

The Needs of Tribal Men and the
Social Service Providers on or near
the Nez Perce Indian Nation

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and

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Abstract

This reports on the results of an action research project of the Nee Mee Poom Ha Hum (Men's Coalition), investigating the needs of tribal men in the Nez Perce Indian Nation, as part of planning to improve men's development. Research was directed toward interviewing a stratified random sample of tribal men (reported elsewhere), and interviewing the directors and employees of twenty local agencies serving Native men (reported herein). Findings include that men and women have similar opportunities from area agencies; that as many, or more, services applicable to men have been added since 1985, than dropped; that men often don't seek services for a variety of reasons, but the most common reason is that it is "not masculine" to ask for help; and that the most needed services involve employment, chemical dependency, violence/anger/stress management, and self-esteem.

Introduction

The Men's Coalition of Lapwai, Idaho (Nee Mee Poom Ha Hum) was formed in the summer of 1990. This grass roots movement among tribal men living on, or near, the Nez Perce Indian Nation, produced a grant proposal to study the needs of tribal men. This grant proposal was funded, and a study was begun as part of an action research project. Action research has three main components: a) a planning stage, b) implementation stage, and c) a reflective evaluative stage. Initially information was to be gained from two sources: a) structured interviews with a stratified random sample of enrolled Nez Perce men, and b) structured interviews with directors and employees of some twenty agencies that provide relevant social services to Nez Perce men.

The interviews with the men were primarily aimed at discovering unmet needs among the men. This report deals with the results of the interviews with the directors and employees concerning their expert judgment regarding the why men do or do not use their services, and what services are lacking that are needed to assist in the men's development. The information gained from these two sources will be summarized and provided to both the Men's Coalition and to the general Nez Perce public. In regard to action research, this is part of the planning stage in which the goals and direction of the Men's Coalition will be further refined by the information documented in the interviews. The plans thus created, will have a powerful impact in successful

implementation needed to advance men's development in the Nez Perce Indian Nation.

Questions/hypotheses

The interview was intended to assist the Men's coalition answer the following questions:

1. Do men or women utilize services equally?
2. Has there been a trend, between 1985 and 1990, to increase or decrease services to men?
3. What services are available to men?
4. If agency directors and/or employees perceive their services to be under-utilized by men, what, in their expert opinions, do they believe the reasons are?
5. What do agency directors and/or employees perceive, in their expert opinions, to be services that are needed by men, that are not currently available and/or effective?

Method

Sample

The sample was not chosen randomly, rather it is a fairly full, select sample of agencies that serve Indian men near, or in, the Nez Perce Indian Nation. A planning committee made up of representatives from the Men's Coalition, Nez Perce Tribal Programs, Bureau of Indian Affairs Programs, and two academic institutions (Lewis-Clark State College and Washington State University), selected the agencies to be included in the sample.

Please see Table One for a full listing of the agencies in which the directors, acting directors, and/or employees were

interviewed. The agencies interviewed included ten Nez Perce tribal offices, six Bureau of Indian Affairs offices, three State of Idaho offices, and one private agency, with State funding; for a total of twenty agencies. The Nez Perce and BIA offices were all located in Lapwai, Idaho, and the four State agencies were located in Lewiston, Idaho. All twenty agencies contacted were cooperative and appointments were fairly easily secured.

Instruments and Interviewer

The interview instrument and questionnaire were designed through the repeated consultative efforts of the planning committee described in the above section. The interview instrument was designed to be given to the directors of the agencies contacted; and a similar questionnaire was delivered to the employees of the agencies. Appendix One contains a sample of interview instrument given to the directors and the questionnaire given to employees.

The interviewer was an associate professor of psychology and education from a near-by college, with experience in Piaget's semi-structured interview format.

Design and Procedure

Contacts for interviews were arranged by the Coordinator of the Men's Coalition Development Program. Interviews typically entailed an hour of conversation, during which the interviewer recorded notes. The interviewer then transcribed the notes and mailed them to all interviewees to examine for accuracy.

The interviewer then compiled the information in a

quantitative manner (the number of times a concept was mentioned in an interview), and a qualitative manner (degree of emphasis or importance given to an issue by the interviewee), and presented this information as "results" to the Men's Coalition. As a validity check, the Men's Coalition were then given this report, and invited to examine and criticize the results, as interpreted and compiled by the interviewer. Their feedback was then incorporated into the results section [this is yet to be done].

Results

Do men or women utilize services equally?

Nearly twice as many women obtain commodity foods for their families, as do men (a typical month 472 women did and 275 men did; men equal 37%). In social services, the BIA served 203 men and 161 for general assistance; men equal 56%. Total funds were \$221,234 spent on men and \$158,850 spend on women; 58% on men. The BIA Law Enforcement branch estimates that 90% of the people that they deal with are men and 10% are women. This is the same estimate given by the Tribal Employment Rights Office; they serve about 90% and 10% women. Port of Hope indicated that "very few" Indian men or women use their services. The State's Family and Children's services estimates that they saw 18 men and 23 women of Native American background. IHS home nursing indicated that they served 275 men and 463 women in 1990; 37% men. The Tribal Maternal and Child Health/Family Planning, Nutrition states that the vast majority of clients they serve are women; although some men do bring their children in for help.

[The other agencies were not able to access and numbers, or are still in process of doing so.]

A 1985-1990 Trend in services to men?

The administrative manager pointed out that the Tribe has increased its employees from 25 to 200 in the last 10 years, and many of these jobs have gone to men, such as the box plant, fisheries, and water resources. Most clerical employees have been women. The Tribal Employment Rights Office noted that they have lost 80% of their grant monies in JTPA/CIDA; and that no new programs have been added in the last five years. One change in the Tribal Family Planning office is that birth control devices are more accessible to men since 1985. The Drug and Alcohol Program indicated that there has been a problem consistently maintaining qualified staff during between 1985-90. The Office in charge of child protection and the shelter, indicated that some men have used the shelter when homeless, and this was not available in 1985. Also, they are able to help men negotiate the court system during custody issues, and can help single fathers with emergency food and rent and energy; none of which were available through this office in 1985. The IHS Health Education program has offered more AIDS education, and made condoms more accessible since 1985; also there has been an increase in community education regarding alcohol and drug use. Environmental health education and assistance to other tribes has lessened since 1985. The BIA social services are now able to give General Assistance to students, a change since 1985; and

TWEP was dropped about 1985.

The State's Financial and Medical services has added one program since 1985, and this is for disabled seniors who are near the poverty level, and its helps them pay medical bills. The State's Family and Children's services has added a Day Treatment Center, which gives troubled children and youth both schooling and counseling.

There has been no significant changes in programs affecting men in the following agencies: USDA Food & Nutrition (Commodities), IHS Dental, BIA Law Enforcement, BIA Realty, BIA Education, and State Mental Health and Adult Services.

What services are available to men?

This is an extensive part of each interview; rather than repeat the list here, the reader is referred to section #3 of the twenty interviews in Appendix B.

Reasons for under-utilization by men

The Tribal Employment Rights Office thought the reason that many young men didn't use the JTPA and vocational training offered them relates to having parents that haven't finished high school and the parents don't encourage a good work ethic, "don't worry unless you have to". A few prefer to pull a GA check and not work. They are in the welfare cycle - its hard to break out of. Their is also the duality question - how to be Indian and not be driven into white world? Additionally there is a general confusion of values; Indian-ness, duality of cultures, drug and alcohol. Men have had a harder time adapting - women are

pressured to succeed because they have the children to take care of. Many men say that in Seattle it doesn't matter about skin or hair lengths, but in Lewiston they stare at you. Drug use - some comes from beginning recreational use and then it becomes used to avoid the pain of problems, a "pain killer". Some men aren't daily drinkers, but abuse occasionally (weekends) but then miss a few days work. About 70% are effected by either some use to daily use.

Some men don't receive commodity foods because either they don't know its available, or they are too proud to come ask for it. Maternal and Child Health/Family Planning thought that men didn't use many of their services because they are directed toward women. These health activities aren't macho enough. It could also be that they are an all-woman staff, so men might not be comfortable bringing up some of their issues there. Men will come in there if they are in crisis. For example, when the HIV scare started, a group of 5-6 men came there together to get condoms. Sometimes men come in if a relative is worried about them and drags them in.

