

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

**Final Report – Volume II
Case Study Reports**

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Implementation of Promoting Safe and Stable Families by Indian Tribes

Hopi Tribe Summary Program Description

The Hopi Tribe received approximately \$267,150 in Promoting Safe and Stable Families (PSSF) funding between FY94 and FY01. For FY02, the Hopi Tribe estimates it will spend \$32,124 in PSSF funding. PSSF funding has been used to fund a parent aide (PA) to provide in-home parent training, case management, and transportation services. Services are provided to families who have been referred from child protective services (CPS), schools, Head Start, the psychologist at the Hopi Guidance Center (HGC), or the courts. The purpose of the PA is twofold: 1) to act as a bridge between HGC and families resistant to services who are residing in autonomous villages; and 2) provide services to families who are in need of further CPS intervention. The PA works under the direction of HGC, which delivers all social and child welfare services on the Hopi Reservation.

Unfortunately, the lack of transportation on the Hopi Reservation has hindered the PA's ability to provide services. According to stakeholders interviewed onsite, the PA spends a significant portion of her time transporting clients to and from appointments with other service providers. The end result is that the PA has very little time to provide parent training and case management services, as originally intended. This barrier to implementation has been recognized by HGC. However, until better roads are built on the reservation or a reservation-wide transit system is developed, the PA will continue providing transportation for those in crisis, who might otherwise be unable to access services designed to strengthen families and keep children in the home. Thus, although the PA is not providing the originally intended services, she nonetheless fills a void by ensuring that clients receive other necessary services.

The summary provided below is based on a review of the Hopi Tribe's PSSF application, a site visit conducted in April 2002, and other tribal documents. It includes an overview of the context in which PSSF implementation occurred, as well as descriptions of the tribal planning process, the goals and objectives established, service delivery, barriers to implementation, and child welfare issues.

I. Context

The Hopi Reservation is located in the northeastern quadrant of Arizona and is bounded on all sides by the Navajo Indian Reservation. The reservation covers 2,439 square miles, or 1,561,054 acres. Most Hopi live in or near the twelve villages found along highway 264, within the three mesas that project outward in fingers from the enormous Black Mesa to the north. All villages are separate and autonomous, with the authority to establish their own governing policies as supported by the Hopi Tribal Council. The easternmost community on the Hopi Reservation is Keams Canyon. Although the tribe does not regard it as a traditional Hopi village, Keams Canyon nonetheless plays an important role on the reservation, as it is the seat of the Bureau of Indian Affairs (BIA) Hopi agency.¹

Hopi family and political structures are divided into many powerful groups called clans. Each clan includes more than one family that traces its origin to a common, often mythical, ancestor. Hopi society is matrilineal: women inherit all property, and clan membership is traced

¹ <http://www.hopi.nsn.us/>

through the mother's clan. Of the original 75 clans, 34 still exist and are spread throughout the 12 Hopi villages.

In Hopi culture, bringing a child into the world is viewed as an especially important responsibility. Different members of the child's paternal clan are given particular roles, such as naming the child and caring for the mother and child after the birth. In this way, each child begins his or her life in a web of clan relationships², which can be equated with parental relationships and responsibilities.

The clan relationships, as well as the autonomy of individual villages, provide particular challenges to the delivery of services to the Hopi people. Service delivery is often further complicated by the fact that villages have priority in matters related to domestic issues, of which child welfare is one. (Although in some instances, villages do cede their authority when they determine that the matter is best handled by the court and HGC.) Additionally, Hopi families are hesitant to seek services outside of their clans because of the stigma attached to such actions. To help alleviate this situation, the current PA—a former service recipient herself—provides services within the villages as a way of reducing the perceived stigma. More importantly, the PA helps to bring known and previously unidentified high-risk families in need of services to the attention of HGC, and helps to draw them into supportive services.

The Adoption and Safe Families Act of 1997 (ASFA) and the Indian Child Welfare Act of 1998 (ICWA) provide their own unique challenges to the Hopi Tribe. ASFA has specific guidelines for permanency (i.e., adoption or return home) with regard to children under the care of the state/tribe. The provisions of ICWA mandate that states must inform a tribe about Indian children in state custody. The tribe then has the option of taking custody of the child or of leaving him/her in the custody of the state. In the event that return home is not possible, the tribe must seek adoption, according to ASFA. However, within Hopi culture, the concept of Termination of Parental Rights (TPR) is non-existent. Based on Hopi custom, child rearing is shared within the clan, and the immediate or extended family assumes responsibility for the care of related children in situations where the biological parents are unable to do so. This cultural distinction is still generally intact and continues to function within the Hopi culture. Thus, the challenge for the Hopi Tribe is to adapt this aspect of ASFA to fit within the tribe's cultural norms. From the viewpoint of the Hopi, a better solution would be consideration of permanent guardianship as an acceptable permanency outcome. However, guardianship is not recognized as an outcome and therefore violates ASFA guidelines.

Population characteristics, governance structure, tribal court, and revenue generation are described below.

- **Population characteristics:** The Hopi Tribe has approximately 11,156 enrolled members. Of the total population, approximately 9,000 reside on the Hopi Reservation. The proportion of the tribal population living below the poverty level is 56 percent, compared to 15.7 percent statewide in Arizona. The average annual income is \$17,521. Unemployment on the reservation is 27 percent, of which men represent 41 percent and women 59 percent.³ The Hopi Tribe averages about 25 referrals for child abuse and neglect (CAN) services per month.

² *ibid.*

³ <http://www.hopi.nsn.us/Pages/Statistics/demog.html>

- **Tribal governance structure:** The Hopi Tribe’s governmental structure consists of three branches—executive, legislative, and judicial. Members of the executive and judicial branches are popularly elected for terms of four and two years, respectively. The tribal council appoints members of the judiciary.

Traditional Hopi government is based on the divine plan of life laid out by Maasau, the Guardian of the Fourth World of the Hopi. From a traditional viewpoint, each village is a complete and independent government. The Kikmongwi is the village leader, head of all religious and non-religious authority, who controls village and clan lands. Yet, his power is limited, because traditional Hopi decision-making is based on community consensus rather than individual authority. Clans also play an important role in traditional village governance. A council of hereditary clan leaders assists the Kikmongwi and clan leaders in interpreting religious and cultural teachings that influence ceremonial events and the personal behavior of clan members.⁴

The Hopi Tribal Council was formed in 1936 in an effort to establish a single representative body of the Hopi to act as an intermediary with the U.S. government. While the tribal council represents Hopi people in matters external to the tribe, Hopi villages maintain quasi-independence on internal matters. Of the 12 villages, only 3 have adopted constitutions and established a democratic form of government. The remaining 9 villages vary in the degree to which they adhere to the traditional Hopi form of governance. For instance, the Oraibi village remains strictly traditional in its governing structure and does not accept funds or any other form of assistance from the tribal government. There are other villages, however, that merge traditional with western governing policies by maintaining a village Kikmongwi (leader), but also having representatives on the tribal council.⁵

- **Tribal court:** The Hopi court system, established in 1972, has appellate and trial courts. The trial court has four judges; the appellate has three. All cases, including child welfare cases, can go to the appellate court. There is one trial judge assigned to child welfare cases. The court handles approximately 6,900 cases per year, including juvenile, criminal, child welfare, traffic, civil, family disputes, adoption, and probate. It is fully automated and can track cases/statistics back to 1995.

Although the court’s jurisdiction extends across the entire Hopi Reservation, it can be undermined by the independence of the Hopi villages, which have formal constitutional authority over all child welfare issues (e.g. child removal and placement). However, as noted previously, in many cases involving child abuse or neglect, villages cede their authority to the courts. Court officials state that they are respectful of the villages’ role in these cases, and intervene only when absolutely necessary in terms of placement and mandatory services.

- **Revenue generation:** A land-use contract with Peabody Coal is the primary source of revenue generation for the Hopi Tribe, which shares the monies from the mining company with the Navajo Nation. Although the Hopi’s portion of the revenue goes into its general operating fund, there is no indication what percentage, if any, is utilized for child welfare services.

⁴ Ibid.

⁵ Ibid.

II. Family Preservation/Family Support and Preserving Safe and Stable Families

A. Tribal Planning Process

The initial five-year planning process for the Family Preservation/Family Support (FP/FS) program consisted of a survey of various stakeholders. The primary finding from the survey was that substance abuse was a major contributor to the deterioration of the Hopi family, and families within the tribe were often in denial as to the prevalence of the problem. Additionally, young Hopi families who grew up with substance abuse were unable to distinguish between dysfunctional and non-dysfunctional family behavior.

As a result of the survey findings, HGC concluded that the best use of FP/FS funds would be to provide services directly to the families that needed them. HGC decided to supplement existing services by funding a PA to address some of the dysfunctional family behavior. The PA would be sent into the homes of families that needed support to help with parenting skills, provide relief to parents, and serve as a link between the families, CPS, the court, and social services.

In 1985-86, BIA began providing the Hopi Tribe with funding for family support and psychiatric services after it was discovered that John Boone had molested 144 Hopi children. As a result of the Boone incident, many of the family support services were already in place prior to the implementation of the FP/FS program in 1995.

No additional assessment was conducted for the PSSF program in 1997.⁶ The Hopi Tribe addressed the new ASFA guidelines by adding time-limited family reunification to the job description of the PA, and incorporating it into its family support services. The PA continues to be the link between families, CPS, the court, and social services. Adoption promotion and support was added to the permanency planning services of HGC, and consists primarily of home assessments, relative placement, and foster care services.

Tribal Planning Group: The planning group consisted of the Hopi Tribe's Department of Social Services (DSS) manager, tribal social workers, Indian Health Service (IHS) mental health director, child sexual abuse special projects director, and social services director. The primary purpose of the group was to help with the survey design for the initial assessment. The ad hoc group did not have any oversight function relative to the FP/FS or PSSF programs.

Needs Assessment: A survey was utilized in order to conduct the needs assessment for the FP/FS program. The assessment sought to determine what services were needed and whether services provided were adequate. The questionnaire was administered to service providers, law enforcement officials, tribal court members, community residents, human services committee members, community service administration, village administration office, IHS, and schools. Although the return rate for survey response was not as high as envisioned,

⁶ In 1997, ASFA reauthorized the Family Preservation and Family Support program as Promoting Safe and Stable Families (PSSF) and added two new program categories. In addition to funding family preservation and family support, states and eligible tribes were instructed to also fund time-limited family reunification and adoption promotion and support services. States were instructed to make expenditures in the four service categories, while Tribes were allowed to make expenditures across any of these categories they chose.

it nonetheless suggested that the major social problems affecting the Hopi were fragmented and dysfunctional families, and that these problems were heightened by the abusive use of alcohol.

Goals and Objectives: The goals of the FP/FS and PSSF programs centered on safety for Hopi children. There were no additional goals or changes made to the program as a result of ASFA regulations.

Goal 1: Hopi children will experience greater safety in their homes.

Goal 2: Hopi families will be the primary resource for ensuring their children's well-being.

The stated goals were consistent with the expectations of the stakeholders interviewed onsite; however, the reality of the FP/FS and PSSF programs proved to be quite different. Funds for the program were utilized to hire a PA to serve as a conduit between Hopi families and services. As noted previously, the current PA (a former child welfare client herself) was in a unique position to reach out to families and clans. Since parents were often resistant to participating in non-court ordered child welfare services, the PA was seen as a critical link to engaging parents and drawing them into the HGC before the family situation had deteriorated further. The PA would provide nutrition, budgeting, case management, and parent training services. However, due to the lack of public transportation on the Hopi Reservation, the PA's duties were often limited to providing transportation for families to and from services that were not PSSF-related. For instance, the PA spent a great deal of time transporting foster children and parents to visitation in order to meet court-mandated service goals.

As previously noted, transportation is a major issue on the Hopi Reservation. The reservation is primarily rural, and villages are located great distances from the HGC where child and family services are offered. HGC, to some extent, has alleviated the situation by providing ten vehicles and three drivers for its 45 employees. However, according to tribal officials, there are still not enough drivers to provide rides for everyone who needs them. Officials noted the need to address this issue.

B. Implementation

Administration and Monitoring: The PSSF program is administered throughout the entire Hopi Reservation by HGC, under the Department of Social Services. However, the focus is on the less autonomous villages that are not as resistant to services as others. Monitoring is conducted by HGC in the form of an assessment of the activities of the PA. However, there has been no evaluation of the PA since 1997.

Service Delivery: The PA provides in-home parent training and case management services. However, due to the lack of infrastructure and a public transit system, the PA's duties are often restricted to providing transportation for her clients.

- **Target population:** The primary focus is on families resistant to child welfare and social services who have been referred for services.
- **Referral sources:** Referrals for services come from CPS, schools, Head Start, clinical psychologists, and the courts.

- **Intake and assessment:** CPS conducts the initial assessment, and the PA conducts a second assessment to determine the services needed by the family. The PA then provides all PSSF services to the family.
- **Basic services and activities provided:** The services provided by HGC are a combination of all PSSF services except adoption, which is performed by the tribal court. Through the PA, HGC provides “Family Support Services,” which maintain and prevent the removal of children from their natural families and promote family preservation or family reunification. Duties of the PA include parenting, transportation, budgeting, and family counseling.

Adoption is incompatible with the values of Hopi culture and is ordered by the tribal court only under extreme circumstances. If adoption has been agreed upon, HGC conducts the required home assessment. When looking for permanent placement for children, HGC first seeks placement with extended families. The village leadership also plays a role in certifying placement of the child(ren). In placing a child, the highest priorities are cultural factors.

- **Service duration:** In-home services are intended to last three to six months, with the PA making visits to the family twice a week.

Pursuant to ASFA, time-limited family reunification and permanency planning became the responsibility of HGC, which added the former to the job description of the PA and provided the latter (i.e., permanency planning services) itself. Although the Hopi people do not believe in the concept of TPR, a few adoptions do occur under extreme circumstances. As a result of ASFA, the court has been supporting adoption for cases that are over two years old, while HGC is more inclined to support guardianship. Permanency planning with regard to HGC refers to finding a long-term placement for the child, who can be placed with relatives or in foster care.

Funding: The PSSF services provided are funded by a combination of sources. The PA position is funded solely through title IV-B, subpart 2 funds. Services to families are provided through a 638 contract, and funding is received from title IV-B, subpart 1; IHS; and from the BIA for support services established as a result of the John Boone incident.

Evaluation: No evaluation of the PSSF program has been conducted.

III. Indian Child Welfare Services

All child welfare services are currently located within HGC, including CPS investigations, which were conducted by the court prior to 1998. The police or CPS can open a CAN case. Once it is opened, CPS conducts an investigation, and an emergency hearing is held within 24 hours. Upon completion of the investigation, a determination is made concerning the severity of the case and the course of action to be pursued. For less severe cases (non-sexual abuse/limited physical abuse), an informal case plan is agreed upon, which keeps the case out of court. The family is given the option of working with the child welfare social workers to obtain services. A service plan is then developed, and the client is required to meet the conditions of the treatment/service plan. In the event the family does not comply with the stipulations of the informal agreement, HGC has the option to turn the informal agreement into a formal agreement and seek adjudication.

If the case is a criminal one, a formal case plan is pursued and the village in which the family lives is notified and given the option to take jurisdiction of the case. In many instances, villages do not interfere with the order of the court, even though the Hopi constitution gives them sovereignty over all domestic affairs, including CAN cases. If the village does not take jurisdiction of the case, the court decides when to close the case by conducting status review hearings every three months.

When placing a child, the court generally pursues one of four options. In the first option, the court seeks to permit the minor to remain in the home under the custody of HGC. The second, and most preferred, option is to place the child with an extended family member within the boundaries of the reservation who has been approved by the tribe. The third option is to place the child in the home of any extended family member living off the reservation. The fourth option—considered the most extreme by the tribe—is to place the child in a treatment facility and/or a specialized foster home off the reservation.

Available Child Welfare Services:

Title IV-E: The Hopis are the only tribe in Arizona with a title IV-E agreement. The State of Arizona has agreed to retroactively pay the maintenance cost of children in foster care on a case-by-case basis. Funding for this program is provided by the State of Arizona.

Child Protection Team: A multi-disciplinary team convenes monthly to determine the status of children and families referred to CPS. This collaborative team includes representatives from social service, CPS, behavioral health, Keams Hospital (doctor and social worker), criminal investigator, office of the prosecutor, law enforcement, and a representative from the child's school.

Foster Care and Therapeutic Foster Care: HGC provides foster care services, as well as recruitment, retention, training and licensing, for families on the Hopi Reservation for temporary out-of-home placements. Currently, there are ten licensed foster care facilities on the Hopi Reservation. To promote foster care, HGC has developed a foster parent handbook, foster care regulations, and foster care procedural manuals. HGC also provides community outreach several times a year as part of its permanency planning efforts. A 638 contract is used to provide services, and ICWA monies are used to fund this program.

Case Management: Provides case management for out-of-home placement (i.e., residential treatment, group home, etc.) and to reunify families. Program services are provided through a 638 contract.

Other Related Services:

General Assistance: Provides temporary financial assistance to eligible needy individuals and families when income and resources are insufficient to meet basic needs. Services are provided through a 638 contract.

A. Administration

All child welfare services on the Hopi Reservation are administered by HGC.

B. Funding

The primary source of funding for child welfare services comes from title IV-B, subpart 1; IHS; IV-E foster care agreement with the State of Arizona; and Temporary Assistance to Needy Families (TANF) funds. Services are provided through a 638 contract.

C. Connection with PSSF Programs

As noted earlier, due to a lack of trust between the Hopi people and the Department of Social Services, the PA provides an important link to the services needed by Hopi families. Although financed through PSSF funds, the PA performs foster care functions, including transportation and case management duties, for families not targeted for PSSF services.

D. Major Initiatives

HGC is developing a TANF program that will strengthen the overall child welfare system and improve service delivery, case management, and collaboration. Additionally, HGC is seeking accreditation for social services, foster care services, and behavioral health services through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). *As noted previously, HGC is* in need of better transportation services; it is also seeking a child psychiatrist to handle the younger population, so that HGC's staff psychiatrists can focus on the adult population.

IV. Other Related Human Services

As with child welfare services, HGC provides all other related human services, with the exception of TANF and health services, which are administered by the State of Arizona and the IHS, respectively. Currently, TANF services are contracted out to the State of Arizona. It is important to note that HGC does not provide youth services, services specifically targeted toward fathers, or services targeted toward non-married families. However, HGC does provide several other related human services, as detailed below.

Family Assistance Program (TANF): Provides financial assistance to families in need. Federal funds and state funds are used to fund this program.

Behavioral Health Services: HGC employs a full-time clinical psychiatrist. Prior to the employment of the psychiatrist, IHS provided mental health services; however, families' access to services was limited to once a month. This was insufficient for helping families in crisis. Utilizing funding from IHS and third-party title XIX (Medicaid) collections, HGC was able to place a clinical psychiatrist full time at the center.

Services are offered for clients experiencing serious emotional or psychological problems and/ or serious behavioral problems. CPS or the courts refer clients for treatment. Services provided include intake/assessment and individual/group counseling. More specific services are offered for domestic violence, anger management, relationships, adolescent, intensive survivors group, and moral reconciliation therapy. Home and jail services are also provided for individuals who cannot come to the HGC for services. Service duration is determined on a case-by-case basis. Intensity varies from once every three months to once a week. The caseload is approximately 10 families and 100 individuals.

Substance Abuse: HGC provides counseling services for clients whose primary problem involves substance abuse or chemical dependency. Services provided are intake/assessment, inpatient and outpatient treatment for all ages, aftercare services, and group family counseling. Services are provided under a 638 contract with the BIA.

General Assistance: HGC provides temporary financial assistance to eligible, needy individuals and families when income and resources are insufficient. Services are provided under a 638 contract with the BIA.

Prevention Education: HGC provides education and facilitation of training to children and adults in the schools, communities, and at other agencies. Services are provided under a 638 contract with the BIA.

Adult Custodial Care: HGC provides supervised care for adult individuals on and off the reservation who are unable to remain in their homes. Services are provided under a 638 contract with the BIA.

Burial Assistance: HGC provides assistance for indigent families on and off reservation. Services are provided under a 638 contract with the BIA.

Veterans Services: HGC provides client assessment, assistance with SSI, VA housing loans, VA benefits, burials, and placements in substance abuse treatment facilities and nursing homes. Services provided are substance abuse rehabilitation placement and post-traumatic stress disorder services. The tribe provides funding for this service. No funds are received from the State of Arizona's Veterans Administration.

A. Administration

The administration of all human services programs is conducted by HGC. HGC has formal collaborative agreements with the State of Arizona, the Regional Behavioral Health Authority (RBHA), and the Arizona School of Psychology to provide services on tribal lands. The Hopi Tribe is a licensed provider of RBHA. Under the RBHA contract, the Hopis are a third-party provider for state and Medicaid billing for the provision of behavioral health services. The Arizona School of Psychology provides services to children in school once a month.

B. Human Services Funding

As noted earlier, the funding for human services is a combination of BIA, IHS, federal (TANF), and State of Arizona funds.

C. Connection with PSSF Programs

The initial FP/FS program assessment identified substance abuse as a leading cause in the disruption of the Hopi family life. Additionally, the John Boone incident was deemed to have lasting psychological effects on its victims, who have become the current perpetrators of abuse. Therefore, many of the PSSF families are referred to substance abuse and psychological treatment. As a result, the target populations for many of the human service programs are the same as for the PSSF program. The HGC is an integrated service center that offers all children and family welfare services. There is no distinction between service categories; services are simply offered on an as-needed basis. Family support services, case management, PA

services, child protective services, child welfare, and foster care services are the most used services on the Hopi Reservation.

D. Major Initiatives

In order to improve human services delivery, the Hopi Tribe is pursuing options to provide more family therapy for tribal members of all ages. Currently, a postdoctoral student from the Arizona School of Psychology provides family therapy on a full-time basis. HGC is seeking a child psychiatrist to provide services one day per week.

Potential conflicts of interest exist for HGC as it tries to protect Hopi children. HGC provides a range of services, of which CPS is one. Thus, HGC's role as a child protection agency comes into conflict with its role as a social service provider. Hopi tribal members are unwilling to voluntarily seek services at HGC, because they fear that HGC will take away their children. To help alleviate this fear, HGC is proposing an initiative that would allow the Hopi court to play a greater role in CPS investigations. By removing itself from CPS enforcement, HGC hopes to build trust with the Hopi people so that they will voluntarily seek services without fear of losing their children.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Indian Child and Family Services, Temecula, CA Summary Program Description

Indian Child and Family Services (ICFS) of Temecula, California, is a community-based nonprofit organization providing direct services to Indian tribes and county child welfare agencies in the southern California area. Members of the project's Technical Work Group (TWG) recommended that the site be visited in order to better understand how small, urban tribes in a Public Law 280 state can contract with a community-based Indian organization to receive child welfare services.

As explained in this case study, ICFS receives funding from many different sources. For instance, the agency receives PSSF funding through two service delivery contracts with the Riverside County Department of Public Social Services.⁷ Together, the contracts total \$50,000, combining both county PSSF and Child Abuse Prevention Intervention and Treatment—Child Abuse Council (CAPIT) funding. At the time of the site visit, ICFS provided family preservation services with this funding and planned to hire a part-time substance abuse counselor. Referrals to family preservation programs are made by area tribes, as well as by the county child welfare agency.

Recently, a number of California tribes have developed successful gaming venues that have provided them with resources and a degree of political clout not previously enjoyed. Because California is a 280 state and tribes in the southern California region are small and lacked the capacity to develop their own services, they were reliant on state and local courts and county child welfare agencies. However, with their newfound resources and political leverage, tribes now have the potential to dramatically impact or even re-shape the child welfare service delivery system.

Given ICFS' history of successfully delivering Indian child welfare services in the San Diego, Riverside, and San Bernardino County areas, the agency is strategically positioned to broker and help shape a quality service delivery system for Indian children and families. Lessons learned here could have wide applicability throughout Indian country.

The summary provided below is based on a site visit conducted in January 2003. It focuses on ICFS' funding sources and the services provided.

I. Context

ICFS is located in Temecula, California, a small bedroom community 60 miles north of San Diego, and 85 miles southeast of Los Angeles. ICFS was formed in 1980 when three area tribes decided to pool their Indian Child Welfare Act (ICWA) funds. By combining their relatively small amounts of individual funding, the tribes were able to provide training to county child welfare agency staff regarding the provisions of ICWA and to provide legal support for individual cases. Eventually, the organization moved off-reservation, first to the town of Escondido and

⁷ This PSSF funding originates from federal funding provided to the county from the state's PSSF allotment. It does not originate from the funds set aside for tribes. The tribes in the immediate ICFS service area are too small to qualify for PSSF funding, as a tribe's allotment must total at least \$10,000 in order to receive such funding.

then to the more centrally located town of Temecula, where it grew to serve a total of 18 tribes on an individual contract basis. At the time of the site visit in early 2003, ICFS employed a total of 10 staff and had a \$1.1 million annual budget for services, ICWA training, legal support and related activities (see Table 1).

**Table 1
Annual ICFS Services and Activities Budget by Funding Source**

Funding Source	Originating Entity	Funding Amount	Services/Activities Funded
Federal PSSF and CAPIT funding (Child Abuse Prevention Intervention and Treatment—Child Abuse Council).	County child welfare agency contracts.	\$ 50,000	Family Preservation Services—one worker and transportation. (Also plan to hire a part-time substance abuse counselor.)
Federal Title II ICWA funding.	10 area tribes.	360,000	Training to county child welfare agencies, legal support for individual cases and related staff, office, rent, and transportation.
Foster care funds (FFA).	State.	380,000	The agency is a state-licensed Family Foster Care Agency (FFA) provider for San Diego, Riverside and Bernardino Counties. ICFS receives \$150,000 for foster parent fees, and \$230,000 for in-home caseworkers, who recruit, license and oversee foster parents.
Adoption Assistance. Supplements FFA above.	State. Originally, this component was funded through a federal Adoption Opportunities Grant.	120,000	Adoptive placement of Indian children in Indian homes. The agency receives \$5,000 per adoptive placement.
Federal Office of Criminal Justice Planning Grant.	County child welfare agency.	180,000	Clinical assessments and groups for parents and children. Also, purchased a van for transporting clients to programs.
Charitable Contributions.	Individuals and tribes.	5,000	Agency general fund.
Fundraising.	Individuals and tribes.	12,000	Agency general fund.
TOTAL		\$1,107,000	

ICFS is governed by a board of directors composed of 13 members. Individual board members are drawn from a total of 11 tribes served by ICFS, along with directors from the Indian Health Centers of Riverside and San Bernardino Counties.

There are a number of reasons why the delivery of Indian child welfare and social services in the southern California area is a complex matter. These include the following:

- The state is county-administered. Service delivery and related decision-making is delegated to the local level.
- California is a P.L. 280 state. The federal government ceded much of its trust responsibility to the State of California. As a result, tribes must rely on county child welfare agencies for core services (abuse/neglect investigation, foster care and adoptive placement, and select preventive and in-home services), and area courts for legal jurisdiction.⁸
- Tribes often interact with more than one county, depending on where their tribal members reside or the alleged child abuse/neglect incident occurred, and available services and practices can vary considerably from jurisdiction to jurisdiction.
- The tribes in southern California are numerous and relatively small. Historically, these tribes have lacked the capacity to develop their own service options. As shown below, the total number of tribes in the immediate ICFS service area is 33:

Riverside County	12 tribes
San Bernardino County	4 tribes
<u>San Diego County</u>	<u>17 tribes</u>
Total in the immediate ICFS service area	33 tribes

Due to their small size and limited resources, the tribes discovered that coordinating service delivery was essential. Over time, many different consortia developed, each dedicated to different segments of the de facto service delivery system that continued to emerge. However, for a variety of historical, program-related, and cultural reasons, the consortia ended up with unique service areas, and jurisdiction over services varied. The consortia and collaboratives delivering social services that are most relevant to Indian child welfare services are shown in Table 2.

⁸ The effect of P.L. 280 on service delivery and legal jurisdiction over child welfare cases is explained in Volume I of this report.

Table 2
Key Consortia and Collaboratives Delivering
Child Welfare Related Social Services in the ICFS Service Area

Services/Activities Funded	Lead Agency/Tribe	Funding Source
ICWA services (training and legal support).	ICFS.	10 tribes pooled ICWA title II funding.
Mental health and public health services.	Riverside and San Bernardino Counties' Indian health centers.	12 tribes pooled Indian Health Service (IHS) funding.
Income support (public assistance and job training).	Torres Martinez Tribe (under Virginia Hill's leadership). ⁹	1 tribe assumed Temporary Assistance for Needy Families (TANF) funding for a total of 8 tribes.

At the time of the site visit, traditional service boundaries and issues were being reconsidered. The introduction of successful gaming ventures among several tribes (such as the Pechanga and Agua Caliente) opened the possibility that historical consortia will disintegrate as tribes begin to “go their own way.” On the other hand, tribal leadership acknowledged that the collective strength of resource-rich tribes is enhanced through collaboration.

Although not achieved without some level of controversy, California tribes, collectively, seem to have brokered their newfound economic status wisely, by becoming openly and actively engaged as a major lobbying force within the state.¹⁰ Additionally, there is evidence that the needs and concerns of tribes are being more actively considered at the county level. Tribes and county child welfare agencies both acknowledged that, now, when an individual case becomes problematic (e.g., ICWA requirements are not followed), the county and tribe quickly engage to find a solution.

A final contextual consideration is that while some tribes are enjoying relative prosperity, the service needs of individual families often remain unmet. In fact, several tribal leaders noted that some challenges to family and child well-being may have actually worsened in recent years (or, at best, remained the same) in terms of substance abuse, school non-completion, and teen violence. Generally, as tribes gained economic prosperity, their first priority was to reinvest in economic development and/or infrastructure and, among many tribes, to initiate per capita payments to tribal members.¹¹ Only then did tribal leadership turn to the needs of children and families.

Choosing the best strategy for addressing the above issue poses a dilemma. On the one hand, tribal leaders want to continue working within the existing system and are demanding

⁹ Since the case study was completed, Ms. Hill has left the area to work with the Washoe Tribe of Nevada in establishing a new consortium in western Nevada and northern California.

¹⁰ “California Tribes’ Clout Carries Political Risk: Casino Money Is a Force, And Issue, in Recall Fight,” Washington Post, October 1, 2003, Page A1; and “They Have what it Takes: Cash, Votes,” USA Today, October 2, 2003, Page 1A.

¹¹ An arrangement under which all recognized members of the tribe receive an equal lump sum payment on a periodic basis. Tribes can place additional restrictions on these payments, such as requiring that the recipient attain a certain age and/or complete high school.

that historical trust responsibilities be fulfilled. On the other, they acknowledge it might be necessary to abandon this concept in certain instances and form their own service system, either on an individual tribal basis or through newly developed consortia among area tribes. At the time of the site visit, it was unclear which viewpoint would prevail. In fact, the final outcome may emerge as a combination of the two.

