

Reducing disparities for American Indian/Alaska Native children: Clinical and Systems Innovations for an Urban Community

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A Practice Model for Urban Indian Child Welfare

- Experiences of an urban American Indian family service agency serving Native families with child welfare concerns and other complex needs
- Creates a “cultural match” between family and service providers that increases engagement
- Increases ICWA compliance and tribal collaboration through systems interventions
- Preserves the integrity of Indian families and children’s cultural connections through intensive case management and clinical interventions addressing risk factors
- Positively impacts the historic and continuing problem of disparities for American Indian children in the child welfare system
- Incorporated evaluation strategies that document the model’s outcomes

Over-representation of American Indian/Alaska Native children: A long and continuing history

- 200+ years of Federal Indian policy aimed at the destruction of tribal cultures and the assimilation of Indians into the dominant culture
- Forced removal of Indian children to boarding schools
- Systematic and widespread adoption of Indian children by non-Native families
- Post-WWII urban Relocation programs
- Challenges for Native families involved in child welfare system:
 - overcoming the fear and hopelessness that they, too, will lose their children
 - prevailing over their caseworker's lack of cultural knowledge
 - being judged as an adequate or inadequate parent using dominant culture values

Extent of Over-representation and Disparities/National and Colorado data

Other States

- California longitudinal data (1999-2008): 9% of American Indian children placed, compared to 3.5% of White children
- Minnesota data, 2007: American Indian children 1.7 times more likely to be placed

Colorado

- Bussey & Potter: Data from 2000-2005 showed that American Indian were 2.8 times more likely to be placed than White children (Logistic Regression, controlling for age, sex, extreme poverty, and case type)
- Colorado Disparities Resource Center: Disparity Index* for use of Out of Home Placement for American Indian children compared to White children, 2005-2009, = 1.4

* $\frac{(\# \text{ American Indian Children Placed} / \# \text{ American Indian Children Served})}{(\# \text{ White Children Placed} / \# \text{ White Children Served})}$

Defining American Indian/Alaska Native

- ICWA definition of an Indian child
- High rates of intermarriage—common for a child to have an Indian parent and a parent from another racial/ethnic group
- Tribal membership vs tribal heritage—not necessarily the same

Identifying American Indian/Alaska Native children in the data

- Since newer demographic census questions allow children to be identified by both multiple race variables and a Hispanic ethnicity variable, how will multi-racial/multi-ethnic children be counted?
- Writing the code to calculate a single race/ethnicity variable involves a choice (called a 'trump' – or override)
- In Colorado data this makes a huge difference – depending on the code, there were either **9,955** American Indian children (out of 1,231,700 total; .8%), or **31,104** (2.5%) in 2010

The Urban Context

- 64% of American Indian/Alaska Native families now live in urban areas (US Census 2000)—expected to be higher when 2010 Census figures are released
- American Indians make up a very small percentage of the population in any urban area—even those cities with the largest concentrations of Native people
- Denver –more the 200 tribes represented; 350-400 miles distance to nearest reservations
- Denver metro area: American Indians are approximately 1.4% of the total population

The Denver Indian Family Resource Center

- Established in 2000, in collaboration with other Denver American Indian agencies, and with support from Casey Family Program
- Provides family preservation, family reunification, and ICWA advocacy services to Native families in a 7-country metropolitan area
- Has served >1,000 families to date

Intensive Programs

RMQIC – Focus on Substance Abuse and Child Welfare

- 2003-2005 (3 years)
- Systems interventions
- Intensive case management services and clinical interventions coupled with cultural match
- Focus on parents/caregivers with substance abuse *and* child protection issues
- Is it possible for children to remain safely in the home while parents/caregivers receive intensive services?