The Tribal Alcohol and Drug program considered that some men avoided their services because they're afraid they might lose their job if they came for treatment. Another issue is confidentiality or a lack of trust. Also, support is lacking from community - if the family is drinking, the family won't support someone to stop.

Adult education programs believed that some men say, "I

don't know why I need a GED if no jobs are available on the reservation." The BIA hires within themselves and so does the IHS. So only the Tribe is left and its mostly seasonal work and a man doesn't need a GED to work the seasonal jobs. If he doesn't want to go off reservation, the GED isn't much good. It doesn't help most men get any more work on the reservation.

The Tribal Child Protection/Shelter program though that some men roam, and thus don't use the shelter; others may not know its available, or might be embarrassed to ask for help.

Health Education in the IHS believed their services might not be used by men if the men weren't afflicted with the medical problem for which education was being promoted, or their family members aren't. Also they may be practicing the activities that led to the disease and don't want to stop, or believe they are too busy to pay attention to educational services.

IHS social work services indicated that the biggest issue is that seeking counseling is perceived as not masculine. Other factors may be: a) a high tolerance for both physical and psychological pain; b) denial of dependency, and c) denial of needs. Some men are very demanding because many of their needs are unmet. Some thus become very demanding and controlling of women; they may have difficulty feeling/being successful in relationships (it should be remembered that this office doesn't see the typical male, but rather the ones with more troubles). There is the expectation that entry to manhood shows one should be able to tolerate pain. Its also possible that many

men do have their needs met through networking with others--such as the sweathouse or their family, or elders' advice. These men will seldom seek counseling, because they are resolving their problems and needs. Also, some men, and families, feel mistreated by the IHS; they don't trust it. "I won't go see those horse doctors".

They may not want to see a non-Indian counselor.

The Dental services at IHS thought that men underutilized their services because, "like anyone", they are scared of Dentists and needles or have had a bad experience in the past. Also, it's not macho to come to medical services, like a Dentist.

The BIA social services office thought that men might not use their services because they were reluctant to take money as a gift; some people drink alot and get general assistance; so others don't want to be associated with drinking; so they don't come in.

The Education branch in BIA indicated that: a) a lack of economic flexibility, general poverty prevents access to higher education; b) use of alcohol & drugs; and c) starting a family early in life makes going to school more difficult.

The State Mental Health Services estimated that Indian men may not use their services more because: a) cultural issues, there are no Native American's on staff, other than in the homemaker program; b) the stigma of coming to mental health offices; c) a preference for on Reservation services; through the Tribe; and d) men don't use the sexual offender program because

its no longer court ordered here.

Port of Hope felt that Indian men didn't use their program more because Indians can get lost in the system (between governments systems), and can get out of the counseling or group work. Port of Hope pointed out that people of any ethnic background sometimes use "transportation" as an excuse; but they believe any one that wants their services can get there; also, regardless of ethnicity, men are often in "denial" about their chemical dependency.

The State Financial and Medical services office thought the following summarized reasons that Indian men didn't use their services: a) for some Native Americans there is a sense of resentment to have to come to Lewiston offices; there is an expectation that all these social services should be available in Lapwai; b) significant transportation problems; c) many adult males applying for assistance are illiterate and can't fill out the forms; d) "Indian time" is a problem; coming late for appointments; and e) the 27 pages of forms are discouraging to anyone, and seem even more so to Native Americans.

The State Family and Children's services office suggested that there may be cultural reasons, both for white and Native American men. Its not culturally acceptable for men to ask for help with social issues. Young men generally have had male role models that don't get involved in counseling, and this teaches them not to get involved either. Also, 70% of their staff are women; it may turn some men off because of this, perhaps they

would rather work on issues with other men.

In summary, across all these services, it appears that the most common reason for men to avoid services that would help them, is that they perceive asking for help to be anti-masculine. What services are needed that aren't available?

Below are general categories of needs; bracketed [numbers] indicate the number of times this need was mentioned in different interviews.

1. Employment and Economics

- a) Need private businesses owned by Indians on the reservation.
- b) Employment orientations that includes information on work ethics and drug/alcohol use related to work-life.
- c) Men need help with communication skills with white males in the job world (men with lots of personality and good attitudes appear withdrawn in job interviews or on the job with white bosses or peers).
- d) A work experience/apprentice program.
- c) Help men in prison get work experience in the prison, so they have something on there resume when they get out.
- d) A short term disability benefits tied to vocational-rehabilitation program.
- e) Local Job Corps style live-in training.
- f) Establish a state office or liaison in Lapwai to handle eligibility services for financial and medical assistance.
- g) We need a home/shelter or program for older teens that

can't stay at home any longer and need to live semi-independently.

2. Interpersonal Development

a) Wife abuse, the men's coalition needs to help men discourage each other from this. This includes a need for programs to address family relationships and managing anger[4]. Perhaps the court needs to mandate violence counseling for batterers [3]

b) More encouragement of Tribal men to get involved in cultural activities, such as dance, sweating, etc. the language.

c) Women and wives need to encourage men's self-esteem.

d) Families need to learn to share more than the children's problems; men's coalition needs to encourage family groups, family walking, talking, laughing and sharing positive thoughts.

e) A sexual offender's program [2].

f) A men's group for depression.

g) Find or create a volunteer service to help applicants fill out federal forms.

3. Intrapersonal Development

a) Self-esteem - they need to know they're important and find their place [4].

b) Stress management programs [3].

4. Intoxicants

a) See 1b above.

- b) We need to development alcohol/drug programs in area prisons.
- c) Special assistance to veterans with chemical dependency problems.
- d) Solving the problem of Indian men being disallowed to hunt after 3 DUIs.
- e) A local live-in alcohol treatment program.
- f) A live-in halfway house, for those coming back to the community from a treatment center.

5. General Education

- a) Offer high school juniors and seniors more experiential activities for vo-tech or academic college. This could give them a taste of college and get them over their fears of attending.

6. Medical Issues and Health Education

- a) Attend meeting to learn how to use commodity foods healthfully and other nutrition issues [2].
- b) Sexually transmitted disease prevention.
- c) Birth control education.
- d) Planning births.
- e) Offer more programs and educational opportunities for diabetics, safe sex & intoxicants, AIDS awareness [2] & more social workers.
- f) Money needs to be found for an expansion of dental services, especially for the elders, such as crowns, partials and dentures.

g) Organize a Lapwai-Lewiston shuttle for medical services.

Discussion

[Although the 10 questionnaires completed by IHS employees have not been transcribed, their responses have been incorporated in the results section; and they will be transcribed soon].

Table One
List of Agencies involved in Interviews

From Nez Perce Tribal Programs:

1. Nez Perce Administration Department, Administrative Manager
2. Nez Perce Tribal Employment Rights Office, Manager
3. USDA Food and Nutrition Services (Commodities), Acting Director
4. Maternal and Child Health/Family Planning, Nutrition/WIC, Director
5. Nez Perce Drug and Alcohol Program, Director
6. Adult Education Program, Director
7. Child Sexual Assault Project, Director
8. Community Health Services, Health Educator
9. Community Health Services, Social Work Director
10. Dental Services, Dental Assistant
(Indian Health Service employees also completed ten written questionnaires)

Bureau of Indian Affairs:

11. Acting Superintendent
12. Reservation Programs, Branch Chief
13. Social Services, Acting Branch Chief
14. Law Enforcement Services, Branch Chief
15. Land Services/Realty Branch, Acting Realty Officer
16. Education, Branch Chief

State of Idaho:

17. Mental Health and Adult Services, Region II, Program Manager
(and one written questionnaire by counselor)
18. Port of Hope, an Addiction Counselor and an Administrator for Region II
19. Financial and Medical Services of the Department of Health and Welfare, Welfare Eligibility Training Specialist
20. Family and Children's Services, Program Manager

Appendix One

Questions to the **Directors** of Service Programs for Assessing the Impact of Various Service Providers on the Needs of Native American men, 16 years or older, on the Nez Perce Reservation.