II. Family Preservation/Family Support and Promoting Safe and Stable Families

As noted earlier, ICFS receives funding from Riverside County, including PSSF. This funding originates from the federal funding (title IV-B, subpart 2 of the Social Security Act) provided to the county from the state's PSSF allotment. It is important to emphasize that this particular funding does not originate from the title IV-B, subpart 2 funds set aside for tribes; rather, it originates from the portion of funding allocated to states. As noted previously, the tribes in the immediate ICFS service area are too small to qualify for PSSF funding, as a tribe's allotment must total at least \$10,000 in order for the tribe to receive PSSF funding.

Riverside County's PSSF allotment totals \$1,879,582 per year.¹² The county uses this funding for individual service delivery contracts, of which ICFS has two. As explained earlier, the two contracts with ICFS combine PSSF funds with another federal source of funding, the Child Abuse Prevention Intervention and Treatment—Child Abuse Council (CAPIT funds). With these monies, ICFS partially funds its family preservation program and plans to hire a substance abuse counselor to work part-time. As the plans for the substance abuse worker had not been finalized at the time of the site visit, this section focuses on the implementation of the ICFS family preservation program.

A. Tribal Planning Process

As a community-based service organization, ICFS was ineligible to receive PSSF funding directly from the federal government. Only qualifying tribes and participating states were required to develop a PSSF plan.

B. Implementation

Administration and Monitoring: Through its contract with Riverside County, ICFS provides family preservation services to a total of 20 families per year. The service adheres to the following protocols

- *Target Population:* Traditionally, the program emphasized providing preventive services to children of Indian families at risk of placement, as well as reunification services to foster children being returned to Indian families. Although children and families in these categories are referred and receive services, the majority of services are provided to families that report having serious behavior problems with their children and request assistance (self-refer) through the referral sources.

¹² The child welfare agency contracts fund a range of services in many community-based agencies, including substance abuse prevention and services, parenting education, anger management and mental health services.

- *Referral Sources:* Referrals primarily originate from the county child welfare agency (generally children and families under investigation by child protective services or receiving in-home case management services), but can also originate from tribes.
- *Intake and Assessment:* ICFS conducts a limited assessment of family needs upon referral.
- *Basic Services and Activities Provided:* Weekly in-home visits of 1.5 hours each, and bi-weekly groups at ICFS for children and parents. The 12-session curriculum focuses on effective parenting and communication skills.
- *Service Duration:* Ideally, the program is limited to three months, but some cases have been extended for up to one year. Agency staff members estimate that, on average, cases are served for 12–15 weeks.

Funding: As noted earlier, ICFS receives funding for family preservation services under two contracts, totaling \$50,000, which combine county PSSF funding with CAPIT funding. This funding originates from the federal funding provided to the county from the state's PSSF allotment, and does not originate from the PSSF funds set aside for tribes.

Evaluation: No evaluation of this program has been conducted.

III. Indian Child Welfare Services

In addition to family preservation services, ICFS administers the following programs and services:

ICWA: As noted earlier, ICFS provides training to county child welfare agency staff on ICWA provisions and legal support for individual cases. As a result of the agency's efforts, along with the increased political power wielded by tribes in the southern California area, Riverside County recently designated certain workers to provide case management for cases involving Indian children. At the time of the site visit, other counties were considering undertaking similar restructuring.

Foster Care: ICFS is a licensed Foster Family Agency (FFA) with the State of California, providing Indian foster home placements. At the time of the site visit, ICFS licensed, trained, and oversaw a total of 15 foster homes in San Bernardino, San Diego, and Riverside Counties. Annual foster family training consists of 12 hour-long sessions. At the time of the site visit, demand for these homes far exceeded the available supply. According to agency staff, at least 70 inquiries are received each year, most of which have to be turned down due to unavailability. Consistent with differences in county regulations, the ICFS FFA worker visits the families located in San Diego County on a weekly basis, but conducts bi-weekly visits in San Bernardino and Riverside counties.

At one point, ICFS oversaw a total of 80 homes, but with new state licensure requirements, many homes opted out of the program. In addition, ICFS staff noted that with the recent success of gaming among some tribes, the agency is having increasing difficulty recruiting new Indian foster homes. As a result, staff members were considering licensing non-Indian homes and providing specialized training in cultural norms.

Adoption: ICFS places Indian children in homes in the southern California area, receiving \$5,000 per child in reimbursement. The agency made 20 such placements in 2002, half of which originated from the agency's FFA program. At the time of the site visit, a total of 23 children were awaiting adoption through the agency. ICFS has facilitated adoptive placements in a total of 12 counties.¹³

A. Administration

All services and programs described are administered by ICFS staff.

B. Funding

Please see Table 1 for the funding source for each.

IV. Other Related Human Services

Child and parent groups: ICFS staff members conduct two groups in the agency's offices in Temecula. Children participate on a bi-weekly basis, while parents attend the groups on a monthly basis. Transportation is arranged for parents and children who could not otherwise attend. The groups are as follows:

- *Children's Group:* Participants 5–10 years of age are referred as part of the other programs and services administered by the agency (family preservation, foster care, and adoption). The focus is on improving communication skills with other children and adults.
- *Girl's Group:* A separate but similar program is held for girls 9-15 years of age.

A. Administration

The groups are administered by ICFS staff.

B. Funding

Please see Table 1 for the funding source.

C. Connection with PSSF Programs

All family preservation program participants are also enrolled in the child and parent groups.

¹³ Riverside, San Bernardino, San Diego, Imperial, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Kern, Ventura, Inyo, and Mono Counties.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Kiowa Tribe of Oklahoma Summary Program Description

In FY02, the Kiowa Tribe received \$28,480 in Promoting Safe and Stable Families (PSSF) funding. These monies were used to fund the Child and Family Services (CFS) program, a discrete set of services geared to the prevention of child abuse/neglect and the breakup of Kiowa homes. The CFS program provides a safety net through: (1) referrals to service providers; (2) home-based parenting and homemaking education; (3) material and financial assistance to meet basic needs; and (4) community-based presentations and workshops.

The summary provided below is based on a review of the Kiowa Tribe's original Family Preservation/Family Support (FP/FS) application, annual reports, a site visit conducted in November 2002, and a review of documents obtained onsite. It includes an overview of the context in which PSSF implementation occurred, as well as descriptions of the tribal planning process, the goals and objectives established, service delivery, barriers to implementation, and related child welfare issues.

The CFS program is the "first stop to access services" before going elsewhere in the community or to other tribes. Through the program, the Kiowa Tribe seeks to restore traditional modes of child-rearing and family cohesion. The program's goals are twofold: (1) to protect Kiowa children and ensure the stability of families; and (2) to promote better parenthood through flexible services. These goals have guided the program for the past eight years over a five-county area that includes Caddo, Comanche, Cotton, Kiowa, and Tillman Counties.

The CFS program is a subset of the Indian Child Welfare (ICW) program established by the Kiowa Tribe in 1982, and provides a continuum of services for at-risk Kiowa children and families. Together, these programs represent a two-pronged approach of prevention and intervention. Appendix A presents a comprehensive summary of activity for both programs from 1995-1999.

I. Context

"Our hearts lie heavy upon the ground."

Old Kiowa saying (regarding the loss of tribal land)

Known as the Five Nations, the Osage, Caddo, Kiowa, Comanche, and Wichita Tribes are indigenous to the southwestern lands of what is now the State of Oklahoma. Under the Dawes Severalty Act of 1887 (also known as the General Allotment Act), communally owned tribal lands were distributed in individual allotments.¹⁴ Each head of household was allotted a 160-acre plot and encouraged to farm; individuals over the age of 18 received 80 acres. The remaining territory was sold or opened to homesteaders. Allotment of the former Kiowa-Comanche-Apache Reservation land occurred between 1903-06. The federal government held

¹⁴ Source: Indian Removal: The Indian Removal Act and the Allotment Act (Dawes Severalty Act). Available at http://www.stanford.edu/~paherman/indian_removal.htm. Accessed December 31, 2002.

the allotted land in trust for 25 years, after which time the title was ceded to the household head and U.S. citizenship was granted. In 1904, the Territory of Oklahoma achieved statehood and former tribal lands were opened to non-Indian homesteaders. As a result, current members of the Kiowa Tribe no longer live on a reservation, but instead reside on allotted trust or fee land in rural southwestern Oklahoma. Most Kiowa reside in the towns of Carnegie and Anadarko (in Caddo County), although there has been some recent out-migration to the town of Lawton in Comanche County, where tribal members can acquire homes on trust land.

There are 39 tribal governments in the State of Oklahoma, all but two of which are federally recognized as sovereign nations or have applied for federal recognition. More than 380,000 tribal members live in the state. The Cherokee Nation, the second largest tribe in the U.S., has over 222,000 members; the smallest tribe in the state is the Modoc Tribe, which has about 200 members.

The Bureau of Indian Affairs (BIA) maintains two regional offices in the state to administer federal programs. The Eastern Oklahoma Regional Office is located in Muskogee, and the Southern Plains Regional Office is in Anadarko, approximately 25 miles from the Kiowa Tribal Complex in Carnegie. The former Kiowa-Comanche-Apache Reservation encompassed Caddo, Comanche, Cotton, Kiowa, and Tillman Counties in southwestern Oklahoma. These same counties currently comprise the Tribe's five-county service area.

The 1995 FP/FS plan reported 3,051 tribal members under 18 years of age in the tribe's service population. According to the 2000 PSSF plan, this population had decreased slightly, to 2,911. A minimum blood quantum of $\frac{1}{4}$ is necessary for Kiowa tribal enrollment. The Kiowa do not have a clan system; rather, social organization is based on the classificatory kinship system. In this system, collateral and lineal relations are classed or merged, such that a parent and his/her sibling of the same sex are known as "father" or "mother." Siblings and parallel cousins refer to each other as "brother" or "sister," and a nephew or niece is referred to as a "son" or "daughter." These relationships are expressed in modes of child fosterage.

- **Population characteristics:** According to the Oklahoma Indian Affairs Commission, there are 11,200 enrolled members of the Kiowa Tribe (statewide, all tribal enrollment is approximately 594,000). The population of the Kiowa-Comanche-Apache-Fort Sill Apache Oklahoma Tribal Statistical Area (OTSA), which comprises the original tribal lands, is 193,260.¹⁵ According to Census 2000 data, the American Indian population is 8,730 when considering one racial category. With regard to multiple racial classifications, there are 12,990 American Indians in the Kiowa-Comanche-Apache-Fort Sill Apache area. Statewide, the American Indian population is 273,230, representing approximately 8 percent of the total number of inhabitants.

¹⁵ OTSA is a statistical entity "identified and delineated by federally recognized American Indian tribes in Oklahoma that formerly had a reservation but do not now have a reservation in that state. The boundary of an OTSA will be that of the former reservation in Oklahoma, except where modified by agreements with neighboring tribes for statistical data presentation purposes. They may cross the boundary of Oklahoma and include territory in a neighboring state but not territory in any reservation. Replaces the Tribal Jurisdiction Statistical Areas (TJSAs) of 1990." (Source: U.S. Census Bureau Glossary). There are 25 OTSAs in the state and one reservation (Osage).

As seen in Exhibit 1 (below), the rural five-county service area is sparsely populated. There are approximately 2-26 persons per square mile in Caddo, Cotton, Kiowa, and Tillman Counties; Comanche County is more densely populated, with 70-188 inhabitants per square mile. Within the five-county service area, Caddo County has the largest concentration of American Indians, representing nearly 25 percent of the population, whereas the American Indian population in each of the remaining counties is less than 10 percent.¹⁶ Approximately one-quarter of the population in each county is under the age of 18. The median household income ranges from \$24,828 in Tillman County to \$33,867 in Comanche County; more than 21 percent of the population in Caddo and Tillman Counties lives below the poverty level.

Exhibit 1
Selected Characteristics of the Five-County Service Area

	Caddo	Comanche	Cotton	Kiowa	Tillman	Oklahoma
Total population (2000)	30,150	114,996	6,614	10,227	9,287	3,450,654
American Indian and Alaska Native population (2000)	24.3%	5.1%	7.4%	6.3%	2.7%	7.9%
Population under 18 years old (2000)	28.5%	27.8%	25.4%	24.2	26.7%	25.9% ¹⁷
Median household income (1999)	\$27,347	\$33,867	\$27,210	\$26,053	\$24,828	\$33,400
Persons below poverty (1999)	21.7%	15.6%	18.2%	19.3%	21.9%	14.7%
Land area in square miles (2000)	1,278	1,069	637	1,015	872	68,667
Persons per square mile (2000)	23.6	107.5	10.4	10.1	10.7	50.3
Metropolitan area	None	Lawton, OK MSA	None	None	None	NA

Source: Census 2000.

According to stakeholders, “jobs are not plentiful and there are few prospects [for employment] in the area.” As one stakeholder noted, “There is no work here. People have to leave the reservation [to find work] in order to come back.”¹⁸ A client of the CFS program described his wife’s four-hour daily commute to her job in a hospital in Oklahoma City. The Kiowa Tribal Complex in Carnegie (Caddo County) is the largest employer. Some Kiowa work in the local hospital, the county government, or in

¹⁶ It is not possible to disaggregate the number of Kiowa tribal members from this count.

¹⁷ There are 273,230 American Indians and Alaska Natives in the State of Oklahoma.

¹⁸ Although the Kiowa Tribe does not have a reservation, some stakeholders referred to the community as the “reservation.” Others referred to it as the “Indian community.”

service sector jobs (e.g., filling stations). The unemployment rate for tribally enrolled members is 61 percent, according to recent BIA labor force statistics. Kiowa no longer engage in seasonal labor to harvest peanuts and cotton; stakeholders assert that these wages have been depressed by an influx of Mexican migrant laborers.¹⁹

According to a 1997 economic census report, the largest industry in Caddo County is retail trade; there are 142 such establishments employing approximately 1,000 individuals. Food services and accommodations are the second largest industry, with 48 enterprises and 300 employees. The next largest industry is the health care and social assistance sector, which employs 420 persons.

- **Tribal governance structure:** The Kiowa constitution was ratified in 1970. At present, the eight-member Kiowa Business Committee leads the tribe. The committee leadership consists of a chairman, vice chairman, secretary, and treasurer. The chairman is elected to a three-year term. Four committee members are elected to serve two-year terms, but they do not have governing responsibilities and are not directly involved with tribal services. Although the business committee oversees tribal administration, it does not play a role in directing departmental programming. The committee has the power to recall a chairman if there is no confidence in his/her leadership. Elections are held twice a year. In June, Kiowa voters elect the committee, and in November, voters decide tribal issues.

The by-laws require that business committee meetings be held on a monthly basis and open to the public. According to the protocol, once agenda items have been resolved, community issues are raised. A quorum of five is needed to approve and adopt resolutions. All department directors are required to attend committee meetings twice a year, in April and October.

- **Tribal court:** The BIA Court of Federal Regulations/Court of Indian Offenses was established in 1978, as a result of landmark legislation that eliminated state jurisdiction over Indian crimes on the reservation. The court has jurisdiction over all Indian Child Welfare Act (ICWA) of 1978 cases, civil, criminal (misdemeanors only), juvenile, family, and probate cases on trust property,²⁰ and hears approximately 1,600 cases annually, with 400-600 new cases filed per year. The court serves the Apache, Caddo, Delaware, Ft. Sill Apache, Kiowa, and Wichita Tribes, while the Comanche Tribe has its own tribal court.

One BIA-appointed judge serves on the Court of Federal Regulations (CFR), which is in session two times a week. There are two court clerks; due to financial constraints, they are the only full-time staff. The prosecutor presently works four days a week (although in 4-5 months this position will revert to part-time hours). Stakeholders acknowledged a dire need for more court personnel. The appellate court has three judges and can draw upon a fourth judge, if needed.

¹⁹ Peanuts are the second largest crop in the State of Oklahoma, and Caddo County produces more than 100 million pounds annually. The peanut industry contributes more than \$40 million to the state's economy and generates more than 2,200 jobs. According to tribal leaders, at one time Kiowa could earn \$8.00 an hour as laborers.

²⁰ Indian land allotments range from 160 acres to 1¼ acres. Trust property is also referred to as federal property.

Child welfare cases come before the CFR in two ways. First, the court accepts “transfers” from the state courts via the parent’s request. Second, the court has original jurisdiction on trust property. Child welfare cases are represented by a guardian *ad litem* (GAL). If needed, the judge will appoint counsel for the parent(s). Attorneys from Oklahoma Legal Services are also appointed as GALs and represent parents.

The court hears approximately 60 child welfare cases per month, including Child in Need of Supervision (CINS) and neglect petitions. Cases are reviewed at three months and then again at six months. A 12-month permanency review is held, according to the requirements of the Adoption and Safe Families Act (ASFA) of 1997. Counsel is required at the preliminary hearing for cases involving abuse/neglect or supervision. Parties to the case are not required to attend subsequent hearings. The Kiowa Tribe ICW program monitors all dependency cases in the court.

The CFR is a court of record, which means its decisions are binding in state courts; tribal decisions are accorded “full faith and credit.” According to stakeholders, the CFR and state courts have a positive working relationship and respect each other’s jurisdiction. Judges from the two courts often confer, particularly with regard to ICWA and custody cases. In such highly contested and emotional cases, parents tend to “play each court against the other” (referred to as “forum shopping”) in order to gain advantage. In other cases, the CFR might withdraw a court order if resources are not available (particularly for cases requiring mental health and violence interventions), thus ceding jurisdiction to the state and the Department of Human Services (DHS).

The CFR enforces its decisions through: (1) contempt citations; and (2) ICWA provisions (e.g., suspending visitation and contact, withholding reunification, petitions for involuntary termination of parental rights (TPR)). All CFR decisions, including ICWA and custody, can be appealed in the appellate court.

With respect to ASFA, stakeholders indicated that “we recognize family interests and have always tried to move as fast as possible” to achieve permanency for the child. ICWA, on the other hand, has given the court greater power to have child welfare cases transferred to tribal jurisdiction from state courts, in the belief that tribal courts are more “culturally able” to assess family situations and to make judgments based on an understanding of traditional practices. For example, the CFR will not punish a person for leaving a child with kin, whereas the state court may interpret such behavior as “abandonment.” The CFR stresses cooperation and problem solving in its approach to working with families on child welfare issues, and considers this approach to be less adversarial and more helpful in promoting reunification efforts.

- **Revenue generation:** Although the Kiowa Tribe is not presently operating with a budget deficit, greater resources are needed. However, the tribe has limited ability to generate resources.²¹ Sources of revenue are: (1) tax commissions; (2) fee rentals

²¹ As noted by the Oklahoma Indian Affairs Commission, “[t]ribal governments contribute over \$7.8 billion annually to Oklahoma’s economy in the areas of business, employment, education, health care, social services, housing, and others. Sixty-two of Oklahoma’s 77 counties are directly impacted by tribal economies.” (Source: Oklahoma Indian Affairs Commission. The Oklahoma Tribal Facts and

for grazing and farming on trust land; and (3) monies derived from a joint settlement awarded to the Kiowa, Comanche, and Apache Tribes in 1974 (these funds are disbursed annually by the BIA). The tribe recently opened a smoke shop under a Tribal/State Tobacco Tax Compact.²² Kiowa tribal members no longer receive a per-capita payment.

In June 2001, the tribe was ordered to close the Kiowa Grand Center gaming enterprise due to questions regarding the legality of some gaming devices. The Kiowa Tribe does not have a compact with the State of Oklahoma, nor does the state allow Class III gaming (e.g., blackjack). The gaming center, which had opened in 1997, employed 50 people.

II. Family Preservation/Family Support and Promoting Safe and Stable Families

A. Tribal Planning Process²³

In developing the FP/FS program, the Kiowa Tribe focused on providing a set of services to promote family stability and prevent the breakup of Kiowa families. Prevention services provided by the CFS program were designed to complement the intervention services provided by the pre-existing ICW program. The underlying premise for the tribe's family preservation and support services is that if a family cannot meet its basic needs, the risk of child abuse or neglect increases.

Tribal Planning Group: In developing the FP/FS plan, the Kiowa Tribe met with a number of key stakeholders, as well as representatives in the community and at the county, state, and federal levels. At the outset, the tribe recognized "the need to get the right people to work together within institutions." This "core group" consisted of representatives from the Kiowa Tribal Social Services Department and other tribal programs and entities: Head Start; Higher Education and Adult Vocational Training program; Kiowa Emergency Youth Shelter (KEYS); Indian Health Service (IHS), Carnegie Unit; Kiowa Alcohol and Drug Abuse program; and the ICW program. Other representatives included two tribal members and a member of the tribal council.

Reaching outward to the community to develop the plan, the Kiowa Tribe conducted a needs assessment survey of tribal members. In addition, it met with its service partners (also referred to as the "caregiver" organizations) in the five-county service area, and with state representatives regarding the five-year state plan. The tribe also met with Administration for Children and Families (ACF) representatives from Region VI. Finally, it solicited the leaders of

Figures page. Available at <http://www.ok.us/~oiac/factsfigures.html>. Updated December 3, 2002. Accessed December 20, 2002).

²² Cigarettes and tobacco products sold in Indian Country are not subject to state taxes. However, through the compact, an annual payment is made to the state in lieu of the state tobacco excise and sales taxes. The payment is equivalent to 25 percent of all applicable taxes on cigarettes (23 cents per pack) and tobacco products purchased by the tribe (or its licensee) for resale in Indian Country. (Source: Oklahoma Indian Affairs Commission. The Tribal/State Tobacco Tax Compact page. Available at <http://www.ok.us/~oiac/tobacco.html>. December 3, 2002. Accessed December 20, 2002). Currently, the state is seeking to increase the percentage of taxes remitted under the compacts.

²³ Information derived from the 1995-1999 FP/FS and 2000-2004 PSSF applications.

other local tribes for their input into the plan, seeking advice both from tribes that would receive FP/FS funding and those that would not.

Members of the core group continue to assist the CFS program by providing advice and as referral sources or key service providers. As of 1999, the core group had expanded to include representatives from: Tribal Security; the Tribal Administration on Aging; Carnegie Public Schools Indian Education; and the Carnegie Police Department. The core group, which meets annually, has been instrumental in maintaining continuity in service delivery. However, stakeholders noted that one barrier to continuity is that key personnel within departments are subject to changes in job status due to alterations in tribal governance and administration.

The Kiowa Tribe received technical assistance in planning from the federal Department of Health and Human Services (DHHS), Region VI representative.

Needs Assessment: The planning process was informed by a needs assessment survey. The Kiowa Tribe contracted with an evaluator to administer the 25-item survey to tribal members in the three large Kiowa communities of Hobart, Anadarko, and Carnegie, OK. Based on the results of the 1994 survey, tribal members identified the following areas in which further assistance was needed:

1. Parenting classes;
2. Housing assistance and home repairs;
3. Low-income energy assistance needs;
4. Financial assistance to meet basic material needs (i.e., food and shelter); and
5. Kiowa history and language program for youth.

When asked to identify barriers to service delivery, tribal members indicated the following: (1) lack of information; (2) long waits for services; (3) confidentiality concerns; (4) eligibility restrictions; (5) poor quality of services; (6) lack of transportation; and (7) prior bad experiences.

The needs assessment survey was conducted again in 1999 to inform the development of the 2000-2004 PSSF plan. Needs identified at that time were:

1. Financial assistance to meet basic material needs (i.e., food and shelter);
2. Housing assistance and home repairs;
3. Health services;
4. Kiowa history and language program for youth; and
5. Social service needs.

When asked to identify the problems they faced when accessing services, tribal members noted that lack of transportation was a major barrier. In addition, tribal members reported delays in receiving services and a lack of improvement in service quality. They also expressed distrust related to the poor quality of services and overt discrimination they had experienced in the past. Lack of information was perceived as yet another problem.

The needs assessment is conducted every two years. Consumer/family involvement with the PSSF program is achieved through the needs assessment.

Goals and Objectives: Through the CFS program, the Kiowa Tribe seeks to restore traditional modes of child rearing and family cohesion. The program's goals are twofold: (1) to

protect Kiowa children and ensure the stability of families; and (2) to promote better parenthood through flexible services. These goals have guided the program for the past eight years.

Tribal Involvement in State Planning Process: The Kiowa Tribe did not participate in the state's initial FP/FS or subsequent PSSF planning processes.²⁴ However, as noted previously, the tribe did meet with the state to gain input into the tribe's five-year plan.

B. Implementation

Administration and Monitoring: The tribal social services director is responsible for the administration of the CFS program. The program submits annual reports to the Region VI representative at the DHHS, Administration for Children and Families.

Service Delivery: In connection with the Kiowa Tribe child welfare program, the tribe provides family support services to Kiowa families, youth, and children in the five-county service area through the CFS program. The mission of the program is to prepare and help parents care for their children, so that they grow up to be healthy, educated, self-sufficient, safe, and revered adults. Eligibility requirements are as follows:

1. Children must be a member of, or eligible for, membership in the Kiowa Tribe;
2. The family must reside in Indian country (trust land); and
3. The family should reside in the five-county service area to qualify for tribal exclusive jurisdiction. However, the tribe's ICW program will intervene in all cases involving the removal of an Indian child.

As noted previously, the CFS program provides a discrete set of services geared toward meeting basic needs and preventing the breakup of the home. Stakeholders noted that "there's a lot of needs," such as basic survival, education, employment, transportation, mental health, alcohol and drug abuse, and diabetes. The Kiowa actively seek support, as they are very family-oriented. According to one stakeholder: "Folks tell us how to work with the family even before we get the referral!"

There are four elements in the CFS program, which seeks to provide a safety net for families to prevent the incidence of child abuse and neglect. Each element is briefly described below.

The first element of the program involves connecting parents to resources and services. Making extensive use of a network of tribal, federal, state, and local resources across the five-county area, the CFS program brokers relationships and refers families at risk to counseling, mental health, parenting, and substance abuse providers. (These providers and services are detailed in section IV "Other Human Services").

²⁴ The state of Oklahoma receives \$3.5 million annually in PSSF funding, which is allocated among 27 county projects and 18 tribes. County projects received funding as of July 2001, totaling \$1.8 million. Eighteen tribes receive 10 percent of state-allocated PSSF funds, totaling \$350,000, and they are continuing projects that began in 1996. These tribes are: Absentee Shawnee, Apache, Caddo, Eastern Shawnee, Fort Sill Apache, Iowa, Kaw, Kickapoo, Miami, Modoc, Otoe-Missouri, Ottawa, Pawnee, Ponca, Quapaw, Seneca-Cayuga, Wichita, and Wyandotte. (Office of Child Abuse Prevention, State Interagency Child Abuse Prevention Task Force. Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2002), page 73).

The second program element centers on educating parents about creating a safe and healthy home environment for children. The CFS program contracts with a tribal elder to provide home-based services to families (often provided as follow-up services to counseling or reunification). Depending on the family's needs, the elder will teach the family about topics such as Kiowa child-rearing practices, household budgeting, and housekeeping. Six sessions or home visits are provided over a period of four weeks, diminishing in intensity over time from twice a week to once a week.

The third program element consists of assistance to meet basic survival needs. Referrals for this service often come from child-oriented tribal organizations or from families who self-refer. Although the program does not provide direct cash transfers, it does offer the following forms of financial assistance:

- \$50 voucher to purchase basic necessities;
- Long-distance phone card provided to children and youth in foster care so that they may contact parents;
- Purchase of a basic consumer item (e.g., a stove). [In this case, the client must provide three bids from vendors to establish the lowest price. Quotes are faxed to the program office. The tribe does not provide direct assistance to the family, but will provide payment to the vendor.]; and
- Payment of an overdue utility bill. [If a family falls behind on paying a bill and needs immediate assistance to prevent a disruption in service, the tribe will provide payment to continue service. Once a client makes a request, the tribe requisitions the payment. Then, a letter of intent is forwarded to the utility company. This letter serves as a guarantee that funds are forthcoming, so that the utility company will withhold terminating services. Otherwise, the family will have to pay \$250 to have service restored.]²⁵

The final element of the CFS program concerns community education. The CFS program offers sessions focused on family dynamics and parenting skills to families at risk or involved with the court. However, the program has not had the level of attendance desired; according to staff members, one barrier is that families do not understand the importance of prevention and tend to be crisis-driven. The community education efforts are an important part of changing that cultural mindset. In recent years, the program has expanded its focus to reach youth and works closely with the Carnegie public school system.

Funding: The CFS program is funded solely through title IV-B, subpart 2 (\$28,480), and complements the ICW program, which is funded by title IV-B, subpart 1 (\$33,094 for FY02). The Kiowa Tribe uses ICW funds (title II) to meet the match for the PSSF program.²⁶ A portion of the PSSF funds is used for the salary of the ICW coordinator.

²⁵ The CFS program has strong, if informal, relationships with several utility companies in the five-county area. Stakeholders noted that most utility companies have community outreach programs and are "community-conscious."

²⁶ Tribes may also meet the 25 percent match using Indian Self-Determination and Educational Assistance and Community Service Block Grant funds. Similar match requirements and flexibility pertain to title IV-B, subpart 1 funds for child welfare services.

Evaluation: The tribe evaluates program implementation by: (1) collecting output data on service providers; (2) conducting a satisfaction survey of clients; and (3) soliciting feedback from the tribal community and the core group involved in PSSF planning.

III. Indian Child Welfare Services

The Kiowa Tribe Department of Social Services (DSS) administers the Jack Rabbits Day Care program, General Assistance program, Child/Adult Protection program, and the Kiowa Tribe child welfare program, which consists of services provided by the ICW program and the CFS program (i.e., the PSSF program that was discussed in the previous section).²⁷ The social services program has been in operation since 1979.

Stakeholders noted that there is strong inter-tribal cooperation and collaboration regarding Indian child welfare: “When there is a need, we work with each other. We will help any worker out with anything we can.” There is also strength in numbers. There are 16 tribes in the Anadarko Area, and each has a tribal social service program funded by the BIA. Ten tribes, including the Kiowa, have tribal child protection workers (CPW). The Bureau has two additional CPW, each serving five tribes. In addition, there are seven child protection teams (CPT) and 22 ICW programs within the jurisdiction of the Anadarko area office. Four tribes have emergency shelters, including the Kiowa. Another key player in the delivery and coordination of child protective services and Indian child welfare is the Department of Human Services (DHS), which has an office in each county. The county DHS handles child abuse complaints, court-ordered custody, foster care, adoption evaluations, and placements.

In the following section, child protection, case management, foster care, adoption, and other child welfare services are described, within the context of tribal and state jurisdiction.

