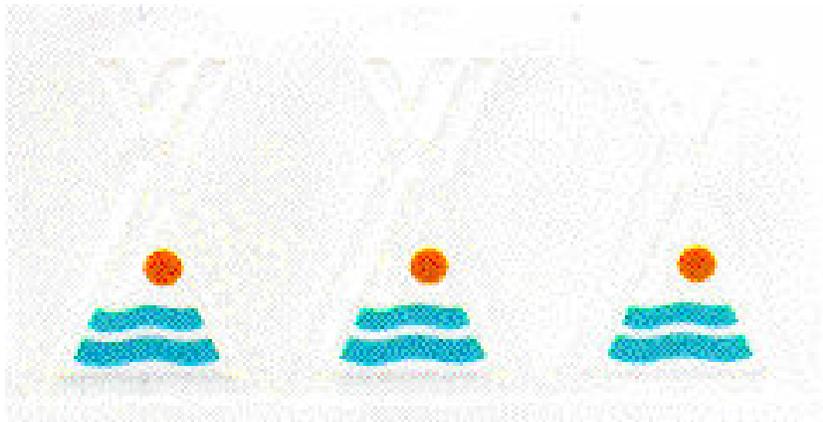


Confederated Tribes of Warm Springs Reservation

Warm Springs, Oregon



Healthy Nations Program

December 1993 – May 2000

“Changing the Norms and Reducing Substance Abuse: Public Events to Private Actions”

The Confederate Tribes of Warm Springs Narrative

Historical Context:

The Confederate Tribes of Warm Springs Indian Reservation is located in central Oregon. The reservation consists of 655,000 acres of treaty-reserved land that was set aside in 1855. It is a beautiful area, situated between the Deschutes River and the Cascade Mountain Range. This area was originally the home of the Warm Springs and Wasco Tribes. Later in 1882, the Northern Paiute Tribe was relocated to the reservation by the U.S. Army after the Bannock Wars. The Warm Springs reservation is home to about 5,300 Native Americans and is surrounded by approximately 122,000 people living in central Oregon.

The town of Warm Springs is the center of tribal government. The social service and health-related services for tribal members and their families as well as for non-Native employees are located there. The tribal government is structured as a tribal council, which includes lifetime representation by the chief from each of the tribes as well as eight members who are elected every three years. The Wasco and Warm Springs tribes each elect three representatives, and the Paiute tribe elects two representatives. It takes six council member votes to pass any ordinance. This governmental arrangement encourages negotiation and compromise.

Warm Springs has long acknowledged the negative impact of substance abuse and alcoholism on their members and on their reservation. The tribe has

experienced significant violence, death, and accidents as well as social disruption due to substance abuse. This acknowledgement by the tribal council led to the establishment in 1977 of a volunteer committee, the Alcohol and Drug Council (ADC). Originally appointed by the tribal council, this body, in 1982, was later ratified as a permanent government organization. This action at Warm Springs demonstrated the commitment to addressing and emphasizing substance abuse prevention and treatment.

Social indicators prior to 1993 indicate Warm Springs enrollees experienced higher rates of unemployment, mortality, poor education, and substance-related problems compared to the surrounding non-Native county. Reservation unemployment of adults over 18 reached 22.4 percent in 1991, three times the rate of the whole state of Oregon. High school completion in the same period was at 50th percentile, significantly lower than matched non-Native cohorts. A 1992 tribal health status report compiled data from 1985 to 1989 and found that four of five leading causes of reservation deaths were alcohol related. This data set also revealed a disproportionate negative health impact due to alcohol and substance abuse. Tribal police records documented over 2,200 annual arrests and remanding for detoxification in the correctional facility. Seven fatalities were recorded in 1990 due to motor vehicle accidents, all of which were alcohol related. Seventy-seven percent of completed suicides, 54 percent of all suicide attempts, and 85 percent of child protective reports and interventions were directly related to alcohol.

