ric Acevedo introduced Clyde Saiki, the new Deputy Director as of November 2, 2005. Clyde Saiki gave a brief background of his 17 years with DHS. He is also looking forward to working with the Tribes and further developing those relationships.

DHS Budget and Legislative Updates

Bruce Goldberg discussed the DHS budget – the reasons for the shortfall and what the Department is doing to fix the problem, as well as how to not let this situation happen again.

In regard to the Federal Budget Reconciliation Act, whether there will be final changes to the bill or not is not known. The effect this will have on targeted case management is of great concern. The Department is looking carefully at what the changes would do to the programs and budget and what flexibility exists within CMS in how they write the rules and administer the changes. On the issue of the Workforce Investment Act, the next start would be across the board cuts of 15%. In looking at these changes, many of them will not take effect until 2007, however the targeted case management looks like it will be retroactive to January 1, 2006.

Regarding the waiver sent to CMS in 2003, the status is they have not moved on it at all. It was sent to the Office of Civil Rights and DHS is not getting any response from them.

Bruce Goldberg agreed on the idea of writing a letter to CMS, but feels that additional discussion about what the Department would be prepared to follow through with and do some analysis of the consequences, and whether that would put DHS at any fiscal risk with CMS.

Concern was expressed about the reduction in funding of alcohol and drug abuse treatment with the next Legislative Session.

Tribal Updates

Rod Clark

- Klamath County now has a tribal court. It is limited to youth but works on abuse, and Indian Child Welfare Act issues. The entire community is working on youth drug court.
- Annual Sobriety Powwow was held on New Years and the council asked the program to do the Restoration Powwow as well.
- Klamath County was one of several counties to received notice from DHS that funding levels will change over the next eight years. Klamath and Multnomah Counties will see a substantial reduction in the amount to those areas. This issue was discussed at greater length later in the meeting when OMHAS representatives were present.

Diann Weaver

- Tribes hosted the 4th Annual Christmas Dinners in Coos Bay, Florence and Springfield/Eugene and at the same time glucose testing was available. 558 total attended with 331 doing the glucose testing which included children over the age of 3.

- In connection with the Coquille Tribe Housing Authority and the Coos Housing Authority they are sponsoring a Meth Lab Workshop in Coos Bay (see flyer) on February 9th 9 a.m. – 4 p.m.

Kelsy Bartley
- Coquille Indian Tribe, recently held Diabetes Kick-off Dinner in correlation with the grant along with the Cow Creek/Klamath approx. 150 attended, and 60 were pre-diabetic. Those people will be going through the screening process to see if they qualify for the grant.
- Home Depot will be built on tribal land in Coos Bay. New RV Park is in progress next to the casino. The new doctor will be starting in March. Dr. Roger Willis coming from Arizona. The Coats for Kids program provided 175 coats for tribal children. Christmas dinner approx 575 tribal members attended in the four dinners throughout the five county service area. Kelly Little is the new Health Administrator.

Jim Quade
- Warm Springs just had 15 % reduction in tribal general fund, which has had significant impact primarily on the social services programs. This is causing to rely more on the state. In the past they supplemented a lot of the benefit package, but will not be able to do that any more. Issue of 4E Administrative match and targeted case management get down to the funding protective services program. Yesterday there were 97 children in foster care on a per capita basis that makes Warm Springs the largest foster care operation in the state of Oregon.
- There is an emergency hold room problem going on in central Oregon. Crook County has closed their emergency hold room. This is creating a problem in Deschutes County and Madras. They are competing for five psychiatric beds in the region.
- The meth epidemic, which is really a public health epidemic really needs to be addressed in a huge partnership between the Tribes and the state; it effects everyone both economically and socially.
- At the end of month, Warm Springs will start contract negotiations with the health department about assuming some health department functions, maternal child health, homeland security, and the anticipated flu epidemic.

