14046
TRIPLICATE

m 84.3

JAN 24 1974

AGREEMENT BY AND BETWEEN THE CITY OF PORTLAND AND
URBAN INDIAN COUNCIL

RECEIVED
JAN 31 1974
OFFICE OF COMMISSIONER
OF PUBLIC AFFAIRS

This agreement by and between the City of Portland, a municipal corporation of the State of Oregon, hereinafter referred to as the City, and the Urban Indian Council, Incorporated, hereinafter referred to as "UIC", shall be in effect commencing January 1, 1974 and ending June 30, 1974.

WITNESSETH:

WHEREAS, the City has determined that some Native Americans in the Portland Metropolitan area are experiencing difficulty adjusting to the urban environment and that said persons could be helped by a program to encourage successful adjustment; and

WHEREAS, the UIC presents itself to the City as an organization having the qualified staff and experience to conduct such a program for the City.

NOW, therefore, the parties hereto do mutually agree as follows:

I. SCOPE OF SERVICES

The UIC shall in a satisfactory and proper manner perform the services and duties specified in Exhibit "A" (project description) attached hereto so as to achieve the purpose and reach the beneficiaries described in Exhibit "A".

II. DURATION OF AGREEMENT

This agreement is for the period of January 1, 1974 up to and including June 30, 1974.

III. COMPENSATION AND METHOD OF PAYMENT

UIC shall be reimbursed by the City for its cost of performance hereunder not to exceed the sum of $45,206.

A. After an advance of $15,000 (Fifteen Thousand Dollars), which shall take place under the supervision of Human Resources Bureau's staff, such amounts as may become due to the UIC by the City because of this contract shall be reimbursed on a monthly basis upon receipt by the City of the following:

   1. A written requisition for payment from the UIC; and

   2. Such receipts and other documents as required to justify the requisition.

B. Each cost shall refer to a specific budget item.

C. Upon receipt by the City of such a requisition, the UIC shall be entitled to 100% of the total eligible cost, as determined by the City.

D. In performance of this agreement, the UIC agrees not to make any expenditures unless such expenditures are provided for in Exhibit "B" (budget).

E. UIC agrees to make arrangements for a bookkeeping service satisfactory to the City.

F. Subject to efficient delivery of all services under this contract, the UIC can, whenever necessary, amend the operating budget in Exhibit "B";

provided that the full cost does not exceed the amount stated in this contract, nor does it represent a substantial change in program goals and provided that prior approval of the amended budget by the City has been secured.

G. Prior to commencement of performance hereof, UIC shall: (1) deliver to the City Auditor evidence that all persons handling funds received or disbursed under this contract are covered by a fidelity bond in the amount of $10,000; and (2) obtain a standard liability insurance policy in the single limit of $300,000 and provide the City with an endorsement thereto naming the City as an additional insured and protecting the City, its agents, and employees from claims for damages arising out of performance of this contract. Said policy of insurance shall be maintained throughout the period of performance of this contract and evidence thereof in form approved by the City Auditor shall be supplied prior to commencement of performance hereunder.

H. It is expressly understood and agreed that in no event will the total compensation and reimbursement, if any, to be paid hereunder exceed the maximum sum of $45,206 for all of the services required.

IV. TERMINATION

A. This contract may be cancelled with 30 days notice at the election of the City for any willful failure or refusal on the part of UIC to perform faithfully the contract according to its terms.

B. This contract may be cancelled with 30 days notice at the election of the UIC for any willful failure or refusal on the part of the City

to perform faithfully the contract according to its terms.

C. In either event, UIC shall be entitled to receive reimbursement for costs incurred in performance of all work satisfactorily completed hereunder.

V. GENERAL CONDITIONS

A. The term "approval by the City" means written approval by the Commissioner in charge of the Human Resources Bureau. Unless otherwise specified, documents and evidences to be submitted to the City by the UIC shall be regarded as received when delivered to the Human Resources Bureau.

B. All nonexpendable items purchased hereunder shall be purchases in the name of the City, such purchases shall be for cash and shall not include any credit terms 30 days, or other. Such purchases shall be reported to the City within 10 days and shall be included in City property control and appropriately tagged by the City. Such items shall be the property of the City.

C. The UIC shall submit to the Human Resources Bureau one copy of all formal documents produced under this agreement.

D. All statutory, charter and ordinance provisions that are applicable to public contracts in the City of Portland and the State of Oregon shall be followed.

E. All Federal statutes and regulations that are applicable to activities proposed in the attached project description shall be observed.

IN WITNESS WHEREOF, the parties hereto have entered into this agreement by and through their authorized representatives on the seventeenth day of January 1974, the City acting pursuant to Ordinance No. 137547.

CITY OF PORTLAND

By ______________________
Mayor

By ______________________
Commissioner of Public Affairs

URBAN INDIAN COUNCIL, INC.

By ______________________
Lowell Curley, Chairman
Urban Indian Council

Approved as to form:

____
City Attorney

I. Problem

Native Americans in the Portland Metropolitan Area are experiencing severe difficulties integrating into the urban environment. As reflected in most indices of economic and social well-being, Indian needs are urgent.

Two factors compound the distress of urban dwelling Native Americans. First, for a variety of reasons including cultural characteristics, the accessibility of local supportive services is more apparent than real. Second, federal services available on the reservation have not been and are not now available to Indians living off the reservation.

II. Objectives

A. To increase the accessibility of existing resources to the City's Indian population through an Urban Indian Program.

B. To develop health services supplementing those presently available which do not allow for special needs in the Indian population.

C. To maximize the impact of resources available to the Program.

D. To utilize community input in the planning of services delivery.

E. To provide a cultural and human services focal point for Portland's Indian Community in an Urban Indian Center.

III. Methods

A. In order to increase the accessibility of existing resources (first objective) the Urban Indian Program will engage in the following specific activities* within this overall strategy:

*Activities are not listed by priority

1. Through outreach,contacting Indian clients. Aiding these clients to select and utilize appropriate services. Publicizing program capabilities in the mass media in order to inform the largest possible client group.
2. Scheduling and providing development aid for Indian cultural activities and community-building programs. Maintaining calendars of scheduled Indian events and publicizing these events through the mass media.
3. Assisting in client placement within alcohol rehabilitation programs.
4. Supporting the use by Indian clients of existing health service agencies and programs by transportation aid, establishing client eligibility, accompanying clients to treatment and/or following through on referrals.
5. Providing counseling concerning utilization of scholarship and funding opportunities available to the Native American. Providing information and assistance to Indians in utilizing GED testing, pre-entrance exams, etc. Assisting clients to use services which will identify possible impairments to learning and arranging for client access to agencies which can effect correction or compensation for those impairments.
6. Hiring an employment development specialist to facilitate job and training placements, independently and through agencies administering vocational training, apprenticeship programs and employment services.
7. Supporting client placement in available public housing facilities and by maintaining the Program Emergency House (presently

at 2334 E. Burnside, Portland, Oregon). Cooperate with PMSC housing counseling services.

8. Providing space for legal assistance intake and interview at the program office. Providing classes to Indians concerning their legal rights as citizens. Orienting legal aid and court personnel to the special problems of working with Indians.
9. Maintaining records of contacts and referrals on standardized forms. By summarizing these forms quarterly, seeking out evidences of deficiencies in services delivery by informing agencies whose services have been difficult to acquire of the nature of Indian problems.

B. Development of health services (second objective) supplementing those presently available will be through a Health Services Component. The Component's specific activities will be as follows: (The activities are in three classes; clinics, classes and outreach workers.)