Tribal monitoring of student substance use began in 1986. The 1992 statistics confirmed the wide-spread problem with youth substance abuse. Surveys of 11th graders found that 65 percent had consumed alcohol in their lives; 53 percent endorsed current drinking. Thirty percent currently smoked marijuana, and a shocking 15 percent had used cocaine within the last 30 days. These data indicated the extent of the problem and, also, the fact that tribal leaders had knowledge of it.

The attending social and cultural disruptions paralleled these drug use trends. A high rate of suicide, violent crime, and loss of cultural identity plagued the reservation. A 1990 Behavior Risk Factor Survey noted that only 12 percent of the sample could understand their native language. Only one-in-ten persons reported connection with spiritual or ceremonial activities. This confirmed an earlier survey that indicated two-thirds of respondents in the community felt it was very important to succeed in the “white, American way.” Likewise, this survey revealed a ninety percent endorsement supporting the importance of retaining Indian and cultural identity.

The Alcohol and Drug Council (ADC), understanding the data, had been very active in undertaking prevention, intervention, and community support activities targeting substance abuse and recovery in Warm Springs. They facilitated the establishment of a no-smoking ordinance and helped to establish pre-employment drug testing and drug-free workplace policies. They guided the tribal establishment of the Community Counseling Center, which houses all direct substance abuse intervention programs. The tribe had forged strong partnerships

with local schools by offering substance abuse prevention programming. DARE, Healthy Options for Teens (HOT), and in-school education programs teaching coping skills are provided by the Community Health Promotion department. The allocation of resources, personnel, and attention to both the Community Counseling and Health Promotions departments verify the tribal commitment to addressing substance abuse.

Phase I:

The ADC and the director of the Community Counseling Center received the call for proposal from the Robert Wood Johnson Foundation. Representatives attended a pre-grant meeting in Denver. This exploratory group briefed the tribal council and received encouragement to submit a proposal. They felt that the scope of Healthy Nations would fit within the composition of the tribal services and would parallel their community outreach model.

The advisory committee prepared a proposal based on involving more community organizations. The model endorsed a “bottom up” listening program structure. The proposal presented a closer integration of the two community service providers as well as enhancing the ongoing outreach services. This model complemented the existing infrastructure that provided prevention, early intervention, and aftercare services. Their philosophy was to take those who had achieved sobriety in the community and help them take a more active role in developing social programs and activities to help others sustain sobriety. This community reinforcement model was based upon listening and empowering the

community through resources and informational support. They also anticipated that the Healthy Nation Initiative would augment and expand a smaller substance abuse prevention and public awareness grant received from the Presbyterian Church.

The ADC acted as the Healthy Nations' sponsor, tribal liaison, and advisory committee. Commissioned by the tribal council, the ADC was assigned as the Healthy Nations' grant managing body, and the program director of the Community Counseling Center was assigned the directorship. This arrangement placed the Healthy Nations project in a favorable position to support the communities and influence change in policy and treatment delivery. This leadership matrix was ratified by a tribal council resolution. Such a strong endorsement helped to guarantee fewer resource and energy diversions through intra-tribal politicking.

Warm Springs was a successful applicant and received the Phase I development and planning grant. They immediately began to initiate pilot programs addressing the four Healthy Nations grant components.

Phase I:

Phase I saw a flurry of public awareness activities, including radio spots on their locally owned radio station (KWHO) and in their local newspapers. Healthy Nations even established a newsletter. These media outlets were utilized to inform individuals of meetings and community opportunities to share ideas. This early period focused on community gatherings and eliciting feedback. One

crucial decision was the incorporation of the tribal long houses for gathering information and forming partnerships with community members. The long houses are centers of ceremony and social and tribal gatherings and also serve as the seat of spiritual and cultural events. Healthy Nations used these traditional forums to elicit ideas and encourage support for those who were making decisions for wellness and sobriety. Multiple meetings were held at each one of these houses and included hundreds of tribal members in the process of defining Healthy Nations.