Judy Muschamp
- The biggest project has been preparing the grant application to Indian Health Service to try to expand the clinic. The clinic was built in 1990 with primarily federal funds and it was half the size it is now, a few years later using Tribal funds to double the size. Now it needs to double the size again to meet expanding needs. The grant application went in and IHS will make the awards in May.
- Tribal elections will be held in two weeks.
- In early February, Siletz will be advertising for a family practice physician. The current medical officer will be semi-retiring, reducing to half time by June.
- Siletz Tribal Housing is co-sponsoring training on meth. There have been a couple of big meth busts in tribal housing over the last couple of months. Tribal Law Enforcement program is completely defunct right now. Chief of Police resigned. It will be 2-3 months before Siletz has any law enforcement again. Siletz is working with the City of Toledo for coverage in the mean time.
- The Tribe has a grant through the state for transitional housing for women who return from residential treatment. Modifications to the facility and grounds were recently completed to allow those women who have lost their children, the ability to have their children with them while in the facility.

Ron Hudson
- Confederated Tribes of Grand Ronde has a meth task force set up and running.

- There are several open positions in Grand Ronde, one Post-Treatment Methamphetamine Coordinator, an A&D Counselor and a Vocational Rehabilitation Coordinator position that Ron has been filling temporarily.
- The tribe is doing a lot of community based programs – basketball tournament for kids and a men's tournament is scheduled for February 24-26, 2006. They are receiving a lot of community support.
- There will be another 72-unit housing open around September of this year.
- State and Tribal ICWA Conference will be held at Grand Ronde on September 26-28, 2006.
- Vocational Rehabilitation is working with the state more, counselors from both are meeting and sharing services.
- Grand Ronde is also dealing with the meth. issue; foster care numbers are up and it's a huge issue. The Tribal budget affected the same way as other Tribes by this epidemic.
- The big project is the adult foster homes that will open in mid-March. Grand Ronde is the first Tribe in the state to operate one.
- Completed an evaluation of the entire behavioral health program and are revamping the program.
- The Behavioral Health Director position is open.
- Completed needs assessment for emergency preparedness through HRSA Region 2. It appears that the Tribes were an afterthought for emergency preparedness funds.
- Rick Acevedo spoke to Nan in Health Services regarding the Tribes in Emergency Preparedness and she wants to see the Tribes in a more participatory role in both the meetings and programs. It is important to come to the meetings. It's understood that there are a finite group of people working for the Tribes and too many meetings to go to.
- Grand Ronde is ranked as one of the top 10 terrorist targets in the state due to the number of people who go through the casino.
- Invitation to Bruce Goldberg to visit Grand Ronde and see the programs.

Leah Tom
- Regarding the Medicare Part D problems and CMS has requested us to submit some of the issues that are on going. If any of the Tribes have other concerns, get those to me and I'll get them to CMS. On the IHS side, all of our federal sites are going through accreditation in 2006, that's an on-going process.
- Implementing some mandatory accounting measures and controls to better track our third party reimbursements.
- Rolling out electronic health records all of our federal sites and a couple of tribal sites are coming on board.

Jackie Mercer
- The Government-to-Government Tribal Summit last year had two tribal leaders who asked this cluster to address issues around meth. Don't know the way in which that relationship between that effort and the Oregon Indian Council on Addictions can work together with this group. It's a huge issue, in our residential program, 80% are meth users. A call was received with possible funds for a meth conference. Maybe put that on agenda.
- Suicide prevention project. Flyer handed out. The kickoff will be held on February 17, 2006 at Spirit Mountain Casino. This is an all day event and the plan is to talk about how things are going to roll out. Sacred Hoop Journey and White Bison have a journey that will start out at Warm Springs and travel counter clockwise around the state back to Portland and take a day in each tribal community to raise awareness. The goal is "No More Fallen Feathers." The effort is to support tribal communities in the Portland area and ways to sustain this. There is some money out of this grant that goes to each tribe for development of their own infrastructure around this. Part of the plan is to recruit elders from each community that will help develop the tribal communities plan. Then

the Hoop Journey will come through and then there will be someone who will be a liaison back to this group. Each community will receive a laptop to sign on to some of the prevention activities. There will be a listening day in the fall. Each community will decide which schools to go to and listen to the children and see what they're thinking and what their needs are. Then use that in conjunction with the elders to develop a community plan in each community to help the children. Please get the word out to other tribal people.

- CADO Programs and Klamath Tribal Health will have a White Bison on March 21 to do three-day conference. Call (541) 882-7248 for more information.