Child Protection Services

Child abuse and neglect referrals originate from multiple sources and require coordination with the county DHS to determine jurisdiction, custody, and case management. Some reports of child abuse and neglect bypass the county DHS and go directly to the tribal CPW. Reports are also made to the CFS program by staff at other tribal programs, such as Head Start or Higher Education. In sum, child welfare referrals come from multiple sources, and proceed along both formal and informal channels.²⁸

Once a report is accepted for investigation by the county DHS, the next step is to determine whether it should be referred to tribal social services or remain with the county DHS.²⁹ Cases are referred to the tribal CPW to determine tribal affiliation and whether the child

²⁷ The Kiowa Tribe does not administer a Temporary Assistance to Needy Families (TANF) program. The Osage Tribe is the only tribe in the state with a TANF program. It is also the only tribe with a reservation.

²⁸ Child welfare staff noted that many of the child neglect cases stem from alcohol abuse, which is reportedly common among women, and the use of methamphetamines.

²⁹ A publication on “Child Protective Services for Parents: Questions and Answers,” distributed by the Oklahoma Department of Human Services, Children, Youth, and Family Division, does not mention the coordination of child abuse and neglect referrals with Tribal Child Protective Services, or the jurisdictional authority of the 39 Oklahoma tribes with respect to Indian child welfare.

lives on trust or non-trust land (the tribe only investigates cases regarding Kiowa children). The CPW notifies the Enrollment Office, which must verify whether the child is a tribal member or eligible for services.³⁰ The CPW also notifies law enforcement in order to determine whether the child resides on trust or non-trust land.³¹ Upon making this determination, either the tribe or the county DHS will handle the investigation. Thus, if the child is an enrolled or eligible tribal member and lives on trust land, then the tribe assumes jurisdiction.³² On the other hand, if the child lives on state land, then the county DHS retains jurisdiction (regardless of whether the child is a tribal member or eligible for services).³³ An ICW worker may accompany the state child welfare workers to conduct joint cooperative investigations.³⁴ Likewise, the BIA Southern Plains Regional Office may co-investigate a case with the tribal CPW.

The respective CPW (tribal or DHS) opens an investigation and determines the level of risk to the child. This risk determination then establishes the required response time according to one of three priority levels:

- Priority One: Imminent danger and threat of serious injury. Response must occur within 24 hours;
- Priority Two: No imminent danger of serious injury, but the child will not be safe without intervention. Response must occur within 48 hours to 15 calendar days, depending on the degree of risk; and

³⁰ Through a tribal resolution, the tribe will provide services to non-enrolled children of Kiowa parentage.

³¹ The following tribes have a police force: Caddo, Cheyenne-Arapaho, Comanche, and Wichita. The BIA police force is the law enforcement for the Delaware, Ft. Sill, and Kiowa Tribes. The Kiowa Tribe has a Memorandum of Understanding with the western district for the BIA police to investigate physical and sexual abuse of children.

³² If a child is of mixed American Indian parentage, then the BIA determines which tribe will assume jurisdiction and assist the child and family.

³³ The State of Oklahoma is organized into 17 Child Abuse Prevention Districts. District VI comprises Caddo, Comanche, Cotton, Grady, Jefferson, and Stephens Counties. District VIII includes Kiowa and Tillman Counties. The five-county service area overlaps these jurisdictions. According to the Oklahoma State Plan (2002), for the years 1996-2000, the confirmation rate for child abuse and neglect in the five-county area is 33 percent above the state rate. Statewide rankings are as follows: Tillman (6th); Cotton (14th); Caddo (19th); Kiowa (23rd); and Comanche (40th).

³⁴ Investigations of abuse and neglect are the responsibility of the CPW and law enforcement on restricted and trust properties. Only in cases where a CPW and a law enforcement official are not available can the ICW worker conduct an investigation on trust or restricted land. This information is derived from the pamphlet, "Understanding the Goals and Objectives of Indian Child Welfare Programs and the Proper Role and Function of the Indian Child Welfare Worker." This pamphlet was prepared by the Indian Child Welfare Programs of the 24 Anadarko Area Tribes of Western Oklahoma, Kansas, and Texas (1992). It is intended for tribal judges, court clerks, tribal prosecutors, court-appointed attorneys, tribal officials, tribal programs, ICW clients, and state welfare agencies. The purpose of the pamphlet is to clarify the legal scope of work for ICW programs. Note that the publication includes the state welfare agencies as an intended consumer of the information *and* as a stakeholder in Indian child welfare.

- Priority Three: No imminent danger or injury alleged. Response must occur within 15-30 calendar days.

The rapid-response system in place to assist a child in imminent danger was described by the tribal CPW as follows. Within one hour of receipt of a call: (1) the tribal prosecutor and judge issue a court order; (2) the status of the child’s domicile and enrollment status are verified and transmitted; (3) a child protective services (CPS) worker contacts law enforcement (i.e., the BIA or FBI) and meets with them to remove the child; (4) the Kiowa ICW coordinator is contacted; and (5) KEYS is notified that a child is on his/her way. If the shelter is filled, the child will be taken to another tribal shelter.³⁵

In cases concerning sexual abuse, the Southern Plains regional investigator is contacted, along with the FBI in Lawton, OK. In such cases, the child is taken to the Oklahoma City Advocacy Center, described as a “child-focused, center-based program that serves to prevent further victimization of children who are sexually or physically abused or neglected.”³⁶ Investigation and treatment efforts are coordinated at the Advocacy Center (e.g., interviews, medical exams, physical and mental health referrals, and support services). All necessary interviews with the child are conducted on the same day to eliminate the trauma of repeat questioning. There are 13 fully functioning centers in the state, and three more are under development. The Kiowa Tribe has a memorandum of understanding with the Advocacy Center.

Based on the investigation, one of four findings will be made: (1) services not needed; (2) services recommended; (3) confirmed and services recommended; or (4) confirmed and court involvement needed. In instances where the finding is “services are recommended” or “confirmed and services are recommended,” the case will be referred to the CFS program for assessment, case management, and referrals to services. In instances where abuse or neglect is “confirmed and court intervention is needed,” the case is referred to the court or the district attorney, who makes the decision to file a “deprived petition” in juvenile court or to file criminal charges against the parent and/or caretaker. An example of the monthly activity of the Kiowa Child/Adult Protection unit is presented in Exhibit 2 below.

Exhibit 2
Kiowa Child/Adult Protection Program, Monthly Report (August 2002)

	Child Protection	Adult Protection
Total amount	10	5
Substance Abuse involved	4	2
Type of referrals		
▪ Abuse	1	2
▪ Neglect	8	
▪ Sexual abuse	1	0

³⁵ Across tribal programs, telecommunication resources are stretched. For instance, there are only four telephone lines available for all tribal departments. Child Protective Services and the Child Welfare program are the only units to have a dedicated fax machine.

³⁶ Office of Child Abuse Prevention, State Interagency Child Abuse Prevention Task Force. Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2002), page 78.

Results of Investigations		
▪ Substantiated	8	3
▪ Unsubstantiated	2	2
Action		
▪ Referral to Court	6	0
▪ Referral to Social Services or other agency	3	3
▪ No action taken	1	2

Source: Kiowa Tribe Department of Social Services, September 3, 2002

Indian Child Welfare

In cases where a child or a sibling group needs immediate protection, the CFR or a law enforcement officer will place the child(ren) in protective custody, and the judge will issue a court order. Depending on whether the county or the tribe has jurisdiction, either the county DHS or the Kiowa Tribe ICW program has legal custody of the child(ren). If the county DHS has legal custody of the child, the child is placed in a foster home, a shelter, or with kin; out-of-home placements are subject to the requirements of ICWA and bound by the terms of the tribal-state title IV-E agreement. Upon issuance of an order from the CFR, BIA law enforcement officials transfer custody of the child(ren) to the Kiowa Tribe ICW program. If a child cannot be placed with kin, then he or she is placed at KEYS, which is located within the Tribal Complex. Stakeholders noted that kin often intervene at the last minute to prevent the placement of child in the shelter, and will foster the child in a kinship care arrangement. Kin care is most often provided by an “auntie” or a grandmother.

Referrals to the shelter are made directly by CFS staff, and the intake procedure occurs by telephone.³⁷ The shelter is open to Kiowa children and youth, but will accept children from other tribes in emergency situations, subject to the approval of the tribal social services director. For example, children from the Apache, Caddo, Comanche, Choctaw, and Ponca tribes have stayed at the shelter. KEYS can accommodate up to 10 children and youth, from birth through age 17, for up to 30 days, although stakeholders acknowledged that the 30-day time limit is often exceeded, by necessity. The shelter is open 24 hours a day and has a staff of five, who work in three shifts.³⁸ KEYS staff provide counseling, alcohol and drug abuse, and crisis services to children and youth. Service plans are coordinated with the Kiowa Tribe ICW program, which retains case management responsibilities. Medical services are provided by the Kiowa Tribal Clinic (located next door to the shelter).³⁹ However, as soon as a child is removed, the ICW staff secures a state medical card (i.e., Sooner Start) that enables greater access to services.

³⁷ The shelter is tribally certified but not state certified; thus, it does not seek reimbursement for children placed there.

³⁸ If the shelter has a “full house,” then another facility is contacted to place the child or youth. Shelters are located at Ft. Sill (40-minute drive); Cheyenne-Arapaho (1½ - 2 hour drive); (3) Marie Detty Youth and Family Service shelter in Lawton (50-minute drive); and Grady City Youth Services (at minimum, a two-hour drive).

³⁹ There is only one pediatrician in Caddo County for the IHS. There are 3-4 private pediatricians located in Lawton.

Stakeholders described an alternate process in which children and families at risk come to the attention of the Kiowa Tribe DSS. When a family is in need, other family members often intervene and discuss placing a child with a relative. Then they come to the Kiowa Tribe child welfare program to discuss a possible service plan or to transfer custody of the child(ren).⁴⁰ According to stakeholders, child fosterage with relatives “is normal and happens all the time.”

Prior to the “show cause” hearing, the ICW staff will meet informally with parents to mediate a settlement. If the parents agree to stipulate to a petition, the staff will put together a service plan with the goal of reunification, provide case management, and refer parents to services and/or treatment.⁴¹ After adjudication, the ICW program continues to monitor the case, attends court proceedings, and assists parents in meeting court-ordered obligations.

The ICW program intervenes in all dependency cases involving Kiowa children, including those out-of-state and placed with kin, in tribal homes, and institutions. During program year 2001, there were 24 cases in the CFR, involving 43 children; these cases were monitored by the ICW staff. (Three cases involving six children were dismissed, two cases resulted in guardianship, and one child aged out of the system). The program monitored 24 cases in Oklahoma state courts. According to program staff, the tribe is transferring fewer cases to the CFR than in the past; more cases are being left in the state courts.⁴² This is due, in part, to an improved working relationship between the tribe and the state and a freer flow of information. Resources are another consideration: oftentimes, the state can provide better services for the child(ren) and family, and this will promote reunification. Tribal stakeholders acknowledged that there is more strategic thinking concerning case transfer now than in the past. Years earlier, transfers were highly politicized issues, motivated in part by the desire to assert tribal sovereignty, as well as to serve children.

In the 2001 program year, staff monitored 12 out-of-state cases, and the program intervened in 16 cases, with the result that three cases were transferred to the CFR for the Kiowa Tribe. In addition, one case resulted in guardianship, and three cases were dismissed. The ICW program recently intervened on behalf of a Kiowa family living in Tennessee. The parents were at risk of having their rights terminated, as they were unable to care for their children. The ICW staff argued against termination due to “compelling reasons” of poor health compounded by mild mental retardation. ICW staff then worked with the State of Tennessee to arrange for a long-term foster care plan that allows the parents to visit their children once a week.

Tribal-State Title IV-E Agreement

Since 1982, the Kiowa Tribe has had a title IV-E agreement with the State of Oklahoma that is re-negotiated each year. The terms of the agreement are:

⁴⁰ Each of the three Kiowa Tribe Child Welfare staff wear “two hats.” They work with families in the CFS program to provide family preservation and support services, and they also work with families to provide traditional child welfare services, as described above.

⁴¹ As there are no certified-counselors at the Kiowa ICW program, services are referred to other providers (e.g., Marie Detty Youth and Family Services).

⁴² Under the Indian Child Welfare Act of 1978, an Indian parent or tribe may request that a case be transferred to a tribal court.

- *Out-of-home placement.* The child is placed in the “least restrictive setting appropriate to his or her special needs” and one that “approximates his or her family” and is “within reasonable distance to his or her home.”
- *Required placement guidelines (in order of preference):*
 - Member of the child’s extended family;
 - Kiowa Indian foster home (licensed, approved, or specified by the tribe);
 - Indian foster home licensed or approved by the tribe;
 - Foster home licensed or approved by another tribe (subject to approval of the child’s tribe).
- *Exchange of information:*
 - The state DHS provides to the tribe all information regarding a Kiowa child in departmental custody “so that it can review and evaluate proposed placements, TPR actions, and adoptive placements.”
 - The tribe provides to the state DHS “sufficient information” regarding a child in tribal custody in order to assess compliance with federal eligibility requirements.

Through this agreement, the ICW program recruits, certifies, licenses, and monitors foster homes. The tribe also conducts home studies, national criminal record checks, and the Oklahoma State Bureau of Investigation (OSBI) name searches for prospective foster families. Foster homes are evaluated on an annual basis. The tribe provides training to foster parents, makes placements, and monitors the foster care placements. At the conclusion of the 2001 program year, 31 foster homes were certified. ICW staff noted that many times a family asks to be certified in order to care for kin. However, when the child(ren) are returned to their parents, the foster home then requests that no more children be placed.⁴³ Under the title IV-E agreement, the state DHS may place children in departmental custody in Kiowa foster homes, given the limited number of Indian families available to serve as foster family homes.⁴⁴ ICW staff members maintain keen oversight over cases to justify out-of-home placement for purposes of title IV-E compliance and reimbursement.

The Kiowa Tribe takes an active role in adoption proceedings and acts as a liaison with the BIA, the IHS, state and county social services, the CFR, other tribal courts, and State of Oklahoma courts. According to stakeholders, the tribe and the courts have good rapport and a good working relationship. For example, the county court allows the ICW staff access to case files in order to monitor the placement of an Indian child. The county DHS also regularly informs the tribe when an Indian child is in its custody.

⁴³ An ICW worker for the Apache Tribe noted that this occurs with Apache foster families, as well.

⁴⁴ Many prospective foster parents fail background checks due to previous incidents of domestic violence or child maltreatment. If such incidents occurred more than ten years ago, however, there is a possibility that the foster parent may be approved.

The Adoption and Safe Families Act (ASFA) of 1997

According to stakeholders, the ASFA has helped to: (1) shorten the length of time a child spends in out-of-home placement; and (2) address permanency planning at an earlier stage. ASFA is adhered to in all case plans developed by the ICW staff.⁴⁵ Both the CFR and the ICW program adhere to the ASFA-mandated timeframes, although various stakeholders note that this is not easily achieved. “Healing within families” often takes more time than the ASFA allows. Stakeholders indicated that it is preferable to transfer cases to the CFR and tribal jurisdiction before a case reaches TPR. They have observed that state judges tend to “push” for TPR; however, the provisions of ICWA counteract this propensity and challenge terminations. For example, the state cannot proceed immediately to an involuntary TPR for a second child if rights were already terminated for another child. The state is required to make active efforts and to provide a 90-day treatment plan for the parent, per ICWA requirements.

The Ryan Luke Bill

In May 1996, the governor of Oklahoma signed the Child Abuse Prevention Act (H.B. 2053) in order to strengthen the state’s response to child abuse and neglect cases. Known as the “Ryan Luke Bill,” it is named after a toddler who was fatally injured by his mother while he was in the legal custody of his maternal grandfather. The high-profile case sparked a public outcry and a critical examination of the child welfare system. Provisions of the bill are:

- Required monitoring by the court for one year after a child involved in an abuse or neglect situation is returned to parental custody;
- Required training in child and domestic abuse for all judges involved in such cases;
- Required court-appointed special advocates to be available in all judicial districts, and appointment of an attorney to represent the interest of the child in abuse cases;
- Removing confidentiality from cases involving deaths and providing information to foster parents, law enforcement, and child welfare agencies;
- Requiring DHS to conduct criminal history investigations of prospective family members, and prohibiting placement of a child with a convicted sex offender or domestic abuser; and
- Permitting postponement of child placement rulings and reviews when a child’s welfare is endangered.

Tribes are not held to the provisions of the Ryan Luke bill. However, the county DHS must abide by these provisions and notify the ICW program of its findings.

A. Administration

The Kiowa Tribe provides social services through a 638 contract. The tribe has oversight over all social services and provides direct services related to Indian child welfare and child protection. Services for counseling, treatment, training, child care, and so on, are provided

⁴⁵ ICW staff received training on ASFA (date and training source unknown).

through a network of tribal organizations, county agencies, community-based organizations, and for-profit providers across the five-county service area. The Kiowa DSS administers the following programs: (1) child care; (2) child protection; (3) ICW (which includes the PSSF program); and (4) general assistance. KEYS is not part of this department, although the services are integrally connected.

Since 1983, the Kiowa Tribe has had a title IV-E agreement with the State of Oklahoma. Agreements with other tribal agencies for referrals or to use facilities are rooted in strong relationships. While seemingly informal (i.e., they lack written agreements), these relationships are based on traditional tribal modes of obligation, reciprocity, and solidarity.

Many cross-agency arrangements regarding service coordination and collaboration stem from interpersonal relationships that have been cultivated by ICW staff over the years. While there is a high turnover among social workers across agencies, at the administrative level there is greater continuity. Face-to-face relationships and well-established leadership in the community facilitate brokering and resource pooling.⁴⁶

Various stakeholders remarked upon the lack of coordination at higher levels, noting that federal entities and the state are no longer coordinating efforts to enhance services and to communicate directly with the tribes. The BIA Regional Office requires uniform case reporting and record-keeping across the 24 tribes in the Southern Plains region (i.e., western Oklahoma, Kansas, and Texas), and this greatly facilitates tribal record-keeping.

B. Funding

For FFY02, the Kiowa Tribe received \$33,094 in title IV-B, subpart 1 funds for child welfare services (P.L. 96-272). In addition, the tribe received \$115,633 in title II, Indian Child Welfare grant funds (P.L. 95-608). (Other tribes in the area received \$30-40,000). Since the early 1990s, the Kiowa Tribe has had a 638 contract with the BIA for the delivery of social services.⁴⁷ This tribe receives \$427,942 in funding, which is allocated as follows:

Tribal Social Services	\$247,097
Child Protection	\$ 13,000
Kiowa Emergency Shelter	\$167,845

Additional funds to support tribal social services are provided by the Kiowa Tax Commission (\$10,000) and the 20% program (\$40,000).

Child welfare service delivery is greatly enhanced by the flexibility afforded by the use of BIA Indian Child Welfare funds. These funds can be used as match for other child welfare and

⁴⁶ Notably, the coordinator of the Kiowa Tribe child welfare program acts as an informal mentor to novice social workers by providing support, helping them access resources, and teaching them the ways of the system. In this regard, he fulfills the role of an elder in the community.

⁴⁷ As of January 27, 2003, the BIA has given the Kiowa Tribe 45 days to comply with 24 measures to address deficiencies or else lose control of its three largest federally funded programs, including the ICWA program. ("Kiowa Tribe gets federal ultimatum," by Ron Jackson, *The Oklahoman*, February 3, 2003).

social services programs, thus allowing the tribe to apply for and receive additional funding that might otherwise be difficult to secure (i.e., if the tribe had to meet the match requirement using cash reserves). This relates specifically to:

- ICWA grant funds that allow tribes to use their programs as matches in dollars or in-kind resources; and
- The 638 contract funds used as match when tribes are seeking other services and funding.

Stakeholders noted that other federal agencies do not coordinate efforts when contracting with tribes. Also, the Kiowa Tribe has not received additional title II funding to support the activities of the Southern Plains CPT, whose funding is now depleted.

C. Connection with PSSF Programs

Whereas the CFS program supports families at risk and offers prevention services, the ICW program supports families that are “in the court system.” Together, the ICW and CFS programs provide a continuum of services for Kiowa children and families, regardless of their residence. The objectives of the Kiowa Tribe ICW program are to:

- Work with tribes and Indian organizations regarding child welfare matters;
- Assist tribal families to find resources to retain children in the home;
- Monitor state courts in child custody proceedings involving Kiowa children;
- Counsel Kiowa parents regarding child welfare laws;
- Assist Kiowa families by interpreting federal and state child welfare laws;
- Help Kiowa families find legal representation for children/parents in court proceedings;
- Assist parents to carry out court operations;
- Assist court and agencies to clarify Kiowa cultural values that impact on ICW cases;
- Provide Kiowa foster and/or adoption homes;
- Provide counseling services to abusive and neglectful parents; and
- Assist to prevent the breakup of Kiowa tribal families.

As noted earlier, the objectives of the CFS program are embedded within the ICW program: (1) assist tribal families to find resources to retain children in the home; (2) provide counseling services to abusive and neglectful parents; and (3) prevent the breakup of Kiowa tribal families. The ICW program also conducts seminars and community workshops on child abuse, neglect, and parenting as a prevention effort.

D. Major Initiatives

- The Kiowa Tribe has a title IV-E agreement with the State of Oklahoma to reimburse the tribe for out-of-home placements. The agreement began in 1985 and is re-negotiated each year.
- KEYS is working toward state certification so the tribe can receive reimbursement from the county DHS. In doing so, the tribe would have to open up the shelter to all children. Meeting state certification standards requires (1) adjusting the staff-to-child ratio; (2) renovating the facilities (e.g., isolating the kitchen); (3) allowing third-party

payment; (4) improving security; and (5) improving water quality. The tribe is presently working to renovate the facility and improve the water system.

- The Kiowa Tribe is a member of the **Southern Plains Child Protection Team (CPT)**, which is composed of child welfare specialists from the following tribes: Apache, Caddo, Comanche, Delaware, Ft. Sill Apache, and Wichita.⁴⁸ The coordinator of the Kiowa Tribe ICW chairs the team. Other members of the Southern Plains CPT are: (1) the BIA Regional Child Welfare/Child Protection Specialist; (2) an IHS representative; and (3) a child protection investigator from the Caddo County DHS.⁴⁹ The CPT meets monthly and serves many purposes: (1) to provide outreach and educational services to the community; (2) to engage in fundraising efforts; and (3) to staff cases, if needed, and make recommendations for services (team members are required to sign confidentiality statements). Through this inter-tribal collaboration, tribes share resources and information, thus “opening the door” to services for families. The CPT also brings in speakers to address topics of concern. For example, the coordinator of the Kiowa child welfare program has conducted ICWA training for new child welfare workers.⁵⁰ The CPT is also a valuable resource in cases where a family has children with varied tribal backgrounds. Stakeholders noted that this is one of the major benefits of this collaboration.

The Southern Plains CPT joins together to provide services and conduct outreach during the American Indian Fair, a week-long event held each summer that is attended by hundreds of Indian families. Each tribe takes a turn monitoring the Lost Child booth during the fair. The Kiowa Tribe provided Kid-Care safety booklets, taking photographs of children and updating their vital information. At other times during the year, the tribes assist each other with fundraising (e.g., selling Indian tacos at a community event).

IV. Other Related Human Services

“We help each other. That is the only way we - as a people - are going to exist.”

Program Director, Kiowa Tribe of Oklahoma,
on making referrals and sustaining the Kiowa

⁴⁸ The Kiowa and Comanche tribes receive direct PSSF funding; the other tribes receive an allotment from the State of Oklahoma. The Apache use PSSF funds for reunification, prevention, and to support a culture camp.

⁴⁹ The BIA Regional Child Welfare/Child Protection (CW/CP) Specialist provides consultation to tribal child welfare workers for difficult cases (the position requires an M.S.W. degree). The CW/CP Specialist also acts as an intermediary with the state and conducts *ad hoc* training for new state workers on the requirements of the Indian Child Welfare Act and adherence to state/tribal protocols (such as giving proper notice). There is a high turnover among state workers and the specialist facilitates communication among parties to avoid a break in services for the child. The specialist serves on a state CPT with the U.S. Attorney’s office and assist with planning and coordinating the State Indian Child Welfare Conference.

⁵⁰ According to stakeholders, staff turnover in child welfare is very high.

Since 1972, the Kiowa Tribe has administered a **General Assistance** program for indigent tribal members. Recipients of general assistance lack household income and do not receive Temporary Assistance for Needy Families (TANF) or Social Security. Under this program, a single unemployed male would receive \$280 per month in financial assistance. If the individual resides with someone, then the amount is reduced to \$135 per month. Assistance is available for up to six months. Approximately 30-35 persons are served each month. The CFS program refers individuals to this program. Referrals are also made to the county TANF program or the Tribal Workforce Investment Act program.

The **Kiowa Head Start** program began in 1978 and serves families in Caddo, Comanche, and Kiowa counties. Families have the option of using center-based or home-based services. Approximately 100 children are enrolled in five center-based classes (in Lawton, Anadarko, and Carnegie), and 50 children receive home-based services. The program predominantly serves Kiowa and Comanche children. Following Head Start guidelines, the staff conducts a family needs assessment at the beginning of the school year. The Head Start curriculum and child-rearing practices are rooted in Kiowa cultural traditions, such as telling stories, learning the language, and teaching children to avoid eye contact with adults as a sign of respect.

Since the program is required to make home visits, the Head Start staff members often become aware of families or children at risk. In cases where families are having difficulty meeting basic needs, Head Start will make a referral to the CFS program so the families can access resources and attain necessities (e.g., to secure appliances, bedding, clothing, food, utilities).⁵¹ The program also makes child abuse and neglect referrals directly to the tribal CPS (i.e., in cases involving a Kiowa child) and to the DHS (i.e., for cases involving Indian and non-Indian children).⁵² In concert with the CFS program, one of the goals of the Head Start program is to “keep families intact.”

Due to mandated program requirements, such as conducting medical screenings or securing birth certificates or immunization records, Head Start staff members learn about the needs and vulnerabilities of tribal families. As a result, they are actively involved in referring families to other tribal services (e.g., the food bank) or community-based services (e.g., medical facilities). The Head Start program also provides an alcohol abuse awareness and prevention program geared to young children, and distributes a community-resource booklet to families.

Since 1992, the Kiowa Tribe has sponsored a **Child Care** assistance program. Families must meet income guidelines and live in the five-county service area. Eligible parents must be employed, in a job training program, or attending an educational institution. Services are available for children up to age 13 (up to age 19 for a child with a disability). Children must be enrolled tribal members, and priority is given to Kiowa children. There are five centers and 35 in-home providers caring for 38 children. In-home providers are requested to participate in training sessions (i.e., health and safety, nutrition, first-aid, child abuse, and communicable diseases). The child care center and the CFS program have a cross-referral system in place. A new day care facility is opening in downtown Anadarko, with slots for 25-30 children (ages birth to five years).

⁵¹ The Head Start program has been working with the PSSF program since its inception in 1995.

⁵² Head Start teachers are mandated reporters of child abuse and neglect.

The **Kiowa Alcohol and Drug Abuse** program (KADAP) is a nonprofit organization funded by the IHS. The program seeks to heighten awareness of alcohol and drug abuse, offers alcohol and drug education, and provides services to Kiowa and other enrolled tribal members who reside in a ten-county service area.⁵³ KADAP provides the following services: (1) outpatient counseling; (2) outreach services; (3) individual counseling; (4) family counseling; (5) group counseling; (6) alcohol/drug education; (7) prevention activities for adults and youth; and (8) substance abuse subtle screening inventory. An Alcoholics Anonymous support group meeting is held each Monday at noon, and a meeting is held every Thursday evening. The program also refers clients to other agencies, inpatient facilities, and other service-related organizations.

The **Carnegie Indian Health Center** serves tribal members in Caddo, Comanche, Grady, Kiowa, and Washita Counties. Eligibility is limited to enrolled tribal members. Intake for services is through a telephone call. The health center provides general medical services, family planning, prenatal, dental care, pediatrics, mental health, nutrition, and physical therapy.

The Kiowa Tribe also relies on a number of **community-based organizations** in the five-county area to provide services to children, youth, and families. Payment is typically “fee for service” and paid on a sliding scale. Families typically receive mental health and counseling services or take part in parenting programs, which serve to reunite or keep Kiowa families together. Listed below are some of the providers and the services offered:

- Marie Detty Youth and Family Services (counseling and parenting);
- Southwest Youth and Families (counseling and parenting);
- Chisholm Trail Counseling Services (parenting and mental health counseling);
- Taliaferro Community Health program (parenting and mental health counseling);
- Great Plains Youth and Family Services (parenting); and
- Hillcrest Counseling Services (mental health counseling).

A. Administration

The Kiowa Tribe administers the Head Start program and provides center-based and home-based educational services (with the exception of health-related services). The Kiowa Tribe DSS administers the Jack Rabbits Day Care program. The program contracts with state-licensed centers and in-home providers for services. The new day care facility will be tribally administered.

The Kiowa Alcohol and Drug Abuse program is a nonprofit entity. The Carnegie Indian Health Center is administered by the IHS. The tribe does not have formal agreements with the external community-based agencies for accessing or delivering services. All services are provided within the five-county service area.

B. Funding

The General Assistance program operates through a 638 contract with the BIA (the amount of funding was not available at the time of the site visit). The annual grant to the Kiowa Head Start program is \$748,222. A Child Care Development Fund block grant of \$215,333

⁵³ In addition to the Kiowa Tribe’s five-county service area (noted previously), the program serves Canadian, Custer, Grady, Jackson, and Washita Counties.

funds the Jack Rabbits Child Care Center. The Kiowa Alcohol and Drug Abuse program is funded by the IHS (funding information was not available). Stakeholders assert that the tribe's needs greatly outweigh the limited resources they have to work with. There are no reported problems related to eligibility criteria within or between individual funding sources.

C. Connection with PSSF Programs

According to the 1995 annual report for the CFS program, the tribe noted great support from various community partners in helping to assist families in need. As stated, "Different counseling service providers, mental health facilities, IHS clinics and hospital personnel, the Carnegie school system, as well as individual family members, go that extra mile to assist this program when they discover that [the program] is trying to keep the young person in his/her home or school."

The target population for the CFS program, tribal social services, and community-based programs are Kiowa families who are in need and at risk. The CFS program engages in cross-referrals with two tribal programs. For example, the Head Start program refers families to the CFS program and collaborates with the CFS program to identify resources. Head Start also alerts CFS staff to children who may have special needs or risk indicators leading to abuse and neglect, and refers children who lack immunizations or who have not had a medical exam. Families in need of child care are referred by CFS to the Jack Rabbits program.