The “hands off” philosophy of the ADC and the director allowed for a free flow of ideas. Phase I meetings generated nearly 60 ideas, of which thirteen were later undertaken in Phase II. These thirteen ideas had enough community support and volunteers to make them viable. Phase I witnessed the initial transfer of Healthy Nations programming and project direction from the ADC and director to the local people. The role of the Healthy Nations program evolved as a distributor of resources and a supportive training agency for the community-driven initiatives. For example, local volunteers would submit a community activity idea along with a cost estimate to the Healthy Nations staff. The idea would be analyzed for viability and community support, and the staff would sponsor the idea and set about to provide the needed resources. Essential skills, including accounting and resource development, would be offered. Fiscal responsibilities would be managed in conjunction with the community leader. This partnership stance of Healthy Nations encouraged local ownership, taught organizational skills, and maintained the accountability to Robert Wood Johnson Foundation.

Transition:

The mobilization of the Healthy Nations program during Phase I was not without complications. The second Healthy Nations project coordinator, working under the director of Community Counseling, was a vivacious and well-known community member. Toward the end of Phase I and early in Phase II, this coordinator moved to another position. This unforeseen leadership change was compounded by natural disaster—a fire and a flood that also interrupted the gathering of the community members. Survival trumped the gathering of community wellness ideas and prevention activities. These two events introduced barriers to reaching the objectives of Phase I.

A different trajectory for Phase II objectives developed from this transition period. A new coordinator was hired; the disasters passed; and Healthy Nations resumed outreach to the communities.

There was also tension at the Phase II transition between Warm Springs and the NPO. Because of the nature of the projects and the philosophy of the Warm Springs Healthy Nations leadership (that being one of complete local control and listening to and facilitating community empowerment and ownership), reporting challenges arose. The NPO asserted that there weren't clear enough definitions and reporting in the categories as established in the RFP. The director and the communities demonstrated flexibility in the type of programs they supported. Documentation had not directly linked each one of these activities to one of the four Healthy Nation components nor expressly elucidated their role in

prevention or treatment. The accepted role of being a resource manager and distributor of skills and material to viable ideas without direct prescriptive oversight conflicted with the reporting conditions of the grant. It was difficult to document the natural development and shifts in the community application of prevention in the requested format for grant compliance. This management style and grant interpretation led to significant discussions between the NPO and Warm Springs director during the next year and a half. The resolution was to increase Healthy Nations staff effort to link the activities to RWJ components and, likewise, the NPO agreed to become more accepting of the flexible and broad community efforts.

Also, silent grudges had developed during this period by some allied agencies. The initial successes of Healthy Nations-sponsored events, the perceived windfall of flexible funding, and strength of tribal influence spawned a “wait and see them fall” stance. This growing distance limited cooperation and stymied other collaborative efforts. In the background was this negative attitude that would present obstacles through the life of Healthy Nations. Nevertheless, the Phase II proposal, having met little resistance from the ADC or NPO, was ratified and implemented.

Phase II:

“When government calls a meeting, you don’t get change; but when citizens call a meeting for the government, you are more likely to see something different happen” noted the Healthy Nations director. This Phase II philosophy of

mobilization underscored their ongoing effort and success to draw upon local resources, generate local volunteers, and bridge communication gaps.

Many of the thirteen Phase II ideas were successful. Others were less successful because they were either developed for personal reasons or based upon a particular skill of one individual. These program problems and failures served as learning opportunities and were used to inform the next generation of Healthy Nations activities. For example, the After-School Gymnastics Program discontinued because the instructor took other employment and moved from the community. The children involved in this particular program were left without their activity.

Some projects produced positive results transcending the expectations and predictions of the director. One, the Community Gardening project (which still holds the sign of “Community Garden Robert Wood Johnson Foundation”), was conspicuously placed next to the tribal offices. A local gentleman plowed the ground with the help of other local tribal members. They planted cucumbers and corn. Tribal members joined in by sharing in the planting and in the harvest—all under the constant view of the tribal leaders and Healthy Nation staff. Elders and other tribal members came; the garden revitalized community ownership and sharing. These important concepts are based on tribal relationship and local kinship principles that demonstrated protective power in earlier generations. This successful and simple project lasted three years of Phase II. The farmer eventually moved on, and the lot sat empty the last year. Still standing, the

placard announces the intention, possibility, and success of community effort and traditional cooperation. There is ongoing discussion about reviving this project.