Statistical:

1). During the calendar Year of 1985 and 1990 what is an unduplicated headcount of men (16 and older males) you have served.

For comparison:

What is the number of adult women (16 and older females) served?

- A. # of men in 1985 =
- B. # of men in 1990 =
- C. # of women in 1985 =
- D. # of men in 1990 =

1A).

- A. # of male veterans in 1985 =
- B. # of men veterans in 1990 =
- C. # of female veterans in 1985 =
- D. # of female veterans in 1990 =

2) To the degree possible, what is the amount of \$ spent on men during this same time period?

For women?

If you have any particular programs that are targeted for a particular group please note them, for example, a maternity program, an employment program for teens, child welfare, etc.

3) What services did you offer men in both 1985 and 1990?

What services were available in 1990 that weren't in 1985?

What services were available in 1985 that weren't in 1990?

3A) What services did you offer men, that were not used, or were significantly under-utilized, in 1985?

What services did you offer men, that were not used, or were significantly under-utilized in 1990?

4) Based on each category identified in #3 above, why do you think men have used these services?

5) Based on each category identified in #3 above, why do you think men have not used this service?

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

Questions to **Employees** of Service Programs for Assessing the Impact of Various Service Providers on the Needs of Native American men, 16 years or older, on the Nez Perce Reservation.

Name:

Date:

Number of years with this service program:

1a) What services did your program offer men in 1990?

1b) Have any services, available to men, been added since 1985?

1c) Have any services, available to men, been deleted since 1985?

2a) What services did you offer men, that were not used, or were significantly under-utilized, in 1985?

2b) What services did you offer men, that were not used, or were significantly under-utilized in 1990?

3) Based on each category identified in #1a above, why do you think men have used these services?

4) Based on each category identified in #1a-c above, why do you think men have not used this service?

5) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

Appendix Two
Transcripts of Interviews

Administrative Manager
6/21/91

- 1) What does your office handle?
 - a) Plant & Land Maintenance for offices
 - b) Government filing
 - c) Financial & economic development projects
 - d) all personnel hiring; explains policies to supervisors

Mr. Penney has 15 years of work here. He has seen that women can move into job positions more easily. Most jobs for the Tribe are clerical and traditionally women fill these jobs.

About 10 years ago we began to assert our authority over our trust resources. Ten years ago the BIA handled all sales, e.g. with lumber and timber. Now Jamie Pinkham - handles reserve management of forests & Vincent Correo handles sales. Now we control the stewardship of these resources - we hire at least 25 men in this field now, whereas BIA used to do this.

Tribal member crews now do the forestry work. Tribe:

- a) Appraising the timber
- b) We started 3 Indian firms and 3-5 non-Indian (who also hire Indians on their crews)

Since Mr. Penney has been here the Council has dropped supervising the day-to-day work and now sticks to policy creation. Administrative offices have been centralized.

Also started the box plant - 15-25 employees at \$4-\$6 an hour for workers; going for 2 years. Tribe took over fisheries and it employs 30-40 men.

Water resources has 10 employees;
Central accounting has 10 employees; and
Health & Human Services - up to 60 employees (doesn't include IHS).

We have moved from 25 to 200 employees in the last 10 years.

Indian women have had an easier time getting into the job market due to being less threatening to employers than men. So many fathers have had to switch from being breadwinners to house husbands.

Twenty years ago the BIA took people (families) off reservation and trained them in vo-tech and expected them to get jobs there in the city. Mr. Penney did this and then started in electrical engineering at U of I but realized no jobs on the reservation for

this, so he got a BA in social service. However this kind of work did suit his personality, so he returned to UofI for the MBA.

PL 280 started economic development in the 60's and PL 96638 has also helped since then.

The Tribal Council ratified a constitution in 1961 (but the process started 10 years before that). NPTEC has 9 members, based on the original 9 basic bands.

Development pattern of the Tribal Council:

- 1) Initially it generally rubber stamped others ideas;
- 2) Then it functioned as a director;
- 3) Then later as a manager;
- 4) and now it has a Legislative/Governmental function.

In early 1980's it started enforcing its own laws, but Feds keep all charge of all felony acts; but the Feds didn't want to handle the "lesser" felonies; so the Tribe adopted its own law and order code and enforcement of misdemeanors.

Tribal men have had no place to work; either off the reservation or in mills. Seasonal work is now up to 6-8 months; in the past seasonal work was 1-2 months.

The relocation policy of the BIA was a failure (Indians didn't want to stay in cities.)

In 60's everyone knew the tribe as a corporation (profits returned to shareholders); now its moved its role to that of a government.

What direction does the Tribe need to move?

- A) To become a sovereign nation
- B) Continue and increase economic development functions
- C) Tribe needs to create vehicles for public and private sector funds to come here-get non-profit corps in for service
- D) Need to develop a private sector of business so there isn't competition between the Tribe's money and individual's businesses.

The BIA & IHS are "trust resource" agencies which have roles given by the treaties, which spells out responsibilities. As the Tribe grows it demands more services from BIA & IHS. Currently the Tribe has taken \$6.6 million loans recently (in the past \$50,000 biggest loan) and are paying them back on time.

There is \$10-20 million dollars of wealth on the Reservation; its a major player in the economics of the region.

Manager for TERO (Tribal Employment Resources Office) 7/9/91

What are the main activities of your office?

The main one is enforcement of Indian preference hiring. We don't enforce it in federal agencies and small Ma and Pa shops, but in all other businesses on reservation lands we do.

3) We administer all tribal training programs:

- 1) JTPA
- 2) Employment Assistance (adult vocational)
- 3) LCSC School of Technology has a tuition waiver for all Nez Perce enrolled in vocational studies (perpetual agreement).

We've lost 80% of our grant monies in the JTPA (& CIDA). These monies are based in congress and we had a large undercount in the last census survey.

We are also involved in a research project with Hanford on Iodine 131 intake.

She guesses that 1985 & 1990 numbers are similar and mostly are men. Estimates 90% men; 10% women. Our office is working very efficiently.

Some businesses started drug testing and in one, 80% Indian men failed and in another 1/3 refused to test and quit.

Ms. Powaukee showed the interviewer work records from one business that had 40 Indian workers; but only 3-4 had good work attendance records. We want credibility to enforce Indian preference, but if this happens, it hurts not only them but the Tribe.

The women are more interested in the training programs, most men are content with laborer positions.

These problems weren't happening as much in 1985; I think hard drugs are the main change.

We've improved the deliver of our programs between 1985 and 1990, but no new programs have been added.

Most of our job placements are seasonal, especially for men. The women with lower paying jobs are available all year, but the high paying jobs are for men and generally in are in summer.

Men and women (3 stable) for year round is the Kamiah mill - Weyerhauser = 25 men at Kamiah now but it used to be much more, Mainly drug and alcohol is the cause of firing, even when not directly stated in firing statement.

Blount has hired about 3 dozen Nez Perce; our TERO office has no

power off reservation, but we have good informal public relations there.

3a) What services did you offer men, that were not used, or were significantly under-utilized, in 1985? What services did you offer men, that were not used, or were significantly under-utilized in 1990?

The JPTA and vocational training are under-utilized by Indian men. Too many don't take this opportunity.

Many young men have parents that haven't finished high school and the parents don't encourage a good work ethic, "don't worry unless you have to". A few prefer to pull a GA check and not work. They are in the welfare cycle - its hard to break out of.

The duality question - how to be Indian and not be driven into white world?

There is a general confusion of values; Indian-ness, duality of cultures, drug and alcohol.

5) Based on each category identified in #3 above, why do you think men have not used this service?

A) Alot of men become dependent on our offices. They come for advice unrelated to work. Ask for legal advice, family counseling, "need to talk".

B) Men have had a harder time adapting - women are pressured to succeed because they have the children to take care of.

C) Many men say that in Seattle it doesn't matter about skin or hair lengths, but in Lewiston they stare at you.

D) Drug use - some comes from beginning recreational use and then it becomes used to avoid the pain of problems, a "pain killer". Some men aren't daily drinkers, but abuse occasionally (weekends) but then misses a few days work. About 70% are effected by either some use to daily use.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

A) A component on drug/alcohol counseling. We want to work with the Alcohol program and are asking NPTEC to mandate all people coming through our offices to have "employment orientation" that includes information on work ethics and drug/alcohol. Self-esteem issues will also be covered in this.

