

**Implementation of Promoting Safe and
Stable Families by American Indian
Tribes**

Final Report – Volume I

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*James Bell Associates, Inc.
Arlington, VA*

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IMPLEMENTATION OF PROMOTING SAFE AND STABLE FAMILIES BY AMERICAN INDIAN TRIBES

EXECUTIVE SUMMARY

In 1993, title IV-B, subpart 2 was created within the Social Security Act to provide funding specifically dedicated to child welfare preventive services. Originally named the Family Preservation and Family Support (FP/FS) Services program, the program's scope was expanded in 1997 and was reauthorized as the Promoting Safe and Stable Families (PSSF) program. In addition to the original two service categories established by the 1993 legislation, (family preservation and family support), the 1997 reauthorization also targeted funding on two new categories (time-limited family reunification and adoption promotion and support services).¹

At the federal level, PSSF funds are administered by the Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services (HHS). At the state and tribal levels, funding is administered by the state child welfare agency or the tribe responsible for administering child welfare services funded under title IV-B, subpart 1 (the Child Welfare Services Program). For FY03, Congress appropriated a total of \$404 million to the program. Of this amount, a total of \$5 million was set-aside for eligible tribes. Tribes eligible for PSSF include those with an annual PSSF allocation of \$10,000 or more.²

In September 2001, ACYF funded the study that is the subject of this report, the Implementation of Promoting Safe and Stable Families by American Indian Tribes. The Administration for Children and Families (ACF), HHS awarded the contract to conduct this study to James Bell Associates, Inc. (JBA). JBA undertook the study in collaboration with Three Feathers Associates of Norman, Oklahoma, and Dr. Eddie Brown, Director of the Kathryn M. Buder Center for American Indian Studies, Washington University, St. Louis, Missouri, along with his colleague, Dr. Gordon Limb. The project also benefited from the input of a Technical Work Group of nationally recognized experts, policymakers and researchers within the field of Indian child welfare (see Appendix A). The group provided input at key points in the study, most notably during site selection, collecting data and interpreting findings.

¹ Tribes are required to make expenditures in at least one of these categories, while states are required to expend significant portions within each category or provide a rationale.

² The allocation formula is based on the number of children in each tribe in relation to the total number of children in federally-recognized tribes.

JBA completed the federal study of state PSSF implementation in 2003.³ The two implementation studies shared similarities and differences in purposes. The purpose of this tribal implementation study was to examine the ways in which tribes used PSSF funds to provide services that strengthened families' abilities to care for their children, similar to the state study. Additionally, the study sought to provide a basic understanding of Indian child welfare services delivery; the context within which PSSF services were implemented and related activities were undertaken by tribes. The information on which this final report is based was collected through: (1) a review and analysis of the five-year Child and Family Services Plans (CFSPs) submitted by tribes in FY95 and FY00; and (2) in-depth case studies of 12 individual sites, comprised of tribes and tribal organizations.

However, there are also important differences between the two studies in terms of timing and scope. Under the state implementation study, periodic on-site visits and telephone contacts were made with states and localities during a five-year data collection period that encompassed very early program implementation and planning efforts through subsequent program adjustments made in response to local desires, changes in the federal program scope and contextual changes in the child welfare field.

In comparison, under this tribal implementation study, one set of on-site visits was carried out from September 2002 – February 2003 to each site, nearly ten years after initial planning efforts had been carried out by the study sites and early program implementation decisions had occurred. Additionally, as noted above, HHS staff requested that the study team seek to understand and document the contextual environment in which PSSF funds were used. In particular, the study team sought to understand and describe the primary funding sources used by tribes for Indian child welfare services, as well as the specialized policies and practices governing the delivery of these services. This report presents this information, augmented by two special issue papers—one focusing on funding issues and one on issues related to collaboration—produced separately through this study.

Similar to the study of state implementation, it became clear that there was no single story of tribal PSSF implementation. Both the 1993 legislation and subsequent guidance issued by HHS placed major emphasis on encouraging the flexible use of these funds according to locally determined need. As a result, each tribe's efforts reflected its unique history and particular confluence of contextual factors.

³ James Bell Associates, Inc., **Family Preservation and Family Support (FP/FS) Services Implementation Study Final Report, Volume I, Synthesis Report**, April 30, 2003.

Individual sites sought to develop innovative and promising approaches to service delivery by providing more comprehensive services and bridging gaps in existing services. As explained in this report, despite the unique nature of each tribe's approach to PSSF and child welfare services, a number of common issues emerged. These, along with implementation issues and challenges, are summarized below.

HISTORY AND CONTEXT

Before describing the efforts undertaken through PSSF, it is helpful to understand the history and context of Indian child welfare services. Tribal programs operate within a complex environment of changing policies and limited resources that interact with federal law, jurisdictional and payment arrangements with state and county child welfare systems, and tribal customs and culture. Together, these sometimes-competing forces influence the development of child welfare systems, resulting in differing tribal abilities and approaches to providing basic child welfare services (investigation of child abuse/neglect, foster care placement and adoption), and establishing tribal courts. The case study sites were no exception, differing greatly with respect to scale, the scope of services delivered, and degree of integration with services and supports external to each tribe.

Two concepts—"tribal sovereignty" and "federal trust responsibility"—provide the legal and philosophical framework for understanding jurisdictional issues between tribes, the federal government and states, including those that arise within the context of child welfare services delivery:

- **Tribal sovereignty:** This concept refers to the fact that tribes are independent, sovereign nations. As sovereign nations, each Indian tribe has considerable rights and powers regarding the health, safety and welfare of tribal citizens under its jurisdiction. Within the context of child welfare, tribes can exercise jurisdiction over child abuse and neglect investigations and child placement decisions. Additionally, tribes can provide oversight of decisions regarding placement and adoption through tribal courts and state courts.
- **Federal trust responsibility:** This concept refers to the guardian/ward relationship established between the federal government and American Indian tribes. It reinforces the federal government's responsibilities with respect to helping tribes meet their social service needs. The Bureau of Indian Affairs (BIA) within the U.S. Department of the Interior (DOI), and the Indian Health Services (IHS) within HHS, were established as the primary agencies to provide: (1) direct services to tribes; and (2) funding to tribes to provide their own health and social services. For this reason, BIA is the primary source of child welfare funding for tribes, in contrast to states that primarily rely on HHS administered funding.

Over the years, these two important concepts have been codified in treaties, federal laws, executive orders, statutes and judicial opinions. However, federal policy interpretation has varied and, therefore, a sometimes inconsistent policy infrastructure has emerged. As a result, jurisdiction over tribal child welfare services delivery varies widely from tribe-to-tribe and state-to-state. For instance:

- **Procedural requirements for American Indian and Alaskan Native children in state custody:** Through the Indian Child Welfare Act of 1978 (ICWA), tribes are allowed exclusive jurisdiction in all custody matters involving an Indian child living on the reservation, and dual jurisdiction for those living off the reservation. ICWA established procedures governing tribal notification, removal of Indian children from the home, provision of culturally appropriate placements, record-keeping and other requirements. However, due to many factors, these requirements are inconsistently implemented. Individual tribes' abilities to ensure states and localities adhere to ICWA provisions vary, and states and localities vary with respect to complying with ICWA requirements.⁴
- **Child welfare service and court jurisdiction:** Public Law 83-280 (commonly referred to as PL 280), was enacted in 1953—during a time period in which federal policy focused on terminating federally recognized tribes and assimilating members into dominant society. For the tribes located in several states (commonly referred to as “280 states”), PL 280 transferred legal authority (or trust responsibility) from the federal government to the states.⁵ Tribes located in these PL 280 states are generally dependent on county and state governments to provide investigation, foster care placement and adoption services. Additionally, due to the fact that BIA generally does not provide funding to establish tribal courts in PL 280 states, these courts are either few or non-existent in these states. Thus, PL 280 limited funding for culturally appropriate services and courts, and also heightened tribes' emphasis on monitoring the needs of children in state custody to ensure that ICWA requirements are met.
- **Tribal determination of social service needs and ability to provide services directly:** The Indian Self-Determination and Education Assistance Act (ISDEA) of 1975 (PL 93-638), granted qualifying tribes and tribal organizations the authority to directly administer federal programs on the reservation, subject to BIA oversight. Through ISDEA, tribes were able to deliver a broad range of education, health and human services, directly or through contracted services arrangements. This included child welfare and social services, which traditionally were delivered by BIA and IHS staff, allowing tribes to assume a greater role in service planning and delivery. However, tribes differ with respect to having the necessary infrastructure to assume this responsibility.

As explained in this report, the study sites reflected diversity in each of these areas.

⁴ Brown, Eddie F., Gordon E. Limb, Ric Munoz and Chey Clifford, “Title IV-B Child and Family Service Plans: An Evaluation of Specific Measures Taken by States to Comply with the Indian Child Welfare Act.” Casey Family Programs and Washington University, St. Louis, MO, December 2001.

⁵ Today, there are 16 such states.

CHALLENGES

These contextual variables translated into a number of challenges faced by tribes in the delivery of Indian child welfare services. These include:

- **Dependence on external child welfare services:** A key concern among all tribes visited for this study was ensuring ongoing state compliance with ICWA requirements concerning Indian children in state custody. ICWA provided funding to tribes for staff to fulfill these functions. It has been noted that this heightens tribes' emphasis on monitoring out-of-home placements for children in state custody and identifying tribal placement resources for them, to the detriment of focusing on preventive and supportive services development.⁶ This emphasis was reflected among the case study tribes. Four of the nine tribes visited that were receiving PSSF funding chose to focus all or a portion of their PSSF funding to strengthen a broad array of tribal child welfare services. Funded activities focused on returning Indian children from state—to tribal—placement; stabilizing tribal placements; and investigating allegations of abuse/neglect to reduce child placement external to the tribe.
- **Turnover in tribal leadership:** Within the tribes visited, the director of social services emerged as a key person who fulfilled multiple functions. In addition to supervising staff who provided direct services, the director was responsible for developing budgets and programs, as well as engaging in strategic planning initiatives. Within many tribes, this position was political in nature. Thus, the tenure of these individuals was often directly impacted by changes in tribal leadership. Efforts begun under one administration would falter as both leadership and program management and administration changed.
- **Funding not consistently available:** Tribes were not consistently eligible for important sources of funding for child welfare services. As explained in this report, tribes can only access title IV-E funding for foster care maintenance and administration by entering into intergovernmental agreements with states, a step not all states were willing to take. Tribes recognized by the federal government after 1992 did not receive important sources of funding to support child welfare and social services staff, administration and training administered by BIA. Finally, BIA did not consistently provide funding for child welfare and related services and to establish tribal courts within "PL 280 states," where the trust responsibility established between the federal government and tribes was transferred to the states.
- **Lack of youth services:** Universally, tribal leaders and social service administrators lamented the lack of youth services and activities that could effectively engage youth and help alleviate high-risk behaviors. It is notable that even though a few tribes visited had considerable resources available for developing social services, tribal leaders and administrators often lacked knowledge of effective approaches for addressing high-risk behaviors among youth and related family issues. With limited knowledge of alternative options, several tribes visited were considering the possibility of developing highly-restrictive placement facilities for repeat offenders.

⁶ Mannes, Marc, "Seeking the Balance between Child Protection and Family Preservation in Indian Child Welfare," Child Welfare Journal, vol. LXXII, no.2, March – April 1993, pg. 145.

- **Delivering needed services to families in isolated and autonomous villages:** Often, tribes were characterized by vast distances and limited roads that isolated families and created significant challenges for service delivery. Additionally, within some tribes, isolated villages acted as semi-independent political units and their leadership could assume de facto or de jure jurisdiction over family disputes, including child welfare and domestic violence. Although a strong clan tradition could provide important, ongoing sources of support for tribal families, in combination with other factors, they could also limit families' access to formal services when they were needed most.
- **Infrastructure for monitoring and evaluating programs:** Tribes were limited in their ability to evaluate and monitor the PSSF services developed. Staff were dedicated to providing direct services, and resources for evaluation were generally not available. Monitoring that did occur was generally related to ensuring state and county child welfare agency compliance with ICWA. Without basic monitoring functions in place, it was difficult to determine if services were reaching their intended objectives. In the absence of program evaluation, it was difficult to determine models of effective service delivery for replication elsewhere. This issue is not limited to tribes, as the study of state implementation conducted for HHS by JBA noted this concern for states and localities, as well.
- **Planning and service implementation between tribes and states:** As explained above, tribes were often dependent on state and county child welfare agencies for services. Additionally, due to the legal framework established by ICWA, states and counties could not ignore tribes when providing child welfare services. Although working relationships evolved between individual tribes and agencies, active, ongoing collaboration between states and tribes was not frequently the norm when developing services, policies and practices. Tribal and state PSSF-funded plans and services demonstrated that this program appeared to have minimal impact on bridging this gap.

Within this context of policy and challenges, sites undertook PSSF planning and implementation efforts.

PSSF PLANNING

Federal guidance emphasized that tribes and states were expected to undertake collaborative and comprehensive planning to guide PSSF implementation. Tribes that wished to spend their entire first-year allocation on planning were able to do so, without providing required matching funds when PSSF funding was expended on services.

It is important to emphasize that on-site data collection occurred nearly a decade after most participating tribes undertook their initial planning efforts. Therefore, information in this area is limited. However, data abstracted from the five-year plans submitted by tribes in FY95 indicates that tribes formed collaborative bodies and included a range of stakeholders. State and federal agencies were included most often, followed by schools, courts and other public

organizations. Across the 9 tribes receiving PSSF funding within the study sites,⁷ the scale of the planning groups varied considerably, ranging from 8 staff members within Pueblo of Isleta Social Services, to the 43 organizations comprising the Oglala Sioux's multi-disciplinary team. Differences also emerged with respect to the engagement of external stakeholders. Specifically, four of the nine study tribes (Menominee Tribe, Tanana Chiefs Conference, Kiowa Tribe and Navajo Nation) reported involving a range of internal and external stakeholders, while five relied exclusively on tribal stakeholders (Hopi Tribe, Oglala Sioux, Omaha Tribe, Mississippi Band of Choctaw Indians and Pueblo of Isleta).

Despite differences with respect to planning involvement, it seemed clear from information gathered through on-site visits that the locus of decision-making on key implementation issues rested with the tribal administrative unit responsible for the coordination and delivery of social services within the tribe. However, further analysis revealed that this approach to decision-making may not be as insular as it might seem. Due to their size and scale, most tribal social services units include those services most directly related to child welfare (e.g., mental health, substance abuse services, general assistance, child care in addition to child protection, and foster care and adoption). Among smaller and mid-sized tribes, staff resources and leadership were shared between these functions. Therefore, often key decisions appeared to be made from the shared perspective of multiple tribal services and programs.

To the extent possible, this study also explored the involvement of tribes in states' PSSF planning processes, a requirement of federal guidance issued by HHS in 1994. Of the 12 sites visited, 5 recalled participating in the state's planning process, primarily to provide feedback on developed plans. As members of the project's Technical Work Group observed, a frequent concern of tribes is that requests for their input often occur on the back-end of the planning and policy development process. However, one of the study sites, Navajo Nation, reported being asked to provide input into the initial development of the three state PSSF plans that intersect the Navajo borders. (The Navajo comprise the largest tribe in the United States.)

PROGRAM MONITORING

As noted in federal guidance, tribes and states were required to measure progress towards the accomplishment of program goals. Most tribes did not monitor their PSSF

⁷ Of the 12 study sites, 9 were comprised of tribes participating in PSSF, while 2 tribes were not participating. One additional site was not eligible for direct PSSF funding as it was a non-profit, community-based Indian organization providing services to tribes and county child welfare agencies in the Southern California area.

programs independently of their child welfare programs. As learned during on-site visits, tribal monitoring was largely ICWA driven, primarily comprised of monitoring basic caseload trends across the entire child welfare service continuum, as well as the individual status of children in out-of-home care. However, two tribes provided some examples of promising practices in this area:

- **Navajo Nation:** A key component of the tribe's realignment initiative was the establishment of a process for measuring the number of families served within each service area, and their progress on established goals. Components of this monitoring process focused on PSSF-funded services.
- **Pueblo of Isleta:** The tribe's quarterly measurement of progress toward goals incorporated PSSF within monitoring to ensure compliance with the federal Child and Family Service Reviews (CFSRs). Specifically, cases were randomly selected and reviewed for both CFRS requirements and tribal goals with respect to PSSF.

Despite these examples, among the case study sites, most tribes invested minimal resources in program monitoring, particularly with respect to preventive and supportive services. As a result, this emerged as an area in which additional resources and/or technical assistance appear to be needed to build both knowledge and capacity.

It should be noted that this issue is not limited to tribes, and appears to be one that child welfare systems grapple with nationally. The state PSSF implementation study conducted by JBA also noted similar needs among states and localities.

SERVICES RECEIVING PSSF FUNDING

According to funding information submitted by tribes in FY00 with their five-year plans, among the four program categories defined in legislation, tribal PSSF funding was primarily allocated to family support (42%) followed by family preservation (14%), time-limited family reunification (8%) and adoption promotion and support (4%). A total of 32 percent was allocated to program administration and training.

Several factors account for the difference in these proportions. First, unlike states, tribes were not required to make expenditures within each of these categories; therefore, they could choose the service category or categories in which they wished to invest funding. Second, of the four program categories, the family support category is the broadest, encompassing multiple approaches and models. As a result, it is not surprising that it accounted for the nearly two-thirds of tribes' PSSF expenditures. Third, the vast majority of tribes visited expressed great reluctance in pursuing termination of parental rights and adoptive placement of tribal children, citing cultural reluctance to formally severing familial relationships. Tribes de-emphasized

adoption promotion and support services in favor of guardianship or other permanency options. Fourth, unlike states, tribes were not subject to the 10 percent cap on program administration and training.

Similar to the state study of PSSF implementation, on-site visits also confirmed that the programs receiving PSSF funding among the study sites did not fall neatly under the four service delivery categories defined within legislation, particularly with respect to “family preservation” and “family support.” Confusion over definitions blurred distinctions between the different service delivery characteristics and target populations traditionally associated with each program type.

To clarify this, a different program classification was developed to organize the variety of programs receiving PSSF funding among the study sites. As shown in Exhibit A, the 15 programs reviewed were classified into two major categories:

- **Preventive and reunification services:** Sites in this category funded discrete programs aimed at: supporting families and improving parenting and communication skills; obviating the need for foster care placement; and facilitating the timely return of children. This category was further differentiated by the primary locus of service delivery (in-home or center-based). In-home services varied in their level of intensity and the risk level of families targeted for services, resulting in the definition of three additional subcategories of services: intensive family services; parent training services; and case management services.
- **Blended child welfare services and administration:** Sites in this category blended all or part of their PSSF allocation with other funding sources to strengthen a broad array of child welfare services and activities. Sites viewed these efforts as “tribal/family preservation.” Funded activities were aimed at: returning Indian children from state—to tribal—placement; enhancing systems to better assess children in placement in order to stabilize tribal placements; and expanding and enhancing the tribe’s ability to conduct their own investigations of abuse/neglect to reduce child placement external to the tribe.

Finally, it is important to emphasize that this analysis is based on each program’s *primary* characteristics. Tribal social services met the needs of children and families as best they could with the resources available to them. As a result, program parameters were not always rigidly applied. Given this caveat, within each of the service categories used for this study, promising and innovative approaches were noted. Examples include:

- **Family Preservation—Navajo Nation (in-home intensive family services):** In an effort to reserve these services for families with children at the highest risk of foster care placement, referrals could only be made by tribal investigative workers. Under a new initiative, referrals to all other tribal social services were made by multi-disciplinary

Exhibit A
Summary of Major Program Categories and Key Characteristics among the Study Sites

Program Type	Number of Programs	Target Population	Referral Sources	Centralized Intake/ Assessment
Preventive and Supportive Services				
In-Home Services				
Intensive Family Services	3	Families at risk of foster care placement or in the process of reunification.	Tribal social services, police, courts, mental health services, child protective services and other community organizations.	All programs have centralized intake and assessment.
Parent Training Programs	4	High-risk families known to child welfare experiencing a crisis that places them in need of short-term parent education, training, services and supports (families recently reunited, experiencing parent/youth conflict, experiencing blended family issues and alcohol/substance abuse).	Tribal child protective services, courts, schools, Head Start programs, schools, other community organizations and self referrals.	Most have centralized intake and assessment.
Case Management	2	Children and families in a variety of circumstances in need of longer-term support (truant youth, first time offenders, or families experiencing internal conflict).	Tribal social services, police, courts, schools, housing agencies and self-referrals.	Assessment can be formal or more informal, focusing on responding to needs identified by families.
Center-Based Services				
	2	Children and families at risk of becoming involved with the child welfare system .	Tribal social services, child care, Head Start programs, housing agencies, community organizations and self referrals.	Assessment can be formal or more informal, focusing on responding to needs identified by families.
Facilitation and Support of Conventional Child Welfare Services				
Investigation and out-of-home care	4	Children and families that have been reported for abuse/neglect or have a child placed in care.	Tribal social services, police, courts, schools, and county social service agencies and courts.	Most programs have centralized intake and assessment.

assessment workers. Intensive services averaged two or more in-home contacts per week for 3 – 6 months, with one 6-month extension allowed. The program limited caseloads to six families per worker. Both the tribe's family preservation program and time-limited family reunification program were based on a common curriculum that incorporated traditional teaching and values.

