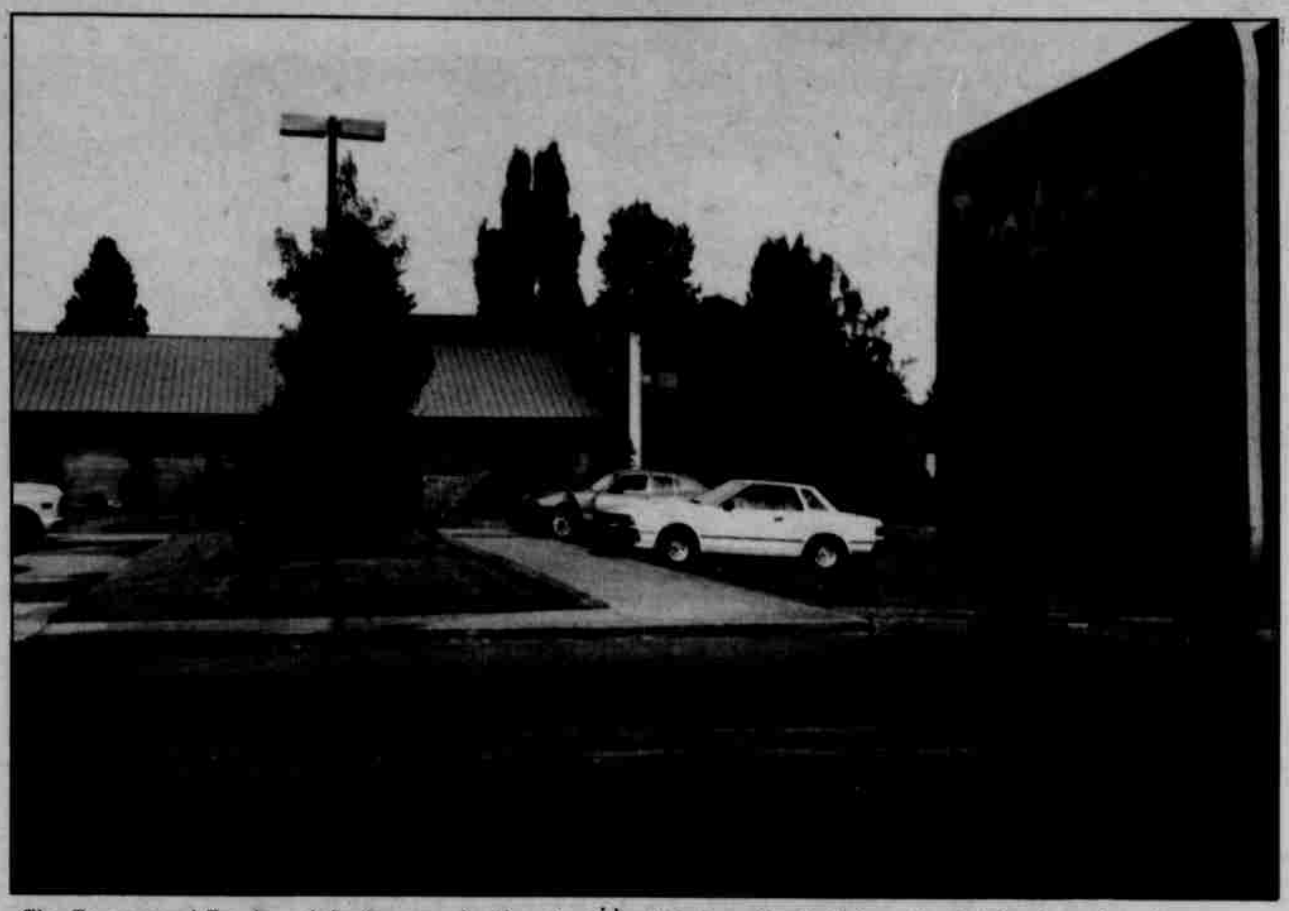

The Turnaround Treatment Center may be the site for a tribal youth alcohol residential treatment center.

TRIBES CONSIDER OPERATING YOUTH RESIDENTIAL TREATMENT CENTER

The center would offer residential alcohol treatment services to youth in Oregon, Washington and Idaho and would be the first in the Northwest operated by tribes.