1. Arranging for regular preventative health care clinics; specifically pediatric, dental, optometric, hearing and communicable diseases, through state and local health agencies and volunteer medical personnel. These clinics, conducted whenever possible at the program site, are the means to providing professional preventative care for Urban Indians not presently receiving that care.
2. Arranging for health-related education, especially concerning nutrition and preventative dental care, through County and

State Offices. These classes, conducted at the program site, are the means to reducing Indian health problems by self-maintenance.

3. Community Health Outreach
   a. Providing both for referral and limited direct health service in the Urban Indian Program by employing and training five Community Health Aides and a medical records technologist.
   b. Providing for the employment of underutilized public health services by training the Community Health Aides in identifying health problems generally and those which necessitate referrals specifically. Training will also emphasize developing skills to aid individuals in successful use of community resources.
   c. Providing for the completion of health agency intake paperwork at the program site to facilitate the use of available resources by those Indians presently hesitant to use them.
4. Mental Health Outreach
   a. Providing both for a direct service mental health capability and for referral service in the Urban Indian Program by employing and training three Mental Health Aides on the Program staff.
   b. Providing for the use of professional mental health resources now available but unused by training the Mental Health Aides in identifying mental health problems generally and those which necessitate referrals specifically. Training will also emphasize developing skills to aid

individuals in successful use of community resources.

c. Providing for a network of case locaters and lay resource people concerned with Indian community health by holding two 6-8 week training sessions for selected community members. Sessions will teach them the basic concepts of good health, acquaint them with counseling techniques and community resources.

C. In order to maximize the impact of resources available to the Program (third objective) an Administration Component will be engaged in the following specific activities:

1. Managing the Urban Indian Program and Program facility.

   a. Providing centralized support services to include budget management, central purchasing, reproduction and central filing.

   b. Providing facility management to include contracting janitorial services, repair services, payment of rent and utilities and general scheduling.

   c. Initiating personnel actions including on-going training provisions.

   d. Implementing such policy, with the counsel of the Urban Indian Commission, as may be necessary to maintain effective program activity.

2. Coordinating Services delivery

   a. Monitoring and evaluating activities.

   b. Providing program guidance and initiating changes in delivery techniques and emphasis with the counsel of the Urban Indian Commission.

3. Utilizing data generated in daily services delivery for on-going planning and program development.
   a. Utilize the records of the employment development specialist to define employment training needs of the Indian community in detail. Resources can then be developed from private as well as public sources.
   b. Utilize records of the community programs development specialist to organize community-building activity and secure sustaining funding from public and private sources.
   c. Utilize records of the medical component as input to the design of an Indian oriented health insurance program, by a Health Services Planner and as data for the future training of Indian oriented health professionals.

D. Providing for utilization of community input in the planning of services delivery (fourth objective) and providing for a cultural and human services focal point for Portland's Indian Community (fifth objective) will be through the following specific activities of the Administration:
   1. Including the Urban Indian Commission in the planning process by:
      a. Analysis of operational data from the program areas and preparing the data for discussion with the Commission.
      b. Preparing draft plans to resolve or improve the conditions identified in the field.
      c. Discussing the draft plans with the Commission and accepting their counsel concerning changes.
   2. Developing the plans into an Urban Indian Center proposal which can successfully compete for federal, State and private funding by:

a. Discussing with existing agencies means to cooperate in the resolution of conditions identified.

b. Investigating potential funding sources.

c. Identifying funding sources and preparing appropriate proposals to include provision for

Administration
Operation
Evaluation
Coordination

within the structure of an Urban Indian Center.

IV. <u>Evaluation</u>

The several effectiveness indicators will be as follows:

A. Resource Access indicators:

1. Referral and documented receipt of external services by 1,200 Indians in a year of operation.
2. Referral of 300 Urban Indians to local Indian activities.
3. Referral of and documented receipt of services by 120 Urban Indians from alcohol rehabilitation services.
4. Referral of and documented receipt of services by 200 Urban Indians from Federal, State and local health agencies and services.
5. Referral of and documented receipt of services by 120 Urban Indians from Community, State and Federal educational assistance services.
6. Referral of and documented receipt of services by 240 Urban Indians from Federal, State and Community employment services.
7. Referral of and documented receipt of services by 220 Indians from local housing services and facilities.
8. Establishment of formal relationship with the courts and an access for Indian citizens to legal support.

9. Improvement in the methods and practices of local resource agencies as evidenced by changes in the percentage of Indian clients receiving services after reports of deficiencies to the agencies.

B. Clinical and Health Services performance indicators.

1. Clinics scheduled on a regular basis, not less than one per month.

2. Classes scheduled on a regular basis, not less than one per quarter.

3. Community Health

a. In the first six months after being hired (H) the effectiveness indicator will be progress through the training program adequate to qualify the Community Health Aide to perform his functions by H + 6 mos. Upon reaching H + 6 the Community Health Aide will be expected to maintain a minimum caseload of

30 household units
1 clinic, set up, and scheduled, the Aide will also be available for referral and service to walk-in clients

b. The assessment and referral of a client to medical services. will be deemed successful if the client were able to receive the required service at the agency to which he was referred.

c. At H + 2 mos. the Medical Records Technologist will have the capability of providing intake paperwork for Multnomah County Medical Services and University of Oregon Medical School Out-Patient Clinic.

4. Mental Health

a. In the first year of program operation the measure of effectiveness will be progress through the training program

adequate to qualify the Mental Health Aide to perform his functions at H + 12 mos. Upon reaching H + 12 the Mental Health Aide will be expected to maintain a minimum caseload of sixty encounters with individuals, families and groups (3 cases X 5 days X 4 weeks) of all kinds per month.

b. The assessment and referral of a client to mental health services will be deemed successful if the client accepted the required service at the agency to which he was referred.

c. Effectiveness will be measured by the referrals to the Mental Health Aides by the trained community member.

C. Program Administration Indicators

1. Maintenance of expenditures within budget.
2. Responsiveness of program components to evaluation process.

D. Planning and Development Indicators

1. Acceptance by Commission of plans as relevant and remedial of conditions identified.
2. Funding of proposals contributing to an Urban Indian Center.

V. <u>Operation</u>

A. This strategy provides both for the immediate delivery of services and for the on-going development which the Indian Community hopes will culminate in an Urban Indian Center for Portland. In addition to its social and cultural benefits, a Center in Portland will economize on public resources by providing a focal point for employing uniquely Indian resources in resolving Indian Community problems.

B. The mechanism for delivering services incorporates the existing PMSC Urban Indian Program, a new health services component and two specialists (employment and community programs) who appear in the

administration component budget.

1. The Urban Indian Program (PMSC) began operations on May 1, 1972, under contract between Portland Metropolitan Steering Committee and the United Indian Council, Inc. Through technical assistance from the Bureau of Human Resources this program has gained $46,000 in funding and a legal aid capability since September 1, 1973. Planning for program year 1974 has been done in concert with the Human Resources Bureau and provides for contact and referral activity within this strategy.

   The program presently operates from an office at 1130 S.E. Rhone Street on an 8:30 a.m. to 5:30 p.m. business day basis. An Emergency Housing Facility is located at 2334 E. Burnside. It is the intent of the program to relocate to quarters shared with the Health Services and Administration Components, subject to those components being funded.

   Two people are presently employed in the Urban Indian Program, a director and a secretary. Four people are to be employed in 1974; a supervisor, a secretary, a full-time and a part-time field (outreach) worker. In addition, there will be two to four student placements from the P.S.U. School of Social Work. The supervisor will be responsible for administrative functions within his component, scheduling, coordination and training of his staff. The outreach workers are contact and referral personnel thoroughly versed in social services available in the metropolitan area.