- **Parent Aide—Hopi Tribe (in-home parent training):** This program was developed to engage isolated, reluctant families in needed tribal social services. The parent aide, herself a former client of the child welfare system, was trained in providing in-home parenting education—a relatively non-threatening, but highly needed service. Once she became trusted by the family and the village, she could help families access other formal social services.
- **Adolescent Parenting Education—Menominee Tribe (in-home parent training):** During on-site visits, stakeholders frequently noted concern with high-risk behavior among tribal youth, and limited available activities to engage them. In response, this program provided parents with information and support on a number of topics, including gang involvement, truancy, adolescent development and effective parenting techniques for teens. Parent participation was either voluntary or court-ordered, sometimes in conjunction with a youth's court order.
- **Youth Advocacy Program—Menominee Tribe (in-home case management):** Referrals to this program were made primarily by a specialized court designed to hear truancy cases. Youth found truant were given an option of paying a fine or participating in services. Once referred to the program, youth were assessed on a number of domains, including substance abuse, physical and mental health, family and peer relations, education and vocational skills, and aggressive behavior and delinquency. Upon completion, a service plan was developed and coordinated, which initially specified relatively simple individual goals and rewards, but steadily progressed in challenge and level of family involvement.
- **Strengthening Family Partnership Program—Omaha Tribe (center-based services):** This program targeted families on the verge of eviction referred by the tribe's housing agency. The program engaged families in culturally relevant activities that empowered them to make healthy decisions, thereby aiming to preserve each family as a strong, cohesive, interdependent unit. Issues addressed included family violence, drug/alcohol dependency, mental health and identifying familial support networks. The program lasted for eight weeks and met weekly for three hours. Up to ten families could be accommodated in one session.
- **Tribal Youth and Family Specialists—Tanana Chiefs Conference (TCC) (facilitation and support of conventional child welfare services):** The 43 villages and tribes served by TCC (a nonprofit consortium providing health and community services to member villages and tribes) were isolated and small. In order to build their capacity to provide culturally appropriate child welfare services and placement options, PSSF funds were used to help support the salary of the child protective services coordinator, who supervised and trained child welfare caseworkers stationed within individual villages.

Despite challenges faced by tribes, this study documented that sites were able to develop promising strategies to protect Indian children and support families. The flexibility provided by the PSSF legislation allowed the study sites to develop innovative and preventive child welfare and youth services, and attempt creative approaches to reaching out to families in a variety of circumstances.

TABLE OF CONTENTS

	PAGE
ACKNOWLEDGEMENTS	i
EXECUTIVE SUMMARY	iv
CHAPTER I: INTRODUCTION	1
A. Family Preservation and Family Support Legislation	1
1. Background	2
2. Characteristics of the Promoting Safe and Stable Families Program.....	3
3. Evaluation Funded by the Legislation	4
B. PSSF Tribal Implementation Study	5
1. Overview of the Study	5
2. Case Study Site Selection	6
3. Data Collection.....	12
C. Study Limitations	13
1. Analysis of the CFSPs	13
2. In-Depth Case Studies	13
D. Conceptual Framework.....	14
E. Organization of the Report.....	14
CHAPTER II: HISTORY AND CONTEXT	16
A. Background	16
B. Concepts Governing Integovernmental Relations Between Tribes, States and the Federal Government	17
C. Primary Federal Funding Sources for Tribal Child Welfare Services	18
D. Federal Statutes Related to Indian Child Welfare	19
1. The Indian Reorganization Act (IRA) of 1934	20
2. The Act of August 15, 1953 (P.L. 83.280)	20
3. The Indian Self-Determination and Education Assistance Act (ISDEA) of 1975 (P.L. 93-638)	21
4. The Indiana Child Welfare Act (ICWA) of 1978 (P.L. 95-608)	22
5. The Indiana Child Protection and Family Violence Prevention Act of 1990 (P.L. 101-630).....	23

E.	Jurisdictional Issues in Indian Child Welfare	24
1.	The Structure and Authority of Courts in Indian Child Welfare Proceedings	24
2.	Tribal vs. State Jurisdiction in Indian Child Welfare Cases	25
3.	Balancing Child Protection and Placement with Family Preservation	28
F.	Summary.....	28
CHAPTER III: PLANNING AND MONITORING		30
A.	Federal Guidance	31
B.	Overview of the Planning Process by Tribes	33
1.	Formation of Collaborative Planning Bodies	34
2.	Consultation and Coordination	35
3.	Needs Assessment/Data Collection	35
C.	Key Planning Issues Among the Case Study Tribes	36
1.	How did the Locus of Decision-Making Vary Across Tribes with Respect to the Development of the Tribes' Five-Year Plans?.....	37
2.	Did the Locus of Decision-Making Change with Respect to Planning Undertaken in Response to Changes Made to the Program by the Adoption and Safe Families Act of 1997?	39
3.	How Did Tribes Plan to Spend FP/FS and PSSF Funds to Support Tribal Goals?.....	41
4.	To What Extent Did Tribes Participate in State FP/FS and PSSF Planning?	42
5.	What were common challenges and facilitating factors to successful collaborative efforts?.....	43
D.	Program Monitoring	45
E.	Summary.....	46
IV. SERVICES FUNDED.....		48
A.	Overview	48
B.	Issues in Defining and Categorizing Programs	49
C.	Preventive and Reunification Services Funded	54
1.	In-home Services Delivery.....	54
2.	Center-Based Programs	66
D.	Blended Child Welfare Services and Administration.....	69
E.	Summary.....	71

V. CONCLUSIONS.....	73
A. Planning	75
1. Consultation	75
2. Locus of Decision-Making.....	78
B. Service Delivery Design.....	78
C. Summary.....	81
REFERENCES.....	82

Appendix A: Technical Work Group Members

CHAPTER I INTRODUCTION

The purpose of the study is to examine the ways in which Indian tribes used funds received under title IV-B, subpart 2⁸ of the Social Security Act to provide services that strengthen families' abilities to care for their children. In doing so, the study examines a full range of implementation issues—planning, organization and infrastructure, related services and practices, and resource uses and allocation—across the various stakeholders involved.

A. Family Preservation and Family Support Legislation

In 1993, Congress authorized funding specifically dedicated to child welfare preventive services. This funding was made available under the newly-created Family Preservation and Family Support (FP/FS) program.⁹ Funding of nearly \$1 billion over five years was initially authorized for states and eligible Indian tribes to develop and expand family preservation and support services—\$60 million for FY94, growing to \$150 million for FY95 and \$255 million by FY98. Since that time, the program has been reauthorized twice and the scope has been expanded.

In 1997, as part of the Adoption and Safe Families Act (ASFA), Congress reauthorized the FP/FS program through FY01 with two changes:

- The name of the program changed from the Family Preservation and Support (FP/FS) program to the Promoting Safe and Stable Families (PSSF) program; and
- The number of service types on which states and tribes were instructed to spend their allocations increased from the initial two (family preservation and family support) to four (with the addition of time-limited family reunification and adoption promotion and support services).¹⁰

In January 2002, Congress again extended the program through FY06, appropriating \$375 million for FY02. For the first time, two separate categories of funding were specified—entitlement and discretionary funds. For FY03 – FY06, states and eligible Indian tribes received

⁸ Established by the Omnibus Reconciliation Act of 1993 (42 U.S.C. 620-628).

⁹ One percent of program funds were set-aside for eligible Indian tribes. Eligible tribes include those with an annual PSSF allocation of \$10,000 or more under the allocation formula (based on each tribe's portion of children in relation to the total number of children in federally recognized tribes).

¹⁰ Tribes are exempt for the statutory requirement placed on states that a "significant portion" of funds (defined as 20%) must be used in each of the four service areas. Instead, tribes are granted flexibility on expenditures across these four service categories. Additionally, tribes are exempt from the 10 percent cap on program administration and training placed on states.

\$305 million in entitlement funds annually. Additionally, the new authorization allowed Congress to approve up to \$200 million in discretionary funding for the PSSF program on an annual basis.¹¹ In FY03, \$305 million in entitlement funding and \$99 million in discretionary funding was appropriated. Total PSSF funding was \$404 million.¹²

1. Background

In 1993, the family preservation and family support provisions represented the most significant child welfare legislation since the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). As noted earlier, the FP/FS provisions were changed by landmark child welfare legislation in 1997. The Adoption and Safe Families Act (ASFA) was passed in response to growing concern that efforts to preserve families and reunify foster children with their biological parents were overshadowing the need for timely permanency. There was concern that children were remaining in foster care far too long and efforts to find and create adoptive placement options for foster children were insufficient. In the broader child welfare system, ASFA focused on increasing the timely achievement of permanency by shortening timeframes for court hearings and parental rights termination decisions, making explicit allowances for concurrent planning, and creating financial incentives to finalizing adoptions of foster children.

Within title IV-B, subpart 2, ASFA amended the statutory definitions of family preservation and family support as follows:

- **Family support services:** “Community-based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster and extended families), to increase parents’ confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development.” In FY02, this service category was amended to include programs to strengthen parental relationships and promote healthy marriages.
- **Family preservation services:** “Services designed to help children, where appropriate, return to families from which they have been removed, or be placed for adoption, with a legal guardian or...in some other planned, permanent living arrangement; pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain with their families; service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement; respite care of children to provide temporary relief for parents and other caregivers

¹¹ Tribes are eligible to receive two percent from the discretionary allotment.

¹² HHS, Budget in Brief, FY2005, pgs. 82 and 88 (<http://www.hhs.gov/budget/04budget/hhs2004apt.pdf>).

(including foster parents); and services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health and nutrition." In FY02, this service category was amended to include infant safe haven programs.¹³

ASFA established the two new service categories, as follows:

- **Time-limited family reunification services:** "Services and activities...that are provided to a child that is removed from home and placed in a foster family home or a child care institution and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that the child...is considered to have entered foster care." The legislation describes the services included in this definition as: individual, group and family counseling; inpatient, residential or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence; services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services described above.
- **Adoption promotion and support services:** "Services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families."

2. Characteristics of the Promoting Safe and Stable Families Program

The PSSF legislation is not intended to fund a specific program model and/or establish categorical eligibility requirements concerning who may receive a defined set of services.

Among the unique characteristics of the legislation and subsequent guidance issued by the Administration on Children Youth and Families (ACYF) are the following:

- **Flexibility:** The law grants eligible Indian tribes and states the flexibility to develop programs that are consistent with their needs. Tribes and states may expand upon existing programs, replicate or adapt existing models or design new programs.
- **Focus on family-centered service principles:** Services funded under PSSF emphasize safety for all family members, a family-focused approach that acknowledges individual needs, and a service delivery approach characterized by flexibility, accessibility, coordination and respect for community and cultural strengths.

¹³ Infant safe haven programs allow birth parents with newborns the option of leaving their infant with qualified workers (e.g., those affiliated with a hospital, firehouse, or police station) to be freed for adoption. These programs are meant to encourage alternatives to infant abandonment.

- **Support for a service continuum:** In the course of operationalizing these principles, tribes and states were expected to examine the current array of services available, identify service gaps and help build a continuum of services.
- **Recognition of the importance of planning:** The original FP/FS legislation made the entirety of tribes' and states' first year allotment available to support planning efforts. Unlike funds spent on services, tribes were not required to match funds spent on planning during the first year in which they became eligible.¹⁴
- **Focus on parental and community involvement in the planning process:** The legislation recognizes the importance of community-based programs in service planning and implementation, especially family support services. ACYF guidance also recognizes parents' pivotal role, not only as recipients of service but also as active stakeholders in the process, who can and should participate in planning services and in the service delivery process.
- **Emphasis on collaboration:** There was widespread recognition that the level of funds available under the new legislation would not be sufficient to finance the array of services that communities may require. Instead, there were expectations that the child welfare agency would work collaboratively with other programs (e.g., maternal and child health, education, Head Start) to pool their resources and establish coordinated service delivery plans that would meet the multiple needs experienced by families.

3. Evaluation Funded by the Legislation

As part of the legislation, the U.S. Department of Health Human Services (HHS) was authorized to set aside funds for "evaluation of state programs funded under... [the legislation] and any other federal, state or local program, regardless of whether federally assisted, that is designed to achieve the same purposes...."¹⁵ In support of this, HHS funded three separate national multi-year evaluations in September, 1994:

- **Family Preservation and Family Support (FP/FS) Services Implementation Study** awarded to James Bell Associates, Inc. (JBA) by the Administration for Children and Families (ACF);
- **National Evaluation of Family Preservation and Reunification Services** awarded to Westat, Inc. by the Assistant Secretary for Planning and Evaluation (ASPE); and
- **National Evaluation of Family Support Programs** awarded to Abt Associates, Inc. by the Administration on Children, Youth and Families (ACYF).

¹⁴ In FY95, at program start-up, 41 tribes participated in the FP/FS program. By FY00, more had become eligible and there were 63 tribes participating in the PSSF program.

¹⁵ OBRA, 1993, Subpart 2 Section 430 [d] [1] [B].

Consistent with the initial evaluation plan HHS developed for the legislation, the three projects were designed to be complementary. Although each focused on a different aspect, taken together they represented a comprehensive examination of the programs authorized under this legislation. The first study was a process analysis of the legislation's implementation that provided feedback to HHS, Congress, states and localities on the implementation process, the types of programs developed and the barriers encountered. The latter two research projects were outcome evaluations of specific models, one focusing on family preservation and the other on family support.

As a result of these studies, ACYF gained implementation and outcome information concerning state funded programs. However, HHS staff and officials realized that very little information was available concerning tribal organizations and their participation in the program, prompting them to fund this study.

B. PSSF Tribal Implementation Study

1. Overview of the Study

ACYF funded the "Implementation of Promoting Safe and Stable Families by Indian Tribes," awarded to JBA in September 2001. The contract was administered by ACF. JBA undertook this study in collaboration with Three Feathers Associates of Norman, Oklahoma, and Dr. Eddie Brown, Director of the Kathryn M. Buder Center for American Indian Studies, Washington University, St. Louis, Missouri, along with his colleague Dr. Gordon Limb. A Technical Work Group (TWG) was convened to provide guidance to the study and help interpret findings. The TWG was comprised of nationally recognized researchers and experts (see Appendix A for a complete listing of members). The group was convened in Washington DC at key points during the course of the study (prior to, and immediately following, the on-site visits) and reviewed key study deliverables.

The PSSF implementation study is divided into three major components:

- **Child and Family Service Plans (CFSPs) review:** All available five-year plans submitted by tribes in FY95 and FY00 were reviewed.¹⁶ A document analysis coding sheet was developed utilizing relevant federal guidance, and information required was subsequently abstracted from each plan submitted to ACF. This document review provided a broad description of the planning activities undertaken by

¹⁶ A total of 36 FY95 CFSPs and 53 FY00 CFSPs were reviewed. In FY95, 41 tribes were eligible for PSSF funding. In FY00, 63 tribes were eligible.

American Indian tribes, the resources utilized and services provided as self-reported by the tribes.¹⁷

- **In-depth case studies:** Depth to the study was provided through the case studies of 12 individual sites. Information collected on site was used to develop a case study of each site (see Volume II to this report). In addition to understanding funding, collaborative efforts undertaken and services provided, these site visits also allowed for the examination of contextual issues that influenced planning and service delivery. Case study data collection involved two phases. Phase I (April 2002) consisted of pilot site visits to the Hopi Tribe and the Navajo Nation. Information gathered from these two sites was reported to the TWG in order to gain their input. Phase II (September 2002 – February 2003) involved visits to the 10 remaining sites.
- **Special issue papers and final report:** In addition to this final report that synthesized findings from all study components, two brief papers on selected issues were developed. Each paper synthesized lessons learned with respect to the following issues:
 - Indian child welfare funding resources, strategies and uses; and
 - Consultation, coordination and collaboration by and among Indian tribes.

2. Case Study Site Selection

The locations of sites selected for data collection are presented in Exhibit I-1. Criteria for selecting sites for in-depth study were based on a preliminary review of the CFSPs, census data, as well as input provided by project consultants and the TWG. Five of the key variables considered include those presented in Exhibit I-2:

- **HHS service region:** Sites were selected across HHS regional offices. Because the service areas of Regions I, II, and III contained no eligible Indian tribes in FY00, at least one tribe within each of the seven remaining regions was selected.
- **Participation in PSSF:** In order to more fully understand Indian child welfare services funding, the project's TWG recommended that a number of tribes be included that were not participating in PSSF. This includes two of the tribes visited:
 - **Quinault Indian Nation:** A small tribe whose PSSF allocation was less than \$10,000 and was therefore ineligible to participate; and
 - **St. Regis Mohawk:** A larger tribe that elected not to participate but is now planning on applying for PSSF funding.¹⁹

¹⁷ James Bell Associates, Inc., **Implementation of Promoting Safe and Stable Families by Indian Tribes, Review of the 1995 and 2000 Child and Family Services Plans**, March 11, 2003.

¹⁸ Although not a tribe, a third site, Indian Child and Family Services (ICFS) also did not participate in the PSSF program, as it is a non-profit community-based Indian organization providing a variety of services to three county child welfare agencies and several small Indian tribes in the Southern California area.

¹⁹ For historical reasons, this tribe has primarily established funding relationships with the state of New York rather than the federal government's Bureau of Indian Affairs (BIA).

- **State P.L. 280 status:** As explained more fully in Chapter II, important contextual differences in Indian child welfare services delivery emerged with respect to a state's "P.L. 280" status. Briefly, P.L. 83-280 transferred legal authority from the federal government to select states, impacting the development and funding of tribal courts and child welfare services. So-called "mandatory 280 states" are those states for which this authority was transferred from the federal government to states. As shown in Exhibit I-2, this category includes two of the study sites. "Optional 280 states" are those states which were given the option of becoming a P.L. 280 state (encompassing five of the study sites). The remaining five sites are unaffected by changes brought about by P.L. 83-280. These sites include those located in "non-280 states" (three sites) and those located within "retroceded 280 states" (two sites)—states that have retroceded this authority back to the federal government for these tribes.
- **Title IV-E agreements:** Currently, tribes may only access title IV-E foster care program funding by establishing agreements with state agencies. Four of the sites visited have established these agreements: the Kiowa Tribe of Oklahoma, the Navajo Nation, the Omaha Tribe of Nebraska and Tanana Chiefs Conference, (a non-profit tribal consortium that provides health and community services to 43 Athabascan tribal governments located in Interior Alaska²⁰).
- **TANF agreements:** Three of the sites (Navajo Nation, Quinault Indian Nation and Tanana Chiefs Conference) administer their own Temporary Assistance for Needy Families (TANF) programs.²¹

In addition to these criteria, two other variables were considered (see Exhibit I-3):

- **Size of tribe:** Efforts were made to identify and include large tribes (such as the Navajo Nation, whose borders encompass three states—approximately 225,000 enrolled members), as well as smaller tribes (such as the Quinault Indian Nation—approximately 2,609 enrolled members). Additionally, brief visits were made to a number of very small tribes (each having just a few hundred members) served by ICFS of Temecula, California, as well as the Athabascan tribes and villages served by Tanana Chiefs Conference (TCC).
- **Child Poverty:** Focusing on those under the age of 18, efforts were made to include tribes representing a range of child poverty rates. It is notable that within most tribes, the proportion of tribal children in poverty exceeded the proportion of children within the state population in poverty. Among the tribes selected for this study, for one, the tribal child poverty rate was virtually the same as the state's. The proportion of children living in poverty in Pueblo of Isleta was 20 percent, while New Mexico's child poverty rate was 21 percent. In comparison, the Oglala Sioux Tribe's child poverty rate was 61 percent while South Dakota's was 14 percent.

²⁰ Athabascans are native Alaskans that live in the interior region of the state.

²¹ The issue paper on Indian child welfare funding provides more information on tribes' use of title IV-E and TANF funding.