B) Men need help with communication skills with white males in the job world. I see men with lots of personality and good attitudes be withdrawn in job interviews; then later in work

force be withdrawn or hostile. If they have a white supervisor, he's automatically the enemy. An Indian will quit a job without ever telling employer the problems that led to quitting.

C) Self-esteem - they need to know they're important and find their place. Suicide epidemic was all men and also many threats (all men). Lots of joking and clowning but inside hurting. Another example of not being able to communicate.

D) Another main area of need is wife abuse. We need to address this. I hope the men's coalition will work on this. If a man beats up his wife, he usually doesn't get any negative input from his peers. His buddies need to tell him that it's wrong. A lot of our clients that have work attendance problems also are involved in family violence - probably an alcohol linkage.

Acting Director of Commodities
22 July 1991

1). During the calendar Year of 1985 and 1990 what is an unduplicated headcount of men (16 and older males) you have served.

For comparison:

What is the number of adult women (16 and older females) served?

The data provided is for the highest month in 1985 and 1990. It is based on the # of men's names on the forms versus the # of women's, "head of household".

- A. # of men in 1985 = 275
- B. # of men in 1990 = 295
- C. # of women in 1985 = 480
- D. # of women in 1990 = 472

The total of any sex served was 7612 in 1985; 7489 in 1990.

2) To the degree possible, what is the amount of \$ spent on men during this same time period? For women?

\$40.00 per food package (it may be less, if the party did not take the entire package).

If you have any particular programs that are targeted for a particular group please note them, for example, a maternity program, an employment program for teens, child welfare, etc.

NONE.

3) What services did you offer men in both 1985 and 1990?

Provided commodity food packages and food demonstrations for client's. Requests for demonstrations come from organization and programs that use commodity foods. For example, we show Headstart and Community Health Representatives, at workshops how to use the commodity foods properly.

Food packages offered in 1985 and 1990 were similar; in 1990 there were more fruits and vegetables and rice; and less fats.

To receive foods you must live in reservation boundaries and it is based on income. If you are on foodstamps, you are not allowed commodities.

5) Based on each category identified in #3 above, why do you think men have not used this service?

They may not know its available. They may be too proud.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

Get men to the demonstrations to show them how to prepare and store commodities. Men, and others, would like more rice and macaroni in the packages and also oil/fat. The package is supposed to last a family a month, and it usually does. People seldom complain, so we seem to be meeting families' needs.

Many men that do come are seniors or disabled or the wife is working. We serve Kamiah, Orofino, Winchester, the whole Reservation.

Director of Maternal and Child Health 7/23/91

Service offered:

- a) MCH--children 0-6 years old, pregnant and post-partum care, prenatal tracking, tracking high risk children, and immunization.
- b) Community Education--family planning, self esteem, etc.
- c) Outreach Services--minor medical assistance
- d) WIC and Nutrition. WIC is especially for women, infants and children's nutritional needs. The other nutrition program can help any person coming through IHS with nutritional assistance, such as the elderly or diabetic.
- e) Family Planning through the Health Department. Currently working on a survey to establish what kinds of needs are present.
- f) Grant through the Office of Substance Abuse Prevention, PPWI program. This office responsible for direct services. It is aimed at women that are high risk and it will offer more counseling services.
- g) HIV and AIDS Community Education--its a small grant, and open to everyone.

- 3) What services did you offer men in both 1985 and 1990?
 What services were available in 1990 that weren't in 1985?
 What services were available in 1985 that weren't in 1990?

Many of the services that men use through these programs are not recorded, so statistics are not available. One program that has been added since 1985 is greater availability to men of condoms and foam. Services available for men, which are the same as in 1985 are:

- a) Bringing in children for immunization
- b) Bringing in their children for well child clinic
- c) Participate in WIC
- d) Community education reaches teenage young men
- e) Family planning has been available, but is poorly utilized by both men and women.

3A) What services did you offer men, that were not used, or were significantly under-utilized, in 1985? What services did you offer men, that were not used, or were significantly under-utilized in 1990?

Men didn't use many of these services because they are directed toward women. These health activities aren't macho enough. It could also be that we are an all-woman staff, so men might not be comfortable bringing up some of their issues here.

Men will come in if they are in crisis. For example, when the HIV scare started, a group of 5-6 men came here together to get condoms. Sometimes men come in if a relative is worried about them and drags them in.

4) Based on each category identified in #3 above, why do you think men have used these services?

Usually because they had to. If they didn't help, it might be hard on their children to get in here. Some Moms are working or unavailable.

Women also bring them in for coaching during prenatal classes.

5) Based on each category identified in #3 above, why do you think men have not used this service?

[See 3A above]

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

The number one need is family planning services. The survey we are giving may reveal that we need a specific location and evening hours that specifically slot a "mens" night and womens night separately.

Other programs needed are:

- a) Family relationships
- b) Managing anger
- c) Men's Health (from puberty on)
- d) STD Prevention
- e) Birth Control Methods
- f) Planning Births

The Office of Substance Abuse Prevention (OSAP) will be starting a men's support group through teaching traditional crafts and getting seniors involved in teaching the culture. Also to teach managing anger and preventing domestic violence.

Director of Nez Perce Drug and Alcohol Program
6/21/91

Most of our clients are referred by the legal system. DUI assessments - then recommend treatment.

Clients are taken to centers in Orofino, Coeur d'Alene, Seattle, or Port of Hope (in Lewiston or Ahsaka).

Face-to-face counseling is possible in the office in Kamiah - short staffed now due to difficulty finding a qualified person. One on one counseling is also available in Lapwai office, as is crisis counselling. He hopes they will be able to do more family counseling.

There is also an after-care program which includes group and individual counseling (coping skills, 12-step program).

There are supportive services, such as transportation to meetings or to school etc.

We have an outreach counsellor.

We are willing to meet in any private place if person is concerned with confidentiality.

They support Prison work (go to jail, take persons to hospital, home, visits) at Orofino and would like to develop more in Orofino, Cottonwood and even Boise. Wants to get other Indian communities involved so they have support to go back to.

More Nez Perce at Cottonwood so need to develop a program. Will need more staff to develop the prison support activities.

We are having a couple problems due to being short staffed. We need to build up the trust of the community and educate the staff and community to the law of confidentiality.

There is another serious men's issues with drinking and driving. After a certain number of DUI's its a felony. Once you are a felon you can not carry a gun. It takes away an Indian man's way of life if he can't hunt.

I'm a Vietnam Vet and I know there are a lot of issues for these men - PTSD - (post traumatic stress disorder) and I know there are men here with this problem.

Three main issues that Mr. Alfrey sees need to be addressed:

- 1) Work in the prisons
- 2) Assistance to Vets
- 3) DUI x 3 = felony = no gun = no hunting

4) Working better with job related referrals - another need is to train supervisors about how to recognize drug and alcohol problems at work, how to talk to employees and how to get them to refer to treatment.

Based on each category identified in #3 above, why do you think men have not used this service?

- a) Can't come; afraid to lose job
- b) Confidentiality (lack of trust)
- c) Support is lacking from community - if family drinking, the family won't support someone to stop.

We need to start some dinners or recognition for those that are sober. We need a commitment from the community to support sobriety. One example is to make an Indian flag for this office w/community help.

Director of Adult Education Programs
7/9/91

Programs offered:

- A) Adult Education; a GED program
- B) Library
 - a) video tape elders
 - b) accumulate materials that scholars or tribal members need to know
- C) Contributes to:
Nez Perce Tribal Resource Center
- D) Building a huge map with river crossings, village sites, and Indian names with help from Al Slickpoo. Sees that future generations will need this.

Mrs. Guzman currently has 68 students. She will let Gordie High Eagle know her 1985 and 1990 statistics on the males and females using her GED program.

5) Based on each category identified in #3 above, why do you think men have not used this service?