SSUF – Focus on Family Preservation and Self-sufficiency

- 2009-2011 (2 years)
- Built upon and extended RMQIC services
- Systems interventions
- Intensive case management services and clinical interventions coupled with cultural match
- Focus on family preservation by addressing parent/caregiver challenges and building self-sufficiency

Systems Interventions

- Early identification of Indian children and referral to DIFRC
- Strengthening of collaboration between DIFRC and county CPS departments
- Training child welfare staff on culturally responsive services
- Developing a commitment, on the part of child welfare systems, to kinship placements
- Supporting child welfare caseworkers to engage in active and on-going efforts to maintain and strengthen each child's cultural and kinship connections

Systems Interventions

- Collaborating with tribal courts and tribal ICWA departments
- Strengthening service integration between DIFRC and community-based service providers
- Developing a network of culturally responsive treatment providers

Clinical Interventions

- Team decision-making meeting to identify family strengths, challenges, and needs, as well as develop an initial plan for child safety
- Strengths-based and culturally appropriate assessments
- Educational sessions to increase knowledge and awareness of child welfare system, court processes, and treatment plan timelines, etc.
- Concentrated and family-focused case intensive management services

Clinical Interventions

- Referrals for resources (e.g., housing, food, legal, transportation, etc.)
- Referrals for evaluations and treatment services (e.g., mental health, substance abuse)
- Referrals to DIFRC programs/groups (e.g., parenting skills, AA, Fatherhood, cultural connectedness/identity development and strengthening)

Evaluations of DIFRC Services

- Design: Pre-post measures, Case record review, Client interviews, Staff interviews
- Measures:
 - ❖ Caseworker:
 - North Carolina Family Assessment Scales – American Indian version (NCFAS-AI)
 - Strengths-based Assessment
 - Colorado Family Support Assessment (CFSA)
 - ❖ Family:
 - American Indian Family Survey (AIFS)
 - Family Resource Scale (FRS),
 - Caregiver Strain Survey (CSS)
 - Trauma History Questionnaire (THQ)

Evaluation Findings

RMQIC Families

- Served 49 families (106 children)
- Majority of children out of home at intake
- Substance use at intake: 80% used alcohol; 43% marijuana; 35% cocaine; 27% meth; 2% heroin
- Domestic Violence: 67% in current relationship; 88% cumulative DV experience
- Referred by: 66% CPS (86% for neglect); 18% self; 16% other agencies
- Average LOS = 266 days (3 -976)

SSUF Families

- Served 24 families (73 children)
- All children at home at intake
- Parent-rated needs at intake: money; employment; better communication with partner; being united in discipline of children; ways for children to handle stress
- Caseworker-rated needs at intake: employment; money; food; transportation. Substance use: 54%; DV: 46%; mental health needs: 78%
- Referred by: 71% CPS (all neglect concerns); 21% self; 8% tribes
- Average LOS = 149 days (43 – 247)
- Average service = 48 hours (3.5 – 214)

Change in Family Functioning

RMQIC Families

- Significant positive change ($p < .05$) in NCFAS scores on:
 - ❖ Caregiver Capabilities
- Positive trends ($p < .10$) on:
 - ❖ Family Safety

SSUF Families

- Significant positive change ($p < .05$) in NCFAS scores on:
 - ❖ Environment
- Positive trends ($p < .10$) on:
 - ❖ Caregiver Capabilities
 - ❖ Family Safety
 - ❖ Child Well-being

Evaluation Findings

RMQIC Families

- Successful preservation: 36% of children were at home at intake; 89% of them remained home
- Successful reunification: 39% of children were in foster care at intake; 53% of them were reunited with parents or relatives
- Re-reports during services = 0
- Sobriety: 88% achieved 'period of sobriety'; Median length of sobriety = 90 days (4-480 days)
- Predictors of sobriety: higher educational level, employment

SSUF Families

- Successful preservation: 23 families (96%) were preserved
- Re-reports during services = 0
- Housing: Secured housing for 3 families that were homeless
- Education: Young mother needing her GED to get work completed it
- Employment: Several fathers got jobs; one mother renewed her cosmetology license
- Substance abuse treatment: 85% of parents assessed with AOD working toward sobriety – the majority of those successful

Staff Perspective on Services

“New patterns are put in place by this teaching, coaching, role playing, and counseling. The intensive wraparound is coordinated, intentional, family centered, and culturally appropriate. It balances the needs of all family members, not focused just on the children. Adult well-being is good for the children.”

Staff Perspectives on Services

“Motivational interviewing teaches you to take more of a role with caseworkers – if the family is in denial, there’s no sense starting substance abuse and parenting classes. Don’t ‘throw services’ at them.”