Additionally, based on the input of the TWG, efforts were made to identify and include sites that were relatively economically prosperous, as well as those that face persistent economic challenges. For instance, as explained in Volume II, many of the smaller Southern California tribes within the Indian Child and Family Services (ICFS) site had successful gaming enterprises and were relatively prosperous. Similarly, the Mississippi Band of Choctaw Indians had a number of successful business and manufacturing enterprises. However, it is notable that even within these tribes, tribal leaders spoke of poverty and violence. Among the Mississippi Choctaw, the child poverty rate was considerably higher than the state's (31% versus 22%, respectively).

Finally, the TWG urged that sites other than tribes be selected. In order to better understand issues surrounding collaboration, the TWG emphasized that one community-based Indian organization and one tribal consortium providing child welfare and social services to small tribes and villages be selected (ICFS of Temecula, California and TCC of Central Alaska).

Exhibit I-1

PSSF Implementation Study

Case Study Sites



**Exhibit I-2
Site Visit Selection Criteria**

Site	HHS Service Region	PSSF Program Participation	State P.L. 280 Status	Title IV-E Agreement	TANF Agreement
Hopi Tribe	IX	X	Optional		
Indian Child and Family Services	IX	N/A ²²	Mandatory		
Kiowa Tribe of Oklahoma	VI	X	Optional	X	
Menominee Tribe of Wisconsin	V	X	Retroceded		
Mississippi Band of Choctaw Indians	IV	X	Non-280		
Navajo Nation	IX	X	Optional	X	X
Oglala Sioux Tribe	VIII	X	Optional		
Omaha Tribe of Nebraska	VII	X	Retroceded	X	
Pueblo of Isleta	IX	X	Non-280		
Quinault Indian Nation	X	Ineligible	Optional		X
St. Regis Mohawk Tribe	II	Eligible but not participating	Non-280		
Tanana Chiefs Conference	X	X	Mandatory	X	X

²² Indian Child and Family Services is not a tribe. ICFS is an Indian community-based non-profit organization that provides direct services to Indian children and families.

**Exhibit I-3
Selected Site Demographics**

Tribe	State	Enrolled Members (estimated) ²³	Number of Children Under 19 (2000) ²⁴		Percent of Children Under 18 in Poverty (1999) ²⁵	
			Tribe	State	Tribe	State
Hopi Tribe	Arizona	11,156	2,745	102,378	48%	15%
Kiowa Tribe of Oklahoma	Oklahoma	11,200	10,733	79,007	25%	17%
Menominee Indian Tribe of Wisconsin	Wisconsin	8,000	1,517	61,837	46%	9%
Mississippi Band of Choctaw Indians	Mississippi	8,300	2,315	92,224	31%	22%
Navajo Nation	Arizona New Mexico Utah	225,000	80,446	102,378 54,184 28,038	47%	15% 21% 9%
Omaha Tribe of Nebraska	Nebraska	5,400	2,023	23,367	29%	10%
Oglala Sioux Tribe	South Dakota	28,000	7,608	13,955	61%	14%
Pueblo of Isleta	New Mexico	4,650	1,132	54,184	20%	21%
Quinault Indian Nation	Washington	2,609	554	88,838	37%	11%
St. Regis Mohawk Tribe	New York Canada	4,500 3,700	997 (NY)	418,591	31% (NY)	17%

²³ This information was obtained on site.

²⁴ U.S. Census Bureau, Census 2000 Summary.

²⁵ U.S. Census Bureau, Census 2000 Summary.

3. Data Collection

To guide on-site information collection, topical interview guides were developed to facilitate discussions with a wide range of stakeholders involved in implementation at the tribal, state and local levels. The guides were designed to elicit information on the topics identified in the study's conceptual framework (discussed later in this chapter). At a minimum, efforts were made to interview the following stakeholders at each site:

- Tribal chiefs;
- Social services directors and child welfare program managers;²⁶
- Managers for PSSF programs;
- Representatives of state and county child welfare offices;
- Representatives of public and private agencies involved in service delivery;
- Clients;
- Court officials;
- Individuals involved in the needs assessment process;
- Those responsible for data management and/or evaluation of PSSF efforts; and
- Workers delivering Indian child welfare and PSSF services.

Prior to arriving on site, all available documentation (such as the CFSPs submitted by the tribe) was reviewed. All site visits were conducted in teams of at least two people (and included representation from JBA and one of the two study collaborators—either Three Feathers Associates or the Kathryn M. Buder Center for American Indian Studies).²⁷ Site visits averaged a full week and follow-up phone calls were conducted to obtain needed information that was not obtained on site. Additionally, documents obtained on site explaining the history and structure of the tribe, its PSSF structure, and child welfare and related social services were subsequently reviewed (e.g., annual reports, program descriptions, needs assessment findings, requests for proposals). Eventually, all information was incorporated into the case studies provided in Volume II to this report.

Based on the recommendation of the TWG, JBA sent letters of introduction to tribal chiefs, administrators and social service directors inviting them to participate in the PSSF implementation study. The letters were followed by telephone calls, which served to address

²⁶ Due to the size of most tribes, one individual fulfilled both functions in most sites.

²⁷ The pilot site visits to the Hopi Tribe and the Navajo Nation involved five individuals representing all three organizations.

any lingering questions. Tribal representatives were made aware of JBA's policy of providing a copy of the site visit summary in draft form to the primary contact person within each site. Comments and suggestions offered by the site were welcomed.

C. Study Limitations

A number of problems were encountered in collecting and analyzing data from both the tribal plans and the case study sites, thus, as noted within this report, a number of study findings should be cautiously interpreted.

1. Analysis of the CFSPs

The analysis of the CFSPs was meant to provide a broad understanding of the PSSF programs and related activities implemented and undertaken by all tribes. Although the analysis largely fulfilled that function, it was limited in the following ways:

- **Plan availability:** It is important to realize that tribes submitted their original plans in FY95. Over the course of time, many of these plans had been misplaced and were not available to the study team. As a result, regional offices were contacted and a number of missing plans were received and analyzed.
- **Completeness and accuracy of information:** The plans analyzed varied greatly in their level of detail. Sometimes information was extremely terse or simply missing. In particular, information on training, assessment and evaluation efforts was often fragmented. Additionally, HHS Regions did not uniformly require tribes to submit funding information. Finally, in some cases, plans were internally inconsistent (for instance, the distribution of funds between the service categories as reported on the financial forms—the CFS-101s—was inconsistent with written narratives).
- **Consolidation of information:** With the publication of the Final Rule of November 18, 1996, tribes were required to consolidate their planning and reporting across several sources of funding in subsequent years (title IV-B, subparts 1 and 2). Although this was intended to reduce duplicative administrative burdens and emphasize integration across programs, it made it more difficult to extract information specific to PSSF (title IV-B, subpart 2).

2. In-Depth Case Studies

As discussed earlier, the case study component of the study permitted a more in-depth review of the implementation process from a variety of stakeholder perspectives. For each site visited, detailed information was gathered on not only what services were implemented, but why certain choices were made. Nevertheless, some caution should be exercised in reviewing case study findings, as well. Most specifically, information on planning efforts was gathered up to 10 years after they had occurred. As such, the recollections of various stakeholders were often

incomplete or inconsistent with one another, or were inconsistent with the written plans. Inconsistencies between the two could not always be clarified. Additionally, in many sites the stakeholders that were involved in planning activities were no longer employed by the agency.

D. Conceptual Framework

The conceptual framework developed for this study served as guidance specifying the key parameters to examine throughout all phases and components of the study.²⁸ It identified those aspects of implementation expected to be most critical to answering the central study questions. Four primary domains were identified and are summarized below:

- **Contextual considerations:** This included elements important to understanding service delivery and tribal priorities, including tribal history, governance structures, service administrative processes, geographic distribution of tribal members and target populations (e.g., on- vs. off-reservation); and those services and resources most directly relevant to PSSF and their connection with the focal program.
- **PSSF planning and monitoring processes:** Aspects explored included the initial and subsequent PSSF planning processes, needs assessment, decisions reached concerning PSSF implementation, as well as ongoing efforts to monitor progress towards goals and objectives.
- **Service delivery system:** The PSSF, child welfare and related social services relied upon by tribal members were explored and documented in terms of target populations, referral sources and each intervention's duration and intensity.
- **Resources utilized for services:** The full range of resources utilized to fund the array of PSSF, child welfare and social services relied upon by tribal members was documented. The impact of eligibility criteria and interactions between funding sources was explored (e.g., did the receipt of one funding source preclude the receipt of another?).

E. Organization of the Report

This report synthesizes findings from all study components—the reviews of the five-year plans submitted by tribes and the information collected during visits to the 12 sites. The input of the TWG is also incorporated. Chapter II provides historical and contextual issues particularly important to understanding Indian child welfare—the context within which PSSF was planned and implemented by tribes. Chapter III addresses issues related to tribes' efforts to plan PSSF implementation and administration. Chapter IV addresses the service delivery models utilized by tribes, and Chapter V presents a summary and conclusions.

²⁸ James Bell Associates, Inc., **Implementation of Promoting Safe and Stable Families by Indian Tribes, Revision to Study Design**, February 5, 2002.

Two additional areas of the conceptual framework, collaborative efforts and Indian child welfare funding, are included throughout the body of the report. However, these issues are especially complex and reach beyond PSSF. For this reason, they are also the subject of two supplementary issue papers.

CHAPTER II HISTORY AND CONTEXT

As described in Chapter I, the 1993 Family Preservation and Family Support (FP/FS) legislative provisions were unique in a number of ways. The legislation represented an investment in community-based planning and collaboration in the interest of preserving families, ensuring the safety and well-being of children, and promoting permanency for children who might otherwise enter and remain in the foster care system. Rather than mandating specific program approaches or services, the legislation defined allowable services and activities broadly, allowing tribes and states the flexibility to use funds according to their needs. As a result, the approach to implementation varied widely across tribes, as it did for states. This variation largely endured through the 1997 reauthorization of title IV-B, subpart 2 as the Promoting Safe and Stable Families (PSSF) program, while the program's underlying principles of flexibility remained intact.

A. Background

Before describing the efforts undertaken through PSSF, it is helpful to understand the history and context of Indian child welfare services. Tribal programs operate in a complex environment of changing policies and limited resources that interact with federal law, as well as tribal customs and culture. Together, these often-competing forces influence the ongoing development of child welfare systems, resulting in varying abilities and approaches to providing basic services, such as investigations of child abuse/neglect (CAN), foster care placement, and adoption. The case study sites are no exception to this. For example, tribal child welfare systems differ greatly, ranging in scale, the scope of services delivered, and degree of integration with external resources and supports. Awareness of these dynamics and differences is crucial for understanding Indian child welfare services, the context within which PSSF services and activities were implemented and undertaken.

This chapter focuses on certain historical and contextual factors that both facilitate and constrain tribal jurisdiction over the delivery of child welfare services. It begins with a summary of the primary concepts on which intergovernmental relations between tribes and the federal government rest. This is followed by a brief review of the primary sources of federal funding used by tribes for child welfare services and a summary of the federal legislation that directly impacts tribal jurisdiction over Indian children and service delivery. Using examples drawn from the 12 case study sites, the remainder of this chapter presents various models of tribal

approaches to CAN investigation, foster care placement and the role of tribal and state courts in overseeing child welfare services delivery for tribal children and families.

B. Concepts Governing Intergovernmental Relations Between Tribes, States and the Federal Government

In order to understand child welfare services delivery for American Indian tribes and Alaskan natives, it is important to appreciate that federally recognized tribes operate as independent nations. Given this, tribes are granted certain rights and a certain degree of autonomy over investigation and placement decisions. Jurisdiction over these issues is embedded within the larger context of tribes' interaction with the federal government.

Two concepts—"tribal sovereignty" and "federal trust responsibility"—are particularly important to understanding the delivery of child welfare services in Indian country. Together, these concepts provide a framework for understanding relationships that have been established between tribes and the federal government, and relevant federal legislation.

The concept of "sovereignty" refers to the fact that tribes are independent, sovereign nations. As sovereign nations, each Indian tribe has considerable rights and powers regarding the health, safety and welfare of tribal citizens under its jurisdiction. Tribal sovereignty rests upon maintaining a secure and sacred land base that provides the basis for the tribes' economic sustainability, self-governance and cultural preservation. Sovereignty grants federally recognized American Indian tribe's inherent power to:

- Govern themselves;
- Protect the health, safety and welfare of tribal citizens; and
- Organize distinct political entities to represent political, social and economic interests.

Although tribal sovereignty manifests itself in several ways, the clearest manifestation is the formation of tribal governments, which provide tribes with a means to negotiate with the federal government on a government-to-government basis. The federal government recognizes the legitimacy of tribal governments and their jurisdiction over tribal members residing on tribal lands. Within the context of child welfare, tribes can exercise jurisdiction over child abuse and neglect investigations and child placement decisions. Additionally, tribes can provide oversight of decisions regarding placement and adoption through tribal courts and state courts.

The concept of “federal trust responsibility” refers to the guardian/ward relationship established between the federal government and American Indian tribes. Beginning in the early 19th century, this concept encompasses the federal government’s obligation and legal commitment to:

- Protect Indian trust lands, assets and resources;
- Protect tribal self-governance; and
- Provide basic social, health and educational services to tribal members.

This concept reinforces the federal government’s responsibilities with respect to helping tribes meet their social service needs. The Bureau of Indian Affairs (BIA), within the U.S. Department of the Interior (DOI), and the Indian Health Service (IHS), within the U.S. Department of Health and Human Services (HHS), were established as the primary agencies to provide both direct services and funding to tribes for health and social services. For this reason, the primary sources of child welfare funding for tribes are those administered by the BIA (as was the case with the study sites), in contrast to states that primarily rely upon HHS administered funding for these services.

C. Primary Federal Funding Sources for Tribal Child Welfare Services

Tribes rely on the following sources of federal funding to provide child welfare services, the majority of which are administered by the BIA:

- **Indian Child Welfare Act of 1978 (ICWA):** Tribes can use these funds for staff and programs consistent with the intent of the ICWA legislation, (explained more fully in the subsequent section of this chapter). Primarily, funds are used to track tribal children in state custody, provide legal representation and joint case management to these cases and provide training to state and county child welfare staff on ICWA requirements. However, one limitation associated with this source of funding is that BIA does not make allocations to tribes recognized after 1992. BIA program administrators note that this is necessary due to the fact that the amount appropriated to the program has not increased. Therefore, providing funding to newer tribes would require reductions in the amount granted to other tribes.²⁹ Tribes receive funding based on assessed need. For those tribes that received this source of funding, grant amounts ranged from \$26,450 - \$750,000 in FY01.
- **Services to Children, Elderly and Families:** Through these funds, tribes support a broad range of tribal social services staffing and administrative functions. However, funding is not directly targeted on staffing and administering child welfare services. Tribes receive allocations based on assessed need as determined by BIA. In FY01, tribal grants ranged from \$10,000 - \$4,800,000.

²⁹ Eagleman, Chet, Indian Child Welfare Specialist, Office of Tribal Services, Bureau of Indian Affairs, Washington, DC. September 10, 2003.

- **Grants to Tribal Courts:** These funds provide administrative and staff support for tribal courts that provide oversight of child welfare cases. However, as explained more fully in the subsequent section of this chapter, BIA does not make this funding available to tribes located in certain states. Funding is based on assessed need. In FY01, grants ranged from \$15,000 - \$800,000 for tribes that received this source of funding.
- **Child Welfare Services (title IV-B, subpart 1):** This source of HHS-administered funding can be used by tribes for a broad range of child welfare services and administrative activities. However, smaller tribes receive very limited funding from this source. Funding is based on child population. In FY01, tribal allocations ranged from \$54 - \$846,761.

Tribes vary with respect to accessing two other sources of federal funding administered by HHS—title IV-E, the Foster Care program, and title IV-B, subpart 2, the PSSF program. As explained in Chapter I, tribes can only access title IV-E funding by entering into intergovernmental agreements with states.³⁰ Concerning the PSSF program, only tribes whose allocations total \$10,000 or more under the formula used to distribute funding among tribes can receive PSSF funding.³¹ While PSSF funding can be used flexibly by tribes, it is important to remember that it is a relatively modest source of funding. In their FY00 Child and Family Services Plans, tribes reported that this source of funding accounted for 3.2 percent of their child welfare expenditures.³²

D. Federal Statutes Related to Indian Child Welfare

Over the years, statutes related to Indian child welfare funding and other policy and jurisdictional issues have been codified in treaties, federal laws, executive orders, statutes and judicial opinions. However, it is important to realize that federal policy interpretation of these concepts varied over time. This, coupled with the transference of the trust responsibility within certain states, created an inconsistent policy infrastructure. As a result, jurisdiction over tribal

³⁰ Tribes are not eligible for direct reimbursement under the title IV-E Foster Care Program, which states receive as a permanently authorized entitlement. Approximately 70 tribes/tribal organizations have agreements across 14 states to provide IV-E services and receive reimbursement through states; however, states are not required to enter into these agreements. (Eddie F. Brown, Leslie Scheuler Whitaker, Chey Clifford, Gordon E. Limb, and Ric Munoz. 2000. Tribal/State Title IV-E Intergovernmental Agreements: Facilitating Access to Federal Resources. St. Louis, Missouri: Casey Family Programs and Washington University.

³¹ The allocation formula is based on the number of children in each tribe in relation to the total number of children in federally-recognized tribes.

³² James Bell Associates, Inc., **Implementation of Promoting Safe and Stable Families by Indian Tribes, Review of the 1995 and 2000 Child and Family Services Plans**, March 11, 2003, pg. iii.

child welfare services delivery varied widely from state-to-state and from tribe-to-tribe. Brief summaries of key federal legislation regarding Indian tribes and the immediate implications for Indian child welfare services are presented below.

1. The Indian Reorganization Act (IRA) of 1934

The purpose of the Indian Reorganization Act was to assert the primacy of tribal governments and establish tribal dominion over reservation lands, thus asserting self-governance, a key component of tribal sovereignty.^{33, 34} As a result, most tribes adopted their own constitutions, created corporations, and instituted legislative, executive and judicial branches of government (i.e., tribal councils, chairs, and courts, respectively). Many tribes established tribal courts and also established justice codes, including children and youth codes. IRA ensured federal assistance to improve and maintain health, education and other needed services. It also prohibited allotment of tribal lands to individual members and added or restored landholdings to the reservations.³⁵

2. The Act of August 15, 1953 (P.L. 83-280)

Public Law 83-280 (commonly referred to as P.L. 280) was enacted during the period in which federal policy focused on terminating federally recognized tribes and assimilating members into dominant society.³⁶ As mentioned in Chapter I, for the tribes located within six states (commonly referred to as “280 states”), P.L. 280 transferred legal authority (the trust responsibility) from the federal government to the states, giving states the power to exercise criminal and civil jurisdiction on the reservation and prosecute Indians and non-Indians on tribal

³³ 48 Stat. 984, codified as 25 U.S.C Secs. 461 *et seq.*

³⁴ The IRA initially excluded Alaskan Natives. They were included in 1936, when the act was amended (Pevar 2001: 300).

³⁵ The General Allotment Act (GAA) of 1887 authorized the division of communally-held Indian lands into allotments, which were either deeded to tribal members or sold to non-Indian settlers, in an effort to promote assimilation and settlement, respectively. Over time, the GAA resulted in the loss of 100 million acres of tribal lands (Pevar 2001: 8-9).

³⁶ 67 Stat. 488, codified as 18 U.S.C. Sec. 1162, 28 U.S.C Sec. 1360.

lands (i.e., “mandatory 280 states”).³⁷ Other states were authorized by the legislation to acquire these adjudicatory powers at their option; they originally could do so without tribal consent (i.e., “optional 280 states”). A 1968 amendment to the law now requires tribal consent for the state to acquire jurisdiction, although no tribes have given consent. This amendment also allowed certain states to retrocede jurisdiction back to the federal government at tribal option, which has occurred in a number of cases.

P.L. 280 has direct consequences for the development of tribal infrastructure to support Indian child welfare services. Tribes located in P.L. 280 states are most often dependent on county and state government agencies to provide child protection, investigation, foster care placement and adoption services, rather than the federal government through BIA.³⁸ Additionally, due to limitations on BIA funding to establish tribal courts in these states, tribal courts are either few or non-existent in P.L. 280 states. Thus the tribe’s ability to exercise sovereignty and establish jurisdiction in Indian child welfare is severely curtailed.