The Grand Ronde and Siletz Tribes have joined efforts to establish a Youth Alcoholism Residential Treatment Center for the region.

As part of the project, the tribes are reviewing the feasibility of purchasing a three year old facility in Keizer, Oregon. The facility is currently the Turnaround Treatment Center, and can house 44 patients for residential treatment.

The treatment center would provide services to Indian youth assessed to be needing substance abuse treatment, and who reside in the Portland area of the Indian Health Service, which includes the states of Oregon, Washington, and Idaho.

Funding for the treatment center would come from the Indian Health Service and State of Oregon Drug and Alcohol Program.

The Siletz and Grand Ronde tribes are able to attract funding for the project through the IHS under federal laws that give tribes first priority at operating programs for their membership.

The Youth Treatment Services are currently provided by the Red Willow Treatment Center in Gervais, Oregon. However, their contract with IHS ends October 1, the date the tribes are targeting to begin services.

Red Willow is a Native American operated program, but is not tribally run. If the Grand Ronde and Siletz are successful in establishing the Youth Residential Treatment Center, it would be the only such tribally-operated program in the Northwest.

Red Willow plans to stay in business, operating as a private clinic accepting clients for a fee. The facility has 15 beds for intensive treatment of alcohol/drug related problems and 20 beds for a transitional living program.

The Grand Ronde and Siletz Tribes decided to exercise their right to operate a youth alcohol treatment program because the Red Willow Treatment Center could not accommodate tribal members in a timely manner. Patients had to be placed on a waiting list to receive services or referred to a non-Indian program.

The state, which licenses residential treatment centers, had also expressed concerns about the Red Willow Treatment Program following visits in June and July 1987. However, about two months ago, a review team said enough improvements had been made to grant a two-year license subject to conditions.

Red Willow completed the transition from a Adult Treatment Center to a Youth Treatment Center in early 1988.

Under a plan being developed by the Tribes, the Youth Alcohol Treatment Program would eventually be turned over to a nine or ten member board comprised of representatives from Oregon's federally recognized tribes and a representative from the Chemawa Indian High School.

The Tribes have received resolutions of support from the Burns-Paiute Tribe and the Northwest Portland Indian Health Board which is comprised of 24 representatives from the Northwest's 38 tribes.

Currently, the Grand Ronde Tribe operates an Out-Patient Prevention-Education Alcohol Program; and a Rehabilitation Aftercare Alcohol Program.

NEW WILLAMINA DOCTOR VISITS WITH TRIBAL COUNCIL

Willamina's newest doctor met with the Grand Ronde Tribal Council on August 1, 1988.

The visit was part of a week long pre-moving trip to the area by Dr. Robert Rudas, Md.

At the Tribal Council meeting, Dr. Rudas was given an overview of the Tribe's current health programs and informed of future plans.

Future plans for the Tribe involve studying the feasibility of establishing a clinic in Grand Ronde that would include at least one full time physician and serve Indians and non-Indians.

This looks "real positive" said Dr. Rudas about the plans of the Tribe.

One of the reasons former Willamina Dr. Rick Bowles left, was because of having to be on call twenty-four hours a day, seven days a week. This was due to the lack of doctors to cover for him while off duty.

According to Gene Taylor, who headed the search committee for a new doctor for Willamina, there needs to be more physicians in the area. According to the 1987 Census information, there are approximately 10,000 people in the communities of Sheridan, Willamina and Grand Ronde and outlying areas.

There should be a doctor for every 2,500 to 3,000 persons according to Taylor and Rudas. In addition, the forest-related jobs and Highway 22, on which an estimated 22,000 vehicles a day pass, translates into an even greater need for more physicians in the area, said Taylor.

Dr. Rudas will join Dr. James Molloy of Sheridan, to meet the local patient needs. Dr. Molloy also participated on the search committee to find a new physician for Willamina, and will work with Dr. Rudas with patient overloads.

Dr. Rudas will be relocating from Toelle, Utah, near Salt Lake City. He will operate a family practice business and plans to expand his services to include a urgent care facility.

Dr. Rudas plans to locate his office in the same building that Dr. Bowles occupied and hopes to begin his practice about September 20th.

"Its the most beautiful area in the country," said Dr. Rudas, "a beautiful place to raise a family". Rudas will relocate to the area with his wife and two children.

Gene Taylor and Dr. Robert Rudas