D. Major Initiatives

The Kiowa Tribe will undertake the following initiatives to improve and further develop human services for tribal members:

- The Head Start and CFS programs are currently developing a memorandum of agreement to address family-related needs;
- The CFS program will seek a memorandum of understanding with a for-profit business that sells furniture, bedding, appliances, and electronics, so that families can purchase basic necessities at the lowest possible prices;
- The CFS program will hold a community meeting regarding the high costs of utility bills and how families can manage monthly bills. The program will present the use of "budget billing" and educate families about making affordable monthly payments throughout the year, thus averting crises (which tend to occur during the winter when heating costs soar);
- The CFS program is considering developing a respite care program to assist families at risk. This program would tap the many grandmothers in the community as a critical resource to provide respite care services.

Appendix A

Kiowa Tribe Title IV-B programs Indian Child Welfare and Child and Family Services, 1995-1999

Activity	1995	1996	1997	1998	1999
Average number of notices, intakes, and referrals received per month	61	60	59	60	61
Referrals made to other agencies (post-intake) ^a	18	21	20	19	21
Referrals received but not eligible for ICWA services	11	11	10	12	11
Referrals for drug and/or alcohol interventions ^b	11	10	9	11	11
Reunification services offered or found for families ^c	13	12	10	13	15
Families in need of court intervention ^d	5	6	6	6	7
Cases referred to CPS for investigation	5	6	6	6	7
Petitions originating in or transferred from CFS to CFR	6	7	6	6	7
Cases referred to parenting program ^e	4	5	4	4	5
Immunization referrals (cases/children) ^f	12/31	6/12	7/14	12/18	2/4
Children or youth assisted with counseling services (in order to stay in school) ^g	0	2	6	6	10
Number of active cases in CFR	23	20	15/34 children	11	10
Number of out-of-state cases monitored	12	12	12/16	NA	NA
Number of families/children assisted	16/32	15/29	16/22	21/30	17/30
Total number of cases assisted	50	59	63	62	53

^a Includes referrals to the State Department of Human Services.

^b Families were referred to: (1) Kiowa Alcohol and Drug program; (2) Consortium Against Substance Abuse; (3) Hillcrest Outpatient Counseling; (4) Taliaferro Community Mental Health program; (5) Oklahoma City Indian Clinic Social Services; (6) Comanche Tribe Substance Abuse program and Halfway House; and (7) the CFR.

^c Families received mental health and counseling services in order to be reunited with their children. Services were provided by (1) IHS Clinics/Hospital units; (2) Chisholm Trail Counseling Services; (3) Hillcrest Counseling Services; (4) Southwest Psychiatric Center; (5) Taliaferro Community Health program; (6) Oklahoma Mental Health Clinic. Also used the following children's shelters: (1) Kiowa Emergency Youth shelter; (2) Grady County Youth Shelter; (3) Fort Sill Apache Youth Shelter; and (4) the Marie Detty Youth and Family Center.

^d Intervened in state court hearings with cases involving a "deprived action" and has done so in Oklahoma, Washington, Minnesota, Oregon, and Texas. Also intervened where cases were transferred to the CFR for the Kiowa Tribe.

^e Referred families with court-ordered service plans to the following parenting programs: (1) Taliaferro Center; (2) DHS programs in Caddo and Comanche Counties; (3) Chisholm Trail Counseling in Grady County; and (4) Great Plains Youth and Family Services in Kiowa County. Parenting programs have helped children and youth reunite with their families and have also kept Kiowa families together.

^f Children received services from the IHS Clinics (located in Anadarko and Carnegie) and through the Public Health Service (in Lawton, OK). Referrals were also made to the Indian Health Clinic in Oklahoma City and Shawnee, and the Indian Center in Dallas, TX.

^g Counseling services provided by: (1) Hillcrest Day Treatment; (2) Chisholm Trail; and (3) Southwest Psychiatric Counseling.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Menominee Indian Tribe of Wisconsin Summary Program Description

The Menominee Indian Tribe of Wisconsin received approximately \$87,760 in Promoting Safe and Stable Families (PSSF) funding between 1996 and 2001. In FY 2002, the tribe was the recipient of \$16,905. PSSF funding supports youth advocacy, mentoring, and adolescent parenting education activities that address the interrelated needs of troubled youth and fragile families.

Many child neglect referrals and truancy cases on the Menominee Reservation are related to substance abuse in poor families. Along with domestic violence, substance abuse is viewed as one of the biggest problems on the reservation. Rates of alcohol and drug use (i.e., marijuana and cocaine) are increasing, and children are using these substances at younger ages than ever before. As one stakeholder observed, "A few years ago we were dealing with the parents, and now we are dealing with their kids." Influenced by urban gangs in Chicago, Menominee youth are forming gangs on the reservation, and are involved in activities ranging from intimidation to drug running. There has also been an increase in youth violence and gang-related assaults, particularly among 16-22 year olds. From the perspective of the tribal court, "Family and community solutions are needed for individual problems." As more than one stakeholder noted, something more than a "band-aid measure" is needed.

To address these needs, the tribe's Family Preservation and Support (FPS) program targets truant or delinquent youth and their families, with the understanding that the problems of youth on the reservation stem from poverty, substance abuse, and mental health issues within their families. The goal of services offered through this program is to assist in building greater family cohesion, in keeping with traditional clan-based values. Thus, the program is more closely aligned with the delivery of human services than with traditional child welfare services.

The summary below is based on a review of the Menominee Tribe's PSSF application, a site visit conducted in October 2002, and a review of documents obtained on-site. It includes an overview of the context in which PSSF implementation occurred, as well as descriptions of the tribal planning process, the goals and objectives established, service delivery, barriers to implementation, and child welfare issues. An historical overview is presented first, because the Menominee Tribe's efforts to deliver child welfare and human services must be understood in the context of three distinct phases in its history: (1) relative prosperity and self-sufficiency up to the mid-20th century; (2) "termination" as a federally-recognized tribe in 1961; and (3) the grassroots efforts leading to "restoration" in 1973 and the subsequent rebuilding of the government, infrastructure, and economy over the past 30 years.

I. Context

B. Prosperity

The Menominee people are part of the Algonquin linguistic family and the oldest continuous residents of what is now the State of Wisconsin, dating back more than 4,000 years. Their ancestral lands once covered more than 9.5 million acres, encompassing the area of central and northeastern Wisconsin, including the upper peninsula of the state. Most of the Menominee's land was ceded to the United States in the 19th century. The present reservation

was established in 1854 by a treaty with the U.S., and covers 235,033 acres of heavily forested land, of which nearly 227,000 acres are held in trust status. During these and subsequent negotiations, the Menominee wisely insisted on retaining an undivided land base rather than accepting parceled allotments as other tribes had.⁵⁴

Located approximately 45 miles north of Green Bay, the Menominee Reservation is rich in natural resources, including forests, water, animals, fish, and birds. Approximately 223,000 acres of the reservation are forested with hardwood, pine, and hemlock, from which the Menominee developed a thriving timber industry. The Menominee Tribe is internationally recognized for its environmentally sensitive, sustained-yield forest management practices, which allow for replenishment of the timber stands. Nearly 300 miles of rivers flow through the reservation, including 24 miles of the Wolf River, a pristine and federally designated “wild river.” The reservation wildlife includes many threatened and endangered species.⁵⁵

During the latter part of the 19th century and early 20th century, the Menominee were a self-sustaining society owing to the careful expropriation of natural resources and a thriving lumber operation and sawmill. In 1871, the Menominee were granted permission from the U.S. government to conduct commercial logging operations on the reservation. By 1886, the sawmill had the capacity to produce 150,000 board feet of lumber per day. By 1890, the tribe was sufficiently prosperous to pay for its own community services. The tribe supported a hospital, a trade school, police and judicial system. In 1908, a sawmill was constructed in the village of Neopit, and logging became the major source of income and employment for the Menominee people. Annual dividends from timber profits were distributed to tribal members in a practice known as “stumpage payments.” Whereas many other Indian tribes were impoverished and wholly dependent on assistance and support through the federal trust responsibility, the Menominee prospered and were economically self-sufficient. By 1934, the tribe had become dissatisfied with management of the timber mill by the Bureau of Indian Affairs (BIA) and filed a lawsuit against the government. Seventeen years later a decision was reached in the Menominee’s favor, and the tribe was awarded \$7.65 million. These funds were added to the treasury and distributed in \$1,500 per capita payments to individual Menominee members.

⁵⁴ Historical references used in the following sections are drawn from the following sources: (a) Freedom with Reservation: The Menominee Struggle to Save Their Land and People (1972), National Committee to Save the Menominee People and Forests (Rights transferred to the College of the Menominee Nation); (b) Menominee Tribal History Guide (May 1998), Historic Preservation Department of the Menominee Indian Tribe of Wisconsin; (c) *Omaeqnomenew Masenahekan* [Facts and Figures, volume 2 (c. 1998)], Menominee Tribal Planning Department.

⁵⁵ The waters of the Wolf River were once abundant with lake sturgeon (*namae’o*), until the construction of the Shawano Dam in 1892 and the Balsam Dam in 1926 prevented the lake sturgeon from migrating upstream to spawn at Keshena Falls (known in the Menominee language as “*Nama’o uskiwamiit’*” or the place where the sturgeon come home). In 1994, restoration of the lake sturgeon population began. This is a joint effort of the Menominee Tribe, Wisconsin Department of Natural Resources, the U.S. Fish and Wildlife Service, and the Bureau of Indian Affairs. In earlier years, the return of the sturgeon to the traditional spawning grounds each spring was a time of celebration, as the Menominee would replenish their food supplies after a long winter, harvesting sturgeon with spears to supplement their diet of wild game, wild rice, corn, beans, squash, and maple syrup. Since 1994, the Menominee have held a Sturgeon Ceremony each spring to honor this traditional subsistence and medicinal source. The role of the sturgeon in the creation story and the annual ceremony is described at <http://www.menominee/nsn/us/History>.

C. Termination

The relative prosperity of the Menominee Tribe was short-lived. In 1954, the U.S. Congress passed the Termination Act, which sought to end the status of Indian tribes as sovereign nations and a federal trust responsibility. In effect, the goal of termination was to abolish tribal identity and assimilate tribal members into mainstream American society. Termination for individual tribes required specific congressional legislation. The Menominee were the first selected for termination, based on the assumption that their successful forestry and timber operations would sustain the tribe. Between 1954-1961, the tribe was required to implement a termination plan to dispose of tribal assets and the federally protected reservation lands. By 1961, the \$10 million treasury was reduced to \$300,000.

Termination was effective on April 30, 1961. It abolished the Menominee Reservation, the trust relationship with the federal government (i.e., the fiduciary obligation on the part of the U.S. to protect tribal lands, assets, resources, and treaty rights), and Menominee tribal identity. Reservation lands became Menominee County, the poorest and least populated of the 72 counties in the State of Wisconsin, which lacked a tax base to provide essential services (i.e., police, waste disposal, and firefighting). Tribal assets—the land, the forest, and the Neopit sawmill—were transferred to Menominee Enterprise, Inc. (MEI) under a private management trust agreement. Although each tribal member became a shareholder, the corporation's resources were soon depleted by the fiscal crisis. The federally funded hospital was forced to close, and the federal government no longer provided entitlement funds to finance schools, utilities, and other community services.

Termination wrought unemployment, intense poverty, social disruption, and loss of tribal identity.⁵⁶ Under the Indian Relocation Act, families migrated from the reservation to find low-wage work in urban centers. Impoverished families remaining on the reservation were deemed “unfit” parents and lost their children.⁵⁷ The Menominee tribal roll was closed, and new members were not enrolled.⁵⁸

D. Restoration

In 1967, the MEI proposed selling tribal lands to real estate developers for the creation of recreational homes for non-Indians in order to make a capital investment that would increase the profitability of the lumber business and ease the burden of real property taxes that were now imposed on “county” residents.⁵⁹ Although MEI shareholders supported and voted for this plan,

⁵⁶ By the late-1950s and early 1960s, other tribes strongly resisted termination, having seen the devastating consequences of this policy on the Menominee and the Klamath of Oregon (the only other terminated tribe). As termination did not produce the intended effect of assimilation and acculturation, Congress halted the termination process for other federally recognized tribes.

⁵⁷ Tribal members compared this episode in the tribe's history to the generation of parents who had lost their children (and their parenting skills) to the Indian boarding schools (Personal communications, tribal members).

⁵⁸ Membership in the tribe is limited to those persons (1) with one-quarter degree Menominee Indian blood whose names appear on the tribal roll; or (2) who possess at least one-quarter degree Menominee blood and who are descendants of persons enrolled on the tribal membership roll.

⁵⁹ Reservation lands are now held in “trust” and are tax exempt. County land, such as the properties surrounding Legend Lake, is “fee” land. Taxes are paid to the county and do not revert to the

they were not told it would involve the creation of a large artificial lake (known as Legend Lake) from smaller lakes and tributaries, and that lakefront properties would be sold to non-tribal members. In 1970, opposition to the sale of Menominee land gave rise to a grassroots organization known as the Determination of Rights and Unity for Menominee Stockholders (DRUMS). Two years later, DRUMS was successful in blocking the Legend Lake project and winning a majority of seats on the MEI board of directors. DRUMS also lobbied Congress to reverse termination and restore the Menominee's status as a federally recognized tribe and sovereign nation. On December 22, 1973, President Nixon signed the Menominee Restoration Act, which restored tribal sovereignty and the trust relationship.⁶⁰

Restoration involved reorganizing the tribe, restarting the government, and restoring tribal assets. An interim committee was given the responsibility to administer the reservation and rebuild its economic and political foundation. One of the immediate tasks following restoration was to reopen the tribal rolls, which had been closed since 1954. Within three months, more than 2,300 applicants were enrolled. By 1975, the county was reinstated to reservation status. The tribe was authorized by the federal government to establish a tribal police force and provide correctional duties. In 1976, a new constitution was written and accepted by tribal members. The State of Wisconsin retroceded its criminal and civil jurisdictional powers under P.L. 83-280, and the tribe was authorized to establish a Court of Indian Offenses. In the same year, the Menominee County School District was created. Hunting and fishing rights were restored by the Wisconsin Supreme Court. In 1977, the reservation-based Menominee Tribal Clinic opened (it is the first Indian-owned and operated clinic in the U.S.). In 1979, a nine-member tribal legislature was elected under the auspices of the tribal constitution. These milestones underscored a 30-year effort to reestablish the sovereignty, political economy, and socio-cultural cohesion of the Menominee Tribe. According to stakeholders, this history of struggle and resiliency is reflected in current efforts to provide a continuum of human services to improve the well-being of the Menominee people through self-determination, self-governance, and the exercise of sovereignty.

The tribe continues to strengthen its administrative structure and is striving toward more efficient management and service delivery by restructuring 74 department/programs into seven standing committees (i.e., budget and finance; health and family; housing; community development; governmental affairs; enforcement and resource protection; and labor, education, and training).⁶¹ Committees will jointly address budget and staffing issues, and will examine whether programs are meeting intended goals and objectives. The administrative realignment will be decided in the upcoming November 2002 elections.

Population characteristics, the tribal governance structure, the tribal court, and revenue generation are described below.

- **Population characteristics:** The Menominee Reservation encompasses four villages (i.e., Keshena, Neopit, Middle Village, and Zoar) and a dispersed community

Menominee Tribe. The tribe is concerned that spending by non-county summer residents does not directly benefit the community.

⁶⁰ Menominee Restoration Act, Act Dec, 22, 1973, P. L. 93-197, 87 Stat. (25 U.S.C § 903 *et. seq.*)

⁶¹ The Menominee Tribe administers over 300 federal and state grants. Many of these services are contracted under 638 agreements, such as tribal law enforcement, the tribal court, and tribal social services. The Indian Health Service funds the tribal clinic. As of October 2002, the tribe has to float-fund a number of federally funded programs due to continuing resolutions.

known as South Branch. Keshena is the center of the tribal government, schools (i.e., public elementary and high school), and social services (e.g., clinic, day care, Head Start). Neopit is the site of the sawmill and two schools (i.e., the public middle school and the K-8 tribal school). Tribal enrollment exceeds 8,000 persons, and more than half of enrolled Menominee live off the reservation.

Social, demographic, and economic data are provided below for both the Menominee Reservation and Menominee County, as the borders of the reservation are contiguous with the borders of the county.

General demographic characteristics - Menominee Reservation and Off-

Reservation Trust Land: According to the 2000 Census, the current population for the Menominee Reservation and Off-Reservation Trust Land is 3,225 (evenly distributed between males and females). By race, 96 percent are American Indian, and the median age is 21.9 years. Approximately 50 percent of the population consists of children and youth under the age of 19 (nearly 24 percent are under the age of 9). Of 852 households on the reservation and off-reservation trust land, approximately 82 percent are family households. Married couples with children under age 18 account for 22 percent, and female-headed households with children under age 18 account for 24 percent. More than 60 percent of all households have children under the age of 18. Nearly 16 percent of all households have at least one person 65 or older. Almost 75 percent of the older population lives in “family households.” Some elders reside alone (there are no nursing homes on the reservation). Unemployment on the reservation is high, and the tribal government is a major employer (i.e., administrative departments, police force, courts, tribal schools, day care and Head Start programs).

General demographic characteristics - Menominee County:

According to the 2000 Census, the current population for Menominee County is 4,562 (evenly distributed between males and females). By race, 88 percent are American Indian, and the median age is 27.9 years. Approximately 42 percent of the population consists of children and youth under the age of 19 (nearly 21 percent are under the age of 9). Of 1,345 households in the county, approximately 79 percent are family households. Married couples with children under age 18 account for 19 percent, and female-headed households account for 17 percent. More than half of all households (53 percent) have children under the age of 18. Nearly 22 percent of households have at least one person 65 or older.

Among the population 16 years and older, 56 percent are employed. In 1999, the median family income in the county was \$28,385. Approximately 25 percent of all families live below the poverty level. Nearly 50 percent of all female-headed households fall below the poverty threshold.⁶² Approximately 10 percent of all housing units lack telephone service.

With respect to educational attainment for persons 25 years and over, approximately 42 percent of the population in Menominee County has earned a high school diploma. In addition, nearly 11 percent have earned a bachelor’s degree, almost 5

⁶² In 1999, the poverty threshold for a family of four was \$17,029. Poverty data are based on sampled income as of 1999.

percent have earned an associate's degree, and 2 percent of the county residents have graduate or professional degrees. Nearly 20 percent have some college education but did not earn a degree. Approximately 17 percent have attended 9th to 12th grade without receiving a diploma, and about 5 percent have less than a ninth-grade education.

- **Tribal governance structure:** The tribal legislature and tribal judiciary are separate and equal branches of the government. The Menominee Tribe is governed by a nine-member tribal legislature that is vested with all executive and legislative powers to make and enforce laws. The tribal judiciary consists of a supreme court and lower courts. Per Public Law 83-280, the State of Wisconsin exercises criminal and civil jurisdiction over other Indian reservations in the state (e.g., Lac du Flambeau, Lac Courte d'Oreilles). However, the state does not have similar jurisdiction over the Menominee Tribe, as this power was transferred back to the federal government.

Tribal legislators serve three-year terms and are elected by eligible voters. The legislature is divided into three classes, grouped according to the highest to lowest number of votes received, thus staggering the terms of office. Minimal qualifications for candidacy include being a tribal member at least 25 years of age. A legislator may not serve more than three consecutive terms. Seven seats on the legislature must be filled by tribal members who reside on the reservation; there is no residency requirement for the remaining two seats. The tribal chairperson is elected by the legislature.

The tribal legislature is constitutionally mandated to establish standing committees that respond to the needs and concerns of community members. As of this calendar year, the standing committees are: (1) budget and finance; (2) community development; (3) enforcement and resource protection; (4) governmental affairs; (5) health and family; (6) housing; and (7) labor, education, and training. *Ad hoc* committees address administrative concerns, the casino, and school matters. Other committees address the Menominee loan fund, language and culture, conservation, enrollment, endowment, and gaming. As of February 2002, the tribe began an effort to restructure the composition of the committees, such that departmental directors will play an advisory role and lend their professional expertise as non-voting members. As many members of the Menominee Tribe live "off the reservation," legislators regularly hold meetings with these constituents.

- **Tribal judiciary:** The Menominee Tribal Court was established in 1979 and its power is vested in the tribal constitution. The court has subject matter jurisdiction over criminal, civil, juvenile, probate, family, and small claim disputes that occur on the reservation.⁶³

⁶³ The U.S. Supreme Court decision in the case of *Nevada v. Hicks* (June 2001) finds that a state has a right to investigate and/or prosecute violations of state law that occur off the reservation. Prior to this ruling, states have not had such authority or jurisdiction on tribal lands. The Supreme Court has ruled that the State can enter the reservation to remove tribal members for offenses committed off the reservation and execute state arrest warrants (but not search warrants). The decision thus erodes tribal authority over state authorities on tribal lands. The Menominee tribal police chief is preparing a protocol for visiting law enforcement to observe while on the reservation. (Adapted from the newsletter of the Native American Network, Eastern District of Wisconsin, April/May 2002).

The court has personal jurisdiction over the following parties: (1) Menominee tribal members; (2) non-members residing on the reservation, for small claims; and (3) litigants pursuant to inter-tribal agreements. Decisions by the tribal court are binding upon all persons within the jurisdiction of the tribe. The supreme court of the tribe serves as the final interpreter of the constitution, by-laws, and tribal ordinances. The State of Wisconsin and the tribal court grant “full faith and credit” to judgments issued by the respective courts.⁶⁴

The court consists of a chief justice, an associate justice, two judges, a tribal prosecutor, and the clerk of the court. Tribal judges are appointed by six or more votes of the tribal legislature. To hold the office of tribal judge, one must be: (1) a member of the tribe; (2) a resident of the reservation during the term of office; (3) at least 35 years old; and (4) a high school graduate or have a general equivalency diploma. While the latter reflects the minimal educational qualifications needed to serve on the court, current tribal judges are experienced attorneys and jurists. Supreme court judges serve four-year terms, and lower court judges serve three-year terms.

In recent years, the tribal court has adjudicated mostly civil offenses and a limited number of misdemeanors (e.g., breaking and entering, disorderly conduct). The tribal court and prosecutor have indicated a need for more creative punitive and sentencing approaches, rather than merely issuing fines.

The Menominee Tribal Court hears all child abuse and neglect (CAN) cases petitioned to it for alleged incidents committed on the reservation. The petitioning agency usually is the Menominee County Department of Health and Human Services (MCDHHS). However, for situations occurring on the part of the reservation located in Shawano County (Middle Village), the Shawano County Department of Social Services is the petitioning agent. On other occasions, Menominee Tribal Social Services (MTSS) acts as the petitioning party. These are usually Indian Child Welfare Act (ICWA) cases arising in other jurisdictions that are transferred to the tribal court per ICWA requirements. In the past fiscal year, there were four petitions that resulted in the termination of parental rights and finalized adoptions.

In sexual or physical abuse cases, the perpetrator could be prosecuted in federal court, the Menominee Tribal Court, or in the Menominee branch of the Shawano/Menominee Circuit Court, if the perpetrator was non-Indian and the federal court declined jurisdiction.

Efforts to address substance abuse for adults include a drug court where prosecution is deferred. Adults are referred to mandatory counseling and treatment at the *Maehowesekiyah* Treatment Center (either day or residential). If full compliance with the treatment plan is achieved, then the case is dismissed.

- **Revenue generation:** The Menominee Tribe receives approximately \$50 million annually in federal funding, which provides 30 percent of the documented need. The tribe administers 638 contracts for health, housing, law enforcement, education, the

⁶⁴ Per congressional statute, tribes and states are required to honor each other's child support orders (28 U.S.C. 1738B) and domestic violence protection orders (28 U.S.C. 2265).

courts, tribal enrollment, roads, and forestry. The tribe provides additional funds through profit-making commercial enterprises. Since restoration, the tribe has sought to diversify its commercial interests.

In 1991, the Menominee Tribe entered into a compact with the State of Wisconsin to establish a Class III gaming facility. Consisting of a hotel, restaurant, casino, and bingo hall, the gaming industry brings much-needed revenue to the tribal coffers and employs approximately 500 tribal and non-tribal members. It is a principal source of revenue, generating approximately \$10-12 million annually. Profits from the casino (1) fund the annual per capita payments (capped at \$100 per tribal member); (2) support the tribal government and administration; (3) supplement shortfalls in tribal programs (e.g., health and social services, community investment, and economic development projects); and (4) enable the tribe to buy back tribal lands that were sold to private individuals during termination.⁶⁵ However, the casino enterprise is limited in three ways: (1) the terms of the compact restrict gaming to slot machines and blackjack—gaming revenues that are reportedly not as lucrative as poker and roulette; (2) there is competition from other tribes (e.g., the Oneida Reservation’s casino is centrally located in Green Bay; the Stockbridge-Munsee Tribe spends more on marketing); and (3) the Menominee Reservation is somewhat remote and not as accessible to more populous urban centers. Approximately \$750,000 of the casino’s revenues is turned over to the state under the terms of the gaming compact.

The timber industry continues to play a strong role in the Menominee economy and employs approximately 150 persons. Other businesses on the reservation include convenience stores; a gas station; a tavern, a beauty salon; an auto salvage center; a solid waste removal operation; and a catering business (serving powwows, funerals, and community functions).⁶⁶ There are a number of subcontracting businesses focused on the building trades (i.e., carpentry, construction, and flooring) and sewer/septic services. The tribe also runs white water river rafting on the Wolf River and encourages tourism on the reservation.

Economic development is a major concern. The tribal legislature seeks to encourage greater capital investment on the reservation and privatization of business, and is considering a plan to improve and move the tribal supermarket to a more central location and build a strip mall (with a laundromat, barbershop, and credit union), thus appealing to consumers who currently travel to Shawano County for services *and* retaining tribal dollars. This initiative would involve reclaiming land from the “sustained yield” and using it for commercial development. In order to

⁶⁵ Per capita payments are payments that are made according to the number of individuals in a specific group and in which each individual shares equally. There are over 8,000 enrolled tribal members and each receives a \$100 annual payment, for a total of \$800,000.

⁶⁶ The catering business also serves as a family restaurant (serving traditional Menominee fare), and operates on the site of an abandoned gas station. It is located along the main highway, near the Head Start center, tribal day care, schools, and social services. In making a bid to the tribal legislature for leasing the property, the proprietor contended that it was more appropriate (and in keeping with tribal values) to establish a family-friendly business. “What message would we be sending our children,” he asked, “if the tribe establishes a second gas station/convenience store [on the reservation] that sells more cigarettes and alcohol?”

sustain the forest and stimulate economic development on communal land, the tribe must develop 50- and 100-year strategic land-use plans.

II. Family Preservation/Family Support and Promoting Safe and Stable Families

A. Tribal Planning Process

The FPS program came along at a time when the tribe was wrestling with a number of family and community issues and was well poised to take action. When the tribe became eligible for funds in 1996, they were given an opportunity to address gaps in family-related programs and service delivery. The planning and implementation process enabled the tribe to develop collaborations that would resonate with the strength of Menominee culture, building upon a legacy of cooperation, respect, and consensus building.

Tribal Planning Group: Representatives from the Menominee Indian Tribe of Wisconsin, MCDHHS, and an agent from Menominee County University of Wisconsin-Extension collaborated to recruit 20 members for a steering committee. The committee consisted of elders, a youth, community members, school representatives, health providers, tribal and county social services managers, alcohol or drug abuse (AODA) program staff, law enforcement officials, a tribal judge, and a member of the clergy.⁶⁷ The planning group intended to develop an FPS plan for the tribe. Community meetings were held in each of the five communities on the reservation. The “vision statement,” published in the *Menominee Tribal News*, read: “As dreamers of the Menominee Community, we share a vision of culture with our elders that preserves and builds strong family and community relations with all our relatives.”

Needs Assessment: As noted in the planning documents, some processes were already in place to facilitate tribal planning. Focus groups, community meetings, and problem-solving sessions had been conducted to address a number of issues. The tribe had carried out a needs assessment survey and held two education summits and a conference on violence and gangs over a three-year period prior to the Family Preservation/Family Support (FP/FS) planning process. This information was used to inform the planning process. Statistical data were collected regarding education, human services, child abuse and neglect, high-risk students, single parents, demographics, and anticipated growth of the community. The planning groups consulted a number of current tribal reports.

From brainstorming sessions came a list of 33 community issues to be addressed; the steering committee then narrowed the list (using the nominal group technique). As a result, the following issues assumed priority: (1) erosion of Menominee culture; (2) safety; (3) drug abuse; (4) parenting; and (5) education. Questionnaires were sent to community members to gather their views. Based upon the polling and analysis, the steering committee decided that Menominee culture would be the backbone of the action plan, with the goal of supporting families.

Goals and Objectives: The stated goals of the Parenting Education program were twofold: (1) “To build healthy individuals and families by increasing their opportunity to attend and participate in parenting and education programs through collaborative referral efforts of tribal social services, the tribal court, and the Menominee County Department of Health and Human Services;” and (2) to implement a comprehensive Menominee parenting education program with other community-based programs. The goal of the Mentoring/Teaching program

⁶⁷ Community members both lived *and* worked on the reservation.

was to increase the number of young men and women who take responsibility for themselves, their families, and their community in order to (1) reduce the incidence of out-of-home placements; and (2) reduce juvenile delinquency.

The emphasis of the FPS program has changed since its inception in 1996. Over time, a number of factors appear to have impacted its focus, including lack of resources, staffing changes, and implementation challenges. While the programmatic focus has shifted more to youth advocacy, current activities are consistent with the spirit of the original goals, as stakeholders indicated that the purpose of the program is to address youth-related problems that stem from or lead to family conflict, dysfunction, and disintegration. This summary focuses on FPS program activities at the time of the site visit.

Tribal Involvement in State Planning Process: The tribe and the county both sent in applications for the FP/FS planning grants in 1994; however, they were told by the Department of Health and Social Services that in order to qualify for the grant, one joint application had to be submitted. In March of 1996, the tribal chairman and the chairman of the Menominee County Board of Supervisors signed a memorandum of understanding. The agreement, acknowledged by the state, recognized the tribe as the fiscal agent for the family preservation grant and the County/Tribal Task Force as the lead agency. In June 1996, it was the consensus of the task force that the University of Wisconsin – Extension would take the lead on the grant. Menominee County was involved in the initial planning efforts, but does not currently have a direct affiliation with the PSSF grant. However, the county does support the program and works together with it by collaborating on cases.

B. Implementation

Administration and Monitoring: The FPS program is an independent department, but is grouped in the committee structure with MTSS. The program, which has been in existence since 1996, has three staff members: a director (leadership changed hands in 2001), a YA, and a mentoring coordinator. The tribal legislature monitors program implementation, and the director submits quarterly reports to the legislature and monitors line items. However, the tribal financial director prepares and submits financial reports to the legislature.