Healthy Nations encouraged community organizers and volunteers by providing support through the long-house meetings and other community gatherings. By sponsoring dinners, granting awards, and giving tee shirts, they recognized their volunteers. Public acknowledgement in radio spots and newspaper messages helped to maintain the volunteers' efforts as well as to advertise the activity. This increased the number of people who joined the grassroots movement and distinguished themselves as community leaders.

The relationship between Healthy Nations and the communities matured, deepened, and bore healing fruits. Many other activities were attempted; not all were successful, but efforts were recognized. Most importantly, local communities felt empowered, and the idea of being sober and pursuing wellness became increasingly more broadly accepted. Gatherings and events—previously alcohol-infused and -disrupted—became relatively drug free; the old behavioral standards were no longer tolerated. This change in acceptance affected such gatherings as funerals, tribal parties, and business meetings. The idea of being positive role models, dealing directly with drunkenness, and not accepting the resulting violence and social disarray has become institutionalized by the philosophy and activities of the ADC and Healthy Nations.

Phase II was not without distraction and challenge. The “wait and watch them fall” stance flared at times into an active “try to trip them” behavior. The director led Healthy Nations through this period by initiating personnel changes

and remaining focused on the volunteers and their community projects. Using strong argumentation to the tribal council and by renewed support for the communities and volunteers, Healthy Nations remained vital and strong. The successes of many community programs helped to quell any posturing and barrier building.

Ongoing grant compliance challenges served to define leadership and mature the Healthy Nations concept. The NPO indicated that insufficient effort was placed directly on aftercare. Among the community efforts, direct aftercare components were not outlined. The response of the director and ADC was that they had an institutional aftercare component under the Community Counseling programs. Warm Springs leadership contended that they needed to have sober alternatives, culturally and traditionally based, in the community. They discussed with the NPO that future sustainability necessitated divestiture from formal, professional services. This was consistent with community ownership, the partnership philosophy, and cultural values. Such activities and community programs were supports for early recovery and the re-engagement of members into the community. Communicating and reporting this linkage proved challenging but central in the relationship to the national office. Eventually, the understanding between the NPO and director facilitated less concern about the individual grant components. This allowed more global support for the Warm Springs model.

Highlights:

One of the successful community-driven ideas was a youth rodeo called “The Mother’s Day Rodeo.” A children- and youth-specific rodeo, it drew strong memories of historical gatherings. The first year it was not unusual to have aunts, uncles, mothers, and fathers show up drunk at this activity. The organizers, community leaders, and volunteers chose not to tolerate this and sent a sobriety message by calling the police. Many of the inebriates were arrested or escorted from the rodeo grounds. A strong message was sent to and, more importantly, was received by the community. From that point on, Healthy Nations programs were seen as seriously sober gatherings.

The Mother’s Day Rodeo continued to grow each year and was ultimately subsumed into a traditional celebration held on traditional ceremony grounds at the foothills of the Cascade Mountains. The rodeo was combined with the Huckleberry Festival, which had been declining for a number of decades. As a ceremony of harvesting nature’s abundance, joyful thankfulness, and the community’s preparation for winter, the Huckleberry Festival had gradually lost importance for a majority of the community. Combining the Huckleberry Festival and Mother’s Day Rodeo made the gathering both institutional and permanent. From a successful 150-participant event the first year to the 700 family members joining the Huckleberry Festival this last year, this little rodeo spawned pride in tradition, increased tribal cohesion, and promoted a safe and sober gathering.

The philosophy of community-driven, culturally informed, and locally owned projects sometime defied the categorization of the projects. The

Huckleberry Festival with the attendant revitalization of the associated long-house rites, an increase in ceremonial traditions, and sober gatherings for community members spans the categories in the grant objectives. Warm Springs Healthy Nations realized that raw numbers of participants and activities in the categories were less important than community pride, a feeling of ownership, and the demand for more such activities and volunteers.