3. The Indian Self-Determination and Education Assistance Act (ISDEA) of 1975 (P.L. 93-638)

During the 1960s and 1970s, the focus of federal policy changed once again. Enactment of the Indian Self-Determination and Education Assistance Act (ISDEA) reaffirmed the primacy of the government-to-government relation between sovereign tribes and the United States.³⁹ It also strengthened the legislative and policy framework of tribal self-determination in two ways. First, the legislation authorized the direct receipt of Congressionally-appropriated funds by American Indian tribes and Alaskan native villages. Second, it granted qualifying tribes and tribal organizations the authority to directly administer federal programs on the reservation, subject to BIA oversight. This activity is widely known as “638 contracting,” in recognition of P.L. 93-638 which allowed the practice. Through ISDEA, tribes were able to deliver a broad

³⁷ The required, or “mandatory,” P.L. 280 states are: Alaska (except the Metlakatla Reservation), California, Minnesota (except the Red Lake Reservation), Nebraska, Oregon (except the Warm Springs Reservation), and Wisconsin. P.L. 280 also allowed other states to assume jurisdiction at their option and to enact legislation to this effect. The “optional” states are: Arizona, Florida, Idaho, Iowa, Montana, Nevada, North Dakota, South Dakota, Utah, and Washington. Three states have returned jurisdiction over certain reservations back to the federal government, including: Nebraska (Winnebago and Omaha), Oregon (Umatilla), and Wisconsin (Menominee).³⁷

³⁸ University of Oklahoma Health Sciences Center. March 2000. Public Law 280: Issues and Concerns for Victims of Crime in Indian Country. Prepared for the Office of Victims of Crime, U.S. Department of Justice.

³⁹ Codified as 25 U.S.C. Secs. 450f *et seq.* and in sections of 5, 25, 42, and 50 U.S.C.

range of education, health and human services. This included child welfare and social services, which had been delivered by the BIA and IHS.

The extent of tribal participation in 638 contracting varies, as federally recognized tribes must demonstrate the capacity to administer the programs and provide services.⁴⁰ Among the study sites, ten tribes administered and delivered child welfare and social services in this manner, while one tribe did not.⁴¹

4. The Indian Child Welfare Act (ICWA) of 1978 (P.L. 95-608)

The Indian Child Welfare Act is probably the most significant federal legislation affecting child welfare services for American Indian families and children.⁴² It established the legislative and policy framework of government-to-government relations in support of child welfare and upholds tribal sovereignty on behalf of Indian children.⁴³ As it affirmed the jurisdictional authority of the tribe, ICWA also mandated that American Indian definitions of family be used as a guide for child welfare. The law was passed for the purpose of redressing the disproportionate placement of Indian children in “non-Indian foster homes and adoptive homes and institutions” by state courts, welfare agencies and private adoption agencies.⁴⁴ Through ICWA, tribes are allowed exclusive jurisdiction in all custody matters involving an Indian child living on the reservation. In cases involving an Indian child who lives off the reservation, the tribe and the state hold dual jurisdiction. The state is compelled to observe strict procedures regarding:

- Tribal notification of a child’s removal from the family and award of state custody;
- Transfer of jurisdiction to tribal courts and the right to intervene in the proceedings;
- “Active efforts” to prevent removal of children from the home and provide services;⁴⁵

⁴⁰ Pevar 2002: 64.

⁴¹ The St. Regis Mohawk tribe has historically received funding from the State of New York, not from the federal government. Because child welfare services for tribal children and families are provided by the state and the tribe, the tribe does not engage in 638 contracting.

⁴² 25 U.S.C. Sec. 1901-1963.

⁴³ Red Horse, John.G., Martinez, C., and Day, P. 2001. Family preservation: A case study of Indian tribal practice. Seattle, WA: Casey Family Programs.

⁴⁴ *Ibid.*

⁴⁵ This standard encompasses the provision of prevention, reunification, and rehabilitative services in the context of tribal law, customs, and cultural standards. There is wide variation in the application of the “active efforts” standard across state, county and tribal social service agencies (*Ibid.*).

- Culturally-appropriate placements;⁴⁶
- Expert testimony in Termination of Parental Rights (TPR) proceedings; and
- Reporting and record-keeping requirements.⁴⁷

As noted earlier, ICWA made available to tribes funding most directly focused on child welfare services.

5. The Indian Child Protection and Family Violence Prevention Act of 1990 (P.L. 101-630)

P.L. 101-630 was enacted to establish tribally operated programs to protect Indian children and reduce the incidence of family violence in Indian country.⁴⁸ The Act also mandated the formation of multi-disciplinary teams (MDTs) in BIA service areas to develop a coordinated approach to jurisdiction, investigation and prosecution of child sexual abuse and severe physical abuse.⁴⁹ MDTs are composed of personnel with experience in the prevention, identification, investigation and treatment of child abuse and neglect. They consist of tribal and federal prosecutors, representatives from law enforcement, social services, health, mental health and victim advocates. Medical, psychological and psychiatric personnel may also be included.

A subset of MDTs are Child Protection Teams (CPTs), also established by legislation. Both types of teams may coexist in the same community, often with the same personnel.⁵⁰ However, CPTs are responsible for developing a coordinated community-based response to abuse and neglect and protecting a child from further maltreatment. The CPT ensures that

⁴⁶ ICWA delineates a hierarchy of placement preferences in an attempt to ensure that tribal children are placed in the most culturally appropriate and least restrictive setting possible. Out-of-home placements give preference to: (1) an extended family member; (2) a tribal foster home; (3) an Indian foster home licensed by the state; or (4) an institution for children approved by an American Indian tribe. Adoptive placements must give preference to: (1) a member of the child's extended family; (2) other member's of the tribe; (3) other Indian families; or (4) a placement preference specified by the tribe. In the event of voluntary foster care placements or relinquishment of parental rights, written consent is required by the parent(s), along with judicial certification.

⁴⁷ States are required to keep records of all Indian children in custody and states must release information regarding tribal ancestry to adopted Indian children when they reach 18 years of age.

⁴⁸ 25 U.S.C. Sec. 3201-3202.

⁴⁹ University of Oklahoma Health Sciences Center. March 2000. Multidisciplinary and Child Protection Teams. Prepared for the Office for Victims of Crime, U.S. Department of Justice.

⁵⁰ United States Department of the Interior, Office of the Secretary. May 7, 1987. Memorandum on Establishment of Child Protection Teams and Mandatory Child Abuse and Neglect Reporting and Referral Procedures. Washington, D.C.: U.S. Government Printing Office.

direct services are provided to victims, monitors the case until resolution, and identifies gaps in the service delivery system.

E. Jurisdictional Issues in Indian Child Welfare

As noted earlier, the authority and jurisdiction of tribal courts varies from tribe-to-tribe. Additionally, tribal jurisdiction over the investigation of abuse/neglect, foster care and adoption placement also vary.

1. The Structure and Authority of Courts in Indian Child Welfare Proceedings

As a result of the Indian Reorganization Act of 1934, the majority of federally recognized tribes have established tribal judiciaries, which combine aspects of western law with traditional Indian law and custom to varying degrees. Tribal court orders are honored in state and federal courts through the doctrine of full faith and credit. However, in contrast to state and federal courts, tribal courts have varying degrees of criminal and civil jurisdiction. One difference is the extent to which tribal courts may prosecute criminal cases on the reservation and infractions involving non-Indians. For the most part, tribal courts are limited to prosecuting any Indian person who commits a crime on the reservation. However, this excludes serious felonies, such as murder, rape, and aggravated assault, which are prosecuted in federal court. Like states, tribes have broad authority to hear all types of civil cases, including child welfare, domestic relations, juvenile delinquency, small claims, etc.

Tribal courts differ greatly, depending on the size, resources and traditions of the tribe. Differences are also found regarding the extent of jurisdiction and the degree of independence that the court holds from the tribal government (i.e., separation of powers). Over the years, many tribes have established separate criminal, family, trial and appellate courts, as have the Navajo and Mississippi Band of Choctaw among the case study sites. However, a minority of tribes, such as the Kiowa, do not have independent judiciaries. These tribes rely on the Courts of Indian Offenses, which are operated by the BIA (these courts are also known as CFR courts).⁵¹

Tribal courts can play the primary role in child protection, placement and custody decisions. Similar to the authority held by a state family or juvenile court, a tribal court may order a law enforcement officer or a tribal social worker to take emergency custody of a child in

⁵¹ Courts of Indian Offenses are governed by Volume 25 of the Code of Federal Regulations (CFR). University of Oklahoma Health Sciences Center, "Role of Tribal Courts in the Justice System." Prepared for the Office of Victims Crimes, U.S. Department of Justice, March 2000.

cases of abuse/neglect. If it is determined that out-of-home placement and services are needed for an extended period of time, a dependency petition can be filed. Although practices differ across tribes, most petitions are presented by the tribal prosecutor. Depending on tribal resources, a guardian *ad litem* may be appointed to represent the child, and a public defender may represent the parents.⁵²

Generally, tribes in P.L. 280 states do not operate court systems since BIA funding is not available to establish them (those tribal courts that do exist within these states have very limited jurisdiction for minor ordinance infractions, etc.). Instead, these tribes rely on state courts for hearing child welfare cases involving tribal children (examples among the case study sites included the small tribes in Southern California). Although the state and the tribe have concurrent jurisdiction under ICWA, state or county courts perform the majority of functions related to child protection, placement and custody due to the absence of tribal or CFR courts. Therefore, the state will retain custody of the case and the tribe will maintain active involvement in the proceedings through ICWA-funded attorneys and social workers.

In addition to tribal courts and CFR courts, some tribes also maintain traditional “courts” that resolve disputes in manners governed by tribal custom. In particular, select villages among the Hopi Tribe relied on these institutions to resolve domestic violence and child welfare decision-making.

2. Tribal vs. State Jurisdiction in Indian Child Welfare Cases

ICWA established safeguards with respect to states removing and terminating parental rights without tribal involvement. It provided tribes with primary jurisdiction in most Indian child welfare and custody cases. Jurisdiction over Indian child welfare cases is determined by domicile (i.e., whether the child lives on or off the reservation or trust land).

As mandated by ICWA, tribes have exclusive jurisdiction over a child who lives on the reservation. In these instances, the state has neither jurisdiction nor the power to intervene in child welfare matters (e.g., to conduct CAN investigations, to make custody or placement decisions). However, off the reservation, the tribe and the state have concurrent jurisdiction over an Indian child. In cases of dual jurisdiction, the state must transfer the case to the tribal court, upon the request of the tribe or the child’s tribal parents.

However, the tribe may be unable to assume jurisdiction. Relevant factors include the tribe’s social service infrastructure and capacity, lack of funding due to P.L. 280 status, the

⁵² *Op cit.*

tribe's size and associated political/legal clout and other factors. In these instances, the state may fulfill this function if the tribe is unable to do so.

a. Jurisdiction for Conducting Investigations of Abuse/Neglect

Off the reservation or trust lands, state or county child protective services (CPS) conduct CAN investigations involving Indian families as they do with all other families. However, as noted above, the ICWA provisions regarding notification to the tribe apply. At times, a tribal worker (funded through the tribe's ICWA allocation) may unofficially accompany a CPS worker during an investigation. More formalized joint state and tribal investigations occurred off-reservation in one study site (the Kiowa).

The practice of joint investigations, whether official or unofficial, underscores the concept of dual jurisdiction as defined in ICWA. Kiowa tribal and county stakeholders also noted that it tends to result in improved working relationships. Joint investigations and coordinated case management can be facilitated by Multi-Disciplinary Teams and Child Protection Teams. As discussed earlier, these teams provide a systematic community response to prosecution and child protection, respectively.⁵³

On the reservation or on trust lands, CAN investigations are conducted in the following manner among the study sites:

- **Tribal jurisdiction:** Acting under the authority of the tribal court, tribal law enforcement and tribal CPS investigate allegations of abuse and neglect. This occurred among the following case study sites: Hopi, Kiowa, Mississippi Band of Choctaw, Navajo Nation, Omaha, Pueblo of Isleta, Quinault Indian Nation, and Tanana Chiefs Conference.
- **State jurisdiction:** In both mandatory and optional P.L. 280 states, the county CPS unit and/or law enforcement investigate allegations of abuse and neglect on the reservation under the authority of the state (among the case study sites, this included tribes in Southern California, Oglala Sioux in South Dakota, respectively). This may be further complicated by jurisdictional issues that arise based on where the child is domiciled (residing) and where the alleged abuse and neglect occurred. Thus, as we learned in California, more than one county can be involved and sometimes more than one tribe is involved for children enrolled in more than one tribe. In all cases where the state or county has jurisdiction to conduct the investigation, ICWA provisions regarding notification to the tribe(s) must be followed. The Menominee Tribe provided an example of this among the case study sites.

⁵³ A more complete analysis of collaborative efforts and facilitating factors is addressed in a separate issue paper on the subject also produced through this project.

- **Shared jurisdiction:** For one tribe, jurisdiction over abuse/neglect investigation was shared by both entities, depending on the type of CAN allegation and the tribe's ability to respond. The St. Regis Mohawk Tribe investigates allegations of abandonment and neglect, whereas the county CPS unit investigates physical abuse on the reservation.

b. Foster Care Placement and Adoption

Responsibility for the delivery of foster care and adoption placement services varies on and off the reservation, as well. As with CAN investigations, the division of labor between the tribe and the state is determined by jurisdiction. When a child living on the reservation or trust land is placed in out-of-home care and the tribe has jurisdiction, the tribe typically provides services and makes placements within the extended family or tribe. When a child lives off the reservation, however, the tribe must petition the state for custody.

Among the study sites, decisions regarding the transfer of custody were found to be primarily influenced by available financing and cultural norms. For instance, if the tribe has a title IV-E intergovernmental agreement with the state, then the tribe will be reimbursed for the cost of foster care placement and maintenance for income-eligible children (e.g., Kiowa, Navajo, Omaha, and Tanana Chiefs Conference). However, if the tribe does not have a IV-E agreement, then it is often advantageous for the tribe that the child remain in state custody, reimbursed under title IV-E. In these cases, the tribal ICWA specialist will liaison with the state social worker to ensure that the child receives services and is in a culturally appropriate placement. Through the ICWA specialist, the tribe will continue to monitor the child's placement and participate in all court proceedings and make recommendations for services.

Along with resource issues, the provision of foster care and adoption services is further embedded in deep-seated historical and cultural concerns. At the point at which the termination of parental rights becomes a viable option, many tribes will request that jurisdiction over the case be transferred from the state to the tribe. Tribes' often redouble their efforts to locate tribal placement options at this point, as the concept of terminating parental rights is often contrary to tribal culture and kinship systems. A permanent guardianship arrangement or tribal kinship care program is the preferred permanency goal with most tribes.

On reservations and trust land, the following foster care service delivery models were observed among the case study sites:

- **Tribal only:** The tribe provided all foster care services and traditional tribal supports as well as recruitment, retention, training and licensing for families on the reservation (Hopi, Kiowa, Mississippi Band of Choctaw Indians, Navajo Nation, Omaha, Pueblo of Isleta, Quinault Indian Nation, and St. Regis Mohawk Tribe).

- **Tribal organization:** A state-licensed foster care provider made placement on behalf of the tribes (e.g., ICFS in Temecula, California, Tanana Chiefs Conference in Central Alaska).
- **State only:** The state had jurisdiction on the reservation and had primary responsibility to deliver services and make placements, often with the assistance of contracted providers or non-profit organizations (Menominee, Oglala Sioux).

3. Balancing Child Protection and Placement with Family Preservation

Numerous studies have documented the over-representation of Indian children in out-of-home placement and the lack of consistent compliance with ICWA.⁵⁴ The effect of these concerns was borne out among the case study sites. Ensuring ongoing state compliance with ICWA-mandated provisions (regarding notification, removal and placement of Indian children) was confirmed to be a key concern. However, in some respects, the jurisdictional limitations placed on tribes—despite the assertion of tribal sovereignty afforded through ICWA—creates an environment that heightens tribes’ emphasis on monitoring out-of-home placements for children in state custody and identifying tribal resources for children in need of placement. There is concern that this emphasis detracts from efforts to keep families together and developing an array of services to fulfill this goal for prevention, reunification, and rehabilitation.⁵⁵ Many tribes have not had the opportunity to develop the institutional capacity to preserve and strengthen families. Acting in the manner of a triage unit, they have first had to attend to casualties—the abused children and broken families. Comparatively, little time and attention is devoted to preventive and supportive services.

Within this environment of strained resources and systemic limitations, the FP/FS and PSSF program provided tribes important—but limited—funds to broach these barriers and broaden or intensify their efforts to integrate or create family support and preservation services into the continuum of Indian child welfare.

F. Summary

The discussion above highlights key policy and implementation issues that have influenced the development and delivery of Indian child welfare services, particularly the growth

⁵⁴ Brown, Eddie F., Gordon E. Limb, Ric Munoz, and Chey Clifford. December 2001. “Title IV-B Child and Family Service Plans: An Evaluation of Specific Measures Taken by States to Comply with the Indian Child Welfare Act.” Casey Family Programs and Washington University in St. Louis. See also Redhorse *et al.* 2001.

⁵⁵ Marc Mannes, “Seeking the Balance between Child Protection and Family Preservation in Indian Child Welfare,” Child Welfare Journal, vol. LXXII, no.2, March – April 1993, pg. 145.

and influence of tribal courts, child abuse and neglect investigations, and foster care placement and adoption assistance service. The confluence of shifting federal policy, jurisdictional limitations on tribal authority, historical marginalization within states, and a chronic lack of resources has presented a significant challenge to tribes and created a challenging environment for the long-term development of Indian child and family services, as found in the case study visits.

Additionally, tribes vary widely in terms of their abilities and approaches to providing child welfare services. The case study sites were no exception to this. Sites differed with respect to scale, the scope of services delivered and degree of reliance on (and integration with) external services and supports.

Although important to understanding Indian child welfare services—the context within which PSSF was implemented—no clear patterns emerged with respect to the contextual variables explained within this chapter and PSSF planning and implementation within the study sites. Instead, each tribe's experiences reflected their unique history and particular confluence of factors. The following chapter describes the planning and monitoring activities undertaken by tribes to guide PSSF implementation.

CHAPTER III PLANNING AND MONITORING

Both the 1993 Family Preservation and Family Support (FP/FS) legislation and subsequent guidance for the Promoting Safe and Stable Families (PSSF) program issued by the Administration for Children and Families, U.S. Department of Health and Human Services (ACF, HHS), placed major emphasis on needs assessment and strategic planning. Reflecting this emphasis, for the first year in which tribes were eligible for PSSF funding, they were allowed to spend their allocation to develop their comprehensive service plans. Tribes (and states) were not required to provide matching funds for funds spent on planning in the first year.⁵⁶

As explained in Chapter I, although all states were eligible to participate in the program in FY94, tribes were only eligible if they received \$10,000 or more under the allocation formula.⁵⁷ Therefore, only 41 tribes/tribal organizations participated in the program at its inception. As title IV-B appropriations increased in subsequent years, the allocations of all tribes and states increased. As a result, more tribes became eligible to participate in the program.⁵⁸

The purpose of this chapter is to describe the federal guidance provided to tribes for planning, the extent to which tribes followed this guidance, and the key planning issues that shaped the initial tribal plans developed. First, a brief review of the federal guidance on planning and key contextual factors is provided. Second, a discussion of how tribes followed the federal guidance based on information extracted from their five-year plans submitted in FY95 and FY00 is provided. This discussion focuses on the formation of collaborative planning bodies, needs assessments and other information gathering activities, in addition to consultation and collaboration across organizations.

⁵⁶ In subsequent years, participating tribes and states were required to provide a 25 percent match for funding provided under title IV-B, subpart 2. Contributions could be made through cash, donated funds or non-public, third party in-kind contributions. Whereas states were prohibited from using other federal funds to provide the match, tribes were allowed to use three federal sources of funding to provide the match: Indian Child Welfare Act funds, Indian Self-Determination and Education Assistance Act funds, and Community Development Block Grants (HHS, ACF, November 18, 1996, 45 CFR Parts 1355, 1356 and 1357).

⁵⁷ Each tribe's title IV-B, subpart 2 allotment is based on the ratio of the number of children in the tribe to the number of Indian children in all tribes.

⁵⁸ By FY00, a total of 63 tribes were eligible to participate.

The remainder of this chapter focuses on the experiences of the case study tribes with respect to the development of the original five-year plans, subsequent planning undertaken to address changes introduced by the Adoption and Safe Families Act of 1997, and program monitoring of implementation. Specifically, the following issues are explored:

- How did the locus of decision-making vary across tribes with the development of their five-year plans?
- How did the locus of decision-making change with respect to planning undertaken in response to changes made to the program by the Adoption and Safe Families Act of 1997 (ASFA)?
- How did tribes plan to spend title IV-B, subpart 2 funds to support tribal goals?
- To what extent did tribes participate in the state title IV-B, subpart 2 planning process?
- What common challenges and facilitating factors to successful collaborative efforts?