2. Medical Services will provide direct services, including arranging clinic sessions and health-related instruction at the Program site and limited patient care in client's homes. Personnel will also provide referrals to professional care facilities. Operations will be conducted on a schedule which will maximize their accessibility and include provision for weekend and evening emergency services.

   Eleven people will be employed in Health Services. Five Community Health Aides and three Mental Health Aides will perform outreach functions. Two people will be in clerical support of the outreach workers and supervisor.

3. The Employment Development Specialist will function in the role of a State Manpower Specialist; developing employment on an individual basis and facilitating use of job training opportunities. Subject to the approval of the State Employment Division, this individual may spend part-time in the State Employment Offices.

   The Community Programs Development Specialist will serve as a coordinator of community programs and an organizer of community-building activities. Adult education, education to the urban environment, Indian Foster Grandparents and similar programs will be developed and funding secured.

   For convenience in budgeting both these positions appear in administration. Their primary function is direct service.

4. Central to the strategy is the Administration component. The component will manage operations, coordinate existing services, altering their (existing services) work patterns to maximize their

effectiveness in an integrated operation. In addition, the component will prepare data for presentation to the Indian Community. Community feedback will be utilized immediately to assess and improve services. In time, the feedback will be used to develop and secure funding of an Urban Indian Center in Portland.

Administration will employ six people: a Director, a Community Programs Specialist and an Employment Development Specialist, a Medical Services Planner and two people in clerical support.

VI. Administration

The Human Resources Bureau has aided the Indian Community to establish a non-profit corporation which can administer services to the Indian Community. The corporation, the Urban Indian Commission, is negotiating to becoming the PMSC delegate agency administering the OEO Urban Indian Program.

With City support, the Urban Indian Program will expand to provide an administration and specialized services component. With County and Concentrated Employment Program support, the Program will gain a health services capability.

In effect, the expansion will allow increased delivery of services plus the planning for federal funding of an Urban Indian Center; all under the auspices of an Indian Community corporation in a partnership with local government.

Implementation of this proposal will go through two distinct phases. The first phase will require active cooperation among the City Human Resources Bureau, County Department of Human Services and the Urban

Indian Commission. During Phase I, a period of at least six months but not more than one year, new staff will be hired, training of staff and delivery of services will begin. Administration component activities during this period will be a responsibility of the Human Resources Bureau staff assigned to the Urban Indian Program. Training of Program personnel during this period will allow them to take over all activities and the City and County to assume a contract monitoring role, at or about the six month point. During Phase I, the fiscal agent will be the Bureau's Administrative Services Officer, co-signed by the Program Director.

Phase II will begin on a date to be determined. During this phase and thereafter, services especially required by Urban Indians will be provided by the Urban Indian Commission under contracts to the City, the County, the Portland Metropolitan Steering Committee, and Concentrated Employment Program. The Commission will act as its own fiscal agent by contracting a public accounting firm. Expenditures will be authorized by dual signatures of the Program Director and the Chairman of the Commission.

The Commission will look to the City for sponsorship of proposals when local government participation is required by funding sources. However, the Commission recognizes fully its responsibility for generating local match in such situations.

Evaluation for contract compliance will be in a manner established by the HRB. Funding agencies will retain audit privilege over funds which they provide.

A brief explanation of the Commission and its structure follow:

In December of 1972, a series of meetings began between members of Neil Goldschmidt's staff and concerned Indian citizens from the community. In response to their concerns, the Mayor's staff agreed to work with them to determine means of improving their situation.

There were two immediate issues: one was professional planning support to propose feasible means; and the second was an organization to advise the planner in particular and City Government in general. The planner was funded with $9,000 of accelerated revenue sharing funds at the request of Commissioner Schwab. The organization was to be formed by the Indian community. The Urban Indian Commission was the community response.

The Commission is made up of 11 voting delegates, one from each organized Native American group in the Metropolitan area plus three representatives of the general community. The original representatives were selected in an organizational meeting on 29 January 1973, and attended by contingents from each of the area groups. Since then Chicano Indian Study Center of Oregon (CISCO) and the American Indian Movement (AIM) representatives have been added to the Commission. The Bureau of Indian Affairs and Indian Health Service each have a non-voting representative. It is the desire of the Commission to seat two such representatives from local government.

The objectives, stated in this Commission's by-laws, are to:

BUILD a Native American Community that, while retaining its cultural identity, successfully relates to and contributes to the Portland Metropolitan Community.

COOPERATE with local, State and Federal agencies affecting the welfare of our people.

ADVOCATE policies and programs contributing to the welfare of our people.

SEEK AN ACTIVE ROLE IN PROMOTING the welfare of the Native American Community.

It had been the desire of the United Indian Council, presently PMSC's delegate agency for the Urban Indian Program, to initiate action which will make the Commission PMSC's new delegate agency. This action has now been initiated by the United Indian Council.

VII. Funding

The implementation cost of this strategy is $91,791. During implementation, the first six months of operation, services will be provided and funding will be pursued from the Federal sources listed below.

Funding for the Administration's first six months is being sought from City Council in the amount of $45,206. Sustained funding will be sought from HEW's newly established Office of Native American Programs.

Six month funding for Health Services Component will be sought from Multnomah County in the amount of $46,585.00. A firm commitment of

$6,000 of in-kind contribution has been recorded from the University of Oregon Community Psychiatry Training Program for use during this period. Further, a commitment, pending County match, has been received from Concentrated Employment Program in the amount of $40,033.00. Long term funding will be sought through Indian Health Service as an Urban Indian Health Pilot Project. Such funding is becoming feasible for the first time this year.

For the Program Year 1974, the Portland Metropolitan Steering Committee has approved a continuation of their funding of the Urban Indian Program. The Program budget is $50,736.00. (Through technical assistance from Bureau of Human Resources, $6,000 of UGN supplementary funding has been gained this Program Year.) Along with other program activities, sustained funding will be sought through an Integrated Federal Grant. The Federal Regional Council is considering new Integrated Grant Process (Multi-Department Federal Funding) proposals at this time and has invited the Human Resources Bureau to submit evidences of local Indian-oriented activity to open negotiations for an IGP in Portland.

EXHIBIT "B"

PHASE-IN BUDGET - URBAN INDIAN PROGRAM
January 1, 1974 to June 30, 1974

	CITY	CEP	PMSC	TOTAL LINE	TOTALS CATEGORY
PERSONNEL					
(3) Administrative Functions					
(1) Director (5 mos.)	6250			6250	
(1) Health Services Supv. (6 mos.)	6000			6000	
(1) Outreach Supv. (6 mos.)			5040	5040	
					17290
(10.5) Service Functions					
(1) Employment Dev. (4 mos.)	3600			3600	
(1) Community Prgms. (3 mos.)	2700			2700	
(4) Community Health (6 mos.)	2906	8721		11627	
(2) Mental Health (6 mos.)	1759	4351		6110	
(1) Medical Records Tech. (6 mos.)	732	2198		2930	
(1.5) Outreach (6 mos.)			5670	5670	
					32637
(2) Clerical Functions					
(1) Sr. Steno - Adm. (5 mos.)	3070			3070	
(1) Clerk Typist - Outreach (6 mos.)			2835	2835	
					5905
Fringe Benefits					
City @ 10%	2162			2162	
PMSC @ 10.5%			1420	1420	
CEP @ 9.96%	538	1521		2059	
					5641
CONTRACT SERVICES					
Machine Maintenance			30	30	
Accounting			1700	1700	
Janitorial	1350			1350	
Test Design - Employment	1000			1000	
					4080
TRAVEL					
Local	1436		495	1931	
Out of Town	228		277	505	
Per Diem	300		125	425	
					2861
CONSUMABLES					
Printing	200		120	320	
Office Supplies	145		276	421	
Postage	60			60	
					801
SPACE (Utilities Included)	3600		900		4500
PURCHASE					
Desks	1650			1650	
Desks, Steno	400			400	
Chairs, Desk	770			770	
Chairs, Steno	120			120	
Chairs, Side	400			400	
Cabinets	200			200	
Typewriters	1000			1000	
					4540
LEASE (Telephone and Copying Equipment)	2630		1062		3692
OTHER					
Conference			50		50
	45206	16791	20000		81997