Some say, "I don't know why I need a GED if no jobs are available on the reservation." The BIA hires within themselves and so does the IHS. So only the Tribe is left and its mostly seasonal and you don't need a GED to work the seasonal jobs.

If you don't want to go off reservation, the GED isn't much good. It doesn't help most men get any more work.

Some sign-up because it takes the monotony out of their free time. There is no chance at any upward mobility on the Reservation. Most of the men signed up for GED didn't want to go off reservation. The young men have no cars, so they can't get job off the reservation.

6) What services would you like to offer men, that you do not have the resources to offer? What needs to change?

Some dropout in 7th, 8th, or 10th grade. Something happened in the school system that really turned them off. Their esteem is low and they see little hope and their feeling of being Indian is bad. Many no longer have dreams of getting a home or nice car or clothes.

The education part is a small part. They need to regain their

self-esteem first. The damage (from school failure) needs to be helped. Then they'll want to climb and get an education.

Suggestion to solve this? (long, thoughtful pause)

Like at an AA meetings, Indians don't like to touch - they are territory conscious. The AA meeting says hold hands. They need meetings and programs to build self-esteem that are in an Indian style. Recruit members of the community that have skills to teach them.

Be very positive to them. But don't give fantasies that such and such can happen. Be real. Tell them "possibly" things will get a little better.

There is no place for men to learn skills around here, that will be useful to them.

They must have their helpmates (wives) support their progress. Many women have become independent because they run the family and pay the bills so they tell the men to go off and do their own thing. The women need to help their men regain self esteem.

Men's coalition needs to have family groups and family walking, talking, laughing, sharing together- not independent and separate. Too much sharing is about negative problems concerning the children and are not positive discussions. Its all, "they need this, and they need that."

Director of Child Protection
Interview on 21 June 1991

She supervises: 1) the Shelter Home and the 2) Victim Advocate Program.

3. Services that are available to men:

They are able to: a) shelter homeless men; b) help men negotiate the court systems, such as, helping with paperwork on custody issues and other child related issues; c) can help single fathers with emergency food and rent and with money to help with energy issues.

5. Why don't some men who need your services use them?

Some men roam, and don't use the shelter. Some may not know its available, others might be embarrassed to ask for help.

No shelter was available in 1985; will send the 1990 headcount, broken down by gender, to Gordie High Eagle. There is a positive trend here, as none of the above listed services (in section 3) were available in 1985.

6. What services would you like to offer men, that don't have the resources for now.

There are lot of men who batter others here on the Reservation. We work with the women who are battered. We need the court to mandate some kind of counseling for violence reduction.

Often the women initially get a restraining order, but later get the charges dropped. Possibly IHS started something to help domestic violence, but it was voluntary, and so no one attended. If they are charged, they should be forced to go. I hope the Men's coalition can work on this problem; find out who the batterers are and tell them, "This is not our way, we can get you help so you will stop."

Health Education Specialist
7/11/91

3) What services did you offer men in both 1985 and 1990?

Community Health-- this is my office's main focus. I am also involved in some administrative work, since we are short of staff; I coordinate some programs, such as disease prevention, AIDS, diabetes, Health Promotion/Disease Prevention (HP/DP).

Since 1985 we have offered more AIDS education; we also are able to make condoms more publicly available. Machines were placed in 1985, but they were seldom used. Now we give them away free, right from employees desks.

We sometimes are involved with the Tribal Court through helping the elderly or our social work programs.

We also are involved in teamwork approaches in Drug and Alcohol problems; like Just Say No and DARE. We cooperate with the police, county, schools, etc. We had a Just Say No campaign during our largest Pow Wow this summer and alcohol awareness week during the Pow Wow, and this year we hardly saw anyone staggering around. In past years one would see beer cans and bottles all over the Pow Wows, but not for the last few years. The education is having an effect.

3+) Have any programs been dropped since 1985?

Environmental health education has decreased as we lost the person that dealt with this; I've picked up some of the work in this area. In 1985 I worked with three reservations. Since then Coeur d'Alene's went "638", and get there own money directly to run their medical services. I used to give workshops there, but I guess they don't need me anymore. Started working for the Spokane Tribe in 88-90, but this year they've changed their system and haven't asked for my help.

3A) What services did you offer men, that were not used, or were significantly under-utilized, in 1985? What services did you offer men, that were not used, or were significantly under-utilized in 1990?

At one time we had a social worker that wasn't too well received, so men used to come talk to me, but now we have 2 social workers that get many men talking to them, so less come to me.

We used to work with the Senior Citizens program more, but now they don;t have a director over there. In the past when they had a director we would participate in their programs.

When we had a diabetes program, we knew we had 200 diabetics, but only 10-12 would show up for meetings. Maybe they thought they already knew the information we intended to offer, or the timing of the meetings were not convenient for them to come. Diabetes is a tough problem.

Since Men's Coalition started, we've had more bridges to get men involved. In the past we met at sports or sweathouse, but it was brief. Now, though, men can talk about anything and we have more time and can be frank and open.

There have been some improvements for men with diabetes. There has been a loosening of fear, or of social blocks. There has been more exposure to health issues. People are willing to talk about diabetes now at least, and nurse practitioners can go to peoples home and help them.

These changes in awareness are also happening with AIDS, STDs, Alcohol education, hypertension, and heart attacks. We combat these thru nutrition programs and through informing people through advertising.

Issues around smoking and cancer are more out in the open due to the National controversy over them. Making designated smoking areas in waiting rooms, and then non-smoking buildings has had an impact on people's awareness; e.g., IHS and Vets buildings are non-smoking buildings. We are also working with the Center for Disease Control to track cancer rates.

4) Based on each category identified in #3 above, why do you think men have used these services?

The ones that do become educated concerning health matters usually have the disease themselves, or a family member does and they can help them better that way. Another reason is when a doctor tells the patient that they will die if they don't stop some particular unhealthy practice.

5) Based on each category identified in #3 above, why do you think men have not used this service?

They aren't afflicted with a medical problem, or their family members aren't. If they are practicing the activities that led to the disease, they are too busy to pay attention to educational services.

There has been a trend toward decreased usage of smokeless tobacco--this is mainly due to the impact of TV ads against its use.

6) If you had more resources, what services would you like to offer men? List priorities.

We would like to offer more of the programs already in place. When only 10 or 15 of the 200 diabetics show for information, we know we need to reach more of them.

Sex without condoms is generally related to intoxication, and when they sober-up they realize they were playing with fire. We would like to educate them before that happens.

We could use one or two more social workers, because they are so busy. Kamiah would say they definitely need a social worker. But it is good for our social workers to see the whole reservation.

I'd like to see our men get involved in nutrition education--too many of our men don't eat right. Exercise is good, but without nutrition its like a car only getting a partial tune-up. They don't realize what they eat will clog up their arteries. Most people don't know the good versus bad cholesterol or the four food groups.

Too much fast food and even traditional foods need balance; be sure to eat fresh fruit in season. Your fork can dig your own grave.

We used to eat a lot more fish her, but now we eat more fast food and microwave. This is a trend that has gotten worse over the years, especially because damming the rivers has cut back on the fish.

In the 1930s we had no diabetes and now we have the highest rate of it of any Tribe in the Northwest. Loss and lack of traditional foods is a problem, as many had little cholesterol. But now we eat greasy hamburgers, fries and pies.

The latest controversy in nutrition is that many advertisers have been misleading in implying there foods are fat free or low in fat, but actually they aren't.

I'd like more men to practice our cultural ways -- not only to sweat more, but get involved in dance more. Its good exercise and also ties in with the language and who we are as Indians. Even if not to dance, it would still be good to learn more about it.

Chief of Social Work Services, IHS
7/25/91

1) He will attempt a 1990 headcount of men versus women served and send it to Gordie High Eagle.

3) What services did you offer men in both 1985 and 1990?

Any kind of counseling needed, including personal and family counseling. For young men there is a specific grant for drug and alcohol problems if they are 24 or younger; it will cover evaluations, inpatient care and after care. They are aiming to work collaboratively with Tom Alfrey and the Alcohol Program. We also work with Juvenile Court Counseling and the Tribal prosecutor with juvenile young men to informally resolve cases.