This is followed by a discussion related to tribal program monitoring.

The Technical Work Group (TWG) convened for this study provided valuable feedback on a number of issues related to planning. Their input is incorporated where relevant, supplementing the experiences of tribes that were captured on site.

A. Federal Guidance

The 1993 federal legislation and subsequent guidance encouraged tribes and states to engage in a strategic planning process that would culminate in a long-range, five year plan. Initial planning efforts were guided by the regulations presented in the Program Instruction (PI) published by the Administration on Children, Youth and Families (ACYF) on June 8, 1995.⁵⁹ Specifically, tribes and states were advised to include a wide array of stakeholders in the process, drawn from local and community-based organizations, and state and federal agencies. The PI also required tribes and states to focus their planning and implementation efforts on the two service categories specific to the FP/FS program: family support and family preservation, although it also allowed tribes and states to consolidate planning and reporting across the title IV-B subparts 1 and 2 programs.

Tribes and states were required to submit five-year Child and Family Service Plans (CFSPs) for fiscal years 1995-99 that were based on the collective input of stakeholders. The

⁵⁹ ACYF-PI-CB-95-17, June 8, 1995.

CFSPs established the goals to be accomplished, described how progress toward goal achievement would be measured, and articulated how family preservation and support services would be coordinated with other federal funding sources.

As part of the ongoing planning process, tribes and states were required to provide an annual update on progress achieved and any revisions to their goals. At the end of the fifth year, tribes and states were required to conduct a review of accomplishments and prepare a final report. A new five-year plan would be submitted for fiscal years 2000 – 2004, reflecting new or modified goals to be achieved and services planned. ACF Regional staff provided tribes and states ongoing guidance and technical assistance during their initial planning efforts and subsequent implementation of their five-year plans.

With the publication of the Final Rule on November 18, 1996, tribes and states were required to consolidate their planning and reporting across several sources of ACF child welfare funding in subsequent years.⁶⁰ Consolidation of planning and reporting was intended to reduce duplicative administrative burdens and to emphasize the development and integration of family preservation and support services across the service continuum. For tribes, this included the two title IV-B programs (subparts 1 and 2).⁶¹ Consistent with the federal guidance, tribes began consolidating sources of children welfare funding in their plans, which made it more difficult to extract information specifically related to title IV-B, subpart 2 for purposes of this study. This statutory change is reflected in plans developed after 1996 for newly-eligible tribes and for the five-year plans submitted for FYs 00-04.

The Final Rule also clarified that tribes were exempted from three statutory requirements that applied to the states: (1) the ten percent limit on administrative costs; (2) the non-supplantation provision; and (3) the requirement that a significant portion of funds must be used for both family preservation and family support services, allowing tribes to allocate funding among service categories as they wished.⁶²

⁶⁰ HHS, ACF, 45-CFR-1355, 1356, 1357.

⁶¹ In addition to title IV-B, states were required to consolidate planning and reporting for the Child Abuse and Prevention and Treatment Act (CAPTA) program, which provides preventive and protective services to children at risk of abuse or neglect and the title IV-E Independent Living program (ILP) for youth in foster care. Since tribes do not receive ILP or CAPTA funds, this was not required of them.

⁶² As noted in the June 8, 1995 Program Instruction, tribes were previously held to the same commitment as states to expend funds on family preservation and family support services. However, in the Final Rule, states were required to distribute a “significant portion” of funds to family preservation *and* family support services. In cases where a state proposed distributing less than 20 percent to either category, ACF required that the state provide a strong rationale for the minimal funding level (HHS, ACF, 45-CFR-1355, 1356, 1357).

Other statutory changes shaped tribal and state goals and the implementation of family preservation and support services over time. Reauthorization of the FP/FS program under the Adoption and Safe Families Act (ASFA) in 1997 introduced two new program categories – time-limited family reunification and adoption promotion and support – to be included in the five-year plan. Thus, an important difference in the content of the FY95 five-year plans compared to the FY00 plans is the inclusion of these categories.

B. Overview of the Planning Process by Tribes

As noted in Chapter I, the completeness and apparent accuracy of information in tribal plans varied considerably. This is consistent with findings related to the study of state PSSF implementation recently completed by James Bell Associates, Inc.⁶³ While limited, information from the plans provides a basic understanding of the activities tribes planned to undertake with respect to PSSF. This section presents information abstracted from this source. The FY95 and FY00 plans revealed that consistent with federal guidelines, tribes strove to:

- Form collaborative planning bodies;
- Consult and coordinate across organizations; and
- Conduct needs assessments and other information gathering activities to guide planning activities.

Each of these is addressed in the following sections. A more complete analysis of collaborative efforts is provided in the special paper dedicated to this issue that was also developed through this project.

⁶³ James Bell Associates, Inc., **Family Preservation and Family Support (FP/FS) Services Implementation Study Final Report, Volume I, Synthesis Report**, April 30, 2003.

1. Formation of Collaborative Planning Bodies

Federal guidance for developing the FP/FS applications strongly encouraged participants to collaborate with a wide range of stakeholders. The PI stated:

“In isolation, family support and family preservation services cannot effectively address the needs of children and families. Therefore, consultation and coordination should include the active involvement of major actors across the entire spectrum of the service delivery system for children and their families.”⁶⁴

The nature of this guidance reflects ACYF’s recognition that the funds available for FP/FS would not be sufficient to meet all the needs of preventive services. Therefore, collaboration was expected to encourage agencies to consider how they might build on existing programs, share responsibility for serving common populations, and consider ways in which the effectiveness of funding and other resources (e.g., facilities, staff) might best be utilized. Federal guidance in the 1995 PI directed the tribes and states to consult with and involve a broad-based group of key stakeholders that represented internal and external agencies, organizational units, groups and individuals in developing the five-year plan.

Available data from the CFSPs submitted in FY95 indicate that tribes appeared to form collaborative bodies and included a range of stakeholders. Exhibit III-1 illustrates the organizations involved with tribal planning activities for FY95, based on the analysis of 36 plans.⁶⁵ As shown, state and federal involvement in planning activities was reported most often by tribes, although as explained later in this chapter, the active involvement of these entities in key decision-making was not emphasized by the study sites.

Generally speaking, state organizations that were involved were state social service departments, while federal organizations were comprised of the Bureau of Indian Affairs (BIA), Indian Health Services (IHS), and ACF Regional offices. Also involved in the planning activities were organizations such as schools⁶⁶ (7 tribes), courts (3 tribes), mental health organizations (3 tribes), and other community-based organizations providing services (3 tribes). Others (7 tribes) participating in the

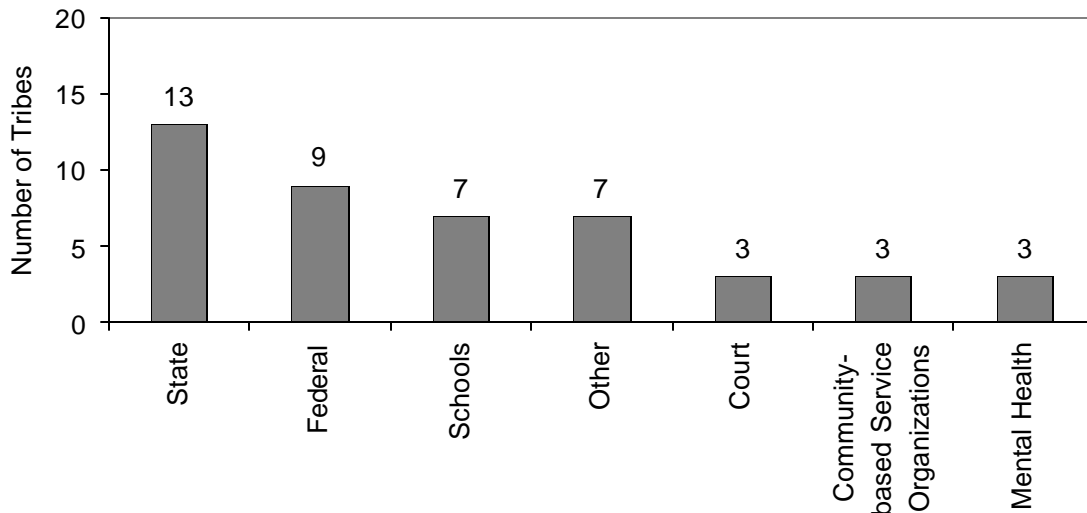
⁶⁴ OBRA, 1993, Section 432 (b)(1).

⁶⁵ An important caveat is that slightly more than 50 percent of the FY95 CFSPs reviewed did not contain any information regarding the composition of the planning groups. As noted previously concerning the limitations of the study, the quality of the plans varied greatly in the level of detail regarding the planning process, implementation activities and services planned.

⁶⁶ This category also includes institutions of higher education. Both the Navajo Nation and the Hopi Tribe worked closely with Arizona State University’s School of Social Work in planning and implementing the FP/FS program.

planning process included representatives from juvenile and county services, as well as foster parents and clients.

**Exhibit III-1
Planning Group
FY95
(N=36)**



2. Consultation and Coordination

As noted in the previous chapter, although title IV-B, subpart 2 funding was limited in relation to other sources of child welfare funding, the flexibility with which these funds could be used encouraged strategic leveraging of additional resources. Additionally, the PI directed tribes and states to seek the active involvement of organizations across the entire spectrum of the child and family service delivery system. Analysis of the FY95 plans indicates that in planning their FP/FS programs, tribes consulted and coordinated efforts with state (15 tribes) and federal (12 tribes) agencies, local organizations (10 tribes), educational institutions (6 tribes), tribal organizations (6 tribes) and courts (5 tribes).

3. Needs Assessment/Data Collection

As part of the planning process, federal guidance encouraged tribes and states to use planning funds to conduct needs assessments, and further recommended that tribes make use of available data whenever possible.⁶⁷ The needs assessments were expected to provide a

⁶⁷ ACYF-PI-CB-94-01, January 18, 1994.

catalog of existing programs and identify gaps in service delivery. Tribes and states were expected to define a service continuum and identify where FP/FS funds could be best utilized. Building upon tribal consultation and collaboration efforts among stakeholders, the needs assessment process facilitated the development of a shared vision of the desired service continuum and decision-making about resource allocation.

Per the federal guidance, tribes reported they used a variety of approaches to collect information. Analysis of the FY95 plans reveals that more than one-half of the 36 tribes conducted a survey to gather information (55%). Among the individuals who took part in the surveys in FY95 were: clients, foster parents, school personnel, human service workers, health care workers, public safety officers and tribal officials. While a number of tribes relied on tribal expertise to conduct the needs assessments, other tribes contracted with professional services firms. For example, the Kawerak, Inc. contracted with the National Indian Child Welfare Association (NICWA) to conduct the tribes' needs assessment.

Other methods used to collect information included focus groups, internal assessments, public meetings and secondary data analysis. However, these methods were used less frequently. Some tribes used multiple information gathering techniques, collecting information over time from various populations. For example, the Gila River Indian Community in Arizona conducted monthly internal assessments with all social service department directors, held bimonthly community meetings in each district, participated in an regular sessions of a statewide inter-tribal work group of social service workers, and surveyed tribal members at community events.

C. Key Planning Issues Among the Case Study Tribes

The data in the tribal plans provides a general understanding of tribal planning efforts. However, many of the key planning issues are better understood using the more in-depth information collected from stakeholders during on-site visits with the 12 case study sites. A discussion of the key issues that emerged from these tribes is provided below. This includes both the initial efforts undertaken by the tribes as they planned the implementation of the new federal program, and subsequent planning efforts undertaken to address changes made to the program by ASFA in 1997.

However, as noted in Chapter I, the information gathered with respect to these issues must be cautiously interpreted, as well. Specifically, the on site visits conducted for this study took place nearly 10 years after initial FP/FS planning occurred within most tribes.

1. How did the Locus of Decision-Making Vary Across Tribes with Respect to the Development of the Tribes' Five-Year Plans?

As noted earlier, the federal guidance directed the tribes and states to engage in consultation with a broad array of stakeholders and to coordinate services across systems and funding resources. Of the nine case study sites that participated in the PSSF program, most consulted with external entities but primarily relied on internal resources for key decisions. These issues are discussed here.

Across the nine tribes, the scale of the planning groups varied considerably. This ranged from the 8 staff members of Isleta Social Services, which traditionally has retained close control of tribal services within the pueblo, to the 43 organizations that comprise the Oglala Sioux's Multi-Disciplinary Team, where, for various historical reasons, there have been multiple public and private entities involved in the delivery of social services on the Pine Ridge Reservation.⁶⁸

Differences also emerged with respect to the degree to which *non-tribal* stakeholders were involved in planning processes. Notably, more than one-half of the tribes relied *exclusively* on tribal stakeholders to inform the development of their CFSP. At a minimum, it was comprised a tightly-knit group of directors and staff of the tribal social services unit and key tribal administrators; this model was found among two tribes (the Hopi and Pueblo of Isleta). Building upon this primary unit, three other tribes included a wider range of tribal stakeholders, drawn from education, health, law enforcement, tribal courts and other human services (i.e., Mississippi Band of Choctaw, Oglala Sioux and Omaha tribes).

In contrast, a broader coalition of tribal and non-tribal stakeholders was brought together for planning among the remaining four case study tribes. These tribes appeared more responsive to the federal guidance to involve a range of internal and external stakeholders:

- **Menominee Tribe:** The steering committee comprised both tribal and Menominee County representatives (e.g., tribal and county schools and social services), as well as other tribal stakeholders (elders, youth, clergy, judges, law enforcement, etc.).
- **Tanana Chiefs Conference:** TCC included the tribal leaders, clients, and providers of tribal social and human services of the ten regional Native Alaskan corporations, along with representatives from social and human service agencies across the state.
- **Kiowa Tribe:** This tribe reached out to its community service partners, other tribes, and state social and human services agencies.

⁶⁸ For a discussion of the role and function of Multi-Disciplinary Teams, please see Chapter II of this report.

- **Navajo Nation:** The largest federally-recognized tribe included state child welfare agency administrators and staff from the three states that its borders included (Arizona, New Mexico, and Utah).

However apart from this consultation, it is also important to note that within all nine sites participating in PSSF, decision-making on key implementation issues was primarily vested with the tribal administrative unit or entity responsible for the coordination and delivery of social services.⁶⁹ As a result, the locus of decision-making was held by the tribe and carried out by the tribal social services unit. This held true despite the significant political, institutional and economic differences found among the nine tribes visited, such as size (small to large), level of institutional capacity (developing to well-established), nature of political authority (centralized to dispersed), status of tribal and state relations (cooperative to antagonistic), geographic barriers (concentrated to dispersed communities) or economic viability (weak to strong).

However, further analysis revealed that this approach did involve the perspective of multiple relevant tribal services and programs. Due to their size and scale, most tribal social services include most human services related to child welfare (e.g., child protection, child welfare, general assistance, child care, mental health and substance abuse services, with direct links to health services). Among smaller and mid-sized tribes, staff resources and leadership are shared between these functions.

In some ways, most tribes were able to integrate a diverse array of services and disciplines since a single agency was responsible for child welfare, mental health, health and other related social services. Though limited in scope, nonetheless, tribal social service agencies were able to directly provide and link with a wide variety of tribal supports and services. Consequently, the federal mandate to collaborate across programs and coordinate funds to build a continuum of child and family services did not always appear to pose the same internal challenge to tribes as it did for states, which often had social services and child and family services distributed across multiple agencies and systems.

⁶⁹ As noted in Chapter I, three of the study sites did not participate in the PSSF program. The Quinault Nation was not eligible to participate in the programs as its allotment was less than \$10,000. St. Regis Mohawk Tribe, although eligible, did not participate in the program at the time of the on-site visits, but will participate in FY03. The Indian Child and Family Services, located in Temecula, California, is a community-based non-profit organization providing direct services to Indian Tribes and county child welfare agencies in the Southern California area. It is not eligible to receive program funds.

2. Did the Locus of Decision-Making Change with Respect to Planning Undertaken in Response to Changes Made to the Program by the Adoption and Safe Families Act of 1997?

As explained earlier, when the Adoption and Safe Families Act of 1997 reauthorized title IV-B, subpart 2, the number of service categories on which states and tribes were instructed to make expenditures was expanded from the original two (family preservation and family support) to four (with the addition of time-limited family reunification, and adoption promotion and support services). Subsequent federal guidance specified that states were to allocate at least 20 percent of their FY99 title IV-B, subpart 2 funding to each of these four categories or provide an explanation of why this action was unnecessary. However, tribes were exempt from this requirement, and as a result, did not have to re-visit their original plans to accommodate this change in program direction to the same extent that states did.

The study of state PSSF implementation recently completed by James Bell Associates, Inc., identified two primary issues regarding shifts in planning in response to changes in the PSSF program:

- **The state child welfare agency assumed greater control over planning decisions:** The original focus on preventive services (family preservation and family support) meant that child welfare agencies reached outside of their traditional domains. However, by 1999 the locus of control had shifted back to the child welfare agency among the majority of study sites. The introduction of the time-limited family reunification and adoption promotion and support program categories meant that services offered by states and counties had to be more closely targeted on traditional child welfare services clients.
- **The changes introduced by ASFA also presented a unique opportunity for “mid-course corrections:”** Within many sites, the state agency reassumed control over a decision-making process they determined were in need of better-definition.⁷⁰

However, a different set of factors influenced decision-making among tribes. As explained earlier, initial decisions regarding FP/FS funding were generally controlled by tribal social services, not other planning groups as was the case with many states. Also, the fact that tribes were exempt from the requirement that a certain percentage of funds be expended within each of the four service categories mitigated the need for tribes to shift funds to accommodate the addition of two new program categories. Taken together, these factors largely explain the fact that stakeholders in almost all of the study sites did not recall pronounced shifts in the locus of control post-1997.

⁷⁰ James Bell Associates, Inc., **Family Preservation and Family Support (FP/FS) Services Implementation Study Final Report, Volume I, Synthesis Report**, April 30, 2003, pgs. 54 – 56.

However, stakeholders from the largest tribe, the Navajo Nation, did recall shifting the locus of control mid-program implementation. Efforts were undertaken to shift planning and key decision-making responsibility from their six regional offices, to the central social services office located in Window Rock, Arizona.

Originally, the Navajo Nation's program start-up plan involved evenly dividing all FP/FS funds between the six regional offices. Each regional office acted autonomously in deciding how their allotment of the title IV-B, subpart 2 funding could be used to develop and implement programs, according to their needs. However, a year after the initial planning phase of FP/FS began, an evaluation of the FP/FS implementation process funded by the tribe revealed shortcomings. The service models being implemented were not aligned with "the key principles in the Family Preservation and Support Services Legislation" (according to the final report of the analysis) nor were the service models aligned with the "key components of the Navajo Nation's Five-Year Plan for FP/FS Services," including allocating 75 percent of the funds for support services.⁷¹ Overall, the study revealed shortcomings in the expenditures of title IV-B, subpart 2 funds and the apparent efficacy of the activities carried out with regard to program implementation.

The Navajo Nation responded to these study findings and the PSSF reauthorization in three ways. First, the tribe realigned their planning efforts and locus of decision-making by vesting greater control in the central office to develop the new five-year plan in FY00. Second, the tribe reoriented the program goals and focused on three of the four PSSF service categories, so that time-limited reunification efforts would be addressed, as well as family preservation and support services. Third, the Navajo Nation restructured its human resources by dedicating staff to deliver these services and setting targets for the numbers served. The overall goal of this "realignment initiative" was to standardize assessments and to specialize workers, in order to minimize caseloads and improve the referral process, so that families could receive the appropriate services in a timely manner.⁷²

⁷¹ Evaluation of the Navajo Nation Family Preservation and Support Services: Implementation Study. (November 24, 1997). Prepared by J.B. Ashford & C.W. LeCroy, Arizona State University School of Social Work, for Navajo Nation Department of Social Services.

⁷² The Navajo Realignment Initiative centralized the intake and assessment for virtually all social services (including family support, time-limited family reunification and adoption promotion and support) within a multi-disciplinary worker within each region. Performance standards for program delivery and timeliness were established. Family preservation was the only service for which assessment and referral was administered separately. Investigative workers were charged with this function in an effort to target these services to those at highest risk of foster care entry.