Service Delivery: The FPS program offers three services: youth advocacy, parenting, and mentoring. The goals of the program are to:

- Strengthen families by using their strong points to address their weaknesses and create strong, healthy family units;
- Help families and youth set goals, create a plan to implement them, and accomplish these goals; and
- Develop partnerships between families/youth and community resources to meet their needs.

The target populations for FPS services are: (1) truant youth and/or gang-involved youth; (2) first-time offenders; (3) families experiencing parent/youth conflict; and (4) youth at risk of becoming first-time offenders. At present, there are 26 families involved with FPS programs. The following section addresses three FPS program components: (1) the Youth Advocacy

program and its intervention efforts with truant youth; (2) adolescent parenting education; and (3) mentoring.

The **Youth Advocacy** program focuses on truant youth. Truancy is a violation of tribal ordinance no. 90-12 that governs compulsory school attendance. The tribal truancy court is held every Tuesday night, and school social workers and FPS staff attend. According to the ordinance, the tribal court has “broad discretion” in determining penalties and sentencing for truancy. Youth ages 12-17 years are most often court-ordered to the Youth Advocacy program. Although parents are fined \$90 for the first incidence of truancy, this is not always enforced. High school youth may be ordered to attend night school or alternative schools; however, such options are not available to middle school students. With subsequent incidents of truancy, the court has found that more intensive, focused, and creative interventions are needed. If a youth agrees to participate in the FPS program and “challenge him/herself,” the court fine is waived. More than 80 percent of the youth decide to participate. Having made this choice, youth are court-ordered to the FPS program for services.⁶⁸ The FPS program may receive up to 10 referrals a week.

Direct referrals to the FPS program also come from the Menominee Indian School District (MISD), the Housing Department, and overwhelmed parents seeking assistance.⁶⁹ Some referrals come from *Maehnowesekiyah*, the tribal substance abuse treatment center. All collaborations are informal in nature, with one exception: the FPS program has a memorandum of agreement with *Maehnowesekiyah*. In most cases, only a youth is referred for services; in other cases, both the youth and the parent are referred. FPS program staff also works closely with social workers at MCDHHS, sharing cases and concerns. Stakeholders noted that the FPS program and its community partners benefit from mutually supportive relationships.

Before the tribal truancy court and the FPS program came into being, the school addressed truancy directly but was not successful. According to stakeholders from the middle school, by working with youth, the FPS program is a “direct link to the home.” All stakeholders agreed it is important to get the anti-truancy message out to younger children in the community so they understand the value of education, and that this value must also be instilled in their parents. According to court officials, parents are not well informed about the social and educational consequences of truancy. The FPS program also conducts outreach to educate parents and the community about truancy. Stakeholders note there are complex issues related to why children and youth do not go to school. Some truant youth are tired teen parents, lacking child care. Other truants are children who are caring for younger siblings, sometimes due to a parent’s work schedule or incapacity through drug or alcohol abuse. In other cases, children and youth want to avoid violence at school.

According to stakeholders, truancy opens up cases where there are unmet needs in the family. Youth referred to both the advocacy and mentoring program components (discussed later) are assessed using POSIT.⁷⁰ This instrument measures degree of risk along a continuum

⁶⁸ Greater sanctions are sometimes needed to get youth involved with services, but the challenge is to do so in a way that is not counter-productive to the mission of the FPS program or positive youth development.

⁶⁹ The MISD makes referrals to *Maehnowesekiyah* and the MCDHHS for youth substance abuse. Referrals from MISD to the MCDHHS also include neglect and physical and sexual abuse.

⁷⁰ Staff from *Maehnowesekiyah*, the tribal substance abuse treatment center, provided training to FPS staff on administering and scoring the instrument.

(i.e., low, middle, or high) in the following domains: (1) substance use/abuse; (2) physical health; (3) mental health; (4) family relationships; (5) peer relationships; (6) educational skills; (7) vocational skills; (8) social skills; (9) leisure/recreation skills; and (10) aggressive behavior or delinquency. Once the assessment is completed, a youth advocate (YA) helps the youth and family to identify the issues they are struggling with (e.g., self-identity and awareness, anger and stress management, problem-solving strategies, peer pressure). The youth and family then develop and pursue common goals. The YA serves as a “bridge” or broker between the family and youth or between the family/youth and community resources. A service plan is developed and coordinated between the YA and other community resources. Some cases begin with simple measures, rewards, and goals, such as buying a truant teenager an alarm clock, then rewarding him or her with a certificate for attending school for one week, then getting the parent(s) more involved. Service intensity and duration is determined on a case-by-case basis.

Youth also participate in the Menominee Ropes and Challenge Course, an intervention that appeals to strength and resiliency.⁷¹ The “ropes” are also used as a reward for good attendance (for a youth and his/her family). Another community resource that is used to great benefit is the “culture camp” sponsored by the Historic Preservation department that immerses youth in the culture and traditions of the Menominee.⁷²

The middle school and the FPS program have a very strong collaborative relationship. Their efforts to reach youth and their families “complement one another” and together they form a “safety net.” The YA is stationed at the middle school every Monday to assist children and youth who have had difficulties at home over the weekend (e.g., exposure to domestic violence, alcohol abuse). As one stakeholder put it, “Kids bring their baggage with them on Monday morning.” School officials remarked that the FPS program “gets kids to respond,” and that the staff serves as role models in the community. As a result of the four-year collaboration, the attendance rate for all students at the middle school has increased dramatically, from 78 percent in 1998, to 94 percent in 2002. Parents have become more involved, and there is greater interaction between home and school.

One of the additional benefits of the Youth Advocacy program is that values learned and practiced by a young person in school are transferred to their families. “Kids are teaching their families,” one stakeholder remarked. The mother of an FPS program client reinforced this outcome: her formerly-truant daughter’s positive attitude, drive to excel in school, and desire to go to college motivates the mother to complete an associate’s degree, however stretched she and her unemployed husband are in caring for six children.

As part of the original FP/FS plan, **Adolescent Parenting Education**, the second PSSF program component, continues to be an integral (albeit less intensive) part of the FPS program. Recent parenting education sessions have addressed gang involvement on the reservation, truancy, and adolescent development. Parent participation is either voluntary or court-ordered

⁷¹ Several programs and departments on the reservation refer clients to the Menominee Ropes and Challenge Course (e.g., family preservation and support, housing, and schools). The ropes course was built using OJJDP funds provided to the Menominee Housing Department for a “drug-free community” program. School, community, and corporate rates are available. Menominee family groups may attend the course free of charge. The facility is evolving into a self-sustaining program. It is prominently located on the grounds of the Menominee High School and is visible from the main road (Highway 47/55).

⁷² The culture camp is discussed in section IV.

(sometimes in conjunction with a youth's court-order). Parenting education sessions are held twice a week in the Menominee tribal/county library and last for three weeks. The director and resource specialists (e.g., police officers, truancy officer, and MISD social worker) conduct the sessions. Materials distributed to parents include a "Youth and Family Resource Directory" that provides information about tribal and county social services. Parents learn about the program through posted notices and fliers sent to youth service providers and the College of the Menominee Nation.

The Youth Advocacy program is bolstered by the third program component, **Mentoring**, which was also part of the original FP/FS plan. The program targets truant and/or troubled youth (ages 10-17) on the reservation and pairs them with a mentor who provides academic and social support for a minimum of 4 hours per month. The program has seven mentors and is actively recruiting additional volunteers. Stakeholders noted that the mentoring program is needed and requires greater community awareness and participation.

The FPS program is best described as a "networked-program," as it operates in the home, the community, and in the schools. It is aligned with other human services in the community and the tribal court. The Youth Advocacy program is not aligned with the traditional child welfare service delivery system of investigation, foster care, and adoption.

Funding: The annual budget for the FPS program is approximately \$32,000. The program is funded through title IV B, subpart 2 funds (\$16,905). The mentoring program is funded by an early intervention and diversion grant from the Office of Justice Assistance of the State of Wisconsin. Menominee County did contribute annually towards the preservation grant. Indirect costs are paid by the tribe. The budget covers background checks for mentors, office space, mileage, educational and reference materials, and printing a monthly newsletter. FPS staff travels across the reservation to deliver services to youth and families in Keshena, Middle Village, Neopit, South Branch, and rural areas (\$2,000 is budgeted for transportation).

Evaluation: Efforts to evaluate the efficacy of the program focus on tracking school attendance and gauging consumer satisfaction with the programs. The MISD tracks attendance of students and reports back to the FPS staff. The program conducts self-report surveys. Through tracking, the FPS program and the MISD have demonstrated that three weeks after intervention, children and youth achieve 100 percent attendance. Pre/post surveys are administered to all program participants. Parents provide feedback, both formally and informally, regarding the quality and efficacy of the service plan for their child.

III. Indian Child Welfare Services

While the tribe has established considerable control over the delivery of social services on the reservation through the 638 contracting mechanism, responsibilities regarding child welfare services are divided between MCDHHS and MTSS.⁷³ The county provides child protective, family, and juvenile services through its children/youth and family service unit. The child protective services (CPS) unit is staffed with a program manager, three social workers, a human services worker, and a human services specialist. MTSS administers the Kinship Care and Child Support programs. It also oversees a respite care program at the Menominee Tribal

⁷³ Social services in the State of Wisconsin are state-supervised and county-administered. The county administers the TANF program through the Menominee County Job Center.

Court. The staff consists of a director, a child welfare assistant, and three ICWA social workers. A fourth social worker for kinship care services is jointly funded by the Wisconsin Department of Health and Family Services and tribal funds.⁷⁴

The Menominee County CPS unit conducts assessments and provides supportive services to children and families in instances where a risk of maltreatment exists. Although there is a formal reporting procedure in place through CPS, many Menominee families bypass CPS and report instances of maltreatment directly to MTSS staff members, who are known to the community.⁷⁵ Reports of alleged maltreatment or threatened harm (as defined by statute) are screened and investigated to determine whether the incident is “substantiated” or “unsubstantiated.” During this phase, a case may be “screened out,” but the county will make contact with a parent and offer voluntary services.⁷⁶ If a case is “screened in,” the county must initiate an investigation assessment within 24 hours and complete it within 60 days. The purpose of the assessment is to ensure the child’s safety and determine whether services are needed. MTSS staff rarely participates in the assessments (although this was proposed as a goal for the future).

If upon investigation by law enforcement or CPS, a determination is made that the child(ren) is in need of protective services, the social services agency can take temporary physical custody of a child(ren) and place the child(ren) with relatives or in a licensed foster home. A court hearing is held within 48 hours, excluding weekends or holidays if the child continues to be detained and not returned home. Menominee County Human Services provides information to the tribal prosecutor, who determines if a petition will be filed for a child in need of protection or services (CHIPS). The prosecutor files the petition with the tribal court, upon which a hearing is held. Later, the process involves a fact-finding hearing and a dispositional hearing.

At the completion of the investigation, the county is required to document actions taken to (1) comply with the provisions of ICWA, and (2) coordinate service delivery with tribal child welfare staff. By law, the county must provide notice of alleged abuse or neglect of an Indian child who resides in the county to the respective tribal agent, in this case, MTSS.⁷⁷

The county has 60 days to complete the assessment; however, safety plans (i.e., an assessment of impending danger) are completed upon case opening and revised throughout the life of the case as safety needs change. Safety services comprise a range of formal and

⁷⁴ While clearly related to child welfare (in the broadest sense) and the amelioration of childhood poverty, the newly-established Menominee Child Support program is discussed in Section IV as a new tribal initiative.

⁷⁵ The county reports that the incidence of child abuse and neglect is declining on the reservation, but that there is an increase in juvenile delinquency. In 2001, there were 338 law enforcement referrals to the juvenile court intake center and 187 youth offenders (50 per cent were repeat offenders).

⁷⁶ The county has noted a trend in parents calling CPS for assistance with hard-to-control children and youth.

⁷⁷ “Notice” consists of releasing the name and address of the alleged victim per Wis. Stat. Ann § 49.981 (2).

informal services designed to keep the child in the home and support the family unit (e.g., respite care, day care, parent education, counseling).⁷⁸

Placement options for abused and neglected children are: (1) relative care; (2) foster care; (3) treatment foster care; (4) a group home; or (5) a child caring institution (CCI). As noted above, if it is not safe for the child to remain in the home, or to return to the home from an emergency placement, then the county places the child in out-of-home care, most often with a relative. Kin caregivers must pass criminal background checks and cooperate with the child welfare agency regarding the safety and treatment plan. Depending on the type of placement, either the county or MTSS assumes responsibility for case management and payment.⁷⁹ Placement options are quite limited, however. There is only one licensed foster care home on the reservation, at a cost of \$300 per month per child. There are no treatment foster care facilities in either Menominee or adjoining Shawano County. Group homes and CCIs are very expensive, ranging in cost from \$5,000 – 8,000 per month. The county prefers to use group homes as a “step-down” from correctional facilities.

An informal, voluntary placement is most often arranged by families of the child(ren), and it usually occurs with the consent of one of the biological parents. Although the circumstances vary, it is usually required because of AODA issues with one or both parents. The other prevalent need for out-of-home care results from a criminal offense by one or both parents that results in incarceration and unavailability for their child(ren). Although voluntary placement with a relative can follow a substantiation of abuse or neglect, this does not occur often.

After 180 days, a case must be brought to the courts for permanency planning. At this point, jurisdiction over the case diverges. The tribal court hears cases involving tribal youth who are in the custody of the county. The circuit court hears the cases of Menominee children and youth living in other Wisconsin counties or in other states; these children are represented by MTSS. Under the auspices of ICWA, MTSS recruits adoptive resources and conducts home studies. Permanency planning most often results in guardianship within the extended family, which is in keeping with Menominee values of family preservation. Once guardianship is established, the county’s fiscal and custodial role ends. MTSS monitors the placement on an annual basis and provides a monthly kinship care payment of \$215 per child (through the State of Wisconsin’s W-2 Temporary Assistance for Needy Families [TANF] program). As of October 2002, 122 children were in kinship care. MTSS is vigilant in ensuring that Indian children are placed in Indian foster homes, thus adhering to ICWA requirements.

According to the 2001 Annual Report of MCDHHS, the CPS unit processed 129 referrals. Of these, 65 percent were accepted for maltreatment assessment, as follows: physical abuse (24 cases); sexual abuse (31 cases); and neglect (29 cases). Slightly more than half of the cases were found to be unsubstantiated (44), and almost one-third of the cases were

⁷⁸ A respite care program is provided through the Menominee Tribal Day Care Center.

⁷⁹ In Wisconsin, “[t]ribes manage services for Indian children in out-of-home care through written agreements, called 161 agreements, with individual counties. The original intent of the 161 agreements was to pay for placements ordered through the tribal courts. The agreements have since been expanded to cover support and treatment services for children in care, title IV-E eligibility determinations, permanency planning requirements, independent living services, and in some cases, additional agreements related to child protective services investigations and removals.” The state Department of Child and Family Services (DCFS) monitors the implementation of 161 Agreements. The DCFS has also provided facilitators to negotiate the process between tribes and counties. Child and Family Services Review: Wisconsin Statewide Assessment, June 17, 2003, page 60.

substantiated (23). During 2001, six children were placed in out-of-home/out-of family care for child protective services issues. In addition, 11 children were in foster care, 5 were placed in treatment foster care, 1 child lived in a group home, and 4 children resided in a child-caring institution. Stakeholders expressed a need to provide more follow-up care to the children in out-of-home/out-of-family care placements.

The annual report submitted to the tribal legislature for FY 2002 reported that MTSS provided services to 116 new cases; 80 cases were carried over from the previous year. New referrals included ICWA cases (99); enrollment assistance cases (7); and child welfare assistance cases for foster care and day care (3). In the past fiscal year, MTSS concentrated on providing adoption services and facilitated the placement of four children for adoption (one case was finalized in tribal court and the other three were finalized in county circuit courts).⁸⁰ Enrollment assistance involves adults who were adopted as children and need to obtain information about their tribal identity from closed adoption records. MTSS closed 135 such cases in FY 2002. Eleven children were provided with 1,537 days of respite care services. MTSS also provided counseling/intervention services to 63 Menominee youth and families who were involved in court proceedings, and made 96 court appearances in proceedings for ICWA cases.

Both MTSS and the county acknowledge that greater communication and cooperation are needed to coordinate the custody and care of maltreated children and youth, despite challenges posed by administrative structures, time, and resources.⁸¹ Both agencies are mindful of the need to bridge differences and educate their respective community partners about culturally appropriate practices *and* the importance of permanency for children in out-of-home care. Recognizing that terminating parental rights goes against the norms of Menominee society, the tribe educates the state about tribal values regarding family preservation and the role of the extended family. MTSS spends considerable time informing and educating county child welfare workers and district judges on the principles and requirements of ICWA to ensure that Menominee children are placed in Indian homes, whether through custodianship, foster care, or with adoptive families. At the same time, the county is planning to develop training for tribal judges on the shortened timeframes to meet reunification goals, as mandated by the Adoption and Safe Families Act (ASFA) of 1997.

In this regard, the tribe has pointed out that ASFA undermines the Indian Child Welfare Act. Thus, the two federal regulations are operating at cross-purposes, with the goals of the county in conflict with the goals of the tribe. Stakeholders asserted that the AFSA permanency timeframe (i.e., the 15/22 rule) is too rigid and does not allow families sufficient time to repair and to reunite with their children. The emphasis on adoption and providing incentives to states to increase adoption undermines the ICWA requirements and goes against the Menominee Tribe's cultural norms. Stakeholders indicated that a more culturally appropriate permanency option would be "guardianship."

⁸⁰ MTSS has an agreement with the State of Wisconsin (since 1981) to take guardianship and legal custody of children whose parents have lost parental rights, thus allowing it to take an active role in coordinating foster care placement and pre-adoption arrangements with the county.

⁸¹ The need for greater coordination and collaboration between tribes and counties regarding Indian child welfare issues (i.e., roles, level of cooperation, reimbursement) is a concern expressed by other tribes in the state, as reflected in the State-Tribal Relations Meeting minutes of the Wisconsin Legislative Council (dated November 15, 2000). Act 161 agreements are a useful mechanism for the county and tribe to establish procedures, roles, and use of fiscal resources related to Indian child welfare.

A. Administration

Responsibilities for child welfare services are divided between MCDHHS and MTSS. The county provides child protective, family, and juvenile services through its children/youth and family service unit. MTSS administers the Kinship Care and Child Support programs and also oversees a respite care program at the Menominee Tribal Day Care Center.

In FY 2002, MTSS negotiated several agreements with the state and counties to allow resources used by these entities to be available to the tribe. These agreements are:

- An adoption agreement with the State of Wisconsin, Department of Health and Family Services;
- A correctional agreement with the Wisconsin Department of Corrections to allow youth committed by the tribal court to be placed in state correctional facilities;
- An Act 161 agreement with Menominee and Shawano Counties to allow county foster care funds (title IV-E) to pay for out-of-home placements ordered by the tribal court. This agreement also: (1) defines roles and responsibilities among the three entities; and (2) allows the counties to provide involuntary services on behalf of Menominee children; and
- An agreement with the State of Wisconsin, Department of Health and Family Services concerning the Kinship Care program, to provide financial benefits to eligible recipients caring for minor relatives.

B. Funding

For FY 2002, MTSS received funding through a 638 contract for \$297,769, allocated as follows: social services administration (\$125,741); child welfare assistance (\$79,461 plus \$12,757 in carryover funds targeted for respite day care and foster care); ICWA program (\$56,697); and indirect costs (\$23,113). Supplemental funding was required from the tribe to continue operations from March through September 2002. ICWA funds are no longer competitively awarded, but are received as a block grant. BIA funds and tribal funds are used to provide counseling services and court intervention services to children and families involved in child custody proceedings (as defined by ICWA). Menominee County receives state and federal funding to support all of the services provided by the county, including child welfare. The county does not receive a specified amount of funding solely for child welfare, as the funding needs to be spread to all service areas, such as mental health, alcohol and drug abuse, developmental disabilities, CSP, the elderly, and long-term care.

C. Connection with PSSF Programs

The county and the FPS program share a common concern regarding juvenile delinquency resulting from family dysfunction, and may cross-treat the same population. A case stemming from the juvenile intake service center and the tribal court may be referred to the FPS program for truancy intervention. Thus, a youth may receive supportive services from the county and truancy intervention services from the FPS program at the same time.

MTSS does not have a direct affiliation with the FPS program, although it was involved in the initial planning efforts, and shares the common goal of creating and sustaining healthy family environments for children and youth.

D. Major Initiatives

Recent agreements between the tribe and the state to access funds and resources are noted above. The tribe continues to undertake new initiatives to improve the child welfare system. For example, MTSS coordinates the activities of the child protection team (CPT). This multi-disciplinary team is composed of personnel from county and tribal agencies involved with child protection matters (i.e., tribal police Menominee County sheriff, ICWA social worker, program manager of the county CPS unit, and a nurse from the tribal clinic). The team also includes representatives from the FBI and the U.S. Attorney's Office. The CPT meets on a monthly basis to staff cases, examine issues, make recommendations for system changes, and provide support for community efforts. Recent accomplishments include: (1) providing a two-day training on forensic interviewing for 38 participants representing various Menominee tribal and county agencies; (2) developing a protocol for use in sexual assault exams for individuals over 12 years of age; (3) developing an informal notification system to inform school administrators of convicted sexual offenders in the community; and (4) conducting a community awareness campaign to address the high rate of sexually active teens and the increasing incidence of sexually-transmitted diseases.

IV. Other Related Human Services

As part of the Menominee Tribe's holistic approach to family preservation and support, the following human services are provided on the reservation to address child care, substance abuse prevention and treatment, mental health, and housing needs. All services are congruent with Menominee culture and traditions.

The Menominee Tribal Day Care Center was originally established in 1986 to provide respite care but now also provides child care. It is the first tribal child care program in the U.S. to receive accreditation through the National Association for the Education of Young Children (NAEYC). It was recognized by the NAEYC as one of 12 "Centers for Excellence" in the State of Wisconsin and was recently featured in a newsletter published by the University of Wisconsin.⁸² As of September 2002, the day care center is no longer under the direct supervision of MTSS; however, it continues to administer the grants. There are currently 139 infants, toddlers, and pre-school children enrolled. Wraparound care is provided for pre-schoolers and school-age children. The center recently received funding to establish an Early Head Start program. As the Menominee high school recently lost funding for its on-site day care, the tribal day care center has taken in the children of 12 teen mothers. Thirty-six children,

⁸² Centers for Excellence are recognized for building strong family-oriented programs that enhance the participation of parents and extended family in early childhood development and the day care program. Activities to increase involvement include: (1) welcoming strategies that make parents feel comfortable and respected; (2) engaging parents in activities to foster child development and education; (3) enhancing or improving child rearing skills through parent education activities; and (4) providing referrals and information to address family needs and access community services. Centers for Excellence also foster increased collaboration among professional agencies and community resources (Adapted from "Family Participation in Child Care: Keys to Success." Early Childhood Excellence Insights, April 2002, no. 10, University of Wisconsin-Extension).

ages 6-12, participate in an afterschool program. The day care center continues to provide respite care for infants and children whose families are in crisis. (These children often have CHIPS petitions or are at risk of abuse or neglect due to illness or alcohol abuse within the family.)

The day care center encourages active parental involvement. Examples of parent and family-focused activities are: (1) monthly lunch-time trainings for parents with an invited speaker; (2) monthly parenting meetings offering food, traditional crafts (e.g., beading), and informal discussions; (3) a tribal day care reading program to encourage family literacy; (4) Menominee parenting courses (with an emphasis on child abuse and neglect prevention); and (5) a car safety clinic in partnership with the Stockbridge-Munsee Tribe. Parents respond to surveys and suggest topics they are interested in for future training sessions (e.g., how to manage toddlers who bite other children).

The **Delores K. Boyd Head Start Center** has been in existence for 37 years and was formerly associated with the community action program. It is housed in a former Indian boarding school that has been extensively renovated. The Head Start program is open to all children on the reservation. The Keshena program serves 201 enrolled children and has a staff of 58. There are nearly 50 children enrolled in the program in Neopit. The program accepts referrals from Menominee Tribal Day Care, the Menominee Tribal Clinic and the Menominee Indian School District. Approximately five percent of the children served have special needs.

The program develops three-year, formal family partnership plans with each family. A family services manager works with the family to develop goals, based on stated needs. There are three FTEs in Keshena and 1.5 FTEs in Neopit who perform this function. The caseload ranges from 45-65 families per manager. Families meet with the family services manager on an as-needed basis. If the family opts out of the service, the staff checks in with them every 35-45 days. The staff does not provide direct services, but refers families to services with various community agencies (e.g., dentist, clothing, transportation, parenting curriculum, health and nutrition, Goodwill vouchers). Families—including grandparents, siblings, and parents—are invited to participate in all activities, such as field trips. The center holds at least two community events per month. Approximately 10-15 percent of parents actively participate in program affairs and serve on the education, health, and social service committees of the Head Start Policy Council, which is composed of a cross-section of the community. Parents are also involved in the annual community assessment (required by Head Start performance standards). The program holds monthly meetings with staff and other community agencies regarding family service management. The center has a memorandum of understanding with the Menominee Tribal Clinic to conduct all screenings for children enrolled in the Early Head Start program.

The **Maehnowesekiyah Treatment Center** is a tribally owned and operated substance abuse treatment facility located in Gresham, WI (about 10 miles from Keshena).⁸³ Since 1986, the facility has provided culturally specific alcohol, drug, mental health, adolescent, and domestic violence treatment and support services. In addition, *Maehnowesekiyah* conducts community presentations throughout the year about AODA and its effects on families and the community. A celebration to honor local elders is held once a year. *Maehnowesekiyah's* comprehensive array of outpatient, youth, family, and community-based programs are:

⁸³ *Maehnowesekiyah* means “we will all feel better” in the Menominee language and is pronounced “Mano-way-say-key-ah.”

- Primary AODA day treatment (A 6-week program that meets for 3 hours a day, 4 days a week);
- Adult AODA education (A 12-week early intervention program);
- Family therapy (provided primarily to those in residential care, in order to foster greater communication);
- Aftercare program (A 12-week program to provide immediate and structured support for adults who have completed a primary treatment program);
- Outpatient Mental Health Services (Provides assessment, counseling, information, and referrals for adults, adolescents, and children. Services are provided by a clinical social worker, and a consulting psychologist and psychiatrist);
- Domestic Violence - Victim Services (Provides assessment services to link victims to outpatient and residential programs. Family violence counselor services include: individual counseling, court advocacy, in-home visits, support/education groups, and community education presentations);⁸⁴
- Domestic Violence – Perpetrators Group (An intensive 10-week course focusing on self-awareness. Ongoing assessment and diagnostic tools are used to determine a course of treatment);
- Parenting Skills I (A 12-week program that meets once a week and utilizes both traditional and contemporary parenting skills. Areas addressed are: communication skills; alternatives to discipline; story telling; child development; stress management; AODA effects on family; and traditional behavior management);
- Parenting Skills II (An 8-week program that meets once a week, as a follow-up to Parenting Skills I, and focuses on support and education. Topics addressed are: family structure/dynamics; sexuality; assertive communication; parents’ choice; alternatives in discipline; problem solving; stress management for parents);
- Health Care Services (Provides assessment, follow-up and monitoring of medical needs and referrals to other agencies for treatment. Includes HIV testing and AIDS education with an external provider);
- *Mawaw New Weyak* – Women’s Residential Program (Provides residential AODA services for up to 10 women. Services offered are: group and individual treatment; mental health services; case management; family therapy; parenting/family education; relapse prevention; domestic abuse/victim education; independent living skills; anger management; and on-site day care);⁸⁵
- Residential Care and Services (Two facilities provide live-in services to men and women);

In addition to the array of services offered to adult men and women, *Maehnowesekiyah* offers services to Menominee youth.

- TRAILS – Testing Realities and Investigating Lifestyles (A drug abuse prevention program that engages youth in weekly educational, cultural, and community service

⁸⁴ The Domestic Violence program will be enhanced and three new staff will be hired (i.e., supervisor, counselor, and advocate). Services for victims will be expanded (e.g., shelter services will be provided) and staff will be available on call to advocate for victims.

⁸⁵ *Mawaw New Weyak* means “everyone living healthy.” The program originally provided residential services for women and children (up to two children in residence, aged birth to 8 years old). Mothers and children resided in an adjacent facility and children were cared for in the day care and/or Head Start program, which has closed. The program was funded by a five-year CSAP grant that expired.

activities to deter substance abuse. Groups are offered in five areas on the reservation and events/activities are coordinated with schools and other providers in the community);

- Adolescent Health (Coordinates with the TRAILS groups in the community. Teen-focused discussion groups address: AODA prevention; sexuality; family roles and expectations; parent/child relationships; teenage pregnancy; sexually-transmitted diseases; and educational and vocational opportunities);
- Youth Treatment Program (A relatively new program to provide intensive support and treatment for youth with AODA or mental health needs. Youth referred to the program are either involved with the juvenile justice system or at risk of being so. The program lasts six weeks and has two components: (1) intensive AODA treatment; and (2) life skills. Individual and group counseling is offered, as well as family counseling. Additional program components include (1) rope course work; (2) aftercare; and (3) in-home visits. Group therapy sessions meet three times a week for 2 hours. The program is staffed by a psychiatrist, psychologist, clinical social worker, adolescent social worker, and AODA adolescent counselor; and
- Adolescent AODA Aftercare Program (As part of the continuum of care, the program provides individual, group, and family counseling to assist youth in achieving and maintaining recovery).

Due to recent budget cutbacks and lack of staff, *Maehnowesekiyah* no longer provides the following services:

- In-home family based services (Provided support, assessment, and brief counseling regarding alcohol and drug use, parenting issues, domestic violence, and relationship problems); and
- *Maehnowesekiyah* Day Care Center and Early Head Start (It was shut down in September 2002 due to budget shortfalls. Children were relocated to the Menominee Tribal Day Care Center and the Dolores K. Boyd Head Start center in Keshena. Stakeholders noted that the need for day care and Head Start continues to exist in the surrounding area).

The **Menominee Tribal Clinic** has a unit dedicated to Mental Health Services (MHS). MHS is staffed by the director (counseling/psychology – M.A.); a psychologist/social worker (M.S.); a clinical psychologist (Ph.D.); a clinical psychiatrist, and a secretary/receptionist. MHS provides services for a cross-section of the community, including elders, grandparents, parents and children. A steady stream of referrals is received from departments within the tribal clinic, schools, community health services, Menominee County Human Services, and the tribal court. Services include individual, couple, and family therapy; psychiatric and psychosocial evaluation; biofeedback; and AODA education.⁸⁶ Very often, the mental health professionals provide services to families as a team, holding a family session and then conducting individual therapy or counseling sessions. The MHS staff tries to get as many family members as possible into the therapeutic setting and to tap family networks as sources of support. The MHS unit has made referrals to female elders on the reservation who perform traditional healing ceremonies (e.g., for those who have been sexually abused). A traditional male healer also travels to the reservation on request to provide services. This is arranged through the tribal clinic. The MHS unit also responds to emergencies throughout the reservation. The tribal clinic has two vans

⁸⁶ AODA services are provided by *Maehnowesekiyah*.

and provides transportation to/from appointments for all clinic departments and outside providers.