Jim Roberts

- Joe Finkbonner is the new executive director of the Northwest Area Indian Health Board. He has been in the position for three months and has developed a transitional plan and what he would like his management team to focus on over the next year.
- Just completed the quarterly board meeting last week. Update on the IHS budget is a second rescission this year that will cost the program approximately $30 million. This is on top of another rescission in October when the President signed the Interior Appropriation bill about $14 million. In all, we'll lose about $45 million of $100 million increase that we thought we were going to have at the beginning of the year. Not real good news. This is that time of the year when we've got three budget processes going on; we've got the execution of the '06 budget, we're getting ready for the President's budget next week, the President will be releasing his FY '07 budget and of course that mean we at the Board will begin to start to develop our analysis and recommendations of the '07 budget and then we've also executed our recommendations for the FY '08 budget. Back in December we met at the area office and talked a little about those last week. A lot of activity related to budget.
- Legislation Update on the Indian Health Care Improvement Act. Senator McCain introduced a bill back in May, SB 1057 to reauthorize the Indian Health Care Improvement Act. We don't have a companion bill on the House side like we did during the 108th session when Congressman Young introduced a bill, but he's expecting to introduce a bill sometime here in the coming weeks. He was waiting for the Senate version so that he could mirror a lot of the provisions that were already reported out of the committee and had been compromised with the administration so that there wouldn't be as many objections to what he introduces. McCain's bill reported out of committee in September or October of last year, it was hoped that Senator McCain would be able to bring that bill under a unanimous consent agreement prior to the winter break. Unfortunately, a gentleman from Iowa, Senator Grassley (R-IA) who is the chairperson of the Finance Committee went to the Majority Leader Bill Frist (R-TN) and asked him to place a hold on the Indian Health Care Improvement Act. The reason why is because he was concerned that the Medicaid provisions that were contained in Title IV for a couple of reasons: 1) He was worried about the cost sharing issues associated with treating what he used in his letter was "one group, giving them preferential treatment over another group," so here he's talking about the cost sharing issues and also the exemptions from the state recovery for Indian people contained in Title IV of the Indian Health Care Improvement Act. So some of that relates to what we've got going on here in Oregon and up in Washington. We're trying to get this exemption for Indian people to treat them a little differently on the basis of political and legal status in the Medicaid program. So now what we've dealt with here in Oregon over the last couple years now is suddenly playing out in the reauthorization of the Indian Health Care Improvement Act. Unfortunately, we're not going to be able to see that bill make any headway, there's so many objections with the administration with some of the provisions of the bill and now have Grassley come forward on these same bases, it doesn't look good. Also, he was concerned that the provisions contained in Title IV were contrary to some of the provisions that were going on in Budget Reconciliation. So in budget reconciliation we've got exemptions from cost

sharing, co-payments, estate recovery, benefit flexibility issues, some of those very same issues are going on in what's being discussed in Congress right now with budget reconciliation.

- The final item perhaps for the next quarterly board meeting or the next SB770 meeting would be Emergency Preparedness and Pandemic Flu planning. The DOD appropriation included $3.8 billion for pandemic flu planning that will be provided to HHS; this was kind of some horse-trading that happened between the labor H bill in that there were some people that were going to oppose the labor H bill, because they cut some of the pandemic flu language, but as a compromise, they were able to get that thru the DOD appropriation.
  Tribes can't access the money directly because it is provided under emergency funding thru FEMA is issued under an Act called the Stafford Act that was passed a long time ago. In the Stafford Act, there are provisions on how that money is provided to the state, so as a consequence, when Tribes access resources under FEMA, they have to go thru the state.