The annual Halloween party is another prime example of the changes in social acceptance of substance abuse on the Warm Springs reservation. Historically, this party ended with 300 people in jail because of drunkenness and disorderly conduct. Healthy Nations added its sponsorship, including positive messages about wellness and sobriety, and transformed the Halloween party into a healthier tribal gathering. Today, this event is safer and more family oriented, providing sober and healthy fun along with conveying positive messages about lifestyle choice, relationships, and interpersonal respect. Healthy life choices are being demonstrated to young children and youth from the Elders and the sober community. The occasional drinking incident is met quickly with action and separation. A new social climate has developed.

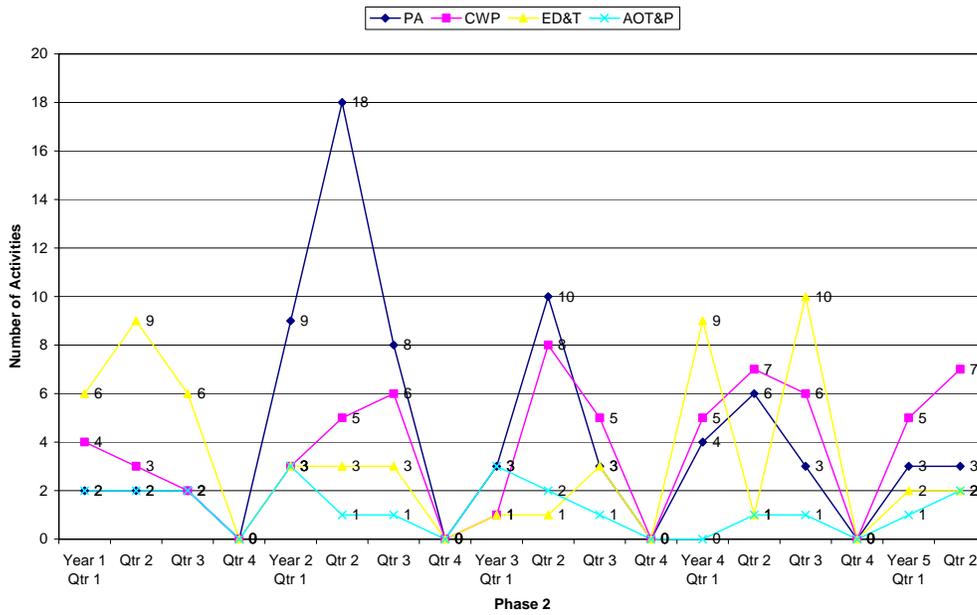
Community volunteers and project organizers remain positively engaged in community activities and stand as voices for sobriety and wellness. Individuals who were associated with event leadership have remained in the circle of support and sobriety. The director of the Community Counseling Center continues in his role, implementing the philosophy of inclusion and listening. The administrative assistant moved into a position of prevention specialist and is helping to run tribal

prevention programs. The school liaison remains engaged in curriculum development and teaching positive lessons about culture and healthy lifestyles.

The greatest resource developed was that Healthy Nations helped individual volunteers who organized community programs gain valuable skills and public recognition. Unexpectedly, many gained the respect and authority necessary to move up in the long-house government system. This human resource outcome helped to focus on cultural identity, ceremony, and spirituality—recognized components for positive community growth and health status at Warm Springs.

Healthy Nations ideas and philosophies are being further institutionalized through a program called “Youth Development.” This current program combines state prevention dollars and tribal resources. It is a comprehensive program which includes many of the same Healthy Nations-supported activities as well as a crime reduction component. With a definitive increase in sober activities as well as revitalization of many of the cultural and traditional activities, the road to wellness has been paved, leading to the place anticipated by the Elders, dreamed about by the leaders, and partially realized by the community. The efforts of Healthy Nations, supported by the tribal council and the ADC, helped to enhance a greater consciousness of cultural and social obligation concerning sobriety and the recognition that the answer lies within the community.

Warm Springs Healthy Nations



Key: PA = public awareness
 CWP = community-wide prevention
 ED&T = early identification and treatment
 AOT&P = accessible options for treatment and relapse prevention