The **Menominee Housing Department** oversees 500 units on the reservation. Using a “one-stop” shopping approach, the Housing Department offers a range of services to public-housing residents, such as low-income rentals, elderly housing, rental assistance, market-based rentals, and housing rehabilitation. The Housing Department also oversees security, maintenance, inventory, and inspections. In 1999, “Eagle’s Nest,” an emergency shelter with 16 rooms/bed, opened in Neopit to provide temporary housing for 30 days and supportive services. The Housing Department also provides grants and financial assistance for (1) housing improvements; (2) down-payment assistance; (3) home loans; (4) emergency repairs for the elderly; and (5) well construction and septic systems.

With the goal of providing safe and sanitary living environments for families on the reservation, the Housing Department also oversees a drug elimination program to purge drug-related activity and prevent violence on the reservation (this HUD-funded program was recently abolished). Prevention efforts consist of life skills classes at schools and an aftercare program at the Boys and Girls Club. Intervention efforts focus on the use of mediation and experiential education to (1) address family violence issues that might result in evictions, and (2) redress lease violations. Use of the Menominee Ropes and Challenge Course is an integral part of this effort. The Housing Department supports the FPS program with its truancy intervention. Tribal law enforcement collaborates with the drug elimination program.

The **Historic Preservation** department touches on all aspects of Menominee life on the reservation.⁸⁷ It is an integral force in building cultural cohesion and tribal identity, and many of its activities for children and youth are preventive in nature. Each summer, the program sponsors a “culture camp.” For one week, 30 children and youth go into a secluded section of the forest, along with 6-7 counselors, to live and learn Menominee customs. They practice ceremonial traditions such as speaking the Menominee language; listening to stories told by elders; making tobacco offerings; identifying trees; creating traditional medicines; making birch baskets; drumming; and playing traditional lacrosse games. The culture camp is open to all youth on the reservation. According to the stakeholders, the “city kids” (i.e., those who do not live on the reservation) appreciate the opportunity to experience their culture and seem to “get more from it.” Stakeholders noted that parents are so impressed with the program that they have asked the Historic Preservation staff to develop a camp for adults.

⁸⁷ The Historic Preservation program is part of the Menominee Logging Camp Museum and documents the existence of the Tribe’s timber industry since the late 1800s. Preserving the history of logging represents just one of many cultural preservation activities, however. The Historic Preservation program is instrumental in controlling the cultural patrimony of the Menominee people and revitalizing their language and traditions. As such, it touches upon many aspects of reservation life, both past and present. For example, acting under the auspices of the Native American Graves Protection and Repatriation Act of 1990, the Historic Preservation program repatriated ancestral remains and objects; it also protects historical sites and ancestral burial grounds. Staff has translated Menominee stories, created a tribal photo archives, and published a guide to Menominee history to increase cultural knowledge. Historic Preservation also worked with the Tribal Roads department to rename roads on the reservation in both Menominee and English. Ongoing activities include: (1) developing curricula and educational materials for schools; (2) conducting and/or assisting with genealogical research; (3) collecting oral histories from elders; (4) training language and culture teachers; and (5) coordinating the annual sturgeon feast.

Historic Preservation also plays a key role in helping adults who return to the reservation and are seeking to reorient themselves to the Menominee lifeways. Some of the adults who take part in historic preservation activities or seek staff assistance were adopted during Termination, and they are returning to find their families. As one stakeholder expressed, "Returning to the reservation - after so many years - is part of a healing process. They want to know who they are and why they were adopted. They are searching for the feeling of being an Indian."

The **Menominee Language and Culture Commission** works in concert with Historic Preservation and other departments to revitalize the Menominee language, culture, and traditions and to develop learning opportunities (e.g., promoting bilingual education in the day care center).

A. Administration

All of the human services noted above are administered by the Menominee Tribe and are provided on tribal lands. All are separate departments that are headed by a director and report to the tribal administrator and the legislature. MTSS administers the grants for the tribal day care center, which is now a separate department. The tribe has a number of formal and informal agreements across departments to share resources and expertise. The Housing Department has a memorandum of agreement with the MISD regarding the Menominee Ropes and Challenge Course.

B. Funding

The **Menominee Tribal Day Care Center** has an operating budget of \$1.9 million dollars and receives funding from multiple sources: (1) BIA child welfare assistance funds; (2) federal child care development funds; (3) state day care funds; (4) a tribal allocation of \$466,000; and (5) a \$400,000 grant from Wisconsin's Early Childhood Excellence Initiative. Enrollment fees are a minor source of funding, as are fees from county agencies for day care services provided to their clients. The **Head Start** program has an operating budget of \$2.5 million and receives funding from five sources: (1) Head Start grant; (2) tribal allocation (\$450,000); (3) Wisconsin Department of Public Instruction (WIDPI); (4) WIDPI Food Program; and (5) direct funds from the BIA for children with disabilities. The Head Start program received a one-time improvement grant from the Head Start Bureau to upgrade transportation services and now has seven buses. **Maehnowesekiyah**, **Tribal Mental Health** services, and the **Tribal Clinic** are funded by the BIA and the tribe. Funding sources for **Historic Preservation** include the BIA, the tribe, PSSF, and state grants. **The Menominee Housing Department** receives a number of grants from HUD, IHS, and BIA for housing and housing-related needs. A Drug Elimination grant from HUD has expired, and the program has been eliminated. The Housing Department currently has a grant from the Office of Juvenile Justice and Delinquency Prevention to provide peacekeeping and conflict resolution services. The FPS program provided in-kind resources (50 percent time for facilitating the ropes course) for the required match for the HUD-funded Drug Elimination grant. A monitoring tool was developed to track the number of hours contributed.

C. Connection with PSSF Programs

The Housing Department and the FPS program have worked together since 1997 on prevention and intervention services. The Housing Department refers youth directly to the FPS

program. The **Historic Preservation** department provides in-kind support to the FPS program. **Maehnowesekiyah** personnel trained FPS staff to administer the assessment instrument.

D. Major Initiatives

Tribal leadership is committed to exercising sovereignty in all endeavors and does so with the intention of improving the quality of life for the Menominee people. While increased collaboration is a necessity driven by recent shortfalls in the tribal budget, formal and informal collaboration has been an integral feature of tribal administration and service delivery across the reservation. The Menominee Tribe has undertaken a number of initiatives to improve its capacity to develop and deliver child welfare and human services. These efforts include administrative restructuring (noted in Section I), expanding collaborations with tribal departments and public agencies in Menominee County, as well as collaborating with other tribes.⁸⁸ Through the College of the Menominee Nation, in particular, the tribe assumes a leadership role in providing higher education and building human capital on the reservation and in the region. Working in concert with tribal departments and other social service providers, the college provides training and technical assistance that supports child welfare and family preservation efforts, both on and off the reservation. As of 2002, MTSS will administer a Child Support program.

The **Menominee Collaborative Council** was established in 1999 to create partnerships that address community needs. Composed of area business leaders, tribal leadership, and departments, the council is charged with developing solutions to seeming intractable problems. It meets once a month and has five work groups (i.e., education; health; family preservation; social services; and crime/justice). The 20 members of the council are: (1) the Menominee Tribe of Wisconsin; (2) Family Preservation; (3) Tribal Clinic; (4) Maehnowesekiyah Treatment Center; (5) MTSS; (6) Tribal Housing; (7) Menominee County Human Services; (8) Religious Services; (9) Boys and Girls Club; (10) Tribal Recreation; (11) Tribal Police; (12) Menominee County police; (13) tribal courts; (14) Head Start; (15) tribal school; (16) Menominee Indian School District; (17) College of the Menominee Nation; (18) NEAS College; (19) Tribal Casino, Bingo, and Hotel; and (20) Tribal Enterprises.⁸⁹ Describing its mission and method, one stakeholder simply said: "We put the problems on the table and work together to meet community needs. As a result [of the Collaborative Council], lines of communication have strengthened." The truancy court is a concrete example of the council's ability to identify family and community problems and develop workable solutions.

The **College of the Menominee Nation** was founded in 1993 and chartered by the Menominee tribal constitution and by-laws. Its mission and curriculum is imbued with tribal culture and history. The College received full accreditation by the North Central Association of Schools and Colleges in 1998. Located on the Menominee Reservation, it is one of two tribal

⁸⁸ The Menominee Tribe of Wisconsin has been a member of the Greater Lakes Inter-Tribal Council (GLITC) since 2000.

⁸⁹ The Native American Educational Services (NAES) College is an independent, Native-owned and controlled college (as a private institution, it is not tribally chartered and therefore does not receive a federal appropriation). Established in 1974 in Chicago, the college offers a bachelor's degree in public policy, with an emphasis on tribal knowledge, community service, community development, and leadership. In 1989, a branch campus was established on the Menominee Reservation. Since then, 21 Menominee students have graduated from NAES College.

colleges in the State of Wisconsin and is a member of the American Indian Higher Education Consortium.⁹⁰ More than 500 tribal and non-tribal students attend the college, and nearly 60 percent of the staff and faculty is Native American.

The college plays a significant role in building tribal capacity to: (1) develop human capital through its degree programs and trainings; and (2) deliver high quality, culturally appropriate child welfare and social services. Associate degree programs are offered in (1) early childhood education; (2) education; (3) human service/AODA counseling; (4) human services/social work; and (5) nutrition and food science. Through an articulation agreement with the University of Wisconsin, students may transfer to the Green Bay campus to complete their bachelor's degree upon completing the two-year social work and education programs. Through the "Learn and Earn" program, high schools students in the Menominee schools take college-level classes and also work in the community. Many students choose to work in the day care center or family services center.

The **College of the Menominee Nation** and **Menominee Tribal Day Care Center** have a memorandum of agreement to offer certification for the infant /toddler professional credential. This program provides instruction and support to the day care staff. Coursework involves specialized training on caring for infants and toddlers. Students earn 12 credits that are transferable to the early childhood specialist degree. Upon completion of the coursework, a student's portfolio is presented to the Registry Commission, which then awards the credential. In September 2002, 15 students from the College of the Menominee Nation received their credentials; 11 caregivers were from the Menominee Tribal Day Care Center, and 4 were from the Maehnowesekiyah Day Care center. The college will offer the program in collaboration with the Menominee Tribal Day Care Center in the spring of 2003.

The College of the Menominee Nation conducts training for staff at the **Head Start** program. It also offers a series of trainings to educate parents, staff, and community members. Examples of training include: (1) fetal alcohol syndrome; (2) behavioral management; (3) death and coping; (4) ADHD and the effects of Ritalin; (5) learning activities in the home; and (6) an overview of child welfare. Beginning in January 2003, the college will provide trainings on the following topics: (1) literacy training in the home and classroom; (2) development of responsible fatherhood; (3) storytelling; (4) safety in the classroom; and (5) topics related to language and literacy. The college is also developing a gang resistance education and training program in collaboration with local public and tribal schools. Program components will address communication skills, conflict resolution, positive role models, family relationships, and negative influences from technology and popular culture.

Recognized by the State of Wisconsin as a "Center for Excellence," the **Menominee Tribal Day Care Center** has been transformed into a regional training center, serving parents in the community and day care providers in adjoining counties. Through a local match grant with MCDHHS, the center will begin hosting trainings for area child care providers (e.g., a SIDS training will be held in February 2003). The Menominee Tribal Day Care Center entered into a partnership with the MISD to provide day care slots for teenage mothers attending schools in the district.

⁹⁰ The main campus is located in Keshena, WI along the main road of the reservation. Auxiliary sites are located in Crandon (on the Potawatomi Reservation), Bowler (on the Mohican Reservation), and Green Bay (on the Oneida Reservation).

In 2002, the tribe received direct federal funding to administer the **Menominee Tribal Child Support Agency**. The agency will provide services to assist individuals in establishing paternity, acquiring child support, and/or medical assistance. For FY 2003, the tribe will receive \$771,753 in direct federal funds, and provide \$64,105 in cash and \$21,651 in in-kind support to meet the 10 percent match. The tribe has negotiated a service agreement with the Wisconsin Department of Workforce Development-Child Support to use the State KIDS Child Support computer system through FY 2003. There are more than 1,400 open child support cases.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Mississippi Band of Choctaw Indians Summary Program Description

The Mississippi Band of Choctaw Indians (MBCI) received approximately \$121,338 in Promoting Safe and Stable Families (PSSF) funding between FY94 and FY01. In FY02, MBCI was eligible to receive \$21,725 in PSSF funding. MBCI does not distinguish between PSSF services and other child welfare services designed to protect children and strengthen families. Instead, PSSF services are part of a larger service continuum available to all MBCI-enrolled members. As a result, PSSF funding is combined with other resources to fund existing tribal child welfare services, and the tribe does not identify particular programs components, expansions, or supplemental activities that were funded through PSSF.

The summary provided below is based on a site visit conducted in January 2002, and reviews of MBCI's FY95 and FY00 five-year plans and additional documents obtained onsite. It includes an overview of the context in which PSSF implementation occurred, as well as descriptions of the tribal planning process, the goals and objectives established, service delivery, initiatives undertaken, and the human services available to MBCI members.

I. Context

It is believed that the Choctaw were "a confederacy of several related remnant groups which had survived the plague [introduced by the Spanish in the late 1500s or early 1600s] who came together in then unoccupied east-central and south Mississippi."⁹¹ Although there is some debate as to the origins of the Choctaw, it is certain that by 1675 the tribe was firmly entrenched in Mississippi. "Spanish priests in Florida, in an attempt to prevent settlement away from the established missions in Florida, warned settlers about going too far west because of the fearsome Chata's."⁹²

In 1786, the Choctaw and the U.S. government signed a treaty reaffirming the Choctaw boundaries and recognizing it as a sovereign nation. Between 1801 and 1830, the Choctaw signed a series of treaties that led to the cession of an estimated 32 million acres of land and the removal of large numbers of Choctaw people to Indian Territory (Oklahoma). However, the 1830 Treaty of Dancing Rabbit Creek granted the Choctaw special consideration. Under the treaty, the Choctaw could remain in Mississippi, become U.S. citizens, and receive land grants based on family size. An estimated 4,000 stayed in Mississippi; only 1,300 received land as dictated by the treaty. By 1850, virtually all Choctaw who had remained in Mississippi were systematically removed from their land. Many traveled to Oklahoma, but a few stayed in Mississippi to become sharecroppers or tenant farmers.

"In the early 1900s, the Mississippi Choctaw were described as the poorest pocket of poverty in the poorest state in the country."⁹³ The persistent poverty, combined with the 1918

⁹¹ [Http://www2.netdoor.com/~carleton/brief_history.html](http://www2.netdoor.com/~carleton/brief_history.html)

⁹² Ibid

⁹³ <http://www.choctaw.org/show.asp?durki=34>

influenza epidemic/pandemic that killed an estimated 25 percent of the Choctaw, influenced the federal government to provide aid and support. In 1920, the Bureau of Indian Affairs (BIA) established elementary schools, the Choctaw Agency, and a hospital in Philadelphia, MS. In 1945, the Choctaw Indians of Mississippi were officially recognized as the Mississippi Band of Choctaw Indians (MBCI).⁹⁴

With regard to economic development,⁹⁵ in addition to federal recognition, MBCI received grants, support, and funds from the U.S. government. By 1960, after 15 years of such support, Choctaw leadership was dismayed that the tribe had not achieved any meaningful gains in its economic situation. The pervasive feeling was that in order to rise out of poverty, self-sufficiency was needed. MBCI thus adopted “Choctaw Self-Determination” as the tribe’s official slogan.

Under the leadership of Chief Philip Martin, the tribe took great strides toward ensuring self-determination by fully utilizing the federal government’s low-income housing program, which provided funds to the Choctaw Tribe to build houses. Chief Martin determined that the tribe could start a construction company that would build houses for a small profit, while also teaching tribal members a skill. As a result, Chahta Development, the tribe’s first company, was opened in 1969 to build houses for tribal members.

Although successful, Chahta Development did not produce the rapid economic success envisioned. As a result, tribal leadership decided that the next step in development would be to recruit industrial jobs to the reservation, capitalizing on a 1970s trend that saw manufacturing jobs begin moving to the South to avoid the rising wages of unionized labor in the North. Subsequently, Chief Martin wrote 500 letters to companies around the U.S., asking them to locate a plant in the tribe’s newly developed industrial park. This tremendous effort was rewarded when Packard Electric, a division of General Motors, committed to opening a facility on the reservation. In 1979, Chahta Enterprise opened as the tribe’s first manufacturing company, producing wiring harnesses for the automotive industry.

The next industrial project involved construction of a 120,000-square foot facility. For the first time in Indian country, the local, non-Indian government issued industrial revenue bonds to finance construction on the reservation. In 1981, the plant was leased to American Greetings Corporation, the world’s largest manufacturer of greeting cards, and 250 local residents are currently employed at that facility. MBCI then engaged in a joint venture with the Oxford Speaker Company from Chicago, which was seeking a minority partner located in the South to manufacture automotive speakers. Choctaw Electronics Enterprise opened in 1985 as the tribe’s first joint venture.

The tribe continued to diversify its economic enterprises over time, and in 1986 opened the Choctaw Residential Center, a 120-bed nursing home that provides full-time care for the elderly and employment for 125 people. In 1989, the tribe established a community retail

⁹⁴ Although the Oklahoma and Mississippi Choctaw share a common ancestry, the Choctaw who migrated to Oklahoma established a separate and distinct tribe, which today is called the Choctaw Nation.

⁹⁵ The information contained in this section was obtained from <http://www.choctaw.org/show.asp?durki=34>.

shopping center comprising a grocery store, bank, general merchandise, and other convenience items for the local community. The center employs approximately 100 people and generates more than \$1 million in sales tax revenue for tribal government operations. Other service-oriented businesses that have since opened include Choctaw Office Supply, Choctaw Post Office, and Choctaw Forestry Enterprise. By 1990, the tribe had developed a diversified economy that included manufacturing, retail, service, and government jobs.

The next phase of economic development began with the opening of the Silver Star Resort and Casino on July 1, 1994, marking the tribe's entry into the tourism industry. Since 1994, the Silver Star has undergone five expansions to become one of the largest casinos in the State of Mississippi. In the fall of 2002, the tribe opened its second casino, the Golden Moon. Located across the street from the Silver Star Hotel and Casino, the 28-story Golden Moon features 572 rooms, 112 suites, 32 VIP luxury suites, and 90,000 square feet of gaming space. The tribe has also opened the award-winning Dancing Rabbit Golf Club, a 36-hole golf resort designed by Tom Fazio and Jerry Pate.

The hospitality industry has proven to be very beneficial to the tribe in terms of revenue, job creation, average pay per employee, and positive publicity. For these reasons, MBCI plans to continue expanding its tourist amenities, with the goal of establishing itself as a destination resort centered on the gaming industry. Projects currently under development include a 280-acre recreational lake, an athletic training facility, more hotels, retail shopping and additional golf courses.

The next page in the history of the tribe's industrial development involved the global economy. In 1998, Ford Motor Company informed Chahta Enterprise that due to competitive pressures, the company was going to begin purchasing automotive wiring harnesses from Mexico. Instead of giving up this business, Chahta decided to expand, and in 1999 opened an automotive wiring harness facility in an industrial park in the city of Guyamas, in the state of Sonora, Mexico. This facility currently employs approximately 1,700 people.

Since 1999, Choctaw Electronics and First American Plastics have also opened facilities in Mexico. Global competition has become a reality, and MBCI has chosen to become an active participant. The tribe's decision to expand into Mexico has paved the way for its emergence as an international manufacturing competitor. Current efforts are now focused on replacing the low-skill, low-paying jobs that moved to Mexico with higher-skill, higher-wage positions, and the tribe is actively seeking high-tech opportunities as replacements.

Over the past 30 years, the tribe has developed a diversified economy that has created employment opportunities for every tribal member in the workforce. MBCI employs approximately 8,000 people in a wide variety of industries and professions that produce a substantial amount of revenue for providing government services for its people. To accomplish this, the tribe has used its flexibility to capitalize on a number of opportunities where it was able to match its resources with the resources and experience of its business partners. Throughout this process, the tribe has kept its eye on its original goal of self-determination, climbing out of dire economic conditions to become the leader in economic development for its region.

- **Population characteristics:** An estimated 8,300⁹⁶ enrolled members of MBCI live on or near the 30,000-acre reservation. In order to be an enrolled member, an individual must have a 50 percent blood quantum or greater. Thirty-five percent of the MBCI population lives below poverty, as compared to 16 percent throughout the State of Mississippi. According to documents reviewed onsite, the unemployment rate is approximately 4 percent, which is slightly below the state average of 4.3 percent. MBCI has a relatively young population, with over half of its members being of school age (3-21).
- **Tribal governance structure:** The MBCI Tribal Council was formally organized in 1945 to approve the decisions of BIA. Today, the council has direct administration over the entire Choctaw Reservation, including its many enterprises, as well as services and programs operated by the tribe. The popularly elected tribal council is composed of 16 members elected from the 8 Choctaw communities, plus the chief, who is popularly elected by all members. The council is further divided into 14 committees, each having direct oversight over the many departments that provide human, social, and economic services. For example, the Committee on Community and Family Services and Veterans Affairs has oversight over the Department of Family and Community Services, which is responsible for the allocation of PSSF funds, in addition to other child welfare services.
- **Tribal court:** The MBCI court system was first established in the late 1960s to early 1970s, and was reorganized in the early 1980s when it was split into several divisions. The MCBI court system now encompasses a criminal court, civil court, youth court, peace maker court, and a supreme court, which was added in 2000. All courts meet on a regular basis and have jurisdiction over the entire reservation. It is estimated that the court system handles 7,500 cases per year and 10,000 hearings. The Committee on Judicial Affairs and Law Enforcement conducts oversight of the Choctaw court system.
 - *Criminal Courts:* There are two full-time judges on this court. While a law degree is not required, the tribal council must confirm all judges. This court handles traffic and domestic cases.
 - *Civil Court:* This court has two part-time judges who are non-Indians. A law degree is required to sit on this court, which handles all civil cases, including collections and personal injury.
 - *Youth Court:* There are two part-time judges, and a law degree is not a requirement. This court, which handles delinquency and juvenile cases, has its own staff and is the court of original jurisdiction for child abuse and neglect (CAN) cases. It is estimated that 450 juvenile and child welfare cases are handled per year. Cases are heard every Tuesday and on the 2nd and 4th Fridays of every month, except for emergency CAN cases, which are held as needed.

⁹⁶ The estimated enrollment of 8,300 was obtained onsite. According to the 2000 Census, there are an estimated 5,190 members of the Mississippi Choctaw living on the reservation or on off-reservation trust lands.

- *Peace Maker Court*: This court has one full-time judge. A law degree is not required to serve on this court, which handles civil, criminal and juvenile cases. The peace maker court is a more traditional forum that seeks non-punitive resolutions to disputed issues and brings together elders from the family to work out solutions.
- *Choctaw Supreme Court*: There are three full-time judges for this court. According to tribal code, the chief justice must be a member of the tribe, but is not required to have a law degree. On the other hand, the two associate judges do not have to be tribal members but must possess law degrees. This court is the last court of appeals within the Choctaw court system.

In addition to the courts described above, MBCI is also implementing a teen court to hear cases that violate tribal youth ordinances, such as truancy. Defendants will appear before their peers. As well, the tribe is in the final stages of building a justice complex that will house the court system, law enforcement, and a detention center.

- **Revenue generation**: Under the leadership of Chief Martin, the tribe has moved away from an economy that relied heavily on agriculture to a diversified economy that includes manufacturing, service, retail, and tourism enterprises. The success of these enterprises has created jobs for the Choctaw people and generated revenue to fund government services. According to the information gathered onsite, MBCI contributes a large amount of tribal revenue to on-reservation programs that provide services to protect children and strengthen families.

It is estimated that tribal enterprises located in Mississippi, the southeast U.S., and Mexico provide over 8,000 permanent, full-time jobs, of which 65 percent are filled by non-Indians. With an annual payroll of \$123.7 million, MBCI is the seventh largest employer in the State of Mississippi. In addition, tribal revenue has helped the Choctaw reinvest more than \$210 million in economic development projects in Mississippi.⁹⁷ Twice a year, MBCI disburses profits from its many enterprises to enrolled members.

II. Family Preservation/Family Support and Promoting Safe and Stable Families

A. Tribal Planning Process

The initial FY95 five-year planning process sought to utilize Family Preservation/Family Support (FP/FS) funds to provide community family education, child care at the tribal group home, and parent training instruction. Specifically, funds were to be used to prepare videos and newspaper articles covering various life skill areas, including family budgeting, child development/learning activities, prenatal education, positive discipline training, and health education. The video was to be shown on the tribe's cable television station, and additional information would appear in the tribal newspaper.

For the FY00 Child and Family Service Plan (CFSP), MBCI shifted its focus from providing community-wide information, as articulated in FY95, to promoting children's right to live in a permanent and safe environment. As a result, the FY00 CFSP centered on the

⁹⁷ <http://choctaw.org/show.asp?durki=35>

protection of children, the provision of permanency for children, and strengthening and preserving families.

Tribal Planning Group: The initial five-year planning group consisted of the tribal chief, tribal council, and the Department of Family and Community Services (DFCS), which provided oversight for five divisions: Division of Social Services (DSS), Division of Social and Elderly Nutrition, Division of Behavior and Health, Division of Family Financial Emergency Assistance, and Division of Food Distribution Services. Also included in the planning group were clients and law enforcement.

In contrast, the FY00 planning group was broader and included tribal leadership, the Division of Schools, Tribal Court/Attorney General's Office, the Division of Behavioral Health, Choctaw Housing Authority, Department of Agricultural and Rural Development, Mississippi Department of Human Services, Administration for Children and Families, National Resource Center, consumers, and community stakeholders.

Following the FY94 planning process, many members of the planning group remained intact and formed the Child Protection Team (CPT). CPT is a multidisciplinary, reservation-wide group that participates in decision-making regarding permanent plans for children who are under the custody of the tribe. Input from CPT is done on a case-specific basis; therefore, membership includes only those organizations that are intimately involved in the case under review by CPT such as DSS, Behavioral Health, law enforcement, and the court.

As noted previously, during the FY00 planning process, MBCI shifted its focus from providing information to the community to one of strengthening and preserving families. CPT had recognized that if permanency for children was going to be achieved, then an approach that involved the entire family was needed. As a result, other reservation services were to be included, such as those involving schools, churches, the elderly, and Head Start. CPT would remain intact, but the newer and more expansive group would be called the Advisory Council, which would examine all aspects of the family. At the time of the onsite visit, the advisory council was yet to be established.

Needs Assessment: The initial FY95 five-year planning process consisted of an analysis of existing child welfare and related service systems. The review revealed that although there were regular meetings among the various programs, there remained significant barriers to achieving a fully flexible, family-centered system. Barriers included lack of coordination, and lack of funding and eligibility guidelines. In addition, "the most significant problem confronting the family care system [was] the highly developed industrial nature of the reservation."⁹⁸ Industrialization has produced a decline in agrarian life and ushered in the stresses of semi-urban living; perhaps as a result, there have been increased levels of substance abuse among tribal members.

Several studies unrelated to the FP/FS assessment revealed the deteriorating conditions of the Choctaw people with regard to substance abuse, and the strain this has placed on the service delivery system. For example, a five-year study published in 1990 found that 63 percent of all arrests were directly related to substance abuse. In another study, it was revealed that 27 and 44 percent of arrests in 1992 were for chemical inebriation and disorderly conduct, respectively. Since 1985, the annual caseload of the Choctaw court has risen from 924 to 3,200 cases. In addition to these problems, substance abuse can be traced to an increase in child

⁹⁸ Mississippi Band of Choctaw Indians' 1995 Child and Service Plan.

abuse and neglect. Perhaps more troubling is a rise in sexual abuse and incest: between 1992 and 1995, reported sexual abuse and incest increased from an average of three cases per month to nine cases per month. Juvenile status offenses have also risen significantly over the years.

For the FY00 CFSP, MBCI did not engage in any additional assessments. Instead, the tribe held meetings with various reservation agencies, the Mississippi Department of Human Services, the Administration of Children and Families (Regional Office), and the National Resource Center. In addition to agency representatives, community members were involved through public awareness programs, conferences, public service announcements, and surveys regarding satisfaction levels.

Goals: As a result of the original needs assessment, it was determined that the rapid industrialization experienced by the tribe was contributing to a basic breakdown of Choctaw family values. As a result, FP/FS program goals were changed to reflect the need to provide greater services and information to the MBCI community to help alleviate stress.

Goal 1: To provide casework and counseling services to families at risk, on a community-centered basis in each of the eight recognized Mississippi Choctaw communities.

Goal 2: To coordinate human services and health-based family services through the mechanism of the tribal court.

Goal 3: To develop agricultural and other land-based enterprises on the reservation for family breadwinners choosing not to earn a living through industrial, entertainment, or service sector jobs.

Goal 4: To develop higher levels of skills training in the Choctaw tribal schools in order to more fully equip members of the tribe for technological jobs offering higher wages.

Goal 5: To adapt a service provider position description with a family needs orientation rather than a subject specialization orientation.

Goal 6: To reform the tribal code to reinforce family permanency.

Goal 7: To develop an action plan for the provision of center-based and home-based day care in each of the eight Choctaw communities and the Choctaw community in west Tennessee.

Goal 8: To focus remaining resources on family crisis intervention using a team approach.

Goals for the PSSF program were slightly different, reflecting the change in emphasis in the title IV-B, subpart 2 reauthorization under the Adoption and Safe Families Act (ASFA), which emphasized permanency for children, as well as strengthening families. These goals were as follows:

Goal 1: Protect children from abuse and neglect.

Goal 2: Provide permanency for tribal children.

Goal 3: Promote the healthy family concept as the basis for strengthening adults and children.

Expected Outcomes:

FP/FS Program (FY95 Plan)

- Provide counseling and casework services to 50 families annually.
- Provide family services to 50 additional families referred annually by the tribal court.
- Create at least seven permanent non-industrial, non-entertainment, full-time jobs.
- Achieve an increase in standard test scores in the Choctaw tribal schools.
- Create at least 15 day care slots, either home-based or center-based.