ORDINANCE NO. 137547

An Ordinance authorizing an agreement with the Urban Indian Council, Inc. to provide for services to native Americans at a cost of $45,206, transferring funds, authorizing warrants, and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds that some native Americans in the Portland metropolitan area experience difficulty integrating into the urban environment; that said persons could be helped by a program to encourage successful integration; that the Commissioner of Public Affairs has submitted such a program which is attached hereto marked Exhibit "A"; that said program was developed jointly by the Urban Indian Community and the Human Resources Bureau; that the Urban Indian Council, Inc. because of its community membership and participation in the planning process is uniquely suited to administer this program and that it is estimated that the cost of the program will be $45,206 which estimate is more particularly detailed in Exhibit "A" hereof; now, therefore, the Mayor and Commissioner of Public Affairs hereby are authorized to execute on behalf of the City a contract with the Urban Indian Council, Inc., 1130 S.E. Rhone Street, Portland, Oregon 97202 (Lowell Curley, Director), said contract to be in form approved by the City Attorney and to contain the considerations, requirements, and budget allocation set forth in Exhibit "A," attached to the original only hereof which exhibit is hereby incorporated.

Section 2. The Mayor and Auditor hereby are authorized to draw and deliver warrants pursuant to the contract provided for in Section 1, said warrants to be charged to Human Resources Bureau, Other Contractual Services, and not to exceed the total sum of $45,206.

Section 3. There hereby is transferred within the General Fund from General Operating Contingencies to the Human Resources Bureau, Administration, Other Contractual Services (320.259) the sum of $45,206.

Section 4. Inasmuch as this ordinance is necessary for the immediate preservation of the public health, peace and safety of the City of Portland in this: In order that

ORDINANCE No.

the services described in Exhibit "A" hereof may be made available to the recipients described in Section 1 hereof without undue delay; therefore, an emergency hereby is declared to exist and this ordinance shall be in force and effect from and after its passage by the Council.

Passed by the Council, NOV 28 1973

[signature]
Mayor of the City of Portland

Attest: [signature: George Yerkovich]
Auditor of the City of Portland

Commissioner Schwab
November 16, 1973
DCJ:at

Urban Indian
Council Contract
1974

50
m 14.3

Attached is a report on the Native American population of the Portland Metropolitan Area. Also attached is a proposal providing both immediate relief and long range resolution of the problems identified. This package was developed through an accelerated revenue sharing grant requested by Commissioner Schwab and administered by the Human Resources Bureau.

Oregon's Indian population grew 68.32% (from 8,026 to 13,510) in the period 1960 to 1970 - three times the National Population growth rate. During the same period the proportion of Oregon Indians living in urbanized areas grew by more than 50%. Today almost half of the State's Indian population lives in urbanized areas, notably Portland, and the trend is clearly to even greater numbers.

Local government is faced with a rapidly developing situation. The expanding Indian population is experiencing considerable hardship in its efforts to integrate into the urban environment. These hardships are adversely affecting individuals' potential to be contributing members of the Portland economic and social community.

Given timely response, local government can insure a flow into this area of federal funding being developed for Urban Indian programs and capitalize on positive momentum in the Indian community. Lacking such response, a far more complex and intense effort is going to be required in the not too distant future.

NATIVE AMERICANS IN THE PORTLAND METROPOLITAN AREA

According to the 1970 Census the Portland SMSA, less Clark County, contained over 3,600 Indians or 26.7% of the State's Indian population. There were, in addition, over 750 Eskimos and other Alaskan Natives. The Native American population of the City proper is now estimated to have exceeded 3,000. There are 506 Indian students in the Portland Public School District for the 1973-74 school year.

Using student enrollments as indicators of population concentration, Indians have appeared most frequently in the Franklin and Marshall High School districts. These are the two southeastern districts in the City. A second concentration appears in the Roosevelt district, the northernmost section of the City. Although these are concentration areas, there are some Indian children in almost every elementary school.

Fifty different tribes are represented in the City: Sioux, Klamath, Black Feet, and Navajo are the most common; but others found frequently are Chippewa, Nez Perce, Yakima, and Kiowa. When Grant-Morgan Associates surveyed the Portland Indian community in November of 1972, they found that although many different tribes were represented, the respondents shared a common experience; 75.5% were one-time reservation dwellers.

THE RESERVATION EXPERIENCE

To determine the general character of this shared experience, the Bureau of Indian Affairs was contacted for information. BIA provided the following data concerning the federal reservation system:

1) In 1971 the per capita average income of Indians living on federal reservations was $1,115.

2) The average rate of unemployment on federal reservations in March, 1972 was 40%; 19% of the work force was employed in temporary or seasonal jobs.

3) The dropout rate for all Indian students in a federal relationship in the late 1960s was 42%.

4) BIA's 1972 Housing survey revealed that there were approximately 88,450 housing units available on reservations for 103,300 families. About 30,100 of these dwellings (34.0%) are in standard condition. In contrast, 37.8% or 33,450 units are substandard and "not worth renovating." Some 20,500 units are substandard but repairable, and 4,400 are standard but lacking one or more utilities.

5) The housing situation is reflected in reservation health statistics: the incidence rate of tuberculosis is nine times as high as the U. S. All Races Population. The death rate from TB is 3.7 times as high as the rate for the general population. Other health statistics show that the infant mortality rate has dropped since 1955, but it is still 1.2 times higher than the national average. Life expectancy has risen but still falls short of the U. S. All Races expectancy.

The leading cause of death on federal reservations is accidents; 183.0 per 100,000 population in 1971. This rate was 2.8 times as high as the Oregon rate and 3.4 times the national rate that year.

6) Perhaps the most dramatic statement that can be made concerning the reservations is that the suicide rate in 1971 was 21.8 per 100,000 population. Compare this to 11.3 per 100,000 in the general population in 1971.

Although some reservations are better than others, these figures are national averages. As such, to a greater or lesser degree, they represent the common experience of reservation dwellers turned urban Indian.

"Opportunity" was the most common response to the Grant-Morgan question concerning reasons for moving to Portland. Further, respondents identified: a) a good education; b) a steady job; c) having a family, as their priorities. These are values commonly accepted as desirable in the general community. Given the conventional nature of Indians' stated priorities and the uncommon nature of their cultural experience (reservations being a strictly Indian experience) how well have Indians integrated the urban environment?

An assessment of the economic and social condition of Portland Indians indicates that they are experiencing severe assimilation difficulties.

EMPLOYMENT AND ECONOMIC STATUS

When the Grant-Morgan Sample (GMS) was surveyed in November of 1972, the Oregon Department of Employment was reporting an unemployment rate for the SMSA of 4.8%. Of those unemployed, 55.6% had been looking for work for more than four weeks.

In contrast, figures drawn from the GMS indicate that 23.5% of the Indian work force in the City was unemployed that month. Of those unemployed, 63.9% had been looking for a job more than four weeks. These figures are reflected in the general economic status of the Indian community. Families and unrelated individuals are combined in the GMS Survey to correspond to the census category "households." The survey indicates 55% of the sample households had incomes below $5,000 per year. The 1970 census reported 16% of the total households in the SMSA in this income category.

