

Budget '79

Note: The Tribal Council is currently in the process of reviewing the proposed tribal budget for 1979. By October 2 it should be posted for tribal members to inspect with general council meetings held thereafter on a district basis.

In the meantime Spilyay will be presenting the highlights of each branch's proposed budget and objectives with emphasis on changes, increases, and new programs.

Health Branch's Cure For Itself And Community

by Cynthia Stowell

One of Tribal Council's current priorities is health and social services but it remains to be seen whether the Health Branch's proposed 65 percent increase will survive their scrutiny.

Objectives for 1979 as well as requested dollars point out three major directions planned for the branch: improved and expanded services to the community, better coordination among the department and programs, and the development of staff.

Health Branch Manager Bob Jackson, who arrived last winter, has taken a firm hold on the reins of what many felt to be a runaway collection of human services, and is attempting to whip it into shape.

Jackson was initially quite impressed with the scope of services available in a community the size of Warm Springs. "I see it as a major commitment on the part of the Tribes to deal with as many of its own problems as it can," he remarked.

But such a comprehensive self-help approach has certain challenges built in, Jackson discovered. One is the effective utilization and training of tribal members as providers and another is maintaining continuity in services.

Many internal changes, including administrative reorganization, branch-level coordination of training, and the formalization of procedures, have been proposed as solutions to these problem areas.

But at the same time the branch will continue to expand its service potential with the addition of five new programs and 12.5 new positions.

What's new

Two entirely new departments were created in the Health Branch, one of which is already functioning. A 1978 objective calling for a Comprehensive Health and Social Services Plan for the Tribes is being realized in the hiring of a Health Planner, Sal Sahme. He will spend 18 months determining the needs of the Warm Springs community and designing a plan of action to address those needs, a process he hopes will be just a beginning to continuous health planning (see separate story).

The Health Branch plans to put more energy into prevention in 1979 to supplement its already extensive intervention programs, said Jackson. The addition of a Community Mental Health Educator is a step in this direction. His/her tasks would be threefold: to act as a liaison between the community and health branch programs, to assist existing programs in educational-preventative efforts, and to prioritize community mental health concerns and coordinate branch efforts to deal with those problems.

The mental health educator would augment the Indian Health Service educator's contributions to the improvement of physical health in the community, said Jackson.

In a similar public relations and education vein, the branch is currently working on a brochure explaining available services and how they can be used. Due to be completed by December, the brochures will be printed when funds become available in 1979 and then distributed to tribal members, and the general public.

A pilot project has been conceived to extend service to a segment of the population that had not received effective treatment. The Wilderness Program, if approved, would provide youth who are chronic alcohol and drug abusers with a survival experience in the out-of-doors. Young people who are without motivation or direction would learn self-reliance and pride by living and working in an isolated area and engaging in traditional activities with the guidance of well-trained staff. According to Jackson, the Wilderness Program is the Number One grant in the state, and the National Indian Activities Association is very interested in funding it.

A new item in the Health Branch's budget is the Senior Citizen's Program which incorporates some existing services but adds the operational expenses of the new senior citizens HUD complex. Monthly meals,

excursions, rent and wood will be continued. In addition, recreational facilities will be provided at the complex, including saunas and whirlpools, and a custodian will be hired to live at the complex and oversee the physical plant.

What's different

Staff training has always been available at the departmental level, but such opportunities will be offered on a branchwide basis in 1979, to be coordinated by the Mental Health Professional. This system should prevent duplication of efforts but also allow common needs to be addressed and provide exposure to a variety of treatment theories and methods, predicted Jackson. The main objective is not to find one treatment modality for all programs but to give departments the opportunity to select the best modality for their purposes.

Each position in the Health Branch will have its own standards by which the staff member will be measured, thus providing "planned, systematic opportunities for growth," said Jackson. This two-way commitment — from management to supply training and advancement, and from the employee to willingly engage in self-improvement — should result in the increased self-confidence of staff and ultimately the confidence of clients in the programs, remarked Jackson.

While employees are on the road to self-betterment, Jackson is asking them to also focus their attention on the tightening and formalizing of program procedures. It is a "survival process," the manager explained, by which policy must be documented so a client can be more assured of moving smoothly through the system. These in-house procedural efforts must be coordinated

among the departments to provide continuity in servicing, Jackson noted.

Several administrative changes have been made within the Branch to produce a more smoothly-working and accountable organization, pointed out Jackson. Two offices were given their own budget — Alcohol and Drugs and Health, Welfare, Probation-Parole. Previously they operated out of program budgets and their objectives were not isolated.