3. How Did Tribes Plan to Spend FP/FS and PSSF Funds to Support Tribal Goals?

Across all case study sites, tribes aimed to strengthen both families' and the tribes' ability to care for *their* children and to develop the necessary infrastructure and relationships to support this effort, in keeping with traditional Indian concepts of family preservation. Thus, tribal goals and funding priorities aligned children and families with concrete prevention and intervention services and supports embedded in wider community networks or systems of care. For example:

- **Hopi Tribe:** Sought to reach out to multi-stressed families that traditionally resisted social services by creating a parent aide to serve as a liaison between families and the formal service delivery system;
- **Kiowa Tribe:** Sought to ensure the stability of the family and prevent removal of children by providing home-based parenting training that was guided by a tribal elder and by extending financial support to meet basic needs;
- **Menominee Tribe:** Sought to address internal family conflict and disintegration by reaching out to truant youth and their families through mentoring and community-based parent education;
- **Omaha Tribe:** Reached out to families threatened with eviction and sought to prevent disintegration by providing a multi-faceted program that emphasized sources of familial and community support;
- **Pueblo of Isleta:** Targeted families in crisis and developed intensive in-home family preservation services, followed by a period of aftercare with community-based services; and
- **Tanana Chiefs Conference:** Invested in training social workers to provide direct services to families in need or in crisis who lived in remote Alaskan villages.

Tribes also strove to develop the necessary infrastructure that would allow children in foster care to be reunited with their families or return to the custody of the tribe. Among many other goals, both the Navajo Nation and the Mississippi Band of Choctaw Indians sought to reunite children with their immediate and extended families through intensive reunification services and placement services, respectively. The Oglala Sioux made a concerted investment in providing ICWA-related services, as did several other tribes. Emphasis was placed on recruiting and training Indian foster parents to care for tribal children that had been in state custody.

Although all sites were able to clearly articulate the need for the services developed under PSSF, it is notable that none involved joint services delivery between county and state child welfare agencies and tribes. Given the extent to which tribal members often rely on state and county child welfare agencies for services, and external agencies are mandated to meet

certain requirements with respect to tribal children, the need for efforts to facilitate joint preventive service delivery between states and tribes seems apparent.

4. To What Extent Did Tribes Participate in State FP/FS and PSSF Planning?

Part III, Section A of the 1994 PI required states to actively involve major actors across the entire spectrum of the service delivery system for children and their families in their planning efforts. Federal direction was further clarified in the Final Rule, indicating that states must involve the following stakeholders in the consultative process:

- All appropriate offices within the tribal or state delivery system;
- A wide array of tribal, state, local and community-based organizations (both public and non-profit);
- Parents and consumers of services;
- Representatives from the tribes within the state and representatives from local government;
- Representatives from professional and advocacy organizations;
- Representatives from state and local agencies that administer federally funded programs; and
- Administrators, supervisors, and front line workers of the tribal and state child and family services agency.

States were also required to describe ongoing efforts to consult with these stakeholders over time and to maintain their active involvement.

During the on-site visits, tribal administrators were queried about their involvement in the state title IV-B, subpart 2 planning efforts. Of the 12 sites visited, 5 (the Menominee Tribe, Mississippi Choctaw, Navajo Nation, Pueblo of Isleta, and Tanana Chiefs Conference) indicated they had participated in the state's planning process in one form or another.

For those tribes that participated in the state FP/FS planning process, their roles and responsibilities primarily involved providing direct feedback on a state-developed plan. Representatives from the Pueblo of Isleta reported that the completed state plan was presented to the tribal administration for feedback prior to its submission to HHS. As members of this study's Technical Work Group observed, state requests for comments or feedback often occur on the back-end of the process, with tribal participation as an afterthought. Thus, the

opportunity to engage tribal stakeholders at the front-end and address child welfare issues of mutual concern is lost, although the technical requirements of the legislation may have been met.

In contrast, one of the study sites, the Navajo Nation, was involved in FP/FS planning efforts with all states that are within the reservation borders. In 1994, and again in 1999, representatives from the Navajo Nation were invited to attend the planning forums in each state. Tribal administrators conferred with the state planning groups on the proposed plans and gave feedback and offered suggestions, particularly on issues relating to compliance with the ICWA.

Numerous observers interpret tribal consultation in this process as a telling indicator of tribal/state relations and recognition of tribal sovereignty. The nature and extent of tribal consultation in the state-planning process remains a concern shared by tribes visited on-site and members of the Technical Work Group convened for this study.

5. What were common challenges and facilitating factors to successful collaborative efforts?

Among the study sites, many barriers to collaborative efforts were observed. These included the sheer geographic distances that separated key stakeholders within tribes, lack of staff time to devote to fostering collaborative initiatives, the size of smaller tribes and their lack of infrastructure for service delivery and frequent turnover in the leadership of tribal social services. Within the tribes visited, the director of social services emerged as a key person who fulfilled multiple functions. In addition to supervising staff providing direct services, the director was responsible for developing budgets and programs, as well as engaging in strategic planning initiatives. Additionally, within many tribes, this position was also political in nature. Thus, the tenure of these individuals was often directly impacted by changes in tribal leadership.

In recognition of this, several tribes moved to isolate key administrative positions from the tribe's political process. Most notably these included the Kiowa, Menominee and Omaha tribes. Within one tribe, tribal leaders revealed that they considered a key child welfare position as "inviolable" because at one time or another, extended family had accessed needed services. Thus this person was not replaced despite political changes in tribal government that were occurring.

Despite the challenges noted above, a number of promising collaborative efforts were observed among the study sites:

- **Coordinated internal screening and assessment:** Under the Navajo Nation’s “Realignment Initiative,” all social services intake and assessment (with the exception of child abuse/neglect investigation and PSSF-funded family preservation services), occurred through specialized, multi-disciplinary workers. The Mississippi Band of Choctaw Indians assessed all child welfare cases through the tribe’s department of behavioral health.
- **Establishing processes for cross-referring clients between programs:** The Omaha Tribe’s family preservation program established cross-referral processes with the tribe’s substance abuse prevention and treatment, and mental health services, programs.
- **Tribal consortia:** Within two of the sites visited, smaller tribes pooled funding in order to provide needed services. Tanana Chiefs Conference (TCC) was incorporated in 1962 to provide health and social services to 43 small, isolated tribes and villages located in interior Alaska. Services were funded through BIA and HHS funding sources, including PSSF. Member villages could contract with TCC to deliver services or use TCC as a pass-through to receive funding. Indian Child and Family Services (ICFS) in Temecula, California, is a non-profit organization providing Indian child welfare services to 18 small tribes in the Southern California area. Its Board of Directors includes 11 tribes and 2 Indian health centers.
- **Outstationed staff and tribal liaisons:** Two of the sites provided examples of innovative staffing arrangements. New York State funded three Native American Affairs Specialist positions to function as intermediaries between the state and the nine federally-recognized tribes within its borders. The liaisons were members of local tribes, including St. Regis Mohawk. The Omaha Tribe and Girls and Boys Town recently entered into an agreement to establish two residential homes off the reservation. Both entities jointly funded a liaison position located on-site.

Although PSSF funding could be used flexibly, the amount of funding allocated to tribes may not have been sufficient to undertake large, new collaborative efforts given entrenched historical and contextual barriers. However, where collaborative efforts were underway, they were re-emphasized by the availability of PSSF funding. Specifically, within the seven tribes noted above as having especially noteworthy collaborative efforts, four were noted earlier in this chapter as having particularly inclusive consultation in the development of their PSSF plan (the Navajo Nation, Menominee Tribe, Tanana Chiefs Conference and the Kiowa Tribe). Thus, PSSF funding provided an additional venue for furthering collaborative relationships.

In comparison to internal collaborative efforts, tribes noted that collaboration with external entities seemed especially difficult to undertake successfully. As explained in the previous chapter, in many instances tribes are reliant on state and county child welfare agencies for services. Within this context, the PSSF planning and decision-making process presented a

unique opportunity to work with external social service entities and build formal partnerships, even in cases where relations had been historically antagonistic.

Given the numbers of tribal children in state custody, tribes' concerns with on-going ICWA compliance, and the need to enter into agreements to garner resources controlled by the state, such as title IV-E reimbursement for eligible children, it seems imperative that bridges be built between tribes and state agencies. Thus, it appears that greater efforts could be made at the tribal, state and federal level to foster more collaborative planning, resource allocation, and delivery of child and family services. This subject is also addressed through a special issue paper also produced under this project.

D. Program Monitoring

A key finding of the state PSSF implementation study was the need for technical assistance in monitoring and evaluation. This conclusion was underscored by this study as well. As noted in the Program Instruction and in the Final Rule, tribes (like states) were required to measure progress toward the accomplishment of program goals and specify the methods used to monitor their title IV-B, subpart 2 programs. Compliance with this requirement was found to be fairly minimal among the study sites, and was largely limited to tracking direct program outputs (e.g., the number served) culminating in quarterly reports to tribal administrators and annual reports to the funding agency. The content and quality of such reports reviewed for this study varied considerably, as did the tribal resources available to support monitoring activities.

On the whole, tribes did not monitor their PSSF programs independently within their child welfare programs. As learned during the on-site visits, some tribes limited their activity to monitoring basic caseload trends across the service continuum, and merged oversight of the title IV-B, subparts 1 and 2 program activities with ICWA-driven concerns (e.g., number of children in foster care and their placement location). For example, the Kiowa, Mississippi Band of Choctaw, and Oglala Sioux consolidated monitoring and reporting in this fashion. The Navajo Nation and the Pueblo of Isleta, however, provide notable exceptions to this general practice, albeit on vastly different scales.

A key component of the Navajo's Realignment Initiative was a process for identifying the number of families served and assessing their progress on established goals. Components of this performance measurement system focused exclusively on the PSSF service components. Specifically, on a quarterly basis the regional offices within the Navajo Nation Department of Social Services (NNDSS) reported the number of families served, the timeliness of services

received and other key indicators. Along with measuring performance on service delivery, the regional office submitted an Annual Progress and Services Report to the NNDSS central office.

Aware of the need for greater rigor in program monitoring, the Pueblo of Isleta also implemented a quality assurance review. The tribe's quarterly measurement of progress toward PSSF goals and objectives was derived from its ongoing review process. Isleta Social Services staff routinely examine randomly selected cases, using a checklist derived from the requirements of the federal Child and Family Service Review (CFSRs) that incorporated PSSF requirements established by the tribe.

More commonly, tribes monitored their title IV-B, subparts 1 and 2 program activities in conjunction with ICWA-funded activities and reported aggregate numbers of cases in state and tribal custody along with case status to internal stakeholders. For example, the Kiowa Tribe monitored 15 components of its Child and Family Services program but did not differentiate these elements by the source of funds for internal reporting purposes. Therefore, monthly reports submitted to the Kiowa Tribal Social Services Director encompassed both PSSF and ICWA-related concerns, and included such output measures as the number of (1) intakes and referrals; (2) referrals received but not eligible for ICWA services; (3) reunification services offered to families; (4) cases referred to the parenting program; and (5) active cases in the CFR court.

Among the majority of case study sites, tribes invested minimal effort in program monitoring. As with evaluation, program monitoring emerged as an area in which additional resources and/or technical assistance are needed. Efforts to further institutional capacity and commitment for PSSF monitoring and the collection of outcome data could build upon ongoing tribal efforts to monitor state-compliance with ICWA requirements.

E. Summary

Consistent with federal guidance, tribes strove to form collaborative bodies, consult and coordinate across agencies and conduct needs assessments and other information gathering activities. Consultation and coordination was documented in the plans submitted by tribes and noted during on-site visits. Internal collaboration was facilitated by the fact that tribal social service agencies' are often comprised of multiple services, including child welfare and related social services. As a result, multiple service perspectives internal to the tribe were often involved in PSSF planning and decision-making.

Greater difficulty was observed with engaging external stakeholders in active decision-making and collaborative efforts. Success seemed to be largely dictated by each site's pre-existing working relationships. To the extent that collaboration existed prior to PSSF implementation, the program created another venue to re-emphasize collaborative relationships. However, absent this, historical and contextual barriers proved to be significant and difficult to overcome. The active involvement of tribes in state planning efforts was noted as an area in need of improvement as well.

Program monitoring and evaluation emerged as another area of concern with respect to PSSF. Given that ICWA provides funding for tribal staff to assume compliance functions, monitoring conducted by tribes was primarily concerned with tracking the status of children in out-of-home placement.

These concerns raise implications for additional technical assistance and/or support. However, despite these challenges, the case sites yielded promising practice models to build upon as noted in this chapter. Additionally, to varying degrees, tribes consulted with states and counties concerning ICWA compliance issues. Building on these, promising models of ongoing collaboration could be extended into other less-developed service venues.

CHAPTER IV SERVICES FUNDED

A. Overview

The purpose of this chapter is to examine the various types of services Indian tribes chose to implement with their title IV-B, subpart 2 funding. As discussed in Chapter I, tribes were required to invest funding across four broadly defined program categories: family support, family preservation, time-limited family reunification and adoption promotion and support. Funding could also be invested in program administration and training. The analysis of the Child and Family Services Plans (CFSPs) submitted by tribes found that the majority labeled their Promoting Safe and Stable Families (PSSF) funded programs as family support.⁷³ This finding was consistent with the state study of title IV-B, subpart 2 implementation, also recently completed by James Bell Associates, Inc. (JBA).⁷⁴

However, both studies revealed additional complexities with program classification once on-site data collection began. The degree of flexibility allowed tribes and states resulted in a wide variety of approaches, services and activities. Services provided could not be easily classified by the four program labels provided in the legislation. In other words, one tribe's "family support" activities were very similar to another tribe's "family preservation" activities. Due to this variation, this chapter focuses on categorizing and describing the PSSF-funded service delivery programs by certain design characteristics. Specifically, the following dimensions were analyzed:

- **Funding approach:** Some sites funded discrete programs with PSSF funding, while others blended this with other sources to support a broad array of child welfare services and administrative functions.
- **Locus of service delivery:** Some programs provided in-home services, while others provided services within a community center or in an office setting.
- **Target Population:** Programs varied with respect to their intended target populations. These ranged from families with issues known to place them at-risk of becoming child welfare system-involved (e.g., substance abuse, parent/child conflict), families known to child welfare and social services, to families formally involved with child welfare (e.g., recently reunified).

⁷³ James Bell Associates, Inc., **Implementation of Promoting Safe and Stable Families by Indian Tribes, Review of the 1995 and 2000 Child and Family Service Plans**, March 11, 2003.

⁷⁴ James Bell Associates, Inc., **Family Preservation and Family Support (FP/FS) Services Implementation Study, Final Synthesis Report, Volume I**, April 30, 2003.

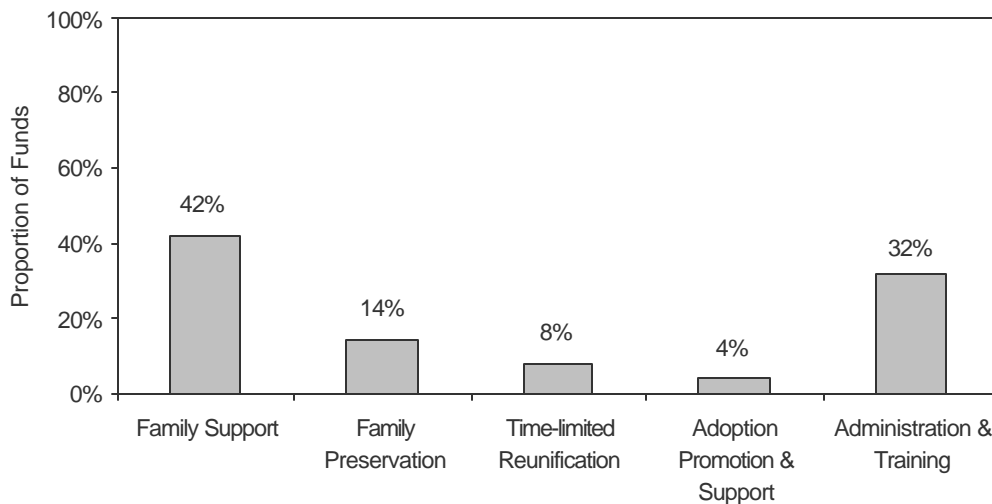
- **Referral sources:** The range of referring entities both internal and external to the tribe and child welfare varied.
- **Services provided:** Programs varied widely in both the number and range of services provided.
- **Service intensity and duration:** The frequency with which families were provided services was noted along with their duration.

More complete descriptions of each tribe's PSSF services are provided in Volume II.

B. Issues in Defining and Categorizing Programs

As noted in Chapter I, unlike states, tribes were not required by federal legislation to spend a significant amount of funds (defined as at least 20 percent), within each of the four specified program categories. Also, tribes were not subject to the 10 percent cap on administration and training imposed on states. Reflecting this flexibility, Exhibit IV-1 shows that in FY00, tribes reported to HHS that 42 percent of PSSF funding was allocated to family support, 14 percent to family preservation, 8 percent to time-limited family reunification, 4 percent to adoption promotion and support, and 32 percent to administration and training.⁷⁵

Exhibit IV-1
Tribal Allocation of Title IV-B, Subpart 2
Funding by PSSF Service Category
FY00
(N = 38)



⁷⁵ *Op cit*, pg. 32.

As explained in Chapter II of this report, the fact that adoption promotion and support was emphasized the least is not surprising. As discovered through the on-site visits, the vast majority of tribes visited expressed great reluctance in pursuing termination of parental rights and/or adoptive placement, citing cultural reluctance to sever these familial relationships. The on-site visits conducted for this study yielded relevant insights with respect to expenditures on discrete services as well as those for administration and training.

Within many study sites, the “program categories” defined by tribes were often somewhat artificial. Sites often considered a single service approach (such as parent training/education programs) as capable of meeting the needs of the target populations in two or more of the four PSSF program categories. Although this is similar to findings with respect to state implementation, within many tribes this appeared to be even more pronounced. As explained in Chapter III, tribal social services often resembled small, rural county child welfare agencies. Workers often fulfilled multiple functions, serving families at various stages of the child welfare continuum (e.g., providing in-home case management to a “high-risk” family, and also providing very similar case management services to foster families that were struggling in a particular area). As the social services director for more than one tribe noted, “services are offered to families as needed,” subject only to the tribe’s ability to marshal the financial and staff resources necessary to provide them.

Although many of the study sites invested PSSF funding in discrete prevention and reunification services, it was also apparent that many tribes combined their PSSF funding with other sources to improve a broad array of tribal child welfare services in key areas. Funded activities emphasized enhancing the tribe’s ability to ensure the safety and care of its children by creating foster care and adoptive placement options within a tribal setting and enhancing their child protective services. Given their relation with external child welfare agencies (see Chapter II), tribes described these efforts as “tribal/family preservation.”

For these reasons, similar to the state study of PSSF implementation, the need to develop a unique service classification system for the programs and activities receiving PSSF funding became evident. Specifically, services were classified in the following categories (see Exhibit IV-2):

- **Preventive and reunification services:** Sites in this category funded discrete programs aimed at: supporting families and improving parenting and communication skills; obviating the need for foster care placement; and facilitating the timely return of children. This category was further differentiated by the primary locus of service delivery (in-home or center-based):

- **In-home service delivery programs:** This category included a total of nine programs that provided services to families in their home. Within this category, programs differed in terms of their target population, as well as the intensity and duration of services provided. Three subcategories were identified to capture these differences:
 - + **Intensive family services:** These services included programs traditionally considered family preservation. Programs primarily served families assessed to be at very high risk of foster care placement or had children in the process of being returned to the family from out-of-home placement. Services were of a higher intensity and shorter duration than other in-home services. Assessment was conducted at defined, periodic intervals (Navajo Nation—two programs, Pueblo of Isleta—one program).
 - + **Parent training programs:** Typically focused on families known to child welfare experiencing an escalation in internal conflict. This created a need for additional supportive services. Although families were not assessed to be at immediate risk of foster care placement, there was concern that without additional services, the family would continue to deteriorate, and that eventually placement might be necessary. Services were focused on providing parent training and additional supports during the time of family stress. Many of these programs were found to have cultural curricula focusing on native child rearing practices (Hopi Tribe, Kiowa Tribe of Oklahoma, Menominee Tribe of Wisconsin, Navajo Nation—each with one program per site).
 - + **Case management programs:** Unlike the above home-based service programs, these services were broader and less targeted on specific families or family problems. Programs primarily served families known to child welfare or other related service systems that were in need of longer-term support than offered by intensive family services or parent training programs. Frequently, services and activities included referral to needed services, home visits to ensure child safety, and counseling (Menominee Tribe of Wisconsin, Mississippi Band of Choctaw Indians—one program per site).
- **Center-based programs:** Two programs in two different sites offered services to tribal members through a community-based center. The emphasis was on serving families within a community setting so that they did not become involved with the child welfare system. Services focused on teaching families basic coping and communication skills, and on building family cohesion. Concrete assistance for basic needs was sometimes provided. (Oglala Sioux Tribe, Omaha Tribe of Nebraska—one program per site).
- **Blended child welfare services and administration:** Four of the sites visited blended all PSSF funding (Tanana Chiefs Conference) or part of their allocation (Mississippi Band of Choctaw Indians, Oglala Sioux Tribe, Pueblo of Isleta) with other funding sources to strengthen a broad array of child welfare services and activities. These efforts were aimed at returning Indian children from state—to tribal—placement, stabilizing tribal placements and conducting investigations within the tribe. In contrast to the PSSF-funded preventive and reunification services

discussed above, discrete programs with PSSF funding were not supported. Within sites, funded services and activities included:

- Administrative activities related to identifying potential tribal placement resources for children in state custody, including licensing homes and training foster parents;
- Expanding and enhancing the tribe’s ability to conduct their own investigations of abuse/neglect to reduce child placement external to the tribe; and
- Enhancing systems to better-assess children in placement to stabilize tribal placements.