When more detailed analysis of income was sought, the GMS reveals that 7.9% of the respondents lived alone. The most common living units were nuclear families of two to five persons (55.6%) and six to ten persons (27.2%); 43.0% had incomes of less than $3,000. (Note: OEO Poverty Guidelines are $2,600 as poverty level income for two people).

OWNERSHIP OF PROPERTY

As a measurement of Indian entry into the permanent economic structure of Portland, figures were sought concerning home and business ownership. In the area of housing, the GMS indicated that 24.5% of the Indian households were purchasing their homes. Figures from the 1970 census indicate that of 6,951 housing units in the City occupied by Black heads of households, 47.6% were owned or being purchased by the occupants. By assembling the total of units occupied by White heads of households, it can be determined from the 1970 census that 65% of these units are owned or being purchased by the occupants.

When the Small Business Administration was approached for figures concerning American Indian-owned business in Portland, they referred to a study done in the Fall of 1972 by a Portland State University graduate student. Their researcher had located only five Indian-owned businesses in the City.

HEALTH

Indian Health Service priorities, established because of budget limitations, allow for medical care on the reservation or, for a maximum of one year, care for those Indians departing from the reservation. As with all other Indian-related spending, expenditures are anchored in the reservation.

Despite progress made by Indian Health Service, Indian health is not good on the reservation and, when Indians come to the City of Portland, they bring their health problems with them. Reflecting the high incidence of tuberculosis on the reservation, Multnomah County Department of Medical Services TB Control reported that although Indians are 0.5% of the county's population, they accounted for 6.4% of the county's new active cases of TB in 1972. Malnutrition was classified as a serious or very serious problem for Portland Indians by 30.5% of the Grant-Morgan survey. This is the kind of problem requiring health education as well as direct medical attention. Similarly hepatitis was classified by 36.5% of the GMS as serious or very serious.

Some easily corrected or prevented conditions are major problems for Urban Indians. According to 62.9% of the GMS, poor vision is a serious (23.8%) or very serious (39.1%) problem for Portland Indians. Fully 69.5% of the sample felt that poor teeth were a serious (24.5%) or very serious (45.0%) problem for Urban Indians. Routine in nature, the unusual magnitude of these health problems suggests that Indians are not receiving regular medical attention in the urban setting.

To put the following figures into perspective, they will be compared with those for the Portland Model Cities - an area of economic and social problems serious enough for massive injections of federal aid. In the Model Neighborhood Area (MNA), 34.0% of the sample indicated that they did not have a regular doctor. The GMS suggests that 45.7% of the Portland Indian population is without a regular doctor. Approximately 13% of the MNA sample had not seen a doctor in a year or more. The corresponding figure for the Indian population is 23.9%.

Dental care figures show the same kind of relationship between the Indian population and that of the Model Neighborhood Area; whereas 43.4% of the MNA population indicated that they had no regular dentist, exactly double that percentage (86.8%) of the Indian sample did not have a family dentist. While 34.2% of the Model Cities population had not seen a dentist in a year or more, the percentage of Urban Indians was 47.7%.

Pointing out a need for mental health education as well as direct medical attention, are the following figures:

- 31.8% of the GMS identified "mental" problems as serious or very serious for Portland Indians;
- 48.3% so classed drug addiction; and
- 77.5% regarded alcoholism in the serious or very serious class.

This last perception is supported by statistics from independent sources; in the Detoxification Center, serving the Burnside area of the City, Indians are prominent. During the first six months of 1973, the average percentage of Indians among admissions was 9.96%. The peak in January of 1973, was 11.5%. Other, similar, statistics are discussed on the following pages in the "arrests" section.

INDIAN NON-USE OF PRESENTLY AVAILABLE SERVICES

Although 43% of Indian households report annual earnings of less than $3,000 and many evidence inadequate living standards, they are not using supportive services available through local government. (Recall that Federal services are not available.) County Welfare provided aid to 13.9% of the respondents to the Grant-Morgan Survey. Only 1.3% collected unemployment, 6.6% received medical assistance and 18.5% used food stamps.

Utilization of public assistance peaks at 19.9% in the use of public housing. Despite indications of significant need, the total number of American Indians receiving mental health support from Multnomah County Health Services in the period July 1, 1972 to June 30, 1973 was five.

Although the issue of why Indians do not use available services is complex, general statements can be made:

1) Both Indians and non-Indians working with Native Americans report that Indians arriving in the urban area are unfamiliar with the customs and structures of the dominant culture. Lacking familiarity with appropriate procedures and resources, they are not receiving local public services because they don't know how.

2) Although lack of knowledge of availability can be blamed for some Indian non-use of needed public resources, there are other factors. In an interview at the BIA, two officials there reported that clients told them that they had become discouraged by unexplained delays and questioning when seeking aid. Then, as one official put it, "Because it is not an Indian way to push himself on others, he will leave the agency and not return." Subsequently, he will turn for satisfaction of his needs to other Indians. The difficulty here, of course, is that Indian private resources are almost non-existent. Interviews with Indian Commission representatives indicate that oftentimes needs go unmet and frustration is high.

ARRESTS FOR CRIMINAL BEHAVIOR

In an effort to gain an in-depth view of Indians in the City, arrest records were obtained from the Portland Police Bureau.

Although representing only one-half of one percent of the population in 1970, Indians accounted for 2% of Class I arrests and 8.6% of Class II arrests.* A breakdown of the very high incidence of Class II arrests reveals that most resulted from alcohol-related offenses.

In 1970, 0.5% of Portland's population accounted for 18.9% of all arrests for drunkenness in the City. In the first half of 1972 the figure was 17.5% with an additional figure of 9.8% of other alcohol offenses. "Other offenses" include minors in possession and public consumption.

Even allowing on the 1970 figures for police pickups of Indians to get them out of the cold, these figures are dramatic. They are even more so when they are contrasted with other arrest categories. In 1972 Indians accounted for none of the arrests for homicide; there was one Indian arrested for rape. Among arrests for burglary and larceny, Indians represented 1.3% and 1.7% respectively. Arrests of Indians for crimes against the family, abandonment or neglect, were only 1.9% of the City total.

Although Indian involvement in disorderly conduct and assault rises (6.2% and 5.6%), these would seem to be closely related to alcohol offenses. This apparent relationship has been substantiated in discussion with staff at Portland Police Bureau, Central Precinct.

These figures demand attention insofar as they reflect the response of people to an unfamiliar culture and an unfamiliar environment. Rather than expressing their frustration by aggression against others, they tend to release it through self-destructive alcoholism.

*Class I crimes are major offenses and include homicide, aggravated assault, and auto theft as opposed to less severe Class II crimes which include fraud, vandalism, and disorderly conduct.

Recall that 77.5% of the GMS regarded alcoholism as a serious or a very serious problem for Portland Indians. Alcoholism is a disease which adversely affects any person's ability to secure and hold a job. Already a major problem on reservations, individuals turn, or return, to alcohol when they learn that they cannot find a job or that they are not prepared to deal with the City. If they begin to drink excessively, they are even less able to deal with the City--and, especially after an arrest, less able to secure the job they need for a foothold here.

IN REVIEW

Although Portland's Indians spring from fifty different tribes, their common experience is the reservation. Using Bureau of Indian Affairs data, it is clear that reservations are a crushing environment for those who live there. Indians leave the reservation primarily to improve the quality of their lives. They come to Portland to seek greater opportunity.