OMAP Update

Jean Phillips, OMAP

There was discussion on the federal waiver that was submitted in 2003. DHS has submitted three other waivers within the last six months as a result of a direction from the 2005 Legislature. DHS has received no response from CMS. A decision is expected soon on the maintenance of effort waiver for expanding coverage of the Oregon Health Plan for children. The Legislature directed the Insurance Pool Governing Board (now called the Office of Private Health Partnerships) to work with DHS on requesting the federal waiver to have some of the FIAP money be redirected to OMAP to expand coverage for kids either: 1) to increase eligibility for children from 150% of poverty level to 200% of poverty level; or 2) to increase the period of eligibility from six months to 12 months. The latter has received a lot of support from advocates and the legislature because studies show that 50% of the children that are falling off of the program are at the point of renewal. The problem the CMS has with this particular waiver is that it is precedent setting. Normally, the requirements are very restrictive and are tied into a certain program, like this one is for the Family Health Insurance Assistance Program, so if they allow DHS to use that money for another purpose, it's setting a precedent across the nation. Oregon is one of eight states that have 185% of our upper eligibility limit for children. Most states in the middle have gone up to 200% of the federal poverty level for children.

Also, the Legislature passed a bill that DHS could no longer charge a premium to households with incomes of less that 10% of the federal poverty level under the OHP Standard program. The Department submitted the change requesting approval from CMS but no decision has been made. The decision was expected quickly because it is not a controversial change, but unfortunately CMS realized in reviewing the waiver request that none of the premium monies that are paid in are being sent to CMS; the Department retains them all here in Oregon and match them with federal dollars. Other states that have premium programs have to use the match rate to split those monies to the federal government. CMS approved it under the existing waiver that the DHS retain all those monies that make up the federal match in Oregon. It appears they're getting us ready to accept that they are going to take 60% of those premium dollars. That is a concern, because not only are we losing some premium revenue that supports the Standard program through the exempting individuals with incomes of 10% of the federal poverty level and less from paying premiums, but now for those that do continue to pay premiums we're going to lose 60% of that revenue to the feds.

Q: How much revenue will we lose from premiums in the OHP Standard program as a result of the federal requirement to pay 60% of collections to the Centers for Medicare and Medicaid Services (CMS)?

A: If premium revenue is forwarded to CMS, it is projected to yield a reduction in other funds in the amount of $2.8 million and a reduction in our ability to earn matching federal funds in the amount of $4.6 million for a total of $7.4 million. These projections are based on the Legislative Adopted Budget for the 2005-07 biennium as an effective date of January 1, 2006. The twenty-four month average reduction in the OHP Standard caseload as a result of the funding reduction is 641 recipients.

Additionally, CMS wants DHS to eliminate the part that disqualifies people for failure to pay their premiums. Currently there is a six-month disqualification period. What the program proposed is then basically individuals can't get back on the program. Under the new rule that will be developed to support the Legislature's bill is that individuals will be able to take up to six months to pay their premiums, they won't be able to renew when it comes time to fill out their new application and do their recertification. Until the premium is paid in full, that they can at least know that they will have benefit coverage up to that period of time.

The third waiver DHS was directed to submit is for benefit reductions. The Legislature was clear on what cuts DHS needs to make in benefits; to eliminate vision with the exception of lenses and frames for children and over the counter drugs such as cold remedies will no longer be covered under the Oregon Health Plan. There are some exceptions, if there are over the counter treatments that are as effective or would save money, those will be covered.

The last one is extremely controversial and likely will not be approved by the federal government is to limit hospital stays to 18 days per year.

Every time we ask CMS what is the status of this particular waiver, they just tell us it's going through the process. The Department will not implement benefit reductions unless we receive federal approval. This may be one item that would go back to the Legislature as unable to implement in time to achieve the savings wanted.

An update on the Standard program is that there are about 22,000 people enrolled in that program as of January 21, 2006; 733 of those are Native American. Using the projection for sustainable population of 24,000 as a point of reference, DHS budget staff is crunching the numbers for the loss of 60% of the premium and also for the loss of the revenue from individuals with income 10% of federal poverty level. That will change the number of people supported under the Standard program.

Bob Nikkel
Concern was express regarding how DHS will implement Alcohol and Drug equity formula. This has been a problem in mental health and chemical dependency for at least 20 years. A series of meetings were held to try and reach a consensus on how to distribute these funds

Bob Nikkel explained that no group of people could come to an agreement on the approach, so the formula proposed is something that could happen over a couple of biennia, and to get the spreadsheets out for people to review. If more money isn't brought into the Alcohol and Drug Treatment system, it will to continue to fall behind and the problem will not go away. Bob stated this was one of his highest priorities for the budget development process to push the issue that more cuts have been made disproportionately than just about anything else and that has happened largely as a result of the loss of the OHP Standard benefit; about $25 million in loss and treatment capacity and something needs to be done.