Finally, it should be noted that although this classification system is useful for identifying programs with similar characteristics, programs often did not fall neatly into just one category. For instance, case management was a component of virtually all programs and services receiving PSSF funding within tribes. Similarly, sites routinely stretched available services and models to accommodate the needs of particular families that came to their attention. For instance, tribes might generally provide parent training services to families known to—but not formally involved with—the child welfare system. Yet sometimes these same services were extended to other families in other circumstances. Alternatively, it became clear that sometimes a program’s duration and intensity were varied to accommodate individual family circumstances. For instance, families located a great distance might be provided fewer visits but of a longer duration.

Therefore, it is important to realize that the analysis on which the remainder of this chapter is based, reflects each program’s *primary* characteristics with respect to the dimensions explained earlier (funding approach, locus of service delivery, target population, referral sources, services provided and their intensity and duration). Yet tribal social services staff met

Exhibit IV-2
Summary of Major Program Categories and Key Characteristics among the Study Sites

Program Type	Number of Programs	Target Population	Referral Sources	Centralized Intake/ Assessment
Preventive and Reunification Services				
In-Home Services				
Intensive Family Services	3	Families at risk of foster care placement or in the process of reunification.	Tribal social services, police, courts, mental health services, child protective services and other community organizations.	All programs have centralized intake and assessment.
Parent Training Programs	4	High-risk families known to child welfare experiencing a crisis that places them in need of short-term parent education, training, services and supports (families recently reunited, experiencing parent/youth conflict, experiencing blended family issues and alcohol/substance abuse).	Tribal child protective services, courts, schools, Head Start programs, schools, other community organizations and self referrals.	Most have centralized intake and assessment.
Case Management	2	Children and families in a variety of circumstances in need of longer-term support (truant youth, first time offenders, or families experiencing internal conflict).	Tribal social services, police, courts, schools, housing agencies and self-referrals.	Assessment can be formal or more informal, focusing on responding to needs identified by families.
Center-Based Services				
	2	Children and families at risk of becoming involved with the child welfare system.	Tribal social services, child care, Head Start programs, housing agencies, community organizations and self referrals.	Assessment can be formal or more informal, focusing on responding to needs identified by families.
Blended Child Welfare Services and Administration				
Administration, Investigation and Assessment	4	Children and families that have been reported for abuse/neglect or have a child placed in care.	Tribal social services, police, courts, schools, and county social service agencies and courts.	Most programs have some form of centralized intake and assessment.

the needs of their children and families with the resources and programs available to them as best they could. As a result, program parameters (such as target population and service intensity and duration) were not always rigidly applied to accommodate special circumstances. Exhibit IV-3 provides information on the number of programs in each of these service categories that received PSSF funding among the study sites, along with each site's FY02 funding allocation.

As explained in Chapter I, two of the tribes visited were not receiving PSSF funding at the time of the site visit. The first, Quinault Indian Nation, did not qualify for funding as their allocation would be less than \$10,000 under the allotment formula. The second, St. Regis Mohawk, was eligible, but did not participate. For historical reasons, the tribe has primarily interacted with the state and has only minimally participated in federal funding programs; although as a result of the site visit, the tribe plans to apply for PSSF funding. Finally, one additional site visited—Indian Child and Family Services (ICFS)—is not discussed in this chapter. ICFS is a community-based non-profit Indian organization providing direct services to a number of very small Indian tribes and county agencies in the Southern California area. Due to its status as a community-based organization, it is not eligible for direct PSSF funding.

C. Preventive and Reunification Services Funded

1. In-home Services Delivery

a. Intensive Family Services

Exhibit IV-4 provides descriptive information for the three intensive family services programs receiving PSSF funding among the study sites. As noted earlier, these programs were the most intensive of funded services, reflecting the high-risk families targeted. As shown in the exhibit, both tribes with established programs in this area (the Navajo Nation and Pueblo of Isleta) actively limited sources of referrals to those entities most directly serving abuse/neglect cases. The Navajo specified that referrals be made by the tribe's child protective services investigative worker, while Pueblo of Isleta's program referrals were to be made by the Community Protection Team (CPT) in which the tribe participated, or in related proceedings (meetings convened by the tribe's social services or court hearings). As discussed in Chapter II, CPTs are charged with formulating a coordinated community-based response to child abuse neglect. The groups include all departments that actively report suspected cases of abuse/neglect involving tribal children.

Similar to JBA's analysis of state PSSF implementation, analysis of tribal implementation found that the Navajo Nation slightly modified its family preservation program to serve high-risk

**Exhibit IV-3
Services Receiving PSSF Funding Among Case Study Sites Receiving PSSF Funding**

Tribe/Tribal Organization (PSSF FY02 Allocation)	Preventative and Supportive Services				Blended Child Welfare Services and Administration
	In-home Intensive Family Services	In-home Parent Training Programs	In-home Case Management	Center-Based Programs	
Hopi Tribe (\$32,124)		X			
Kiowa Tribe of Oklahoma (\$28,480)		X			
Menominee Tribe of Wisconsin (\$16,905)		X	X		
Mississippi Band of Choctaw Indians (\$21,725)			X		X
Navajo Nation (\$746,094)	X	X			
Oglala Sioux Tribe (\$60, 858)				X	X
Omaha Tribe of Nebraska (\$11,189)				X	
Pueblo of Isleta (\$11,603)	X				X
Tanana Chiefs Conference (\$52,069)					X

**Exhibit IV-4
PSSF Funded In-Home Services: Intensive Family Services**

	Name of Program(s)	Funding Sources (Amount)	Target Population	Referral Source(s)	Assessment	Services Provided	Service Intensity	Caseload Size	Service Duration
Navajo Nation Child & Family Services	Family Preservation	Title IV-B, subpart 2 (\$746,094); BIA (638 contract).	Families with children who are at risk of out-of-home placement.	Tribal Child Protective Services (CPS) investigative worker.	Families are assessed at referral and at 45, 90 and 140 days of program involvement.	In-home counseling and parenting utilizing <u>Family's Journey to Harmony, Navajo Based Parenting Curriculum</u> , case management, referrals to other services .	2 + contacts per week (minimum of 1 hour per session). Families located great distances may receive 1 2.5 hour visit per week.	No more than 6 families per worker.	3 to 6 months, with a 6-month extension if necessary.
	Time-Limited Family Reunification	Title IV-B, subpart 2 (\$746,094); BIA (638 contract).	Families who have had children placed in out-of-home care (foster care or child care institution).	Tribal department of social services multidisciplinary intake worker.	Families are assessed at intake and at periodic intervals thereafter.	In-home counseling and parenting, case management, referrals to other services .	2 + contacts per week (minimum 1 hour per session). Families located great distances may receive 1 2.5-hour visit per week.	No more than 5 families per worker.	Up to 15 months.

Pueblo of Isleta Isleta Social Services	Family Preservation	Title IV-B, subpart 2 (\$5,802); Tribal funds (\$40,500); IHS Child Abuse and Prevention Grant (\$145,331).	Tribal children at risk of removal or displaying behavioral and/or emotional challenges. Families in crisis or experiencing short-term placement.	Community Protection Team ¹⁴¹ related division of social services staff meetings, tribal court.	Families are assessed within 72 hours of intake and at 8 - 12 weeks of program involvement.	Services include family strength identification, crisis intervention, prevention services, wraparound services, anger management, family counseling, and experiential therapy.	1 – 2 visits per week for first 8 weeks, decreasing thereafter.	No more than 5 cases per worker per month.	Up to 6 months.
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families in the process of reunification. The focus of this program was to provide intensive time-limited assistance to these families to help ensure child safety and successful permanency. Families were targeted shortly after foster care placement, and services could extend up to 15 months, reflecting the goal established by the Adoption and Safe Families Act of 1997 (ASFA) to place children in a permanent setting within 15 months of entry.

Program intensity was ensured through established protocols. The Navajo Nation's two programs specified at least two contacts per week, with each session lasting a minimum of two hours. Exceptions were made in the case of families living great distances from the tribe's regional offices. Workers noted that with such families, one weekly visit might suffice, although workers ensured that the single weekly visit lasted 2.5 hours. Caseloads for the Navajo's family preservation program were limited to no more than six families per worker, while the reunification program was limited to five families per worker. Standards for Pueblo of Isleta's intensive family services program specified one – two visits weekly for the first eight weeks, decreasing thereafter. Caseload sizes were limited to no more than five per worker.

**Navajo Nation
Family Preservation and Time-Limited Family Reunification Services**

At the time of the site visit, the Navajo Nation was in the process of realigning staff in order to provide more consistent services throughout the six service regions on the reservation. The goal of the "realignment initiative" was to standardize assessments, and specialize workers, with the aim of improving the referral process so that families received appropriate social and child welfare services in a timely manner.

With this realignment, cases involving suspected abuse/neglect were referred to workers dedicated to investigation. Criteria for completing investigations in a timely manner were specified. Only these workers were able to make referrals to the tribe's family preservation services, as the goal was to reserve these services for families at the highest-risk of foster care placement. Referrals to all other child welfare and related social services were administered through a multi-disciplinary worker who conducted a standardized assessment of families, dependent on their stage of child welfare involvement. Referrals to the tribe's family reunification services were made through this worker.

However, one barrier to service delivery was noted by workers during on-site visits. Under the realignment initiative, the family preservation program was under-utilized as the number of referrals did not always keep pace with the number of available service slots. Investigative workers noted that under the realignment initiative, their primary focus was to complete abuse/neglect investigations in a timely manner. The additional assessment needed to determine a family's eligibility for family preservation services emerged as a barrier to referral.

Both the family preservation program and the time-limited family reunification program made use of a curriculum developed by the tribe titled the "Family's Journey to Harmony, Navajo Based Parenting Curriculum." The curriculum incorporated traditional teaching and values into home visits and family and individual counseling.

It is also notable that programs in this category also had the most well-developed assessment criteria and timelines, reflecting the relatively high-risk families served. Under the Navajo's family preservation program, families were assessed upon referral and at 45, 90 and 140 days of program involvement. Similarly, the Isleta program assessed families upon entry and at 8 – 12 weeks of program involvement. Periodic assessments helped ensure that families were progressing adequately and that child safety was maintained.

b. Parent Training

Four of the tribes funded home-based service programs focused on parent training (see Exhibit IV-5). While intensive family services programs were targeted at those families at the most immediate risk of foster care placement or in need of additional services to facilitate reunification, the parent training programs formed by tribes targeted a slightly broader population. These programs targeted families known to the child welfare system that were experiencing an internal crisis—or set of stressors—that placed them in need of additional short-term services and supports aimed at supporting effective parenting. Programs targeted families that were experiencing parent/child conflict, had truant or gang-involved youth, as well as those experiencing stress related to blended families or alcohol and substance abuse. Families that had come to the attention of social services—but were resistant to needed services—were also targeted.

Reflecting this broader focus, many more sources were allowed to refer families to these programs in comparison to intensive family services. Common referral sources included Head Start programs administered by the tribe, tribal schools and tribal social services. All programs accepted families that self-referred, as well.

Core services offered by these programs revolved around a curriculum emphasizing effective parenting techniques. Additional services included referrals to other services along with transportation, budgeting, individual and family counseling and concrete assistance with basic needs. Select programs sought to incorporate native values and child-rearing techniques. For instance, the Kiowa Tribe's Parent Education Program includes a tribal elder during in-home visits who teaches families about traditional child rearing practices, housekeeping and keeping a family budget. Assessment conducted in association with these programs focused on determining a family's progress with improving parenting and communication skills.

**Exhibit IV- 5
PSSF Funded In-Home Services: Parent Training**

Name of Program	Funding Source (Amount)	Target Population	Referral Source(s)	Assessment	Services Provided	Service Intensity	Caseload Size	Service Duration	
Hopi Tribe Hopi Guidance Center¹⁴²	Parent Aide	Title IV-B, subpart 2 (\$32,124).	High-risk families who are resistant to engaging in needed child welfare and social services.	Tribal Child Protective Services (CPS), courts, schools, Head Start program and social services clinical psychologists, self-referrals.	Assessment is conducted by Hopi Tribe's CPS and Parent Aide during intake.	Parenting skills, transportation, budgeting and family counseling.	2 visits per week.	Undefined.	3 – 6 months.
Kiowa Tribe of Oklahoma Kiowa Social Services	Child and Family Service Program	Title IV-B, subpart 2 (\$28,480).	Families undergoing counseling or recently reunited.	Tribal child protective services, child care, Head Start program and self referrals.	Assessment is conducted at intake and upon completion of service plan.	Referrals to needed services, parenting skills training, traditional child rearing skills taught by tribal elder, concrete financial assistance for basic needs and community workshops.	2 visits per week initially, decreasing to 1 visit per week thereafter.	Undefined.	6 sessions over a 4 week period.

Exhibit IV-5 (continued)

	Name of Program	Funding Source (Amount)	Target Population	Referral Source(s)	Assessment	Services Provided	Service Intensity	Caseload Size	Service Duration
Menominee Tribe of Wisconsin Tribal Social Services	Adolescent Parenting Education Program	Title IV-B subpart 2 (\$16,905); Early Intervention & Diversion Grant from the Office of Justice Assistance.	Families experiencing parent/youth conflict, truant or gang involved youth.	Housing agency, tribal court and self-referrals by parents of youth.	Assessment is conducted after each session by the Youth Advocate.	Parenting education sessions conducted by the director and resource specialists (police officers, truancy officer, and school district social worker).	2 visits per week.	Undefined.	3 weeks.
Navajo Nation Child & Family Services	Family Support Services	Title IV-B, Subpart 2 (\$746,094); BIA (638 contract).	Blended families experiencing conflict, families experiencing alcohol/substance abuse and lack of transportation to needed services.	Tribal schools, Head Start program, or other community organizations and self-referrals.	Families are assessed every 90 days	In-home or group parenting sessions, transportation services, identifying family and social supports (utilizing Genogram or Eco-Map), traditional teaching in Navajo family culture.	Undefined.	Undefined.	3 – 12 months.

Reflecting their broader focus, the duration of services varied among the four programs as well. Two reflected the curriculum used (i.e., 6 sessions over a 4 week period for the Kiowa Tribe's Child and Family Service Program, 3 weeks for the Menominee Tribe's Adolescent Parenting Education Program). The remaining two programs were longer in duration, ranging from 3 – 6 months for the Hopi's parent aide program to 3 – 12 months for the Navajo's family support services.

Additionally, the programs were generally less intensive than the intensive family services programs. All but one of the programs sought to visit families twice per week, at least in the initial stages of service delivery; however, no minimum number of visits was established for the Navajo's Family Support Services. None of the programs defined a maximum number of families that could be served at any one time.

A common theme stressed by stakeholders during the on-site visits was the need for effective services for adolescents and youth. Tribal leaders and decision-makers, as well as court officials and social services directors consistently expressed both a lack of basic services in this area and knowledge of promising practices. For one tribe, families with adolescents were the focus of their parent training program.

Adolescent Parenting Education Menominee Tribe

During on-site visits, stakeholders noted concern that tribal youth were forming gangs on the reservation and were involved with intimidation and drug running. An increase in youth violence and gang-related assaults was also noted. As a result, the tribe decided to target their PSSF-funded services on truant or delinquent youth and on supporting their families.

The Adolescent Parenting Education program is one of the services developed by the tribe. Parenting education sessions were designed to provide parents with information and support on a number of topics, including gang involvement, truancy, adolescent development and effective parenting strategies for teens. Parent participation was either voluntary (e.g., for self-referrals) or court-ordered (sometimes in conjunction with a youth's court-order). Parents learned about the parent training program through posted notices and fliers sent to youth service providers and the College of the Menominee Nation. Materials distributed to parents during the twice weekly sessions included a youth and family resource directory providing information about tribal and county social services. In addition to self-referrals and referrals from the tribal court, the tribe's housing agency was also allowed to make referrals to the program.

In comparison, the Hopi Tribe's Parent Aide Program was developed to bring reluctant tribal families into needed services and supports in a non-threatening manner.

Parent Aide Hopi Tribe

Most Hopi residing on the reservation live in or near 12 villages located on three mesas. All villages have a high degree of political autonomy. For instance, village leaders could assume jurisdiction over cases involving domestic violence and child welfare (child abuse/neglect and adoption). Although this autonomy results from a strong clan tradition that often provided important sources of support to families, this autonomy could also complicate social services delivery. Specifically, program administrators noted that Hopi families were often reluctant to seek assistance outside their clan. Seeking assistance outside the village was often implicitly, or even explicitly, discouraged.

To help alleviate this and bring families to needed services, the Hopi Tribe used their PSSF funding for a parent aide position. The parent aide (herself a former client of the child welfare system) was trained in providing in-home parent education, a relatively non-threatening—but highly-needed—service. Once she became trusted by the family and village, she could help identify families in need of additional social services, and transport them to services, if necessary.

However, administrators experienced unanticipated barriers following implementation. The parent aide noted that reaching out to families and villages was a challenging endeavor that required skill and a sizeable investment of time and energy. As a result, she was primarily utilized by other social services staff for transporting foster care children and parents to health and visitation appointment. Supervisors realized the parent aide needed additional support. In subsequent follow-up, program administrators noted the aide was increasingly utilized as originally intended.

c. Case Management

In comparison to the other two home-based services categories, the three programs classified as case management services were the most broad in focus, often providing assistance and advocacy in resolving an immediate need, and then providing ongoing supportive case management. Exhibit IV-6 shows the three programs identified in this category. Typically, these programs were relatively flexible in both the frequency and duration of services. In contrast to all of the identified intensive family services and parent training programs which established limits on service duration (and all but one established standards concerning the minimum number of in-home visits to be conducted each week), none of the programs offering case management services defined standards in these areas.

As noted in Chapter I, due to the Mississippi Band of Choctaw Indian's successful economic development enterprises, a wide range of services was made available to tribal families free-of-charge regardless of their income level. Often these services were coordinated through the tribe's case management services program supported by multiple sources of funding, including PSSF.

**Prevention and Family Preservation Services
Mississippi Band of Choctaw Indians**

The Mississippi Band of Choctaw Indian's case management services were offered to families known to child welfare in which suspected child abuse/neglect or parent/child conflict placed the family at enhanced risk of dysfunction that might eventually lead to children being placed in out-of-home care. Prior to referral, the tribe's behavioral health agency conducted an assessment and a case management treatment plan was developed. A wide range of services could then be accessed including in-home counseling, referral to other tribal and community services, concrete assistance and in-home supervision to ensure child safety.

**Exhibit IV-6
PSSF Funded In-Home Services: Case Management**

	Name of Program	Funding Source (Amount)	Target Population	Referral Source(s)	Services Provided	Service Intensity	Caseload Size	Service Duration
Menominee Tribe of Wisconsin Tribal Social Services	Youth Advocacy Program	Title IV-B subpart 2 (\$16,905); Early Intervention and Diversion Grant from the Office of Justice Assistance.	Truant and/or gang-involved youth, first time offenders, families experiencing parent/youth conflict and youth at risk of becoming first time offenders.	Tribal truancy court, schools, housing agency, substance abuse treatment center and self-referrals.	Referral to community resources, coordinated case management, tribal Ropes and Challenge Course and "Culture Camp".	Undefined.		
Mississippi Band of Choctaw Indians Division of Social Services	Prevention and Family Preservation Services	Title IV-B, subpart 2 (not available); tribal revenue; BIA Social Service funds. ¹⁴³	Families where child abuse/neglect or internal conflict places them at risk of dissolution, dysfunction or disruption.	Tribal court, police, mental health agency, social services.	In-home counseling, referral to tribal and community services (including supervision), concrete assistance and information and referral.	Undefined.		