Coming from a different racial stock and culture - a poor, rural environment - and lacking any training preparing them for the City, they are experiencing severe difficulties establishing themselves. Indians have an unemployment rate four times greater than that of the general population of Portland.

The City's Indian population is concentrated at the lower end of the income scale. The percentage of the Indian population below the poverty line is more than three times greater than the figure for the SMSA.

Indians' rate of ownership of their homes is only half that of the City's Black population and barely more than a third that of the White population. Only five Indian-owned businesses were known to the Small Business Administration in late 1972.

Indian receipt of health care in Portland is even lower than that of the residents of the Model Cities Area - an "economically and socially depressed" area of the City.

Despite obvious need, Indians are not using public resources. Although services are apparently available, the process of acquiring them makes them inaccessible.

Indians appear in Portland's arrest statistics out of proportion to their representation in the population. The extreme incidence of arrests for alcohol-related offenses suggests psychological discomfiture more than a propensity to violence.

not trying to give special priv — Just that avail to others.

ANALYSIS

The Grant-Morgan Survey concluded that approximately a third of the Native American population is integrated into the urban economic structure. When their job stability is established, then their access to housing, medical attention, and other urban resources is the same as that of other citizens. Although not verifiable at this time,* based on their greater facility in dealing with urban structures, a working hypothesis is that this group is made up largely of the 25% of the GMS that has never lived on a reservation.

Based on their higher physical and job mobility and lower economic status, the remaining Indian population has not successfully integrated into the urban environment. Indians and non-Indians alike working in agencies with a Native American target population report that Indians arriving in an urban area are unfamiliar with the customs and courtesies of the dominant culture. Lacking a working knowledge of acceptable social practices

*At the time of this writing Grant Morgan Associates report that the computer deck from which this correlation must be drawn was lost in their recent change of offices.

and resources, they then find it difficult to establish and/or maintain a foothold. Aggravating their situation is the fact that they are frequently unprepared to deal with processes of seeking and securing public resources. Their physical and psychological problems can grow so severe before help is obtained that the individual's capacity for acculturation is destroyed. (In their first eleven months of operation Native American Rehabilitation Association located and began treatment of 186 chronic alcoholics of Indian or Native Alaskan background. Alcoholic Counseling and Referral Program reported that in 1972, slightly more than 23% of their chronic alcoholic clients were Indian.) Thus, a true poverty cycle is established. Reinforced by alcoholism, the cycle turns cities into traps no less destructive than the reservations the Indians left seeking new opportunities.

PROPOSED STRATEGY

Indian Health Service experience affects the strategy for dealing with Urban Indian problems. Indian Health Service indicates that they are having excellent results from the use of Indian mental health para-professionals as opposed to previously unimpressive gains using non-Indian professionals. In particular, IHS points to significant reductions of the serious social and physical side effects of alcoholism as the impact of Indian para-professionals. Given the range of Indian problems in the urban environment it is not feasible to generate a complete, parallel services delivery system. However, it is feasible, and is here proposed, to provide for Indian social services personnel trained 1) to provide certain basic services and 2) to facilitate Indian use of otherwise available services.

By the development of Indian social services para-professionals, immediate increases are projected in the impact of available services. As these services allow for the reduction of a crisis atmosphere around the individual, he can begin

to relate to the urban environment as a participant and contributor.

In order to sustain the individual when he emerges from a crisis condition, the Indian community must take affirmative action to build its capacity to deal with its own problems as a community.

This objective is the justification for the planning and establishment of an Urban Indian Center. Presently widely distributed and lacking an action structure, the Indian community is unable to bring uniquely Indian resources to bear on its problems. A Center will serve both as a focal point and as a catalyst for community action.

The end to which this strategy is directed is a Native American Community in Portland which:

1) Successfully relates to and contributes to the City economically and socially;
2) Is able to orient and sustain newcomers to the Metropolitan area - avoiding the present destructive cycle; and
3) Retains its cultural identity.

The means to reach this end are as follows:

1) Expanding on the existing Urban Indian Program to include health services and planning capabilities.
2) Continuing development of the Indian Community's representative congress, the Urban Indian Commission. Development goals are maximum responsiveness to community concerns and effective leadership in their resolution.
3) Continuing cooperation between the Indian and non-Indian communities in the development and presentation of plans for an Urban Indian Center to potential funding sources.

I. Problem

Native Americans in the Portland Metropolitan Area are experiencing severe difficulties integrating into the urban environment. As reflected in most indices of economic and social well-being, Indian needs are urgent.

Two factors compound the distress of urban dwelling Native Americans. First, for a variety of reasons including cultural characteristics, the accessibility of local supportive services is more apparent than real. Second, federal services available on the reservation have not been and are not now available to Indians living off the reservation.

II. Objectives

A. To increase the accessibility of existing resources to the City's Indian population through an Urban Indian Program.

B. To develop health services supplementing those presently available which do not allow for special needs in the Indian population.

C. To maximize the impact of resources available to the Program.

D. To utilize community input in the planning of services delivery.

E. To provide a cultural and human services focal point for Portland's Indian Community in an Urban Indian Center.

III. Methods

A. In order to increase the accessibility of existing resources (first objective) the Urban Indian Program will engage in the following specific activities* within this overall strategy:

*Activities are not listed by priority

1. Through outreach, contacting Indian clients. Aiding these clients to select and utilize appropriate services. Publicizing program capabilities in the mass media in order to inform the largest possible client group.
2. Scheduling and providing development aid for Indian cultural activities and community-building programs. Maintaining calendars of scheduled Indian events and publicizing these events through the mass media.
3. Assisting in client placement within alcohol rehabilitation programs.
4. Supporting the use by Indian clients of existing health service agencies and programs by transportation aid, establishing client eligibility, accompanying clients to treatment and/or following through on referrals.
5. Providing counseling concerning utilization of scholarship and funding opportunities available to the Native American. Providing information and assistance to Indians in utilizing GED testing, pre-entrance exams, etc. Assisting clients to use services which will identify possible impairments to learning and arranging for client access to agencies which can effect correction or compensation for those impairments.
6. Hiring an employment development specialist to facilitate job and training placements, independently and through agencies administering vocational training, apprenticeship programs and employment services.
7. Supporting client placement in available public housing facilities and by maintaining the Program Emergency House (presently

at 2334 E. Burnside, Portland, Oregon). Cooperate with PMSC housing counseling services.

8. Providing space for legal assistance intake and interview at the program office. Providing classes to Indians concerning their legal rights as citizens. Orienting legal aid and court personnel to the special problems of working with Indians.
9. Maintaining records of contacts and referrals on standardized forms. By summarizing these forms quarterly, seeking out evidences of deficiencies in services delivery by informing agencies whose services have been difficult to acquire of the nature of Indian problems.

B. Development of health services (second objective) supplementing those presently available will be through a Health Services Component. The Component's specific activities will be as follows: (The activities are in three classes; clinics, classes and outreach workers.)

1. Arranging for regular preventative health care clinics; specifically pediatric, dental, optometric, hearing and communicable diseases, through state and local health agencies and volunteer medical personnel. These clinics, conducted whenever possible at the program site, are the means to providing professional preventative care for Urban Indians not presently receiving that care.
2. Arranging for health-related education, especially concerning nutrition and preventative dental care, through County and

State Offices. These classes, conducted at the program site, are the means to reducing Indian health problems by self-maintenance.