There is an epidemic in this country, not only with methamphetamine that gets all the headlines, but also with alcohol. Eighth grade girls have now surpassed eighth grade boys in their drinking. This is a real crisis, not just now, but also for the future. The timing couldn't be better to raise the issue of the lack of equity and the lack of availability of funding for Alcohol and Drug Treatment.

Concern was expressed over the fact that the formula is weighted very strongly in favor of urban areas. It disproportionately affects rural areas and the two hardest hit are Multnomah and Klamath counties. In looking at funds that were competed for and won based on those merits when competition was available, will be lost and Klamath county will be reduced to a couple of out-patient counselors for the entire county. Rural Klamath county with the most poverty and all the bad social indicators in the state will lose effective continuum of treatment to the wealthiest counties in the state that have a tax base.

There was one very important difference in the funding, after looking very carefully at the mental health budget there have been several millions of dollars that have not been allocated. That is the only reason it could be done without harming the mental health system and that was pure coincidence. If any unallocated money could be found, DHS would be happy to do the same thing, but it is not there.

Need to assure the appropriate funding for counties around this issue. How do we get more resources into an under funded program?

Michael handed out the Government-to-Government Report from the Oregon Commission on Children and Families. Information is currently being worked on and Michael will present at next meeting. How well local agencies are taking tribal issue into account. See if we can get the Commission Director on the next the agenda.

Action Item:

See if the Commission Director from the Oregon Commission on Children and Families can attend the next meeting.

Jane-ellen Weidanz, Medicare Prescription Drug Benefit Coordinator

Discussed the federal Medicare overload of the system that occurred over the past several weeks. 54,000 full benefit dual eligibles were auto-enrolled into plans in October by the federal government and DHS case managers as well as community staff worked with dual eligible clients to get them signed up for the proper drug prescription plan, however the computer systems the federal government had in place was unable to recognize anything other than the auto enrolled. Since January 3, 2006 staff have been doing crisis management to help people get their needed medication.

On January 13, 2006 the Governor authorized DHS to use state funds to pay for the critically needed medications until the government's systems are fixed. The feds have said that they will reimburse the states for funds used to cover the prescriptions. The question was raised on whether the Tribes will also be reimbursed. Jane-ellen recommended the Tribes should contact the regional CMS office in Baltimore, MD.

Currently, the Tribal Health Centers are dispensing medication without any reimbursement. It is not known if the medications being dispensed are to dual eligible clients. The reimbursement is just for dual eligibles.

Action Item:

Jane-ellen Weidanz will check into the possibility of DHS reimbursing the tribes then include that cost to the feds for reimbursement. Jane-ellen will also work with Ric to get the pharmacy contact information and instructions to use the pharmacy benefit manager to get paid.

DHS Cluster Liaisons Report Action Items/Current Issues

Katherine Bradley

Dr. Allan has a great understanding of emergency preparedness and takes the subject very seriously. She is very interested in getting more participation from the counties, and the Tribes. Dr. Goldberg suggested that Dr. Allan meet with representatives from the Tribes to have that discussion.

Caroline Cruz

Over the last several meetings it was discussed that money would be available to the federally recognized tribes for a public awareness campaign against underage drinking. Each tribe received $4000 and that money should be in the budget. It is uncertain if more money will be available after May to continue with these efforts.

At the end of February, DHS will be training 30 additional trainers throughout the state in cultural competency. People with a strong training background were recruited to give them some additional skills so that they could look at the over-representation of minority youth within the correctional system. DHS also has a cultural competency course that is being worked on for the upcoming year. The focus is on training employees who work in social services, at the environment where the services are provided, looking at hiring and retention levels and promotions of minority people within the system. At the Oregon Indian Council on Addiction, this is brought up all the time that tribes have vacancies and are unable to find tribal people with the qualifications to fill those positions. There is no list to access when recruiting and more money needs to be put into training to get the skills, so people can get into the field and not have to take away a living wage for them to take part in some of the training out there.