PSSF Program (FY00 Plan):

- Standardize investigation protocol.
- Increase permanency options for children.
- Provide services to promote reunification.

As noted earlier, PSSF funding has been used in conjunction with funding accessed by the tribe from other sources to fund existing child welfare services. Therefore, the present goals reflect a consistent emphasis by MBCI across all child welfare services and activities undertaken. The initial FY95 plan reflected the provision of services to children and family, while the FY00 plan focused on permanency for children, either through reunification or relative placement, and was consistent with the new direction of federal guidelines.

The stated goals were also consistent with those of the stakeholders interviewed onsite. There is consensus that industrialization and the economic success of the tribe produced some unintended consequences that are now manifesting themselves in the ever-increasing need for services. The need for a two-income family, the reliance on credentials (i.e. advanced degrees), and the widening gap between socioeconomic classes have produced community-wide stresses. As a result, large segments of the community have turned to destructive behaviors (e.g., substance abuse) that can lead to the breakup of families and to children being placed outside the home. In recognition of these problems, MBCI is utilizing PSSF funding to institute programs that will help community members cope with the stresses in their lives.

Tribal Involvement in State Planning Process: MBCI participated in the state's planning process, and conducted training for state workers with regard to provisions of the Indian Child Welfare Act (ICWA).

B. Implementation

Administration and Monitoring: The Division of Social Services (DSS) administers the PSSF program. DSS has a staff of six that includes a director, family preservation specialists, foster care specialists, and three caseworkers (of which one position is vacant). Oversight is provided by DFCS.

According to the CFSP, monitoring of the PSSF program is conducted by DFCS. Monitoring involves periodic reports and quarterly meetings with DSS staff. DFCS also assists DSS in planning all public awareness activities, staff training activities, development of curriculum for training, securing external and internal resources, and preparing year-end reports. DSS is responsible for tracking and providing statistical data related to service activities. Community-level data is also collected through client satisfaction surveys.

Service Delivery: As noted earlier, MBCI did not fund specific services with PSSF monies. Instead, PSSF funds were used in conjunction with funding from other sources to support existing child welfare services. There is no evidence that PSSF funding was used either to expand the number of services or people served, or to supplement existing services and activities. At present, DSS provides an array of services to members of MBCI without regard to income. Individual eligibility is based almost exclusively on need, which is defined as that element necessary for the individual and his or her family to meet the goals of their service plan. In order to meet the needs of tribal members, DSS provides family preservation services, adoption, financial services, placement services, preventative services and protective services.

Services offered are a combination of in-home and center-based services as follows:

Family Preservation

- **Target population:** Families in which the risk of child abuse or neglect places them at imminent risk of losing their children by removal from the home.
- **Referral sources:** Self-referral or referral from other agencies.
- **Intake and assessment processes:** Intake is conducted by Family Preservation Specialists in conjunction with the mental health division.
- **Basic services and activities provided:** These include intensive in-home counseling, development of treatment plans for services, assistance to families in locating services (on and off reservation), and support necessary for completion of the treatment plan.
- **Service duration:** Services are offered until the case is closed.

Adoption

- **Target population:** Children in the custody of the tribe whose parental rights have been terminated.
- **Referral sources:** Tribal court.
- **Intake and assessment processes:** Child assessment is conducted by Mental Health. Home study is conducted by a DSS social worker.
- **Basic services and activities provided:** Adoption services include recruitment and training of prospective parents, selection of adoption families, placement and supervision of children until adoption, and arranging for other needed services.

- **Service duration:** Services are offered until the case is closed.

Placement Services

- **Target population:** For non-institutional placements, all children in need of placement due to a finding of harm during the CPS investigation. For institutional placements, clients in need of residential acute services.
- **Referral sources:** Prospective placement families can self-refer. Institutions offering placement have a standing contract with the tribe. The tribal court can also refer children to placement.
- **Intake and assessment processes:** Clients are assessed by Mental Health to determine suitable placement. If placement is non-institutional, a home study and background checks are conducted. Institutional placement organizations conduct their own assessments once the client is admitted for services.
- **Basic services and activities provided:** Activities for this program include recruitment, training, and licensing of foster homes. For clients placed in treatment centers, services may include substance abuse treatment, psychological counseling, or group and individual therapy.
- **Service duration:** Services are offered to the family until the case is closed.

Prevention Services

- **Target population:** Families determined to be at risk of dissolution, dysfunction, or disruption.
- **Referral sources:** Referrals can come from any of the divisions within DFCS, the police department, or the court.
- **Intake and assessment processes:** Intake and assessment is conducted by Mental Health.
- **Basic services and activities provided:** Services provided are designed to prevent out-of-home placement and assist in reunification. Activities include the assessment of needs, development of treatment plans, conducting home visits for supervision, arranging for visitation, providing individual and family counseling, providing information and referral, and arranging for services with other service providers.
- **Service duration:** Services are offered to the family until the case is closed.

Protective Services

- **Target population:** Children in tribal custody or children identified to be at risk of physical or sexual abuse or neglect.
- **Referral sources:** Referrals can come from the schools, court, police department or any mandatory reporters.

- **Intake and assessment processes:** Intake is conducted by DSS. Assessment is conducted by Mental Health.
- **Basic services and activities provided:** These services include the investigation of child abuse and neglect. Activities include close coordination with law enforcement, gathering information and evidence, reporting and or testifying in court, providing referrals and reports to other service providers, arranging for emergency placements, arranging and providing transportation, and other services as needed.
- **Service duration:** Services are offered to the child until the case is closed.

As noted earlier, MBCI does not have a specific PSSF program. All services listed above are designed to strengthen families and to protect children.

Funding: Services provided are funded through a combination of sources. DSS Services (i.e., adoption, financial, placement, prevention, and protective) are funded by PSSF, tribal, and BIA social service funds.

Tribal members never pay any out-of-pocket expense for services. Private insurance, the Indian Health Service (IHS), or Medicaid are all billed for services. Outstanding balances are covered by tribal revenue funds.

Evaluation: There are no client satisfaction evaluations conducted. All evaluations are program evaluations.

III. Indian Child Welfare Services

Most child welfare services are provided by DFCS, which has administrative oversight for five divisions located within the department: DSS, Division of Social and Elderly Services, Division of Behavioral Health, Division of Family Financial Emergency Assistance, and Division of Food Distribution Services. According to stakeholders interviewed onsite, there has been no staff turnover during the last five years.

Prior to 1995, child abuse and neglect (CAN) investigations were conducted by DSS, however, since that time, the MBCI police department became the controlling agency for CAN investigations. According to MBCI protocol, all reports of harm (ROH) are reported to the police department, which subsequently contacts DSS. The responsibilities of the police department and DSS are clearly distinguished: the police department undertakes all investigating and interviewing of witnesses; DSS determines whether minors are in need of care, whether minors should be taken into custody and makes arrangements for assessments and service provision relative to the entire family.

Once a ROH is reported, the agency taking the report (if not the police department or DSS) must file a written Indian Child Protection referral and hand-deliver it to the police department and DSS with 36 hours. Investigation must take place within 24 hours of the initial report, and documentation of case findings must be completed within 48 hours.

Generally, there are two directions to the case flow:

1. If the investigation determines that the case is neglect and no physical or sexual abuse has taken place, DSS exercises one of three options. After the first substantiated neglect finding, the perpetrator is issued a warning. After the second substantiated neglect finding, the perpetrator is asked to undergo voluntary assessments and services. After the third, DSS offers voluntary services, but the perpetrator is made aware of the fact that refusal to accept services can result in the removal of all minor children from the home. If services are still refused, DSS will petition the court for custody of the child involved. A preliminary hearing must be held within 72 hours, an adjudication hearing is held within 10 days, and a review hearing is held every 6 months.
2. Physical and sexual abuse allegations are processed in the following manner. If the investigation determines that sexual abuse of a minor has taken place, the case is referred to the FBI. If the abuse is physical, DSS will take emergency custody of the minor. A preliminary hearing must be held within 72 hours, an adjudication hearing is held within 10 days, and a review hearing is held every 6 months.

Regardless of which course (i.e., neglect or physical/sexual abuse) DSS pursues, the court generally issues one of three rulings: (1) total custody to DSS; (2) legal custody to DSS and physical custody to the custodial parent; or (3) the child is returned home due to inadequate finding of harm. If the court grants DSS full or legal custody, DSS arranges for Behavioral Health to conduct an assessment. A case plan is drawn up and services are provided to all involved individuals. Children remain within the custody of DSS until the case plan is completed. There is no set duration for these services.

Within the MBCI judicial system, children involved in child welfare cases are provided representation through a lay advocate. The lay advocate is a full member of the Choctaw judicial system whose primary function is to represent children who come before the judge. Although lay advocates are not degreed attorneys, they receive specialized training and certification in the Choctaw Children's Code. Currently, there is only one lay advocate, who handles an average of four cases per month.

At the time of the on-site visit, DSS had 63 children in tribal custody. Thirty-two of the children had been in foster homes, and the remaining children had been under the legal custody of the tribe but the physical custody of their custodial parents. MBCI has two emergency foster homes in which a child can stay up to 10 days. DSS has a staff of six (director, family preservation specialists, foster case specialists, and two caseworkers). Of the four caseworkers, one is a family preservation specialist and the other handles all foster home services, including recruitment and training of prospective parents; selection of adoption families; placement and supervision of child until adoption; background checks; home study; and arranging for other needed services. Each caseworker has a maximum caseload of 12.

Although adoption proceedings and protocol are written into the tribal youth codes, they rarely occur. MBCI does not support adoption as a permanency option, and the tribe prefers relative placement. Before a child can be placed for adoption, there must be an absence of contact between the child and birth parents for two years (telephone calls count as contact). When adoption does occur, MBCI utilizes the following priority: (1) a member of the child's extended family, (2) other members of the tribe, (3) a member of another tribe, and (4) a non-

member of the tribe who is knowledgeable about the child's heritage. Before option 4 can occur, a resolution of the MBCI tribal council must be passed.

Available Child Protective Services

Multi-Disciplinary Team (MDT): MDT, which meets monthly on specific cases, is made up of representatives from various organizations from the reservation, including law enforcement, DSS, the health center, behavioral health division, family victims unit, and the Attorney General's office. The group decides what options are available for each new case; for example, if a CAN report was substantiated, MDT would discuss the findings of the case, and a determination would be made as to whether services on the reservation would be sufficient to resolve the crisis. If it is determined that reservation services are insufficient, MDT would provide a referral to services off the reservation. This group also determines the procedure for cases in which sexual abuse is substantiated (i.e., whether to turn the case over to the FBI or to let the reservation court handle it).

Child Protection Team (CPT): The team is comprised of DSS, Behavioral Health, law enforcement, and the court. CPT meets every other Thursday to discuss the status of open cases. Reports are presented concerning the services the family is receiving, the progress that is being made with the case plan, and whether reunification is possible.

A. Administration

With the exception of investigations that are conducted by the police department, all child welfare services are administered by DFCS, which provides oversight for the five divisions identified earlier. Together, these divisions provide the majority of child welfare and family services on the reservation and employ 80 individuals. The DFCS administrative staff consists of six full-time employees (director, assistant director, grant coordinator, budget specialist, monitor and compliance coordinator, and systems manager).

Monitoring of all child welfare cases is done by DSS, which utilizes a system called "case watch" for tracking purposes. The program produces demographic information, case-specific information, and progress notes; generates reports; and is used to support the other four divisions.

All child welfare services are provided on the reservation, with the exception of residential treatment. MBCI does not have a residential treatment facility for behavior disorders. Instead, patients are sent off-reservation to the Diamond Grove for acute and residential behavioral services. MBCI has a formal agreement with Diamond Grove.

B. Funding

According to the information obtained onsite, DFCS, as a department, receives less tribal revenue (35 percent) than any other department on the reservation. Child welfare services are funded through a combination of resources (IHS, Department of Health and Human Services, Department of Justice, and tribal revenue). As with PSSF services, tribal members never pay any out-of-pocket expenses for services. Private insurance, IHS, or Medicaid are all billed for services, and any outstanding balances are covered by tribal revenue funds.

C. Connection with PSSF Programs

There is a strong connection between child welfare services and PSSF, since the two sources of funding are used for child welfare services. Because all of the divisions are under DFCS, they share a common population. According to tribal code, DSS is mandated to have all assessments conducted by the Division of Behavioral Health before services can be provided. Therefore, many of the PSSF clients are referred for behavioral health services.

D. Major Initiatives

MBCI is engaged in ongoing discussions concerning an Independent Living Placement (ILP) program. The tribe is also considering building a residential youth treatment center, therapeutic foster home, and a foster home for delinquent children.

IV. Other Related Human Services

The Division of Behavioral Health administers all other human services on the reservation, including mental health services; however, the division provides only outpatient services. Residential treatment is provided by the state and private treatment centers, and the Boys and Girls Club administers youth services. Although MBCI has a hospital, it cannot handle serious medical cases such as ob-gyn. Instead, MBCI utilizes University Hospital in Jackson or Anderson Hospital for serious medical cases.

MBCI does not operate its own Temporary Assistance for Needy Families (TANF) program, and the tribe does not have a title IV-E agreement with the State of Mississippi, because the tribal caseload is too small to operate a TANF program. Instead, tribal members who are eligible for TANF receive benefits from the State of Mississippi. Tribal members are also eligible to receive general assistance funds from the state.

Family Violence and Victims Services: This program provides services to victims of domestic violence, including children who witness it. Although the program mainly handles domestic violence cases, anyone who strikes another person in anger can be investigated by Victims Services. Referrals for services come from the police department, DSS, or the hospital. Once a report is filed, Victims Services performs an investigation, and a court hearing is held within seven days. Although the initial hearing is held in the criminal court, many times the presiding judge will move the case to the less formal peace maker court.

Victims Services has a staff of six (legal secretary, victim coordinator, women's advocate, family violence counselor, assistant therapist, and an attorney). The therapist provides counseling services to children. Because victims are hesitant to seek help, Victims Services is a stand-alone program that conducts its own assessments, investigations, and counseling services. The program also provides transportation, court assistance, shelter, and protective orders. Any person convicted of domestic violence is court-ordered to the 26-week batterer re-education program offered by Victims Services. Batterers receive services in anger management, parenting, and drug and alcohol counseling. This program is funded by DOJ and tribal funds.

Project CAN: This program provides central intake for all services offered by the behavioral health division. A meeting is held every Monday to staff new cases and to check the progress of existing cases. This program is funded by HHS and Mental Health.

Project Cares: This program, which provides intensive, community-based services at three community centers located on the reservation, is staffed by three employees—a family service coordinator and two caseworkers. Caseworkers are available 24 hours a day to provide services and counseling, and have a caseload of no more than 10 cases at any one time. Case managers also go to court with their clients and provide written updates to the judge and DSS social worker on client progress. In order to be eligible for services, the client must live on the reservation or attend a reservation school. Although the child is the primary focus of services, the entire family can also receive services. There is no self-referral for this program; instead, clients are normally referred by Behavioral Health. Once referrals are made, case managers will visit the home, develop a case plan, and provide access to the necessary services, which include parent training, transportation, and counseling. This program is funded 100 percent by DHHS and **CSAT**.

Project Free: This program provides therapy and case management services to first-time juvenile offenders. As an intervention strategy, clients are court ordered to participate in this program. The program can handle a maximum caseload of 32 clients. Clients typically enrolled in this program are involved with running away, assault, alcohol, or marijuana usage. Before services are offered, a psychosocial assessment is conducted by the behavioral health division. The assessment screens for drug and alcohol usage. Although, the program is primarily for juvenile offenders, referrals for other family members are also provided. This program is funded by DOJ.

Family Emergency Services: This program provides air conditioners and heating services to the elderly and handicapped population. In order to be eligible for services, individual must be SSI- and income-eligible. This program is funded 100 percent by tribal funds.

Gambling Addiction Program: This service is provided to tribal members, as well as community members seeking services, and is staffed by a gambling addiction specialist who also has expertise in substance abuse. The specialist is aided by a Choctaw-speaking assistant. This program is funded by tribal revenue.

Youth Court Liaison Program: The newest program added to Behavioral Health specializes in youths involved in the tribal youth court system. This program targets at-risk youth and first-time offenders, and provides intervention and monitoring strategies to keep youth out of the court system or from returning to the court system. This program is funded by a grant from DOJ.

Financial Services: This service is provided to families who need assistance with unmet financial obligations. Referrals can come from any division within DCFS. Activities include the purchase of clothes, meeting unmet medical needs, providing transportation and housing, handling funds for children in custody, acting as representative payee for children and adults, burial assistance to families, and other financial services necessary to provide minimal subsistence. Services are offered until the family is no longer in crisis.

Mental Health Services

Mental Health Services: Services are provided to children, adolescents, adults, individuals, and families, and is staffed by a certified social worker with extensive experience with the Choctaw population. This social worker is assisted by a Choctaw-speaking case manager. Individual therapy, family therapy, crisis intervention, and child sexual abuse are some of the issues that are handled by Mental Health. It is estimated that Mental Health provides services to an average of 100 patients per month and has 8 contacts per day.

Mental Health Adolescent Services: Mental Health also offers adolescent-specific services to youth in need. Referrals for these services are from individuals, families, other divisions, and schools. The program has a staff of two that includes a prevention specialist and a caseworker, and the caseload is 128.

Psychiatric Services: Services provided include screenings, diagnosis, therapy, medication assessment, management, and consultation with division staff. This program has a staff of two that includes a part-time psychiatrist and a full-time nurse. The psychiatrist spends approximately 16 hours one week and 24 hours every other week onsite. The nurse's duties include coordinating services and scheduling more than 100 appointments per month.

Substance Abuse Services: Individual and group services are provided to adolescents, adults, and families. These include Alcoholics Anonymous, DUI education, Gambler's Anonymous, and after-care. This program, which has a staff of 5, averages about 400 contacts a month and has a caseload of 35-40 clients.

Prevention Program: This program provides alcohol, tobacco, and other drug education information to school-age children. It is staffed by one full-time Choctaw-speaking social worker with a bachelor's degree. Funding for this program is provided by a Substance Abuse, Prevention and Treatment (SAPT) block grant from the Mississippi Department of Mental Health, Division of Alcohol and Drug Abuse.

12-Step Self-Help Services: These groups provide a safe, supportive environment for persons trying to recover from alcohol and drug addiction. Services are provided in the following communities: Pearl River, Bogue, Chitto, Red Water, Standing Pine, and Conehatta.

Psychoeducational Services: Provide training and workshops for DFCS staff involved with behavioral and mental health.

Crisis Management Services: This program provides access to mental health professionals through an on-call system 24 hours a day, 7 days a week.

Parole Services: This program offers services to recently released Choctaw felons who were primarily incarcerated for sex-related crimes. This program is aimed at the prevention of future offenses and at decreasing re-entry into the criminal justice system.

Diabetes Management Counseling Services: This program is offered to any eligible Choctaw member diagnosed with diabetes, and is staffed by a mental health clinician who provides education and support.

Other Services

Tribal Scholarship Program: As part of the Choctaw self-determination initiative, tribal members can get a full academic scholarship to pay all college expenses. This program is available to any tribal member who gets accepted into a college or university. The scholarship pays for room, board, books, and also provides students with spending money. Tribal revenue funds 100 percent of this program.

Burial Assistance Program: Provides funds to assist in burial costs. MBCI has a contract with a local funeral home to provide this service. This program is funded by BIA funds.

Manpower Training: Job training program that helps people gain the necessary skills for employment. Training is provided in several areas, such as computers and the gaming industry.

Youth Services

Boys and Girls Club: The Boys and Girls Club has two units: an in-school unit and an after-school unit. The in-school unit, which serves children 12-18 years of age, is a residential club housing 198 children who typically have behavioral problems. Services provided by the in-school unit include health, education, moral compass, culture, and prevention services.

The after-school unit serves children 5-13 years of age and operates like a traditional Boys and Girls Club. This unit serves 90 children, but it has a waiting list of 120. The Boys and Girls Club has a staff of 8.

Off-Reservation Services

According to information obtained onsite, MBCI utilizes a nationwide network of service providers. The tribe will send clients to any residential treatment facility where it believes clients will receive the best service. Over the years, MBCI members have received residential services in New York State, North Carolina, and Utah.

MBCI has a working relationship with Diamond Grove Residential Treatment Center. Located 30 minutes from the tribe, Diamond Grove provides residential and acute treatment services. This facility holds a maximum of 50 people—30 residential and 20 acute. Clients range in age from 6 to 17.5 years. Residential services are offered for a maximum of 90 days; acute services range from 3 to 30 days.

When clients are referred to Diamond Grove, an assessment is conducted to determine whether services at the facility are appropriate. Once admitted to the facility, the psychologists, therapists, nurse, and social worker collaborate to design a treatment plan. The client must complete the treatment plan prior to being released. The facility provides individual therapy, group therapy, family therapy, recreation, and activities and school. Medication is dispensed by the nurse and mental health specialists. School-age children attend classes, which are located onsite, and all activities are supervised.

A. Administration

On-reservation administration of human services is provided by the Division of Behavioral Health. Behavioral Health has a staff of 33 employees. Services are provided onsite at the medical building or in the community at one of eight community centers. Behavioral Health provides only outpatient services. Clients are sent to state facilities or facilities outside the state for residential services. Oversight is conducted by DFCS.

B. Funding

Other human services are funded through a combination of resources. The Family Violence and Victims Services program is funded by DHHS, DOJ, State Department of Public Safety, and IHS. Project CAN is funded by IHS, Mental Health, and **CSI**. Project CARES is partially funded by DHHS. Project FREE is funded by DOJ. Family Emergency Services is funded by tribal revenue. Diamond Grove services are paid for by private insurance, Medicaid, or tribal revenue. As with PSSF and child welfare services, tribal members never have to pay any out-of-pocket expense for services. Private insurance, IHS, or Medicaid are billed for services. Outstanding balances are paid by tribal revenue funds.

C. Connection with PSSF Programs

There is a strong connection with PSSF services and other human services. All of these services share the same client base.

D. Major Initiatives

As a result of the many problems associated with youth, MBCI conducted a nationwide search for a board-certified behavioral psychiatrist. The psychiatrist's time is split 50-50 between Behavioral Health and Internal Medicine. It is estimated that between August and December 2002, the behavioral psychiatrist's caseload was 1,404. In addition to providing behavioral health and internal medicine services, the psychiatrist also provides in-services training for social workers. As noted earlier, MBCI does not provide residential treatment services. The tribe is exploring the option of building a facility on the reservation. MBCI is also in the process of breaking ground for a stand-alone Boys and Girls Club that will serve an additional 350 children.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Navajo Nation Summary Program Description

The Navajo Nation received approximately \$4,596,170 in Promoting Safe and Stable Families (PSSF) funding between FY94 and FY01. In FY02, the Navajo Nation received \$746,094. The funding was used in total to support the PSSF program, including personnel, operating supplies and transportation for clients. The services supported by this funding include Family Preservation Services (FPS), Family Support Services (FSS), Time-Limited Reunification Services (TLRS) and Adoption Promotion and Support Services (APSS).

The summary provided below is based on a site visit conducted in April 2002 and a review of the FY00 Child and Family Services Plan (CFSP), as well as other documents obtained onsite. It includes an overview of the context in which PSSF implementation occurred and descriptions of the tribal planning process, the goals and objectives established, service delivery, barriers to implementation, and child welfare issues.

The Navajo Nation Division of Social Services (NNDSS) administers three service programs: Financial and Family Support, Children and Family Services, and Adult/Elderly Services. These service programs are administered through six regional offices within the reservation: Shiprock Navajo, Ft. Defiance Navajo, Chinle Navajo, Western Navajo, Eastern Navajo and Southwest Navajo. At the time of this site visit, NNDSS was in the process of realigning staff in order to provide more consistent services throughout these service regions. The goal of this "realignment initiative" is to standardize assessments, as well as to specialize workers, with the aim of minimizing caseloads and improving the referral process so that families receive appropriate services in a timely manner.

Following realignment, intake and assessment now occur centrally through one specialized intake worker who refers families to services based on an initial assessment at each regional office. Cases that involve child abuse and/or neglect (CAN) are directed to Child Protection Services (CPS), which conducts the investigation and completes the assessments to determine eligibility for child welfare services, including referral to the FPS program. As explained in the case study, one challenge that has emerged from this initiative was the lack of referrals to FPS due to the high investigation caseloads of CPS workers. The realignment initiative is also key to understanding the social service structure, and is discussed in further detail throughout this summary.

I. Context

The Navajo Nation Reservation is located in the Four Corners region of the United States, within the exterior boundaries of the States of Arizona, New Mexico, and Utah. The majority of the reservation lies in the northeastern corner of Arizona and expands into the northwestern corner of New Mexico; the smallest portion extends into the southeastern corner of Utah. It is bound to the north, south, east and west by the four sacred mountains of the Navajo: Mt. Hesperus, Mt. Taylor, Mt. Blanca, and the San Francisco Peaks, respectively.⁹⁹ The reservation is approximately 26,000 square miles (16.2 million acres), making it the largest

⁹⁹ Source: <http://www.americanwest.com/pages/navajo2.htm>

Indian reservation in the U.S. Within its environs are more than 15 national monuments, tribal and national parks, a dozen fishing lakes and ponds, and historic sites.¹⁰⁰ The land is abundant with natural resources, including coal, oil and natural gas. At the same time, the reservation is largely rural, and many homes lack plumbing, electricity and telecommunication capabilities. Further, 77 percent of the roads within the reservation are either dirt or gravel,¹⁰¹ which makes travel difficult.

The enormous size of the Navajo Nation Reservation has created unique challenges for the tribe, particularly regarding social services administration and policy. Because the reservation is situated within the boundaries of three states, each located in a different federal region, the Navajo Nation must coordinate and negotiate with three different federal regional offices and three different state offices in order to receive funding, meet reporting requirements, and coordinate cases. In addition, the Navajo must negotiate title IV-E agreements with each state. (However, the Navajo work most closely with Region 9, which takes the lead role in all of the negotiating and decision making relative to the other regional offices.) The sheer size of the reservation does not allow for central administration of services, and so the Nation has divided it into the six administrative areas mentioned above, each having a director who oversees service provision in that area. Coordination among all six regional offices also has been problematic, which has created barriers to providing appropriate services to families in need.

In order to better meet these challenges, beginning in the summer of 1999, the Navajo began the process of realigning their social services administration to improve service coordination among regions. This “realignment initiative” evolved because certain types of cases within a non-specific caseload were being consistently ignored. One major change to arise from this initiative was the way in which cases are referred for services. Previously, all caseworkers were fully integrated and responsible for many different types of cases. In addition, they had discretion over which types of cases to serve and duration of those cases. Now, caseworkers are given specialized caseloads; for example, one caseworker does the initial intake assessments and assigns all cases (with the exception of CPS cases) to specialized services according to service needs. For cases involving CAN, the case is automatically referred to CPS. CPS workers conduct the investigation and are responsible for completing the eligibility assessments of families and for making referrals. Another change involves establishing caseload weights for all social service cases, with higher weighted cases being assigned to more qualified/experienced workers. Caseloads are now calculated on the basis of these weights, and maximum caseload numbers are derived from them. The realignment initiative was in the final stages of transitioning all social service programs into the new case management system at the time of this site visit.

In order to establish standard protocols and practices across all service delivery regions, caseload standards were developed, ensuring that case documentation was being performed uniformly across all areas. At the time of the site visit, the Navajo were in the final stages of developing quality assurance (QA) protocols and performance standards for each service area, as well as performance standards for workers, as a way of maintaining standard practices. The intention was to provide training and QA through a central office.

Population characteristics, governance structure, tribal court, and revenue generation are described below:

¹⁰⁰ Ibid.

¹⁰¹ Source: <http://www.nnwo.org/nnprofile.htm>

- **Population characteristics:** The Navajo Nation has approximately 255,000 enrolled members, making it one of the largest federally recognized Indian tribes in the U.S. According to the 2000 Census, the total population residing on the reservation and on off-reservation trust lands was 180,462 (49 percent male, 51 percent female). Of those residing on the reservation or trust lands, 96.4 percent are American Indian, 2.4 percent are white, and less than 1 percent are more than one race. The median age is 24 years. The unemployment rate among those in the labor force is 11.2 percent (compared to 3.4 percent statewide in Arizona). The median family income is \$22,392 (vs. \$46,723 in Arizona). Furthermore, 40.1 percent of families were below the poverty level in 1999; of those, 42 percent had children under the age of 18, and 47 percent had children under the age of 5.
- **Tribal governance structure:** The Navajo Nation governmental structure is organized into three branches: executive, legislative and judicial. The capital of the Navajo Nation is located in Window Rock, Arizona. The role and responsibilities of each branch in governing the Nation is detailed in the following discussion.

The **executive branch** is headed by the president and vice-president, who are elected by popular vote and cannot serve more than two consecutive terms. In addition, there are 10 executive departments, including NNDSS. The executive branch executes the laws enacted by the tribal council. Approximately 80 percent of the Navajo's annual budget is directed to administration and service delivery programs within the executive branch.

The **legislative branch** consists of the Navajo National Tribal Council, the governing body of the Nation, and 12 standing committees. The council has 88 members who are elected by popular vote and who represent the 110 local governments (chapters) of the reservation. The council meets as an entire body four times a year in Window Rock and serves as the legislative authority for addressing the needs, policy development, and fiscal matters of the Navajo Nation.

The Navajo Nation Tribal Council enacts and amends laws, approves expenditures, designs and approves programs to benefit the Navajo people, and represents the interests of the Navajo people regarding matters relative to local, state, and federal governments. The Navajo council also confirms the appointments of division directors (as recommended by standing committees) who direct, monitor and coordinate tasks as assigned.

The tribal court, which constitutes the **judicial branch** of the Navajo government, is headed by a chief justice. The Nation administers a 638 contract through the Bureau of Indian Affairs (BIA) to support the judicial branch, and also draws upon Navajo Nation general revenue funds. The judiciary is bi-level, consisting of a tribal court and the Navajo Nation Supreme Court. There are 18 judges, three of whom are appellate judges who sit on the supreme court, and 15 are trial judges who preside in the district and family courts. The chief justice (one of the aforementioned appellate judges) supervises all trial judges and heads this branch of the government. Any applicant for a judgeship must be Navajo and meet the qualifications specified in the Navajo Nation Code. All judges are appointed by the president of the Navajo Nation and confirmed by the tribal council. Any attorney practicing in the Navajo Nation courts must be a member of the Navajo Nation Bar Association.