3. Community Health Outreach
   a. Providing both for referral and limited direct health service in the Urban Indian Program by employing and training five Community Health Aides and a medical records technologist.
   b. Providing for the employment of underutilized public health services by training the Community Health Aides in identifying health problems generally and those which necessitate referrals specifically. Training will also emphasize developing skills to aid individuals in successful use of community resources.
   c. Providing for the completion of health agency intake paperwork at the program site to facilitate the use of available resources by those Indians presently hesitant to use them.
4. Mental Health Outreach
   a. Providing both for a direct service mental health capability and for referral service in the Urban Indian Program by employing and training three Mental Health Aides on the Program staff.
   b. Providing for the use of professional mental health resources now available but unused by training the Mental Health Aides in identifying mental health problems generally and those which necessitate referrals specifically. Training will also emphasize developing skills to aid

individuals in successful use of community resources.

c. Providing for a network of case locaters and lay resource people concerned with Indian community health by holding two 6-8 week training sessions for selected community members. Sessions will teach them the basic concepts of good health, acquaint them with counseling techniques and community resources.

C. In order to maximize the impact of resources available to the Program (third objective) an Administration Component will be engaged in the following specific activities:

1. Managing the Urban Indian Program and Program facility.

   a. Providing centralized support services to include budget management, central purchasing, reproduction and central filing.

   b. Providing facility management to include contracting janitorial services, repair services, payment of rent and utilities and general scheduling.

   c. Initiating personnel actions including on-going training provisions.

   d. Implementing such policy, with the counsel of the Urban Indian Commission, as may be necessary to maintain effective program activity.

2. Coordinating Services delivery

   a. Monitoring and evaluating activities.

   b. Providing program guidance and initiating changes in delivery techniques and emphasis with the counsel of the Urban Indian Commission.

3. Utilizing data generated in daily services delivery for on-going planning and program development.
    a. Utilize the records of the employment development specialist to define employment training needs of the Indian community in detail. Resources can then be developed from private as well as public sources.
    b. Utilize records of the community programs development specialist to organize community-building activity and secure sustaining funding from public and private sources.
    c. Utilize records of the medical component as input to the design of an Indian oriented health insurance program, by a Health Services Planner and as data for the future training of Indian oriented health professionals.

D. Providing for utilization of community input in the planning of services delivery (fourth objective) and providing for a cultural and human services focal point for Portland's Indian Community (fifth objective) will be through the following specific activities of the Administration:

1. Including the Urban Indian Commission in the planning process by:
    a. Analysis of operational data from the program areas and preparing the data for discussion with the Commission.
    b. Preparing draft plans to resolve or improve the conditions identified in the field.
    c. Discussing the draft plans with the Commission and accepting their counsel concerning changes.
2. Developing the plans into an Urban Indian Center proposal which can successfully compete for federal, State and private funding by:

a. Discussing with existing agencies means to cooperate in the resolution of conditions identified.

b. Investigating potential funding sources.

c. Identifying funding sources and preparing appropriate proposals to include provision for

Administration
Operation
Evaluation
Coordination

within the structure of an Urban Indian Center.

IV. Evaluation

The several effectiveness indicators will be as follows:

A. Resource Access indicators:

1. Referral and documented receipt of external services by 1,200 Indians in a year of operation.
2. Referral of 300 Urban Indians to local Indian activities.
3. Referral of and documented receipt of services by 120 Urban Indians from alcohol rehabilitation services.
4. Referral of and documented receipt of services by 200 Urban Indians from Federal, State and local health agencies and services.
5. Referral of and documented receipt of services by 120 Urban Indians from Community, State and Federal educational assistance services.
6. Referral of and documented receipt of services by 240 Urban Indians from Federal, State and Community employment services.
7. Referral of and documented receipt of services by 220 Indians from local housing services and facilities.
8. Establishment of formal relationship with the courts and an access for Indian citizens to legal support.

9. Improvement in the methods and practices of local resource agencies as evidenced by changes in the percentage of Indian clients receiving services after reports of deficiencies to the agencies.

B. Clinical and Health Services performance indicators.

1. Clinics scheduled on a regular basis, not less than one per month.
2. Classes scheduled on a regular basis, not less than one per quarter.
3. Community Health

   a. In the first six months after being hired (H) the effectiveness indicator will be progress through the training program adequate to qualify the Community Health Aide to perform his functions by H + 6 mos. Upon reaching H + 6 the Community Health Aide will be expected to maintain a minimum caseload of

      30 household units
      1 clinic, set up, and scheduled, the Aide will also be available for referral and service to walk-in clients

   b. The assessment and referral of a client to medical services. will be deemed successful if the client were able to receive the required service at the agency to which he was referred.

   c. At H + 2 mos. the Medical Records Technologist will have the capability of providing intake paperwork for Multnomah County Medical Services and University of Oregon Medical School Out-Patient Clinic.

4. Mental Health

   a. In the first year of program operation the measure of effectiveness will be progress through the training program

adequate to qualify the Mental Health Aide to perform his functions at H + 12 mos. Upon reaching H + 12 the Mental Health Aide will be expected to maintain a minimum caseload of sixty encounters with individuals, families and groups (3 cases X 5 days X 4 weeks) of all kinds per month.

b. The assessment and referral of a client to mental health services will be deemed successful if the client accepted the required service at the agency to which he was referred.

c. Effectiveness will be measured by the referrals to the Mental Health Aides by the trained community member.

C. Program Administration Indicators

1. Maintenance of expenditures within budget.

2. Responsiveness of program components to evaluation process.

D. Planning and Development Indicators

1. Acceptance by Commission of plans as relevant and remedial of conditions identified.

2. Funding of proposals contributing to an Urban Indian Center.

V. Operation

A. This strategy provides both for the immediate delivery of services and for the on-going development which the Indian Community hopes will culminate in an Urban Indian Center for Portland. In addition to its social and cultural benefits, a Center in Portland will economize on public resources by providing a focal point for employing uniquely Indian resources in resolving Indian Community problems.

B. The mechanism for delivering services incorporates the existing PMSC Urban Indian Program, a new health services component and two specialists (employment and community programs) who appear in the

administration component budget.

1. The Urban Indian Program (PMSC) began operations on May 1, 1972, under contract between Portland Metropolitan Steering Committee and the United Indian Council, Inc. Through technical assistance from the Bureau of Human Resources this program has gained $46,000 in funding and a legal aid capability since September 1, 1973. Planning for program year 1974 has been done in concert with the Human Resources Bureau and provides for contact and referral activity within this strategy.

   The program presently operates from an office at 1130 S.E. Rhone Street on an 8:30 a.m. to 5:30 p.m. business day basis. An Emergency Housing Facility is located at 2334 E. Burnside. It is the intent of the program to relocate to quarters shared with the Health Services and Administration Components, subject to those components being funded.

   Two people are presently employed in the Urban Indian Program, a director and a secretary. Four people are to be employed in 1974; a supervisor, a secretary, a full-time and a part-time field (outreach) worker. In addition, there will be two to four student placements from the P.S.U. School of Social Work. The supervisor will be responsible for administrative functions within his component, scheduling, coordination and training of his staff. The outreach workers are contact and referral personnel thoroughly versed in social services available in the metropolitan area.

2. Medical Services will provide direct services, including arranging clinic sessions and health-related instruction at the Program site and limited patient care in client's homes. Personnel will also provide referrals to professional care facilities. Operations will be conducted on a schedule which will maximize their accessibility and include provision for weekend and evening emergency services.

   Eleven people will be employed in Health Services. Five Community Health Aides and three Mental Health Aides will perform outreach functions. Two people will be in clerical support of the outreach workers and supervisor.

3. The Employment Development Specialist will function in the role of a State Manpower Specialist; developing employment on an individual basis and facilitating use of job training opportunities. Subject to the approval of the State Employment Division, this individual may spend part-time in the State Employment Offices.