OMHAS is also looking at cultural competency training from within the unit to make sure that the whole staff is trained in cultural competency.

On April 6, DHS will be having Tribal Best Practice Summit training at the Wild Horse Casino, in Pendleton, Oregon. Everyone will get a flyer as soon as it is finalized. OMHAS is also working together with Jackie on a Native American Juvenile Summit and hoping to hold them back-to-back.

Additionally, OMHAS and the Western Center for Implied Prevention Technology is co-sponsoring training on May 2-5, 2006 entitled Substance Abuse Prevention Training for Prevention Specialists. The Department will be working with tribes in the states of Washington and Idaho to bring native people together and take part in this course. The location for the training is yet to be determined.

Warm Springs hosted a Tribal Meth Forum on December 2, 2005 to create a united front in dealing with the meth issue. Another meeting is scheduled in February 2006.

I think we need to organize a meeting and we will invite all the health directors and A&D folks and we'll have Bob there to really listen to the ideas about how we can distribute that money; some formula.

Derek Weir

Derek and Ric Acevedo have taken three road trips around the state to visited seven of the nine tribes. On those trips, staff from the Children's Mental Health Services Provider Network went along. They met with Tribal Health Directors, also Tribal Mental Health Service providers, and ICWA staff, trying to

find out what the children's mental health needs is for the different tribes. What we are trying to do is to improve access to our psychiatric residential treatment service programs. We have a long history of tribal children not having good access to the services and the tribes not knowing what the different access points are.

The development of tribal specific children's mental health services is also being explored. There is, however, a funding issue right now, but creative ways to design, fund tribal specific services are being considered. The department is researching all the mental health service utilization by county and service to get a sense of what is being provided. Over the next month, Ric and Derek will be visiting last remaining two tribes and then will try to get something started for children's mental health services.

Everett Rice, Office of Multicultural Health
The Office of Multicultural Health, which is a part of the Health Services cluster, is a small office of only five staff, but many things they do has a statewide impact. In the last year and a half, over 600 trainings in cultural competency have been completed. Cultural competency will most likely be in the forefront for many years to come. In talking with people, especially in state government, it is imperative that they first of all respect the cultures they are dealing with. Within health services, the part of DHS that we work in, we act more as a resource to other areas of DHS. The Office of Multicultural Health acts as a resource to other areas of DHS, so when calls come in from staff wanting to get in contact with tribal leaders or tribal contacts throughout the state, they are first referred to Ric Acevedo. Then they are told that if they are making direct contacts with tribal governments, they must recognize that they are working with sovereign nations and never forget that.

Judy Bowen
The Office of Seniors and People with Disabilities is involved with a new venture called Network of Care. It is a comprehensive Internet-based community resource for the elderly and people with disabilities including their caregivers and service providers. It is just starting up and we're working through a California company called Trilogy. Information was passed out and requested that it be forwarded to the elders' coordinators. DHS is looking to the area aging agencies in every county to supply Trilogy with the local resources.

On February 16-17, 2006 is the Native Caring Conference at the Seven Feathers Hotel and Casing in Canyonville, Oregon. This conference is being co-hosted by Cow Creek Band of Umpqua Tribe, Coquille Indian Tribe, Coos, Lower Umpqua and Suislaw, Confederated Tribes of Siletz and the Confederated Tribes of Warm Springs. Registration was sent out to all of the tribes. It is a caregiver conference that will focus on elders and caregivers of elders, also grandparents raising grandchildren and depression. Many excellent topics will be covered such as nutrition and diabetes, grandparents raising grandchildren series, communicating effectively with health care professionals, just to name a few. To date, people are coming from tribes in California, Pyramid Lake from Reno, Puyallup, Quinault, Nez Perce and looking to get it out to more tribes. Hardy Myers, Attorney General will be attending with his staff and they will do a segment on frauds and scams. Many associations will be there with information such as the Diabetes Association, the Alzheimer's Association, Heart and Stroke, and more are anticipated.

Judy is also working with the Older Americans Act, and has just developed standards for both the family caregiver and the nutrition program. She is willing to share this information with the tribes, and would like to work with the elders' coordinators, so the tribes would not have to replicate them.