With also work with family violence issues, included the Child Protection Team; both the court team and the CPT oversight committee with is involved in policy and program issues.

5) Based on each category identified in #3 above, why do you think men have not used this service?

The biggest issue is that seeking counseling is perceived as not masculine. We will be glad to work with the Men's coalition on any of these issues. Other factors may be:

- a) a high tolerance for both physical and psychological pain
- b) denial of dependency, and
- c) denial of needs. Some men are very demanding because many of their needs are unmet. Some thus become very demanding and controlling of women. They have difficulty feeling/being successful in relationships. Of course, you should remember that this office doesn't see the typical male, but rather the ones with more troubles.

There is the expectation that entry to manhood shows one should be able to tolerate pain.

Its also possible that many men do have their needs met through networking with others--such as the sweathouse or their family, or elders advice. I won't see these men very often in the clinic, because they are resolving their problems and needs.

Some men, and families, feel mistreated by the IHS; they don't trust it. "I won't go see those horse doctors".

May not want to see a non-Indian counselor.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

The men's coalition is the best, the ideal, way to work on men's problems. People have to learn to ask for what they need, and the men's group is doing this.

Dental Assistant
11 July 1991

3) What services did you offer men in both 1985 and 1990?

We do fillings, extractions and exams. We have no money to do root canals, crowns, or dentures.

4) Based on each category identified in #3 above, why do you think men have used these services? 5) Based on each category identified in #3 above, why do you think men have not used this service?

Men don't come in for exams as often as they should. Like anyone, they are scared of Dentists and needles or have had a bad experience in the past.

We are now starting with the children; by showing them we can give the shots with little pain. We show them the gloves and mirrors and lights and they cooperate...until they see the needle.

Usually men wait until they have bad pain to come in and then we can only extract it--if they'd come in earlier we could have saved it.

We've been thinking about how can get them in--we've been thinking of talking to the men that do come in, to get them to spread the word.

Its not macho to come to the Dentist. They are tough men out there, but they are big babies in the dental chair.

The older people really need dentures and we have none for them.!!! Many older people don't come in to the Dentist because they think we don't have enough fund to help them.

We used to have money for partials, crowns, and dentures, but I think it was back in 1980.

Acting Superintendent (Administrative Officer in charge of
Property & Supplies, and Budget)
6/19/91

What trends have you notice between 1985-90?

Additional funding has improved social services.

She is impressed by the men's coalition, Its "good to see them",
they have made a difference over the last year.

She can't think of any programs that are needed by men through
the BIA.

Programs Officer
6/19/91

Oversees programs for 3 tribes. Contracts go out from here and they hire the workers. The office works with about 7 basic contracts for the tribe:

- 1) Forestry
- 2) Tribal Court
- 3) Employment Assistance
- 4) Soil Fertility
- 5) Children's Shelter
- 6) Fisheries Management
- 7) Wildlife

Water and resource not regular yet. A total of 13 programs, but some of those run 1-2 years.

There are about 2750 enrolled tribal members; this office keeps track of enrollment, certify % of blood. A lobbyist works for the tribe and lets tribe know when \$ is available for programs and then tribe decides whether to apply. Tribe can lobby and ask for programs. Over 50% \$ go to tribe, but some \$ for operating expense in this office.

What programs do we need?

- 1) A work experience program. Work as apprentice until knows the job. Pay a stipend to work alongside regular workers and then put into a real job and send to school to study. Did this in Los Angeles and it was successful.
- 2) Prisons - go to prisons to tell about the job program and then help with job skills. Keep them in program awhile, they then will have experience to apply for a job outside of prison and will have immediate an background on resume.
- 3) Live-in alcoholism treatment program.

Social Service Representative
& Acting Director
6/19/91

1). During the calendar Year of 1985 and 1990 what is an unduplicated headcount of men (16 and older males) you have served.

For comparison:

What is the number of adult women (16 and older females) served?

	G.A	Burial	Service Only
Men in 1985	294	1	22
Men in 1990	203	3	48
Women in 1985	222	0	22
Women in 1990	161	7	46

2). Funds expended in 1985

	Men	Women
Unemployable	\$ 12,981	15,216
Employable	197,438	130,164
Tribal Work Experience Program	4,919	1,040
Pending Public Asst.	5,896	12,430
totals	221,234	158,850

Funds expended in 1990 total \$540,833, but we have no gender statistics.

3) Available services:

a) General assistance provided to families that are intact through BIA

b) Child welfare assistance (special needs)

AFDC - through State of Idaho; applies 1st, before general assistance

If wife is absent, men can apply for:

1) AFDC (state funds in Lewiston or Kamiah)

2) General assistance - any man may apply (single or married with or without children)

3) Child welfare - man can apply for his children

Services - nursing home & IIM (Indian Individual Monies)

crop or inherited \$ or when kids turn 18 can apply for trust \$ through this office.

Many of the men that came in are Vets. (Could pull from computer if needed.)

3) What services were available in 1990 that weren't in 1985?

Could give G.A. to students, which is new for 1990 (50% were males 2/4). Must have G.A. for 3 mos. before starting school

TWEP was dropped in about 1985.

3A) What services did you offer men, that were not used, or were significantly under-utilized, in 1985?

What services did you offer men, that were not used, or were significantly under-utilized in 1990?

Some men are reluctant to apply. I know some wait 5-6 mos. with no job - and only use G.A. as a last resort & this is good.

4) Based on each category identified in #3 above, why do you think men have used these services?

They have looked for work and couldn't find any.

Some don't seem to want to work. We make them go to job service & TERO.

We refer to Tero for training and to the GED program if needed.

5) Based on each category identified in #3 above, why do you think men have not used this service?

Some people drink and get G.A.; so others don't want to be associated with it; so they don't come in.

Service only clients, who are mostly in nursing homes, (in Lewiston, Grangeville, Orofino), and some elderly; we work to be sure they have medications & warmth.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

Not from my program. In general, the men need a half-way house - when coming back from treatment program, especially when they are a single person. We also need a group home for teenagers that have no place to stay out in the country.

Supervisor, Criminal Investigator
7/9/91

Our work is to enforce federal code and tribal laws, ordinances and regulations. We perform criminal investigations; murders, rapes, robberies ("felonies") and basically all laws in federal code that apply here. We also have police operations; which handles misdemeanors & civil disturbance.

We estimate about that the persons requiring our services are 90% male and 10% female. The guess is that 1985 was quite similar to 1990.

Other services offered include:

- 1) assistance for vehicle breakdown
- 2) first aid
- 3) calls to break up fights and domestic violence

For domestic violence, we make an arrest and hand off to another organization, like IHS for counseling.

What are the main problems that you see men having?

- A) Alcohol & drug related domestic incidences (fights).
- B) disorderly conduct & drunk in public (if passed out, we generally, take home, of not causing a problem.) If this is a repeat situation, we may arrest so they get a court order for rehabilitation.

Also will do something similar with juveniles in trouble; to get them forced into counseling and rehab.

Other main issues we deal with are theft and wildlife and fishing infractions.

60% of the misdemeanors that we handle are domestic violence.

What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

Alcohol rehabilitation is needed but our program here on the Reservation is pretty good. They have to want to go, and many don't.

Stress management is needed for our employees and would probably help most men on the reservation too.

We have 10 full time patrollers and 3 criminal investigators. Something that the men need here is AIDS awareness training. AIDS could have a far reaching affect on the reservation - we should prevent it now.

Acting Realty Officer
6/19/91

Activities of this office that impact men:

- 1) Land sales for tribes and individuals
- 2) Leasing land
- 3) Probates - depending on heirs
workload has gone up in last 5 years due to fraction.

Services that can help men:

- 1) Can help men with making wills if they have trust property.
- 2) Help them sell or lease their own land.

Any reasons that services are not used?

Men seem free to call or write or drop by. Some individuals may not know they have trust property.

4) Why do men use these services:

1. To receive sales and lease income.
2. To sort out their wills because they may have several sets of children

5) Men have no problem using these services.

6) If we had more personnel to do what we are already doing.

Ms. Penney state that she thinks they serve about equal numbers of men and women.

Supervisor-Education Specialist
6/21/91

3) What services did you offer men in both 1985 and 1990?