Consistent with the tribe's parent training program described earlier, the Menominee's Youth Advocacy Program also focused on adolescent issues.

**Youth Advocacy Program
Menominee Tribe, Wisconsin**

Concerned that too many tribal youth were not routinely attending school, the Menominee Tribe made repeat truancy a violation of the tribal ordinance governing compulsory school attendance. These cases were heard by a specialized court held once per week in the evening. The court utilized a number of interventions designed to improve school attendance, including participation in the Youth Advocacy Program. Typically, the court offered truant youth a choice of paying a fine or attending the program. According to stakeholders interviewed on-site, more than 80 percent of youth agreed to participate in the program.¹⁴⁴

Once referred, youth were assessed on an instrument that measured risk for negative behavior in a number of domains including substance abuse, physical and mental health, family and peer relationships, education and vocational skills, and aggressive behavior and delinquency. Informed by these assessments, youth advocates helped youth and their families identify issues of concern (e.g., self-identity and awareness, anger and stress management, problem solving strategies, peer pressure) and strategies for addressing these. The youth advocate then acted as a service broker between the family and available tribal and community resources. Typically, a service plan was developed and coordinated. Often cases began with simple steps and rewards, such as buying a youth a radio alarm clock to enable him or her to wake up in time for school, and then rewarding him or her for attendance. Subsequently, parents and other family members were drawn into the service plan.

Two traditional activities used by the program to build cultural pride and positive behavior among Menominee youth were the Menominee "Ropes and Challenge Course" and "Cultural Camp." In the Ropes and Challenges Course, youth were offered a series of challenges designed to teach strength and resiliency. Ropes were awarded to both the youth and his or her family for achievement. The culture camp, which instructed youth in the culture and traditions of the tribe, was sponsored by the tribe's Historic Preservation Department.

In summary, nine PSSF funded programs were identified as providing services within the home. This included three that provided intensive family services programs, four parent training programs, and two case management services. These programs served different target populations—the intensive family services programs focused primarily on child welfare clients at the highest risk of foster care placement, the parent training programs focused on families with risk factors associated

with abuse and neglect, and case management services provided the broadest array of services to families and were the least intensive.

2. Center-Based Programs

Two tribes visited funded programs located in community-based centers on the reservation (see Exhibit IV-7). Within these centers, PSSF-funded programs differed, reflecting the focus of the centers in which they were located.

Support Services Oglala Sioux Tribe

The Oglala Nation Tiospaye Resource and Advocacy Center (ONTRAC) was the primary tribal organization charged with ensuring surrounding jurisdictions complied with the Indian Child Welfare Act (ICWA) of 1978. Its staff of five provided a range of center-based services, including preventive services as well as services designed to identify and support tribal placement resources (described in the subsequent section of this chapter). The tribe combined its PSSF funds with ICWA title II funds and other sources of funding to support the range of services and activities offered by the center.

Supportive services were extended to those families who had some contact with child welfare services (i.e., the county child protective services agency), or were identified as being at significant risk of becoming involved with child protective services. Essentially, the program provided a range of preventive and supportive services, including substance abuse counseling, parent skills training, case management and concrete assistance with basic needs. The goal was to provide services that ameliorated the need for out-of-home placement.

**Exhibit IV-7
PSSF Funded Center-Based Programs**

Name of Program	Funding Sources (Amount)	Target Population	Referral Source(s)	Services Provided	Service Intensity	Caseload Size	Service Duration	
Oglala Sioux Tribe Oglala Nation Tiospaye Resource and Advocacy Center (ONTRAC)	Support Services	Title IV-B, subpart 2 (not available); BIA (638 contract); Title II, Indian Child Welfare Grant; and state funds. ¹⁴⁵	Children and families at risk of becoming involved with the child welfare system.	Self-referrals, BIA, child care program, Head Start program.	Substance abuse counseling, parent skills training, case management and concrete assistance with basic needs.	Undefined	Undefined	Undefined
Omaha Tribe of Nebraska Child and Family Well-Being Team	Strengthening Family Partnerships (SFP)	Tribal funds (PSSF funds were used in previous years and will be used again in subsequent years).	Families on the verge of eviction.	Tribal housing agency.	Culturally-relevant activities led by a program coordinator and educator that focus on family cohesion, communication, health, safety and support.	3 hour group meeting held once per week.	10 families per session.	8 four-week sessions per year.

The Omaha Tribe's Four Hills of Life Wellness Center provided a broad array of health and wellness services for tribal members.

Strengthening Family Partnership Omaha Tribe

The Four Hills of Life Wellness Center offered programs that addressed the needs of each age group represented in the four hills of its logo—infancy, youth, adulthood and old age. A range of services were offered through the center including: nutritional services addressing diabetes education, treatment and prevention; prenatal smoking cessation; community-based health education; a state alcohol prevention program; youth mentoring and development; and programs for girls aged 9 – 14 and women over 40.

Within the center, PSSF funds were used to operate the Strengthening Family Partnerships (SFP) program. The program targeted families on the verge of eviction referred by the tribe's housing agency. The program engaged families in culturally-relevant activities that empowered them to make healthy decisions. The program's goal was to stabilize the family's housing situation by addressing issues that put them at-risk, and to strengthen the family so it could function as a strong and cohesive independent unit.

The SFP program lasted for eight weeks and met weekly for three hours. A total of four sessions were offered in 2002. Up to ten families could be accommodated in one session.¹⁴⁶ Participation in the program was mandatory in order to receive housing assistance, and all members of the household were required to attend (i.e., parents, elders, and children).¹⁴⁷

The program was led by a program coordinator and integrated native customs and traditional approaches within service delivery. For instance, the initial session began with a cedaring (a traditional blessing) and a feast. Thereafter, each session began with a meal and prayer. The final session featured a drum group. Each session addressed a particular issue and culturally-relevant teaching. Families took part in multiple activities that were led by an invited educator. Some of the issues addressed were: health and hygiene; diabetes and nutrition; family violence; family recovery issues; family and community-oriented and problem solving; mental health; drug/alcohol awareness and liver disease; being a good tenant and neighbor; taking pride in your home; identifying support networks; and public safety.

In addition to incorporating traditional values, each activity and issue addressed was also brought back to "what it meant for the family," thereby emphasizing the importance of internal communication. Each session also focused on a culturally-relevant teaching regarding the guiding principles of the Omaha people: responsibility, caring, respect, trustworthiness, fairness, honor, and spirituality. Eventually, these principles were expressed in a Family Shield that each family designed over the course of the program and shared with the group at the final session. Through this exercise, familial issues (including areas of strength and areas of need) and family history, were placed within traditional cultural values.

**Exhibit IV-8
PSSF Funded Blended Child Welfare Services and Administration**

	Name of Program	Funding Sources (Amount)	Services Provided
Mississippi Band of Choctaw Indians Department of Family and Community Services	Social Services	Title IV-B, subpart 2 (not available); tribal revenue; BIA Social Service Funds.	A full range of child welfare services including investigation, assessment, behavioral health, and foster care and adoption placement.
Oglala Sioux Tribe Oglala Nation Tiospaye Resource and Advocacy Center (ONTRAC)	Indian Child Welfare Services	Title IV-B, subpart 2 (not available); BIA 638 contract (Title II, Indian Child Welfare Grant); state funds.	Services related to ensuring compliance with the Indian Child Welfare Act (ICWA) for children in state custody—reviewing ICWA petitions, determining jurisdiction, providing transportation for families and attending court hearings and offering legal assistance and advocacy.
	Foster Care Recruitment and Training	Title IV-B, subpart 2 (\$60,858); BIA 638 contract (Title II, Indian Child Welfare Grant); state funds.	For children placed in emergency protective custody, services needed to place children with extended family or tribal members are provided, including criminal background checks of prospective placements, home studies and training.
Pueblo of Isleta Isleta Social Services	Social Services	Title IV-B, subpart 2 (\$5,802); BIA (638 contract) (\$290,238); tribal revenue (\$40,500).	A full range of child welfare services including investigation, foster care recruitment and case management, case management for adolescents in need of out-of-home care or in-home supportive services and ICWA functions. Traditional counseling for court-involvement families.
Tanana Chiefs Conference The Department of Community and Natural Resources	Child Protective Services Coordinator	Title IV-B, subpart 2 (\$52,069), Title II Indian Child Welfare Grant, and Family Violence Act funds .	A centralized coordinator supervised child welfare caseworkers stationed in individual villages, appeared in state court on behalf of tribes, processed adoptions and occasionally accompanied state child protective services staff on investigations. Also oversaw training for village level social workers (offered twice per year) on issues such as permanency planning, family reunification, case management, case plans and visitation.

Tanana Chiefs Conference (TCC) is a non-profit Tribal consortium that provides health and community services to 43 Athabascan¹⁴⁸ tribal governments located in Interior Alaska. TCC is a model of individual rural, isolated tribal villages collectively forming an administrative structure to deliver health and community services.

**Tanana Chiefs Conference
Tribal Youth and Family Specialists**

Many of the villages in the TCC consortium are comparatively small; individually they would not have the capacity to administer child welfare and social services and would therefore be reliant on state and county child welfare agencies. However, by forming TCC, villages pooled their resources collectively and accessed services and funding as needed. Each Tribal government had a representative on the Board of Directors of TCC. TCC carried out the mandates of the board, prepared budgets for the villages, staffed village child welfare offices, and provided technical assistance to the villages.

In order to build capacity at the village level, TCC utilized PSSF funds to support the salary of a coordinator that supervised and trained Tribal Youth and Family Specialists (TFYS)—caseworkers stationed within individual villages. Twice a year, these caseworkers traveled to Tanana Chiefs Conference (TCC) headquarters for a week long seminar. Over the years, training centered on issues such as permanency planning, family reunification, case management, case plans and visitation to name a few.

Additionally, the coordinator accompanied state CPS workers on select investigations of tribal families, appeared or teleconferenced in state court on behalf of tribes and villages and processed adoptions.

E. Summary

In summary, it is evident that study sites used the flexibility provided through the PSSF program to undertake a variety of services and activities. Most sites invested in discrete programs aimed at ameliorating family crises, improving parenting and communication skills and addressing a variety of issues that placed families at-risk of abuse/neglect or disruption. Among these, many promising strategies emerged for engaging hard to serve populations such as youth and isolated families.

However for nearly half the sites, PSSF implementation underscored the unique challenges facing tribes; in particular, their frequent reliance on external child welfare services. As a direct result, the primary reform emphasis of many sites was to improve the tribe's child welfare service infrastructure. Towards this end, PSSF funding was combined with other sources to augment a number of critical areas. These included expanding tribal placement

options so that Indian children in the care and custody of the state could be brought back into the care of the tribe, improving the tribe's abilities to respond internally to reports of abuse/neglect to lessen the number of children placed outside the tribe, and emphasizing effective assessment strategies for children in the care of the tribe in order to stabilize these placements. For these sites, tribal child welfare capacity building was viewed as the first step to ensuring child safety, preventing foster care placement and reunifying children with their parents.

CHAPTER V CONCLUSIONS

The previous chapters in this report described implementation of the Promoting Safe and Stable Families (PSSF) program by American Indian tribes. The following aspects of implementation were addressed—planning, monitoring, service delivery and program design—within the context of Indian child welfare policy, practice and funding. As evidenced throughout this report, there was no single story of PSSF implementation. Each tribe's process reflected its unique history and particular confluence of contextual factors. Consistent with federal guidance, tribes utilized the legislation's flexibility to implement programs and services reflecting their perceived needs.

Given this flexibility, it is not surprising that each of the study sites had strengths and weaknesses. Issues and challenges noted across the sites and their impact on PSSF planning, monitoring and implementation are noted below:

- **Dependence on external child welfare services:** To varying degrees, and for a variety of contextual reasons explained in this report, the sites visited for this study were reliant on externally provided child welfare services:
 - **Child abuse/neglect investigation:** Within 8 of the 12 sites, the tribe or tribal organization investigated allegations of abuse/neglect on reservation or trust lands (Hopi Tribe, Kiowa Tribe, Mississippi Band of Choctaw Indians, Navajo Nation, Omaha Tribe, Pueblo of Isleta, Quinault Indian Nation and Tanana Chiefs Conference). In comparison, within three tribes, the state or county child welfare agency primarily fulfilled this function (tribes in Southern California, and the Oglala Sioux and Menominee Tribes); while in one tribe (St. Regis Mohawk) this function was shared.
 - **Out-of-home placement:** Within 10 of the 12 sites, the tribe or tribal organization provided foster care placement services for children residing on reservation or trust lands (Hopi Tribe, Kiowa Tribe, Mississippi Band of Choctaw Indians, Indian Child and Family Services in Southern California, Navajo Nation, Omaha Tribe, Pueblo of Isleta, Quinault Indian Nation, St. Regis Mohawk Tribe and Tanana Chiefs Conference). In comparison, within two tribes, the state or county child welfare agency was responsible for this function (Menominee and Oglala Sioux Tribes).

Among all sites, external agencies were responsible for investigating allegations or abuse/neglect and providing foster care placement for tribal children residing off the reservation or trust lands. Reliance on externally provided services created additional barriers to preventing placement and facilitating reunification. This impacted PSSF implementation in the following ways.

- **Program monitoring:** A primary concern of all sites visited for this study was ensuring ongoing state compliance with requirements established by the Indian Child Welfare Act of 1978 (ICWA) concerning Indian children in state custody. ICWA provides funding to tribes for staff to fulfill these functions. It has been noted that this heightens tribes' emphasis on monitoring out-of-home placements for children in state custody and identifying tribal placement resources for them, to the detriment of focusing on preventive and supportive services development.¹⁴⁹ It should be noted that the issue of inadequate program monitoring is not limited to tribes. As the study of state implementation conducted for HHS by James Bell Associates, Inc. found, this concern exists for states and localities as well.¹⁵⁰
- **Services funded:** Four of the nine sites receiving PSSF funding (Mississippi Band of Choctaw Indians, Oglala Sioux Tribe, Pueblo of Isleta and Tanana Chiefs Conference) used all or some portion of their allocation to strengthen a broad array of tribal child welfare services. Funded activities focused on: returning Indian children from state—to tribal—placement; enhancing systems to better assess children in placement in order to stabilize tribal placements; and expanding the tribe's ability to conduct their own investigations of abuse/neglect to reduce external child placement.
- **Lack of joint planning and service delivery:** Given that tribes are dependent on externally provided services to varying degrees (and that states are mandated to meet certain ICWA requirements when placing tribal children in custody), the need for collaborative planning and service delivery efforts is evident. Although four of the nine sites receiving PSSF funding that were visited for this study included external stakeholders in their planning process (Menominee Tribe, Tanana Chiefs Conference, Kiowa Tribe and Navajo Nation), the locus of key PSSF decision-making was firmly vested within the tribal social services agency within all sites. Similarly, tribes reported that the input of tribes into state PSSF plans was generally solicited after key decisions had been made. Of the 12 sites visited, 5 recalled participating in the state PSSF planning process in this manner.

Despite the legislation's emphasis on collaborative decision-making, it did not appear that the program was able to overcome historical and contextual barriers. However, to the extent that collaboration existed prior to PSSF implementation, the program created another venue to re-emphasize collaborative relationships.

- **Lack of youth services:** Universally, tribal leaders and social service administrators lamented the lack of youth services and activities that could effectively engage youth and help alleviate high-risk behaviors. It is notable that even though a few tribes visited had considerable resources available for developing social services, tribal leaders and administrators often lacked knowledge of effective approaches for addressing high-risk behaviors among youth and related family issues.

PSSF funding provided a unique opportunity to develop programs for high-risk youth and their families. However, with limited knowledge of alternative service options, only one tribe used this source of funding to develop innovative models of service delivery for this

population. The Menominee Tribe used its PSSF allocation to expand several initiatives and services, including a parenting program and a program for chronic truants. The tribe had strengthened its ordinances governing compulsory school attendance and formed a specialized evening court to hear truancy cases. In lieu of a fine, youth were given the opportunity to participate in a PSSF-funded case management program in which goal achievement was rewarded. The program also incorporated traditional activities and programs to encourage positive behavior and build pride among tribal youth.

- **Delivering needed services to families in isolated and autonomous villages:** Often, tribes were characterized by vast distances and limited roads that isolated families and created significant challenges for service delivery. Additionally, within some tribes, isolated villages acted as semi-independent political units and their leadership could assume de facto or de jure jurisdiction over family disputes, including child welfare and domestic violence. Although a strong clan tradition could provide important, ongoing sources of support for tribal families, in combination with other factors they could also limit families' access to formal services when they were needed most.

With its PSSF funding, the Hopi Tribe implemented a unique program that attempted to bridge this gap. A former client of the child welfare system was trained to provide parenting education to families in semi-autonomous villages within the tribe. Once she became trusted, she could help link families with additional needed services.

Despite these challenges and issues, select examples of innovative approaches to planning, management and service delivery were noted. Exhibit V-1 identifies promising approaches that tribes undertook in these areas. Detailed information on these efforts can be found in Volume II, the Case Study Reports. The remainder of this chapter summarizes the major conclusions and findings with respect to planning, monitoring and service delivery design.

A. Planning

The primary aspects of the planning process examined were: consultation during the planning process and locus of decision-making. Each of these is discussed here.

1. Consultation

Federal guidance emphasized that tribes and states were expected to undertake collaborative and comprehensive planning to guide PSSF implementation. Tribes that wished to spend their entire first-year allocation on planning were able to do so, without providing required matching funds when PSSF funding was expended on services. Data abstracted from the five-year plans submitted by tribes in FY95 indicates that tribes formed collaborative bodies and

Exhibit V-1
Promising and Innovative Approaches to PSSF Implementation

Issue	Tribe	Approach
PLANNING		
Consultation with a broad array of stakeholders.	Tanana Chiefs Conference, Interior Alaska	Planning included tribal and village leaders, clients and providers of services, along with representatives from social and human services agencies across the state.
	Menominee Tribe, Northern Wisconsin	The planning steering committee comprised both tribal and county representatives (social services, schools).
	Oglala Sioux, Southwestern South Dakota	A total of 43 organizations that comprise the tribe's multi-disciplinary team were involved in planning.
COLLABORATIVE EFFORTS		
Collaboration within tribes.	Omaha Tribe, Eastern Nebraska	Cross-referral processes within the tribe's substance abuse prevention and treatment, and mental health services programs were established.
Collaboration between tribes.	Tanana Chiefs Conference, Interior Alaska	Through this tribal consortium, health and social services were provided to 43 small, isolated tribes and villages that would otherwise lack the infrastructure to provide needed services.
	Indian Child and Family Services, Southern California	This non-profit organization provided child welfare and social services to 18 small tribes and 3 counties that accessed services on a contract basis.
Collaboration between tribes and external entities.	Omaha Tribe, Eastern Nebraska	The tribe recently entered into an agreement with a community-based service organization to establish two residential homes off the reservation for tribal children. Both entities jointly funded a liaison position located on site.
	Kiowa Tribe, Central Oklahoma	The tribe developed a comprehensive title IV-E agreement with the state.
MONITORING		
Program performance.	Navajo Nation, Arizona, New Mexico and Utah	Tribal social services tracked and reported the number of families served through PSSF-funded programs, the timeliness of services received and case outcomes.
Case review.	Pueblo of Isleta, Central New Mexico	Tribal social services periodically examined randomly selected cases for PSSF requirements established by the tribe.

Exhibit V-1 (continued)

Issue	Tribe	Approach
SERVICE DELIVERY		
Centralized intake and assessment.	Mississippi Band of Choctaw Indians, Central Mississippi	All child welfare cases were assessed through the tribe's department of behavioral health.
	Navajo Nation, Arizona, New Mexico and Utah	Child welfare and social services were coordinated through centralized intake and assessment conducted by multi-disciplinary workers.
Targeting services on high-risk families.		In an effort to complete investigations in a timely manner and provide high-risk families with needed services, the tribe dedicated staff to these functions and set timelines for their completion. Referrals to family preservation services could only be made by these workers in an effort to reserve the intensive service for families with children at the highest risk of foster care placement.
Engaging hard-to-serve populations.	Hopi Tribe, Arizona	A former client of the child welfare system was trained to provide parenting education to families in semi-autonomous villages within the tribe. Once she became trusted, she could help link families with additional needed services.
	Menominee Tribe, Northern Wisconsin	Youth referred to the Youth Advocacy Program by the tribe's truancy court were assessed on a number of domains. A case plan was developed that set increasingly difficult goals paired with concrete rewards.

Appendix A

Technical Work Group

Implementation of Promoting Safe and Stable Families by American Indian Tribes

**Implementation of Promoting Safe and Stable Families
by American Indian Tribes
Technical Work Group**

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