Mary McNevins, Child Welfare
Mary reported that the Child Safety and Risk Assessment curriculum developed by the National Resource Center on Action for Children, which was the same NRC that did the DHS evaluation, has provided technical assistance to the Department on child safety. In the curriculum that was specifically a tribal curriculum, two years ago it was part of a training institute that we put on in collaboration with the Oregon tribes, only a few people were able to attend that specific workshop so we brought it back last May and the Grand Ronde tribe hosted that training. Areas of the curriculum were identified as needing to be strengthened and changed. The Department is looking to develop the curriculum further with more of the input from the Oregon tribes, since it was developed for more of a national distribution. The Grand Ronde Tribe submitted a request for financial assistance to Region 10 to bring in a consultant to help develop that curriculum further, and the request was approved. A small workgroup has been formed through PSU that will be working with the consultant. The outcome of the curriculum is to develop a train-the-trainers and the training will be provided statewide in regional areas on child safety and risk assessment.

Another issue being worked on nationally is the Native American Recruitment and Retention of Foster Parents. This is a huge issue, especially in the metro area, where we have a large number of our native children in non-Indian foster homes and it appears that those numbers are increasing. While we make up 1.4% of the native population in Oregon, we have a 14% over-representation in DHS. All of those children aren't necessarily Oregon tribal children; they are still Native American children. Nationally we're working on a survey of state agencies, providers, non-profit providers, tribes, to look at the issue of what's going on, what are the trends, why isn't better recruitment happening, what are some of the retention issues and also training for our foster care providers, is it being done in a culturally competent way or is it just part of the state curriculum that's been developed? It is our hope that through this national effort we'll be able to develop a tool kit of promising factor for states to utilize.

The other thing that was implemented in metro area in Portland, because once again this is where some of our higher Native American population is, I had concerns about non-ICWA compliance in specifically around the lack of active effort findings. Active effort findings are very critical for ICWA compliance. A quality assurance case staffing has been in the works since last June to identify the areas where active efforts need to be increased to providing better services and to address specific issues around what is happening in the metro area. The next area to be studied would be Marion County that also has a higher Native American population.

Q: Active effort, what does that mean?

A: There is a standard through the Indian Child Welfare Act that active effort findings have to be provided to children and providers of Indian children, specifically ICWA children. In all other cases of non-Indian a reasonable effort has to be met. So active effort is a higher standard. This is one area of great concern when non-active effort findings by the courts are made; it also affects the ability of this agency to be eligible for 4E.

Our next Quarterly Tribal/State Advisory meeting is February 9th and the Warm Springs Tribe will be hosting at Power Enterprises from 9 a.m. – 4 p.m. Tribal designated representatives will get their travel and expenses paid for, a block of rooms at Ka-Nee-Ta is reserved, so lodging, meals, and mileage will be taken care of. Each tribe has two designated representatives to the Advisory Committee.

Another thing that I'm working on, through the evaluation that was done of DHS, the legislature required a procedures manual to be written. So out of the procedures manual, the section on ICWA is

my responsibility to write the procedures manual. A very small workgroup has been formed with representatives from the state, metro, rural and southern areas to work on the procedures manual for ICWA.

All of the six 4A Tribes have now been connected to FACIS. FACIS is the state system for case management. Some of the Tribes will be using all of the system, other are going to pick and choose what pieces that they want to use. On-site training for the FACIS system has occurred because it can be somewhat challenging and complex.

What are the advantages for being part of the FACIS system?

It provides Tribes an opportunity to do case management on the computer, to access information regarding a child or a parent, to see if there are other referrals that have been provided to the state agency, and to develop their own tracking system and be able to have some outcome measurements. Through the FACIS system, the tribes will own their own data.

The System of Care agreements have been completed. Because the allocation is based on tribal child population and poverty, there was an increase for a number of the tribes, but all the tribes will be receiving a 12% increase in allocation. To get this out to you in a faster timeframe, they're looking at making the '06 allocation thru an agreement as opposed to a contract. There has been a delay, but you can look forward to getting some of that money.