She works in Special Education & Chapter One programs in Tribal Schools in this region. Also works with the Higher Education Scholarship Program, which is for Nez Perces only. It is a supplement to other college funding. We review FAF and try fulfill unmet need. She believes that they serve approximately equal numbers of males and females.

4) Based on each category identified in #3 above, why do you think men have used these services?

a) They have a desire for education
b) They have received encouragement to do so
c) Drug and alcohol programs have helped men be more aware of their education needs. Also high school students are more aware of the importance of education.

5) Based on each category identified in #3 above, why do you think men have not used this service? Why haven't more men pursued a higher education?

a) Lack of \$ - general poverty prevents access to higher ed
b) Alcohol & drugs
c) Family (babies) starts early and makes school more difficult

There is no social stigma attached to applying for \$; tribal members administer the program. If the program were moved to Portland office would be less personal.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

a) Offer high school juniors or seniors more experiential activities for either vo-tech or college academics. In some high schools juniors and seniors can take courses in community college while in high school. This gets them over fears of college and gives a them a taste of college life. Something similar could be done with here too.

Program Manager, Mental Health and Adult Services, State of Idaho, Region II

25 July 1991

1). During the calendar Year of 1985 and 1990 what is an unduplicated headcount of men (16 and older males) you have served.

For comparison:

What is the number of adult women (16 and older females) served?

- A. # of men in 1985 =
- B. # of men in 1990 = A total of 7 Native Americans in 1990; data
- C. # of women in 1985 = retrieval doesn't indicate gender. No
- D. # of men in 1990 = 1985 data.

1A).

- A. # of male veterans in 1985 =
- B. # of men veterans in 1990 = Can't access these data.
- C. # of female veterans in 1985 =
- D. # of female veterans in 1990 =

2) To the degree possible, what is the amount of \$ spent on men during this same time period?

Can't access these data.

If you have any particular programs that are targeted for a particular group please note them, for example, a maternity program, an employment program for teens, child welfare, etc.

- 1) Women's Group (for depression and other issues)
- 2) Monthly group meeting for chronically mentally ill clients who are employed
- 3) Psychosocial Clubhouse Model for CMI--daily
- 4) Evening Socials--twice monthly for CMI (chronically mentally ill)

3) What services did you offer men in both 1985 and 1990?

- 1) Individual short term crisis intervention/therapy.
- 2) Psychosocial clubhouse (labeled as "day treatment" in 1985)

The same services were available in 1985 as 1990.

We offer remediative and rehabilitative services. Most of

our clients come through referral by an agency, law enforcement, family, and a few are self referral. Primarily we do up to 120 days for short term therapy. We have field offices in Moscow, Kamiah, Orofino, Grangeville, and Lewiston.

Services are in two primary areas: Adult Services and Mental Health. Adult services are generally protective services for vulnerable adults; there is a special emphasis on those 60 and older. Most of our mental health work is aimed at people with diagnoses of schizophrenia, bipolar illness, and atypical psychosis. For those who don't join "Club", we still offer case management, aimed at tracking people's needs, to avoid crisis and hospitalization.

We did get involved in the first Native American Homemakers services. We worked closely with Donna Powaukee with the Tribe; the area office on aging also provided funds. The main services are light house keeping and transportation. Due to personnel problems, the program didn't work too well the first year.

3A) What services did you offer men, that were not used, or were significantly under-utilized, in 1985?

What services did you offer men, that were not used, or were significantly under-utilized in 1990?

None. With regard to Indian males, all our services were "underutilized", as we have historically had an insignificant number of Indians involved with Mental Health Services.

4) Based on each category identified in #3 above, why do you think men have used these services?

In 1985 we were offering sexual offender treatment. This treatment was by Court Order. Therefore, men attending were obligated to attend per the Court's Order.

5) Based on each category identified in #3 above, why do you think men have not used this service?

- 1) Cultural issues, we have no Native American's on staff, other than in the homemaker program.
- 2) The stigma of coming to mental health offices.
- 3) A preference for on Reservation services; through the Tribe.
- 4) Men don't use the sexual offender program because its no longer court ordered here.
- 1) Cultural issues, we have no Native American's on staff, other than in the homemaker program.
- 2) The stigma of coming to mental health offices.
- 3) A preference for on Reservation services; through the Tribe.
- 4) Men don't use the sexual offender program because its no longer court ordered here.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

- 1) Men's group for anger management.
- 2) A sexual offenders program.
- 3) Men's group for depression.

Questionnaire responses by a counselor, State Mental Health and Adult Services

24 July 1991

Number of years with this service program: 15

1a) What services did your program offer men in 1990?

Emergency and crisis intervention
Short-term outpatient counseling (up to 120 days)
For chronically mentally ill clients case management services as well as participation in the confluence club activities.
Referral for medications through on-contract psychiatrist

1b) Have any services, available to men, been added since 1985?

No. The services mentioned above have always been available. Modifications and change in delivery of services have occurred to basic programs

1c) Have any services, available to men, been deleted since 1985?

Yes. Long term outpatient counseling services have been deleted from the entire center, other than for the chronically mentally ill.

2a) What services did you offer men, that were not used, or were significantly under-utilized, in 1985?

Outpatient counseling services.

2b) What services did you offer men, that were not used, or were significantly under-utilized in 1990?

Outpatient short-term counseling services. Historically men have been hesitant or reluctant to seek mental health counseling. This is partly due to the idea of one must be 'crazy' to go to such a place.

3) Based on each category identified in #1a above, why do you think men have used these services?

The most utilized service has been emergency services. However, with men alcohol is often a factor which limits mental health's involvement. Limited follow-up occurs. In regards to the chronically mentally ill males have been involved in the various aspects of that service. Those involved tend to be more consistent.

4) Based on each category identified in #1a-c above, why do you think men have not used this service?

The stigma attached to mental health and what it implies.

The idea of coming to this setting, i.e., mental health office, state office building. Possibly would be more successful for getting males in counseling service if they were provided in a less threatening atmosphere.

5) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

1. Anger management
2. Stress management
3. Social skills
4. Relationship issues to include marital counseling
5. Adult survivors groups.

Addiction Counselor and Administrator for Region II, Port of Hope

There are one full time and one part time counselor at Ahsaka; in Lewiston there is 1 1/2 FTE Adult counselors and 1/2 FTE adolescent counselor. Clients who make the most progressive recovery are ones that take a spiritual approach.

3) What services did you offer men in both 1985 and 1990?

Primarily substance abuse recovery programs:

- a) individual counseling
- b) group counseling
- c) prevention; "Kids who care" program
- d) In conjunction with Potlatch, they are receiving referrals before the client is fully dysfunctional. This helps keep the client in the normal setting during recovery.

We treat everyone the same. It doesn't matter if they Chinese, Mexican, Indian, or Negro.

4) Based on each category identified in #3 above, why do you think men have used these services?

90% are referrals from the court; traffic violations, DWI; the other 10% are through word-of-mouth or self referrals. Often the court referrals are on probation and we do evaluations and counseling.

A licensed evaluator assesses the person on their first DUI; and makes a recommendation to the judge. On any later DUIs, they are evaluated here (Port of Hope). The evaluation includes what the person's needs are, including whether they need outpatient or inpatient services. Port of Hope provides a once monthly progress report to the court system; whether that's Nez Perce County, other Counties, or Tribal Court.

Very few Indian men, or women, use Port of Hope services. The few that Jean McCormick has seen were self-referrals. Many self referrals in a good situation because they are self-motivated; but many drop-out because they aren't forced to finish the programs.

There is one Indian man in treatment now, and he comes regularly and on-time.

Many Indians can get lost in the system, and can get out the counseling or group work.

Transportation counseling is often cited as a problem; but it's just an excuse--if you want to drink you could get a ride. The Indian currently coming to group counseling doesn't have a car and he always finds a way.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

- A) A men's only group, to meet twice a week.
- B) A program on how to develop men's roles; nearly everyone that abuses intoxicants has self-esteem problems, and this might help.
- C) We need 2 full time counselors for adults and one full time for adolescents.

Payment for services is on a graduated scale; based on what you can pay. Port of Hope also takes insurance; and no one is turned away.