   The Community Programs Development Specialist will serve as a coordinator of community programs and an organizer of community-building activities. Adult education, education to the urban environment, Indian Foster Grandparents and similar programs will be developed and funding secured.

   For convenience in budgeting both these positions appear in administration. Their primary function is direct service.

4. Central to the strategy is the Administration component. The component will manage operations, coordinate existing services, altering their (existing services) work patterns to maximize their

effectiveness in an integrated operation. In addition, the component will prepare data for presentation to the Indian Community. Community feedback will be utilized immediately to assess and improve services. In time, the feedback will be used to develop and secure funding of an Urban Indian Center in Portland.

Administration will employ six people: a Director, a Community Programs Specialist and an Employment Development Specialist, a Medical Services Planner and two people in clerical support.

VI. Administration

The Human Resources Bureau has aided the Indian Community to establish a non-profit corporation which can administer services to the Indian Community. The corporation, the Urban Indian Commission, is negotiating to becoming the PMSC delegate agency administering the OEO Urban Indian Program.

With City support, the Urban Indian Program will expand to provide an administration and specialized services component. With County and Concentrated Employment Program support, the Program will gain a health services capability.

In effect, the expansion will allow increased delivery of services plus the planning for federal funding of an Urban Indian Center; all under the auspices of an Indian Community corporation in a partnership with local government.

Implementation of this proposal will go through two distinct phases. The first phase will require active cooperation among the City Human Resources Bureau, County Department of Human Services and the Urban

Indian Commission. During Phase I, a period of at least six months but not more than one year, new staff will be hired, training of staff and delivery of services will begin. Administration component activities during this period will be a responsibility of the Human Resources Bureau staff assigned to the Urban Indian Program. Training of Program personnel during this period will allow them to take over all activities and the City and County to assume a contract monitoring role, at or about the six month point. During Phase I, the fiscal agent will be the Bureau's Administrative Services Officer, co-signed by the Program Director.

Phase II will begin on a date to be determined. During this phase and thereafter, services especially required by Urban Indians will be provided by the Urban Indian Commission under contracts to the City, the County, the Portland Metropolitan Steering Committee, and Concentrated Employment Program. The Commission will act as its own fiscal agent by contracting a public accounting firm. Expenditures will be authorized by dual signatures of the Program Director and the Chairman of the Commission.

The Commission will look to the City for sponsorship of proposals when local government participation is required by funding sources. However, the Commission recognizes fully its responsibility for generating local match in such situations.

Evaluation for contract compliance will be established by contract. Funding agencies will retain audit privilege over funds which they provide.

A brief explanation of the Commission and its structure follow:

In December of 1972, a series of meetings began between members of Neil Goldschmidt's staff and concerned Indian citizens from the community. In response to their concerns, the Mayor's staff agreed to work with them to determine means of improving their situation.

There were two immediate issues: one was professional planning support to propose feasible means; and the second was an organization to advise the planner in particular and City Government in general. The planner was funded with $9,000 of accelerated revenue sharing funds at the request of Commissioner Schwab. The organization was to be formed by the Indian community. The Urban Indian Commission was the community response.

The Commission is made up of 11 voting delegates, one from each organized Native American group in the Metropolitan area plus three representatives of the general community. The original representatives were selected in an organizational meeting on 29 January 1973, and attended by contingents from each of the area groups. Since then Chicano Indian Study Center of Oregon (CISCO) and the American Indian Movement (AIM) representatives have been added to the Commission. The Bureau of Indian Affairs and Indian Health Service each have a non-voting representative. It is the desire of the Commission to seat two such representatives from local government.

The objectives, stated in this Commission's by-laws, are to:

BUILD a Native American Community that, while retaining its cultural identity, successfully relates to and contributes to the Portland Metropolitan Community.

COOPERATE with local, State and Federal agencies affecting the welfare of our people.

ADVOCATE policies and programs contributing to the welfare of our people.

SEEK AN ACTIVE ROLE IN PROMOTING the welfare of the Native American Community.

It had been the desire of the United Indian Council, presently PMSC's delegate agency for the Urban Indian Program, to initiate action which will make the Commission PMSC's new delegate agency. This action has now been initiated by the United Indian Council.

VII. Funding

The implementation cost of this strategy is $91,791. During implementation, the first six months of operation, services will be provided and funding will be pursued from the Federal sources listed below.

Funding for the Administration's first six months is being sought from City Council in the amount of $45,206. Sustained funding will be sought from HEW's newly established Office of Native American Programs.

Six month funding for Health Services Component will be sought from Multnomah County in the amount of $46,585.00. A firm commitment of

$6,000 of in-kind contribution has been recorded from the University of Oregon Community Psychiatry Training Program for use during this period. Further, a commitment, pending County match, has been received from Concentrated Employment Program in the amount of $40,033.00. Long term funding will be sought through Indian Health Service as an Urban Indian Health Pilot Project. Such funding is becoming feasible for the first time this year.

For the Program Year 1974, the Portland Metropolitan Steering Committee has approved a continuation of their funding of the Urban Indian Program. The Program budget is $50,736.00. (Through technical assistance from Bureau of Human Resources, $6,000 of UGN supplementary funding has been gained this Program Year.) Along with other program activities, sustained funding will be sought through an Integrated Federal Grant. The Federal Regional Council is considering new Integrated Grant Process (Multi-Department Federal Funding) proposals at this time and has invited the Human Resources Bureau to submit evidences of local Indian-oriented activity to open negotiations for an IGP in Portland.

PHASE-IN BUDGET - URBAN INDIAN PROGRAM
January 1, 1974 to June 30, 1974

		CITY	CEP	PMSC	TOTAL LINE	TOTALS CATEGORY
PERSONNEL						
(3)	Administrative Functions					
(1)	Director (5 mos.)	6250			6250	
(1)	Health Services Supv. (6 mos.)	6000			6000	
(1)	Outreach Supv. (6 mos.)			5040	5040	
						17290
(10.5)	Service Functions					
(1)	Employment Dev. (4 mos.)	3600			3600	
(1)	Community Prgms. (3 mos.)	2700			2700	
(4)	Community Health (6 mos.)	2906	8721		11627	
(2)	Mental Health (6 mos.)	1759	4351		6110	
(1)	Medical Records Tech. (6 mos.)	732	2198		2930	
(1.5)	Outreach (6 mos.)			5670	5670	
						32637
(2)	Clerical Functions					
(1)	Sr. Steno - Adm. (5 mos.)	3070			3070	
(1)	Clerk Typist - Outreach (6 mos.)			2835	2835	
						5905
	Fringe Benefits					
	City @ 10%	2162			2162	
	PMSC @ 10.5%			1420	1420	
	CEP @ 9.96%	538	1521		2059	
						5641
CONTRACT SERVICES						
	Machine Maintenance			30	30	
	Accounting			1700	1700	
	Janitorial	1350			1350	
	Test Design - Employment	1000			1000	
						4080
TRAVEL						
	Local	1436		495	1931	
	Out of Town	228		277	505	
	Per Diem	300		125	425	
						2861

		CITY	CEP	PMSC	TOTAL LINE	TOTALS CATEGORY
CONSUMABLES						
	Printing	200		120	320	
	Office Supplies	145		276	421	
	Postage	60			60	
						801
SPACE	(Utilities Included)	3600		900		4500
PURCHASE						
	Desks	1650			1650	
	Desks, Steno	400			400	
	Chairs, Desk	770			770	
	Chairs, Steno	120			120	
	Chairs, Side	400			400	
	Cabinets	200			200	
	Typewriters	1000			1000	
						4540
LEASE	(Telephone and Copying Equipment)	2630		1062		3692
OTHER						
	Conference			50		50
		45206	16791	20000		81997