The ICWA on-line course that the National Indian Child Welfare Association provides through Portland State has 50 slots available for any tribal or DHS staff liaison. Contact Judy Miller by email to get signed up. This on-line course is eligible for up to six hours of CEUs. The course consists of a pre-test, the curriculum that is downloaded, and then go back on-line to take the post-test. It usually takes only a couple of hours unless you're not familiar with ICWA at all.

Q: Is the on-line training sufficient enough for CASA volunteers or should there be something in addition?

A: It lays some of the basic groundwork, but some follow-up training needs to be done.

Child Support

Umatilla received the start-up funding for their child support program and DHS is actively working with them to come up with a program that will meet the needs of their tribe to put into place some culturally sound child support orders that will meet their needs. Also the tribes are very interested in having the flexibility, getting the families communicating thru mediation and other services that are available to the tribe or in the community. A conference is scheduled in May and invitations will be sent out to all the Tribes to learn about what it takes to get start-up funding for your own program. It is to the tribes benefit to be able to have a program and the state is more than willing to help.

DHS works with several of the tribes in enforcing the child support orders. We have the ability to enforce the medical support orders, if there's medical insurance available through the employer, we can mandate the obligator or the absent parent to get insurance if it is reasonable and available within the service area of the child, so that the tribe can get reimbursement dollars back into the services. It has worked well for the Umatillas. There is about $120,000 a year coming in for families that were receiving no money before. Several of the parents went before the Tribal Council and were able to have the judge attach some of the per capita payments that were going to the absent parents, so that money is

also coming in for families with children. It is a huge benefit to the tribe. Klamath Tribe has applied for start-up funding also. The application is not that difficult. The tribe has two years to get it up and running and after that, there is 80% funding available for the program. It is a very beneficial and exciting program for the tribes.

The Office of Family Health provides services that include immunizations, flu vaccine, WIC, anything related to infant health; peri-natal programs, child health, adolescents, women and family planning are all covered within the area of Family Health. Warm Springs has a WIC program, and there is the opportunity to extend that to other tribal sites. There were Title V funding issues and the Title V programs, which are the maternal child health that typically go down to the county level. SB 855 came through last year; there are opportunities now for the tribes to contract with DHS regarding that. There are some initial discussions going with both Warm Springs and Grand Ronde. Letters were sent to all the tribes and are now following up to make sure there are opportunities for discussion about joint interests and needs.

Public Health is interested in having on-going participation in this forum and to find appropriate ways to be involved. Emergency Preparedness is Public Health Preparedness is working hard on infrastructure, and the department wants to make sure the tribes are appropriately woven into the pandemic flu planning dollars.

Public Health doesn't have a structured communication process yet, so work will be done through Ric Acevedo and tribal liaisons. Part of the problem is there hasn't been a Public Health Director for the last four or five years. Dr. Allan is rebuilding the infrastructure process and a communication process.

Stephanie Parrish Taylor, Vocational Rehabilitation
The big news is the decision to disband the regional system of the Rehabilitation Service Administration. DHS was a part of Region 10 and there was a lot of support within the region. One of the significant losses is one of the staffers in the Region 10 office who was a champion of the 101 Projects. There is money available thru RSA to run parallel VR systems that are more culturally sensitive for tribal entities. With the loss of the regions, we are working hard to pull together and continue to function as a region. There is a meeting scheduled in Alaska on May 3-5, 2006. The Alaska director will host the meeting and it will coincide with the tribal VR programs in Alaska. We are encouraging as many of the other programs in the region to join us in that meeting as possible. We are trying very hard to sustain that regional identity and support system, not only for the general agencies but the 121 Projects as well.

There has been a lag in getting information and we had some concern about the funding for the 121s with all the reorganization. Since the regions have been disbanded, each state now has this illusionary five-person team with a point person for each state.

There was some movement around changing the funding for the 121s so it is not a competition every five years and people could have more stability in these programs, however the current status is unknown. There are only two 121s in Oregon and they are Warm Springs and Grand Ronde.

Next meeting and adjourn

The next meeting will be held in Portland at the Northwest Area Indian Health Board, 527 SW Hall, Suite 300, Portland, Oregon on April 21, 2006, 9:00 a.m. to 2:30 p.m.