Welfare Eligibility Training Specialist, Financial and Medical Services of the Department of Health and Welfare 7/24/91

1). During the calendar Year of 1985 and 1990 what is an unduplicated headcount of men (16 and older males) you have served.

For comparison:

What is the number of adult women (16 and older females) served?

The following statistics are for Native American males October 1990:

County	AABD	AFDC	FS
Nez Perce	0	34	88
Clearwater	0	5	7
Idaho	2	4	18
Lewis	1	3	7
Latah	0	3	8

3) What services did you offer men in both 1985 and 1990?

AABD = Aged, Blind, or Disabled

AFDC = Aid to Families with Dependent Children

FS = Food Stamps

Medicaid services are also available, but statistics aren't available. Most AABD persons receive benefits through Medicaid, which is why the numbers are so low in the AABD column.

AABD is money paid directly to the person. There are approximately 42 ways to qualify for Medicaid; about 30 ways are for the elderly or permanently disabled. The other 12 ways are mainly for children or pregnancy related.

There is no assistance available for men under 65, unless they have at least a temporary disability and children in the household; and then assistance duration is less than one year. If a person is indigent, there is temporary medical assistance, however, that is run by the County Welfare Office. (A program called AFDC for Unemployed Parents started in 1991 which provides financial and medical assistance to families with an unemployed head of household.)

What services were available in 1990 that weren't in 1985?

There has been one new program for disabled seniors over age 65. It will help people that are very close to poverty level, but have enough resources not to qualify for Medicaid. It will pay the Medicare premium, deductible, and co-insurance payment. All other new programs are for children or pregnancy.

They are expanding Medicaid Dental Services; hopefully this will help Indian seniors with needed dental work.

4) Why do men use your services?

- a) Hunger
- b) Disability
- c) Unemployment, poverty

BIA and Tribal Agencies are forcing their applicants to apply here first. If they don't qualify for services here, due to non-cooperation, the BIA and Tribal agencies are sending them back here.

5) Based on each category identified in #3 above, why do you think men have not used this service?

For some Native Americans there is a sense of resentment to have to come to Lewiston offices; there is an expectation that all these social services should be available in Lapwai. The employees here also think that it would be helpful to have a liaison in Lapwai to provide supportive services to Native Americans applying for state programs.

Other factors include:

- a) Significant transportation problems.
- b) Many adult males applying for assistance are illiterate and can't fill out the forms.
- c) "Indian time" is a problem; coming late for appointments.
- d) The forms are overwhelming, and this isn't just due to illiteracy. The 27 pages of forms are discouraging, and seem even more so to Native Americans.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

A) We need short term disability benefits and allow them to run in conjunction with vocational-rehabilitation programs (a work training component).

B) Job Corp style live-in training; this would be a good type of program for adult men too.

C) Instead of simple GA (general assistance), develop a work-to-trade-for-benefits program./

D) Contract with the Tribe for space to have a liaison, a Lapwai office, for State Health and Welfare.

E) Organize a Lapwai-Lewiston shuttle for medical services.

F) Find or create a volunteer service organization that will help people through all their forms. It shouldn't be an outsider to the Native American community, but rather, a respected member of the community.

Program Manager for Family and Children's Services 7/24/91

1). During the calendar Year of 1985 and 1990 what is an unduplicated headcount of men (16 and older males) you have served.

For comparison:

What is the number of adult women (16 and older females) served?

There accounting system did not distinguish by ethnicity, so the following are total males and females. Ms. Francis estimated that Native Americans comprise %10 of each category

B. # of men in 1990 = over 18 years old = 108

D. # of women in 1990 = over 18 years old = 202

of men in 1990 = 16-18 years old = 69

of women in 1990 = 16-18 years old = 24

Data on veterans were not available; 1985 data were not available. The reason there were more 16-18 year old males than females was because they handle juvenile justice issues, and more males have trouble with the court than females.

3) What services did you offer men in both 1985 and 1990?

A) Juvenile Justice

The responsibility for juvenile justice is split between the county and the state; in this county, it is all contracted with the state.

Our staff meets with the prosecutor of all juvenile criminal cases. We assess the youth's life. We make recommendations to the court. The Juvenile Act is focussed on rehabilitation, so that is why our social agency is so involved.

We design a treatment plan. We have in-house mental health services for individuals or families.

Our mental health services are based on a sliding scale fee and we take insurance. We do make referrals to the private sector if the family so desires and can afford it.

Although we are a child based agency, we take a systems approach and look at the family. WE have the legal responsibility as the social agency in Child Protection Services.

Only the court can remove a child from a home; although we make recommendations to the court and provide services to help a family.

In emergencies police officers accompany the social worker, but the office is the one to decide if there is imminent danger.

If the officer removes the child, the judge must review the situation within 48 hours. Most CPS complaints are on younger

children; very few are for 16 year olds.

There is no such legal status as "emancipated minor" in Idaho; although a female minor can be emancipated through marriage.

B) Child Protection Services

We do CPS for both the State and the Tribe; if we get a referral from a Native American we investigate and let the Tribe know that we are, and vice versa. Sometimes there could be two investigations at once, but we aim to collaborate.

Primarily we do MSW work, but we also hire psychologists for counseling work.

We have four people who do direct services in mental health here; two in Moscow, one in Orofino and one in Grangeville. We integrate our social workers and psychologists/counselors. Our counselors are flexible, some go to people's homes to work with them, some have them come here to the office.

What services were available in 1990 that weren't in 1985?

The Juvenile Justice Act was reformed in 1989. We started a Day Treatment Center, which helps with both our CPS and juvenile justice responsibilities. We contract through NWCH for this; it is focussed on short term intervention; 60-90 days. It is to help juveniles that are having trouble at home, but are still a step away from being removed from home. The program consists of four hours of school, one and a half hours of group therapy. The families are required to be involved in the therapy too. Substance abuse education and healthy recreation are explicitly taught. Usually one of two things happen: either they escalate to full time live-in therapy, or they improve and can go back to regular school. It can also be used for those coming out of a secure placement, to be used like a half-way house, as a stop before a less structured environment. The "act" is also aimed at getting kids into "job camps" and earn restitution money. We are more interested in the rehabilitation aspect.

3A) What services did you offer men, that were not used, or were significantly under-utilized, in 1985?

What services did you offer men, that were not used, or were significantly under-utilized in 1990?

The statistics, that cite 202 females were served, represents 202 households, family systems, that have worked with the agency, in which no man is formally involved. Ms. Francis believes that often the "man of the family" is "around", but

don't see it as their role to become involved in the social work. They think, "that's for women to handle".

4) Based on each category identified in #3 above, why do you think men have used these services?

Some volunteer to be involved because they want to help their families. Some we insist must become involved.

5) Based on each category identified in #3 above, why do you think men have not used this service?

There may be cultural reasons, both for white and Native American men. It's not culturally acceptable for men to ask for help with social issues. The real problem is that the adults are the power structure and if they are not involved it sends a message to the children. Especially if male children see that the man of the house doesn't get involved in solving family problems, they will perpetuate this trend when they are men.

Also, 70% of our staff are women; it may turn some men off because of this, perhaps they would rather work on issues with other men.

6) What services would you like to offer men, that you do not have the resources to offer? Please rank your top priorities.

We need options for 16-17 year olds that want or need to leave home and school, besides the Job Corps. Job Corps is helpful, but we need more alternatives. We need to develop a program where they can live semi-independently. Some don't need residential care; they don't want foster care; don't want to be in the GED program at Job Corps; and they can't stay at home. These young men have no options.

Ancillary note: This agency hires people full-time to be "homemakers" to help out adults that aren't competent to pay bills, and clean house. They also hire para-professional family services technicians. They show people how to access resources, to budget, pay bills, and give aid in follow-up situations as advised by counselors. The concern is that 99% of all people applying for these jobs are women, but men could do the jobs just as well, and in some situations perhaps better (such as assisting elderly males). It pays \$7.00 an hour, and comes with benefits; which is probably better work and pay than many male laborers receive. It seems men don't think about applying for or doing this kind of work, or the culture discourages them from applying.