Three programs that received no direct supervision — Maternal and Child Health, Community Health Representatives and Nutrition — have been combined into one program, Allied Health Services, under the supervision of Adeline Miller. Also combined under the Welfare Supervisor, Gayle Rogers, were WIC and the Senior Citizen Program. (see department and program breakdown below).

And what's more

The PATH foster care program received a large boost because of the increased cost of groceries and child care, but also because of the addition of a new component. A live-in facility has been proposed for young children who cannot adapt to a foster home and are too young for the group home. To be located in the residence of the late Vernon Jackson and his family, the project is being referred to as the Jackson Home.

As presented in the budget package, tribal expenditures in the Health Branch for 1979 appear to increase dramatically, but as Jackson pointed out, grants and contracts may provide many of the actual dollars. In 1978 one-third of the Health Branch's funds were supplied by outside sources and Jackson anticipates that proportion to remain about the same or rise a bit in 1979.

Although branch departments actively seek outside funding, they try not to let the availability of funds dictate structure and content of programs. A grant won't be accepted if it is too compromising, Jackson said.

In the past, federal monies have comprised the bulk of outside funding but the Health Branch will be tapping state funds in the coming year — if Ballot Measure No. 6 (property tax limitation) does not alter the picture significantly, remarked Jackson.

Designing A Health Plan For The Reservation



HEALTH PLANNER SAL SAHME AND BRANCH MANAGER BOB JACKSON.

While working toward a graduate degree in mental health administration, tribal member Sal Sahme conceived the idea of a comprehensive health plan for the Warm Springs community. Now, four years and two health branch managers later, that dream is being realized — and Sahme is back in town to make sure it happens.

Sahme is the new Health Planner, a position that is not budgeted until 1979 but is well underway in 1978. As proposed, the comprehensive Health and Support Services Plan is an 18-month project, but Sahme predicts that the result of his work will be a "foundation" from which an ongoing tribal health planning process should develop.

Already Sahme has his next year and a half mapped out, starting with a community profile, moving on to an assessment of the community's needs based on gaps in existing services, and the design and implementation of a health plan for the reservation. The first rough draft is due to be completed by April 1.

Sahme feels comprehensive planning is long overdue. In the past, planning has revolved

around the availability of funds, he noted. The "phenomenal growth" of the Health Branch has proceeded with no particular direction. As a result, treatment is inconsistent and communication among departments and with potential clients is lacking, Sahme observed.

"The most critical thing in the whole planning process is the need for not only the providers owning the plan but also for people in the community to have ownership," said Sahme about the process he is launching. "The planning process has to be very visible to the community and its purpose very obvious."

To ensure community involvement Sahme has been working closely with the Health and Welfare Committee and will be holding a general council meeting in the next month. Sahme also hopes that people will feel free to volunteer their input at any time.

One of Sahme's first projects will be to offer a workshop on current health legislation that affects planning on this reservation. Scheduled for mid-October, the workshop is intended for

anyone involved or interested in health planning, including the Tribal Council, Health and Welfare Committee, and employees in the Health Branch, Bureau and Indian Health Service.

Three laws in particular will be presented, said Sahme: P.L. 93-638, the Indian Self-Determination Act; P.L. 94-437, Indian Health Care Improvement; and P.L. 93-641, National Health Planning and Resource Development. He will explain not only the "what, why, where and how" of the acts, but also the limitations and constraints posed by the laws and their implications for the Confederated Tribes.

A follow-up workshop will be held with the same participants to establish planning priorities and suggest program alternatives. This whole exercise should serve to identify the "leadership" who will keep the planning process ongoing, said Sahme.

Sahme noted that the Tribes face a critical period in planning, since they have the opportunity to shed the "paternalism" of the federal government's delivery of services and design a system

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COMPONENTS OF THE HEALTH AND SOCIAL SERVICES BRANCH

- HEALTH BRANCH OFFICE
- Health Planner
- Community Mental Health Educator
- Mental Health Professional
- Alcohol and Drug Department
- Alcohol Program
- Drug Program
- Wilderness Program
- Crisis and Family Unit
- Family and Childrens Services
- Residential Group Home
- Outreach Program
- PATH Foster Care
- Health, Welfare, Probation-Parole
- Parole-Probation
- Allied Health Services (CHR, MCH, Nutrition)
- Welfare (WIC, Senior Citizens)