- **Tribal court:** Within the Navajo Nation court system are seven judicial districts, each with its own district court. Five of the seven districts have separate family courts. The civil jurisdiction of the Navajo district courts covers all persons, both Indian and non-Indian, who either live on the reservation or who have committed an offense on the reservation. Criminal jurisdiction exists for Indians and non-Indians who have “assumed tribal relations with Navajos.” Family courts have exclusive jurisdiction over cases involving domestic relations, probate, adoption, paternity, custody, child support, guardianship, mental health commitments, mental and/or physical incompetence, name changes, and all matters arising under the Navajo Nation Children’s Code (i.e., juvenile delinquency, dependency, child in need of supervision). The Navajo Supreme Court has jurisdiction over appeals of final decisions of trial courts and certain administrative agencies. In addition to the trial courts, people have the option of disputing cases by means of Navajo peacemaking. This is a more traditional way of handling disputes and “uses Navajo common law and procedures in a Navajo mediation setting to arrive at consensual solutions to disputes and other problems.”¹⁰²

In total, the Navajo Nation court system handles approximately 90,000 cases per year, with the district courts handling approximately 75,000 of those cases. In FY01, civil traffic disputes constituted the highest caseload, followed by criminal cases. The family civil caseload (e.g., custody disputes, adoptions, child support) was 2,371; the caseload for family court dependency (e.g., abandonment, abuse, neglect) and Child in Need of Services (CHINS) was 788.

- **Revenue generation:** As mentioned above, the Navajo Reservation has abundant natural resources. Excavation of these resources, particularly coal, provides a substantial amount of revenue. Another source of tribal revenue is the tourism industry.¹⁰³

II. Family Preservation/Family Support and Promoting Safe and Stable Families

A. Tribal Planning Process

Navajo became eligible for title IV-B, part 2 in FY95, the first year of the federal program. Their initial Family Preservation/Family Support (FP/FS) five-year CFSP focused on implementing a program that offered a continuum of family-centered, community-based services to Navajo children and families. In general, the plan proposed to coordinate services that incorporated the cultural values and the concept of “K’e”, the Navajo term for kinship system. Since this was a new program initiative for the Navajo Nation, funds were used for planning, development, and startup.

The Nation’s FP/FS program startup plan involved evenly dividing all FP/FS funds among the regional offices, thus giving them autonomy in deciding how their allotment of the title IV-B, part 2 funding would be used to develop and implement the FP/FS program to fit the

¹⁰² All information regarding the Navajo tribal courts was obtained from “Courts of the Navajo Nation in the Navajo Nation Government: A Public Guide to the Courts of the Navajo Nation.” March 2002. Document received on site.

¹⁰³ Source: <http://www.americanwest.com/pages/navajo2.htm>

needs of their regions. This gave the regional offices responsibility for the administration of the FP/FS program and accountability for monitoring and complying with the federal regulations that accompanied the program. A year after the initial planning phase of FP/FS began, an evaluation of the implementation process with regard to the regional offices revealed that the service models being implemented were not (according to the final report of the analysis) in accordance with “the key principles in the Family Preservation and Support Services Legislation” nor with the “key components of the Navajo Nation’s Five-Year Plan for FP/FS Services,”¹⁰⁴ such as allocating 75 percent of the funds for support services.

Due to the lack of adherence to federal guidelines and a lack of consistency among regions regarding the FP/FS program, planning for the second five-year CFSP (which would guide the PSSF program that began in FY00) was returned to the central office. The focus of the planning efforts for the PSSF program was the delineation of four service models, with assessment protocols and referral processes clearly specified. The plan continued to build upon the concept of K’e and maintained the philosophy, as mentioned in the FY95 CFSP, that the “Navajo family is central to the health of the Navajo Nation.” Planning focused on strengthening the standards of services already in place, and on increased collaboration with other agencies in order to provide comprehensive and coordinated services to families.

Tribal Planning Group: As stated in its FY95 CFSP, the Navajo Nation used a community planning process for the initial FP/FS program. Many individuals and departments on the Navajo Nation were involved, and the Nation consulted with representatives of the Administration on Children, Youth and Families (ACYF) of Arizona, New Mexico, and Utah. Consultation also involved each state’s Indian child welfare workers and the key administrators of the federal Administration for Children and Families (ACF) of Regions VI, VIII and IX. The NNDSS agency directors served as the advisory committee to the planning group.

The FY00 CFSP did not discuss a particular planning group, although planning for PSSF services did involve a similar community planning process. Community meetings were held between NNDSS staff and the local child protection teams (CPT). The local multi-disciplinary teams also provided insight into needs of children and families. An advisory committee continued to be involved in the process.

Needs Assessment: As part of the initial FY94 planning process, a review of existing child abuse and neglect statistics for FY92-FY94 was conducted. Statistics included the number of cases that were reported, substantiated and investigated in the following categories: abandonment, neglect, sexual abuse, physical abuse, emotional abuse, verbal abuse, exploitation and other. The NNDSS Foster Care program statistics for FY91-FY94 were also reviewed, along with demographic data from each of the Navajo Nation’s chapters. The information was subsequently utilized to understand and address the social and economic stressors faced by at-risk families. As well, several other publications were reviewed to gather information regarding education, employment, housing, and health issues.

Although an additional assessment was conducted for the FY00 PSSF planning process, it did not differ from the initial FY94 assessment. As with the original, the newer assessment was conducted utilizing available data. Data regarding child abuse and neglect referrals, investigations, and substantiated reports were gathered from the Management Information

¹⁰⁴ 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.

System for FY96-FY98. Additionally, meetings were held with the States of Utah, New Mexico and Arizona regarding the services provided for Navajo children in state custody.

Goals and Objectives: The goals of the initial five-year plan for the FP/FS program focused on the need to improve interagency collaboration and partnerships among the various agencies providing services to Navajo children and families. The following were reported as goals in the FY95 CFSP:

- **Goal 1:** To increase the effectiveness of child welfare services by upgrading and enhancing the present social service delivery system.
- **Goal 2:** To review, refine and develop Navajo Nation child welfare policies, procedures, and a NNDSS manual.
- **Goal 3:** To promote family preservation through increased community awareness, community education, and other activities.

Because of the planning difficulties and the lack of consistency in service delivery among regions, NNDSS felt that the FY95 goals were not being met and undertook new planning strategies for the second five-year plan. As a result, the goals for the second five-year plan were substantially different from those stated in the FY95 plan. The focus shifted from emphasizing agency collaboration, procedures, and information-producing issues to promoting positive outcomes for children and families that were consistent with the performance standards developed through the realignment initiative. The following were the stated goals in the FY00 CFSP:

- **Goal 1:** To provide administrative support to the PSSF program in order to ensure optimum service delivery.
- **Goal 2:** To maintain child safety at home and to prevent unnecessary out-of-home placements.
- **Goal 3:** To promote the well-being of children and families.
- **Goal 4:** To safely and appropriately return children home within 15 months of their initial placement.
- **Goal 5:** To promote the permanent placement of children who cannot be raised by their birth parents to become permanent members of another family while maintaining cultural and psychological connections to their birth family.

The expected outcomes for the FP/FS and PSSF programs were fundamentally different. For FP/FS, the focus of concern was with infrastructure (i.e. service coordination and collaboration). For PSSF, the focus shifted to providing support to children and families.

Tribal Involvement in State Planning Process: As stated in the FY95 plan, "NNDSS central office representatives were instrumental in soliciting and receiving consultation on developing state plans for FP/FS from the respective states in which the Navajo Nation tribal lands are located." For each planning year, representatives from the Navajo were invited to attend the planning processes of each state. The Navajo did not have input on the initial

development of the plans, but conferred with the planning groups on the proposed plans and gave feedback and offered suggestions, mainly on issues concerning the Indian Child Welfare Act (ICWA). The Navajo's main concern was that ICWA training for state workers be included in the plans in order to ensure workers have substantial knowledge of ICWA when dealing with tribal children.

B. Implementation

Administration and Monitoring: As previously mentioned, NNDSS oversees the administration of PSSF program services through its six regional offices. Each regional office administers PSSF services as part of its Children and Family Services (CFS) program, which is one of three service programs administered by NNDSS in each regional office. Each regional office has a director who oversees approximately two PSSF workers (one MSW and one BSW) who deliver FPS, FSS, and TLRS services. A separate adoption caseworker delivers APSS as part of ongoing casework with adoptive families. Performance measures established for all social service programs are used to monitor the service delivery in each region. For PSSF, the following performance measures are used for *each region*:

1. *Quarterly reporting of progress on the following program statistics and services:*
 - a. Provide FPS to 12 families per year
 - b. Provide FSS to 20 families per year
 - c. Provide TLRS to 6 families per year
 - d. Provide APSS to 12 families per year (post-placement services)
2. *Provide FPS to maintain child safety at home to prevent unnecessary out-of-home placements:*
 - a. Three families will receive FPS
 - b. Three families will assess for service utilization with community resources
3. *Provide FSS to promote the well-being of children and families:*
 - a. Ten families will receive parenting skills training utilizing the Family's Journey to Harmony curriculum
 - b. Ten families will receive home-based and strength-based services through case management services
4. *Provide TLRS to reunite children with natural family of origin within 15 months of their initial placement.*
 - a. Three families will receive counseling to prevent child abuse and neglect
 - b. Three families will assess service utilization with community resources
 - c. Three families will receive parenting services utilizing the Family's Journey to Harmony curriculum
5. *Provide APSS to promote the permanent placement of children:*
 - a. Conduct three public recruitment activities
 - b. Conduct one PATH Training to prospective foster/adoptive parents
 - c. Provide post-placement services to three families

In addition to the above performance measures, each regional office must submit an Annual Progress and Services Report to the central office of NNDSS.

Service Delivery: As a result of the realignment initiative, families are referred to PSSF services through one of two intake and assessment processes: 1) non-CPS cases are handled

by a specialized intake caseworker who refers families to a multitude of services based on a need and eligibility assessment (with the exception of FPS); 2) CPS cases are automatically directed to CPS, and the caseworker assigned to the case completes the FPS assessment to determine eligibility for referral. The PSSF program uses a mixture of community-based and in-home services to provide families with the support needed to maintain a healthy bond, avoid unnecessary out-of-home placements, and/or to work toward reunification if the child has been removed.

Families referred to **Family Preservation Services (FPS)** by CPS are those with children who are at risk for experiencing out-of-home placement or who returned shortly after out-of-home placement. The referring CPS worker submits a FPS referral form, a completed Risk Assessment Model for Child Protection, and copies of the following NNDSS documents: current certified Department of Social Services application, the family profile, current intakes within the 12 months of referral, CPS investigative summary, and current title IV-E case plan. Services usually start at two or more contacts per week, with a minimum of one hour per session. (For families located great distances from the office, workers rely upon one 2.5-hour visit per week.) Some of the services include in-home parenting utilizing the *Family's Journey to Harmony*, *Navajo Based Parenting Curriculum*, home-based counseling, case management and referrals. The length of services is 3 to 6 months, but may be extended up to 1 year if needed. Families are reassessed several times during the length of time they are receiving services (45, 90, 140 days and at the end of services).

One major concern of the social services staff was that FPS was the most under-utilized service of the four PSSF programs. As mentioned, families are referred to FPS based on an assessment completed by the CPS worker. Given the fact that the CPS workers are inundated with investigations of high priority cases, assessment for FPS becomes a low priority and often is not completed. Additionally, some CPS workers have a lack of knowledge about FPS and do not consider it as a service option. As a result, FPS services are under-used, and FPS workers are utilized for other, non-PSSF services to compensate for worker vacancies (e.g., providing transportation for children in care).

Family Support Services (FSS) are targeted to families who are experiencing the following conditions: blended family household, current problem of alcohol and substance abuse, or lack of transportation. The specialized intake worker makes the referral to the program based on the initial eligibility assessment of the family. The eligibility assessment includes giving the family the *Navajo Healthy Families Questionnaire* and the *North Carolina Family Assessment Scale*. Services include in-home or group parenting, transportation services, exploration of family structure and social support utilizing a Genogram or Eco-Map, traditional teaching, case management and concrete assistance. Services last a minimum of 3 months and up to 12 months. Families are reassessed every 90 days and upon termination of services. There is no limit on the number of families this program can serve.

Families who have experienced out-of-home placement through foster care placement or a childcare institution are eligible for **Time-Limited Reunification Services (TLRS)**. Families are referred to TLRS by the specialized intake worker. Services are provided in order to facilitate the reunification of the child safely and appropriately within a timely fashion. Service delivery is similar to that of FPS, with the worker providing services in the home. The length of time that a family receives TLRS can be up to 15 months, beginning on date of initial placement into foster care or childcare institution.

Adoption Promotion and Support Services¹⁰⁵ (APSS) are targeted to foster/adoptive parents, legal guardians, and families interested in adoption. Potential adoptive parents must go through a rigorous application process, including background checks, home study, physical exams, home visits by the adoption social worker, and 16 hours of training. The Navajo do not subsidize adoptions, although tribal adoptive families with IV-E eligible children (those with special needs) may access state subsidy as a result of a Joint Powers Agreement (JPA) with the State of New Mexico. APSS offers post-placement services such as counseling services, which include home visits from the adoption social worker for at least 3 months and up to 1 year. Home visits are typically twice per week for the first 2 weeks, weekly through the second month, monthly for the third month, and as needed for up to a year. APSS also offers the following services: parent skills training, which may include a weekly home visit from the worker; voluntary adoption placement services, including counseling and case management, to families seeking to voluntarily relinquish their parental rights; Navajo Children and Family Services Newsletter distributed quarterly to certified foster and adoptive parents that presents the profiles of children in need of homes and other parenting tips and information; culturally based counseling services; and information and referral to local community resources.

As expressed by the key stakeholders on site, the primary barrier to providing PSSF services is the lack of staff, as well as the high demands placed on existing staff. At the time of this visit, NNDSS had a high vacancy rate and was unable to fill positions with workers meeting position qualifications. NNDSS provides career development and culturally appropriate training that mirrors Arizona's competency-based curriculum, but has not been able to expand the pool of applicants. The workers that do exist find it difficult to provide direct services because they spend a lot of time traveling or transporting clients. As noted earlier, additional barriers to accessing FPS were that CPS workers had limited time to complete assessments necessary for referrals, and limited knowledge of this service option.

Funding: All of the above-mentioned services are funded through title IV-B, subpart 2, and BIA funding is accessed through a 638 contract. APSS services also are funded through title IV-B, subpart 1.

Evaluation: At the time of this site visit, a management information system (MIS) was being developed to provide a way of tracking clients. The FY00 plan states that demographic information will be collected at program entry and specific program data will be collected. The five-year plan also discusses plans for pre/post testing with a group of clients.

III. Indian Child Welfare Services

The CFS programs in each regional office also offer the following to children and families in need: CPS, foster care, guardianship, child welfare assistance, and specialized child care services. NNDSS also works closely with the Navajo ICWA specialist on cases in which Navajo children have been placed off the reservation.

Children and families are referred to these services through the same two processes by which they are referred to PSSF services (as a result of the realignment initiative). As mentioned previously, cases of CAN are referred to CPS, which conducts the investigation and

¹⁰⁵ As explained earlier, APSS services are provided in fulfillment of the PSSF program, but are funded through separate resources and delivered by separate workers.

makes referrals to FPS. The way an investigation is conducted, however, depends on whether the CAN incident takes place on or off the reservation.

If a CAN incident takes place on the reservation, a Navajo CPS worker conducts the investigation. An intake report of CAN is received through a telephone call, an office visit or written document to Children and Family Services. After the report is made, clerical support conducts a cursory background check of the family involved to determine if the family has any history or prior involvement in family services. Clerical support then provides the central specialized intake caseworker with a family profile, case history, and current status. The intake caseworker collects all available information in-office regarding the incident to determine type of services to be referred, and completes the safety assessment to determine need for crisis intervention. The case is then staffed with the supervisory social worker, and a priority level is determined for the case. Priority levels range from 1 to 6, with cases ranked as 1 (several physical and sexual abuse) being the highest priority. The priority level determines the timeframes for response. For example, for Priority 1 cases, the CPS worker to be assigned to the case has 3 hours to conduct the investigation; 72 hours are allowed for Priority 2 cases; and up to 10 days are allowed for Priority 6 cases. The CPS worker develops the investigation case plan and completes the safety and risk assessment within the time constraints established by the priority level.

If the CAN incident takes place off the reservation, (regardless of whether the family lives on or off the reservation), the investigation occurs within the county or state system where the incident occurred.

If emergency removal of the child is necessary for CAN cases occurring on the reservation, a temporary custody order is obtained and the child is placed in emergency placement on the reservation. The CPS worker or Navajo police are allowed to remove the child without a court order, but must obtain one within 48 hours of removal. If there is a need for emergency intervention and the CPS worker is not available, a backup worker¹⁰⁶ may be sent out to ensure the safety of the victim through direct contact, but does not begin the formal investigation. The backup worker may take appropriate measures to intervene if the child is in danger and might complete the temporary custody order if the child needs to be removed from the home. If the case is Priority 1, any action taken by the backup worker is reported within 3 hours via written report to the CPS worker assigned to the case. The CPS worker then has 6 hours from receipt of the report to make the investigation. A custody hearing takes place 24 hours after the petition for temporary custody is made to the tribal court. At this point, it is determined if the child will return home or stay in the custody of the court. If the child remains in the custody of the court, a preliminary hearing is held 20 days after the custody hearing. If the child is placed in foster care, the Nation will first look for family members with whom to place the child. If this is not possible, the Navajo have certified foster homes on the reservation to keep the child as close to family as possible. Tribal foster homes are certified after a home study is complete and a criminal background check has been conducted. The home study must comply with the guidelines the Navajo have established in order for it to be state certified. (The states accept Navajo guidelines for home studies.) Foster parents are recruited through the Internet, information booths at Navajo Nation fairs, presentations at schools and churches, and radio¹⁰⁷ and newspaper advertisements.

¹⁰⁶ Backup workers are not assigned to the case, but serve as the fill-in relative to emergency cases if the CPS worker is unavailable.

¹⁰⁷ The Navajo Nation has its own radio station on which these advertisements are aired.

In off-reservation cases requiring emergency removal, the child is placed in state custody in a state foster home, and the tribe is notified of the placement. The Navajo have the option of transferring jurisdiction to tribal court at this point; however, generally the Navajo Nation opts to maintain the child in state custody for financial reasons (the state government pays for the placement and for services for families residing off the reservation). If the child remains in state custody, the Navajo ICWA specialist liaisons with the state social worker assigned to the case to try ensure the Navajo child receives needed services. The Nation retains the rights to be notified of court proceedings that pertain to the placement of the child. Continued state custody is generally beneficial to the Nation unless the state moves to terminate parental rights of the Navajo child in its care. In these instances, the Nation usually tries to transfer jurisdiction of the case to tribal court for the sake of keeping the child within the tribe and with a Navajo family member or foster parent.

In most cases of out-of-home placement of Navajo children, termination of parental rights (TPR) is not considered an acceptable option by NNDSS unless all attempts at reunifying the family have failed. Even in those cases, the NNDSS will look for a permanent guardian within the child's extended family rather than moving toward an adoptive placement. Tribal stakeholders explained that Navajo tradition and culture rejects the practice of severing ties with the biological parents. Navajo families are organized into clans; this clan system sets up a network of family members that extends far beyond the biological parents and immediate family members. It is the entire clan's responsibility to raise a child, not just a direct biological parent. Terminating parental rights of any clan member is viewed as rejection by the clan and often unnecessary, as other clan members can assume responsibility for the child.

Though not generally considered an option for children, adoption does occur within the tribe when all avenues have been exhausted within the clan. For this reason, Child and Family Services offers the APSS services previously mentioned.

One major concern of NNDSS staff is that CPS workers are not meeting all priority timelines for cases. With a lack of staff, CPS workers are overburdened with cases and have to limit their caseload to the most severe cases (i.e., Priority 1 and 2 cases). However, workers expressed dismay that they have difficulty meeting even the timeframes for these severe cases. This is a great concern because of the severity of the consequences (e.g., further abuse/neglect or even child death). The situation is further complicated by the fact that CPS workers spend a significant amount of time transporting clients to and from service appointments, and thus do not have time to adequately assess cases and refer to FPS. Stakeholders noted that the only consistently viable source of funding for transportation services was title XIX, which is limited to people with disabilities.

A. Administration

These services are provided regionally through CFS, with the exception of specialized care services, which are administered centrally. As part of the realignment initiative, performance standards were created and are the same for all social service programs.

B. Funding

CFS is operated through title II, title XX, title IV-B, subpart 1 funds, and BIA funds accessed through a 638 contract. Title IV-B, subpart 1 funds are mainly used for administrative support. Seventy-five percent of part 1 funds go to support trainings, planning, technical assistance, quality assurance, and working on the intergovernmental agreements (IGAs). The

remainder of part 1 funds is used to support the worker providing APSS services. BIA funds are used for welfare assistance, foster care maintenance, administration, support to subcontractors who provide services, specialized child care and foster home recruitment and training and licensing. A Community Block Grant is also used to fund services offered through CFS. This grant is used to help make homes suitable to pass a home study so a child can be placed. The grant also provides assistance for basic needs. Title XX is used to support CAN investigation.

C. Connection with PSSF Programs

As noted earlier, CPS workers are the first point of contact for services for Navajo children and families in which there are allegations of child abuse and/or neglect. CPS workers also conduct the assessments that determine eligibility for FPS. However, due primarily to the lack of staff and high caseloads, CPS workers generally do not have the time to do these assessments. In some cases, the CPS workers lack knowledge and understanding of FPS, and they do not make the referral. This has led to FPS being under-utilized. Other PSSF services also may be necessary for these families to prevent out-of-home placement or assist with reunification of the family, and are accessed through the specialized intake caseworker.

D. Major Initiatives

The Navajo have a Joint Powers Agreement (JPA) with the State of New Mexico and are seeking similar agreements with the States of Arizona and Utah. The JPA with New Mexico allows the Nation to utilize funds from the state's IV-E allotment in certain circumstances. Special needs Navajo children who are eligible for IV-E can access guardianship subsidy through the JPA agreement with New Mexico. The Navajo Nation is also participating in the New Mexico title IV-E waiver demonstration project. This waiver agreement allows certain federal requirements to be waived, allowing IV-E funds to be used to establish assisted guardianships for IV-E eligible Indian children in tribal¹⁰⁸ and state custody. However, as per the agreement, payment cannot exceed the foster care maintenance payment. This demonstration compares title IV-E eligible Indian children in tribal custody who are provided with assisted guardianship to IV-E eligible Indian children in state custody who are not placed under assisted guardianship. This comparison is meant to demonstrate that using IV-E funds to establish assisted guardianships will increase permanency, safety, and well-being for children. Although the Navajo have agreed to participate, to date they have not placed any children in assisted guardianships under this demonstration. One major barrier that the Navajo and other tribes participating in this demonstration project have noted is the conflict between specific requirements for determining title IV-E eligibility, specifically court orders with specific language, and traditional cultural practices. The Navajo's peacemaking court, the traditional way of handling disputes, does not meet federally recognized standards for court review, and therefore does not qualify for title IV-E. Furthermore, children are ineligible if they are placed in a relative placement that is not licensed, which is a relatively common practice for tribes. As a result, many Navajo children are not IV-E eligible and do not qualify to participate in the project.

¹⁰⁸ Participation in this demonstration is open to children in custody of tribes under the Joint Powers Agreement or tribes that are participating in the tribal administration of title IV-E funds component of the state's IV-E waiver demonstration project. Source: Progress report submitted to JBA by Triwest Group: "New Mexico Title IV-E Waiver Evaluation: Evaluation Update," December 30, 2002 (revised February 2, 2003).

IV. Other Related Human Services

As stated in the FY00 CFSP, the Navajo Nation's vision for social services "is for the Nation to work collectively, cooperatively and collaboratively with others to provide the services which strengthen the family's abilities to care for their children within their own communities." The main component of this vision is "to treat the Navajo family holistically, providing a programmatic continuum of care designed to be family focused, community based, comprehensive, coordinated and accessible." In keeping with this vision statement, NNDSS also administers Financial and Family Support Services and Adult/Elderly Services.

Financial and Family Support Services provide families with financial assistance and support through the following eight programs:

- **General assistance** to eligible Indians in need of financial assistance, food, shelter, clothing or job assistance;
- **Burial Assistance** to assist with religious ceremonies and rituals;
- **Disaster Assistance**;
- **Emergency Transportation Assistance**;
- **Tribal Work Experience Program**;
- **Low Income Heating and Electric Assistance Program (LIHEAP)** to assist eligible low-income families with heating and electric bills;
- **Community Service Block Grants**; and
- **Temporary Assistance for Needy Families (TANF)**.

Adult/Elderly Services offers families three programs:

- **Navajo Nation Long Term Care**, which provides long-term care services for elderly, physically disabled, chronic mentally ill and developmentally disabled Navajos;
- **Arizona Long Term Care Services**; and
- **Developmental Disabilities Services**.

The **Navajo Nation Department of Behavioral Health Services** offers traditional counseling and services, mental health services, and substance abuse prevention and treatment.

The Navajo Nation has IGAs with all three states to provide additional services. These include the following: **Arizona Family Preservation and Support Services**, which seeks to preserve the Navajo family by reducing incidences of domestic violence; and **New Mexico Family Preservation and Support Program**, which seeks to increase the safety, health and best interests of children and families by promoting self-sufficiency, integrate the teachings of the Navajo philosophy into social service, and identify gaps in services provided by the Navajo Nation service centers. Navajo families can also access the **Arizona Title XX—Social Services Block Grant**, which provides services to needy families in the Arizona portion of the Navajo Nation. These include protective services, counseling, transportation, and case management. For needy families in the New Mexico region of the reservation, the **New Mexico Title XX—Social Service Block Grant** is available and provides child protection and home care services.

Additionally, Navajo families in which sexual abuse has occurred can benefit from the **Navajo Child Sexual Abuse Project**, the purpose of which is to provide therapeutic treatment

to children of sexual abuse and their families. There are six agencies located throughout the Navajo Reservation that provide this service. Each agency location is staffed with a therapist, social worker, and traditional counselor.

The Child Care and Development Block Grant Program seeks to increase the availability, affordability, and quality of child care services; provide low-income families with financial resources to find and afford quality child care; strengthen the role of the family; and increase the availability of early childhood development programs and before- and after-school child care services; the **Child Support Enforcement** program that attempts to hold fathers accountable for child support payments; and shelters for victims of domestic violence; and **Women, Infants and Children (WIC)**.

A. Administration

Financial and family support services, as well as adult/elderly services, are administered regionally under NNDSS. The only exception is the TANF program, which is administered centrally. The state programs are administered through the state agencies involved in an IGA with the Navajo. The Navajo meet quarterly with all three state agencies to address issues and concerns.

B. Funding

Aside from the IGAs with all three States, the main source of funding comes from BIA through the 638 mechanism. BIA funding, however, is conditioned on the ability of the tribe to receive funds from other funding sources. For example, if state funding is being used to support a particular service, BIA will not administer funds for that service. The Indian Health Service (IHS) provides funding for mental health services. The community service block grant is used to provide assistance for traditional ceremonies. Long-term care is supported by title XIX funds. Child support enforcement is sustained through IGAs with Arizona, New Mexico, and Utah. The Navajo Department of Behavioral Health also has third-party billing capabilities.

C. Connection with PSSF Programs

There is a connection between BIA funding and the PSSF program. Since BIA funds are the single largest source of funding for the Navajo Nation, some of the funds are used to supplement PSSF funds to provide services. For example, BIA funds are utilized for such things as administration, youth homes, specialized child care (foster homes, recruitment training and licensing), and transportation. Additionally, IHS services, such as mental health, also serve some of the goals of the PSSF program.

D. Major Initiatives

The Navajo Nation is working on developing an Independent Living Program (ILP) for Navajo youth, and has been collaborating and coordinating with New Mexico on this effort. Currently, youth services are limited to four youth homes, child welfare services as CHINs, and institutional care. In addition, the Navajo have recognized the need for an automated system of administrative tasks. At the time of this visit, regional office staff members had been traveling to the central office to complete menial tasks (e.g., getting approval for cash assistance, picking up cash assistance checks), thus spending a lot of unnecessary time traveling. Development of an automated system of administration was being considered, which, if implemented, would reduce travel time and paperwork for these regional staff members.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Oglala Sioux Tribe Summary Program Description

The Oglala Sioux Tribe (OST) received approximately \$387,250 in Promoting Safe and Stable Families (PSSF) funding between FY94 and FY01. For FY02, OST's estimated PSSF funding totaled \$60,858. On the Pine Ridge Indian Reservation, home of OST, the State of South Dakota Department of Social Services (DSS) has jurisdiction over investigation of child abuse/neglect. As a result, OST has utilized its PSSF funds for "services that assist families in getting their children back from the state" and provide the children with permanency. Services in support of Indian Child Welfare Act (ICWA) provisions include family support and foster care recruitment and training.

The following summary is based on a site visit conducted in November 2002, a review of OST's FY95 and FY00 five-year plans, and a review of documents obtained onsite. The summary provides an overview of the context in which PSSF implementation occurred, as well as descriptions of the tribal planning process, the goals and objectives established, service delivery, barriers to effective child welfare service delivery, and other child and human services utilized by the tribe.

I. Context

The Pine Ridge Reservation is located in southwestern South Dakota, on the border with Nebraska and approximately 50 miles east of the Wyoming border. The reservation encompasses 1.7 million acres spread across three of the poorest counties in the U.S.—Bennett, Jackson, and Shannon. It is subdivided into nine districts: Eagle Rest, LaCreek, Medicine Rock, Pass Creek, Pine Ridge, Porcupine, Wakpamni, White Clay, and Wounded Knee. Of these, the Pine Ridge district is the administrative headquarters for the reservation, including tribal social service agencies, Bureau of Indian Affairs (BIA) offices, the tribal government, tribal court, Shannon County Department of Social Services (SCDSS) offices, as well as Casey Foundation-funded programs. Kyle, the approximate geographic center of the reservation, is the second largest community and the headquarters for the community college system. The third largest community is Wanblee, located in the extreme northeast corner of the reservation. Numerous small villages and settlements dot the remainder of the reservation.¹⁰⁹

There is no public transportation on the reservation. Distance, weather conditions, and the lack of automobiles are major deterrents to accessing services at Pine Ridge. During periods of blizzards or heavy rain, most homes on the reservation are inaccessible. Highway 18, the only major road, travels across the reservation from east to northwest. There is an approved paved landing strip near the Pine Ridge community. The closest major city with a population over 6,000 is Rapid City, which is approximately a 2-hour drive.

The Oglala Sioux tribal members are descendants of the Tetonwan division of the Great Sioux Nation, and the land of the Sioux Nation is an integral part of both OST culture and the economic base of the reservation. Particularly bloody land disputes between the Sioux and the federal government that occurred in the past have soured relationships between the two. For

¹⁰⁹ [Http://mnisose.org/profile/ogllala.htm](http://mnisose.org/profile/ogllala.htm)