“Motivational Interviewing helps build relationship. It takes time; parents are not trusting at first.”

Staff Perspective on Services

“The trauma that some of these families have had has been so much that they don’t realize how much it’s been. They’re numbed to where it is just normal. They don’t think it’s that bad – multiple car accidents, seeing people die, high suicide rates, assaults, rapes...”

Staff Perspectives on Services

“What does mental health treatment add to case management? Sometimes it’s the root of the family problems. Sometimes they’re not aware that’s the root of the problem. If a family member is bipolar and not diagnosed until age 40, it strains the relationships in the family. If cured, often things start to change.”

Client Perspectives on Services

“It helped me with my son, my teenager, to be able to help him express himself to me. [Staff] used animal imagery, for us to be able to relate in a way that wasn’t confrontational... What I thought was very exceptional is that [staff] came out to see us a couple times to our house, so we didn’t just have to go in, you could see somebody from the staff at your own home.”

Client Perspectives on Services

“[DIFRC staff] helped take us to an apartment, helped to get our social security, birth certificate, to help us get housing or jobs. He took us to a house, talked to the lady, and we ended up getting the apartment. They helped get the kids enrolled and they helped get the kids financial assistance through the tribe.”

Client Perspective on Services

“One mother filled it out, the Trauma History Questionnaire, and was amazed at some of the questions – she became reflective on it – ‘this is why I’m depressed’ [she realized].”

Client Perspectives on Cultural Match

“Yes, I’m glad that they’re there and able to help Native families. It’s hard to be an Indian in society today. It’s difficult to maintain your identity and to also blend and cope with the rest of the culture – or the rest of society I should say. So it’s very good services, and I would urge them to continue to reach out to Natives.”

“They helped out with what we needed..., as far as helping ourselves out as families, to give like a boost. They helped to show me more getting into the culture, then what their business was about. Because they help their kind get back to their spiritual life of knowing who they are and forgetting what they were.”

Client Perspectives on Cultural Match

“DIFRC is extremely awesome – especially since our heritage is so lost. So to bring it back like that, and to show that we still have it, that we have the support that we need, it makes it all worth it... I would recommend them getting more resources, because there are so many Natives out there that don’t even know what DIFRC is, and they’re wandering these streets, thinking there’s no help for them... [When I tell Natives about them and when they go over there [to DIFRC], I see them the next week and you see their hair’s clean and their hair’s braided, and you know they’re proud again. God bless you and thank God for you, that’s all I would say.”

Case Application A

Ramona and Jason

- Native mother, non-Native father, and three children
- No income, had been temporarily staying with paternal grandmother
- Grandmother recently informed parents children could stay, but parents had to go
- Both parents used alcohol and marijuana
- Mother had post-partum depression; recent mental health hold for a suicide attempt
- CPS concerned that the children were not up to date on needed medical care, father had anger management issues, and dv was present in relationship

Case Application B

Darlene

- Young Native mother with 4 small children, ages 1, 2, 5 and 6
- Recently fled reservation and came to the city; first time away from tribal community
- Homeless
- Substance abuse and mental health challenges
- Large and supportive family on the reservation
- Collaboration between CPS and tribal ICWA worker facilitated by DIFRC
- DIFRC assists relatives on the reservation to come to Denver for a Team Decision-making Meeting

Characteristics of families who “dropped out”

- High level of chronic substance abuse coupled with a lack of readiness to address the addiction
- Unstable couple relationships
 - Highly enmeshed; high frequency of unhealthy couple behaviors
 - Interests and needs of children are secondary to maintaining the couple relationship
- Lack of a least one supportive family member—or on-going involvement with family members who undermine successes
- Not ready to leave familiarity of a chaotic and unsettled lifestyle

Reducing disparities through clinical and **systems** innovations: Conclusion and Implications for practice

- Critical to identify American Indian families at first contact with child welfare system
- Although children may not meet the ICWA definition of an Indian child, the family may benefit from culturally-responsive services
- Important to partner with CPS staff to create awareness of the characteristics of Native families, prevalence of trauma, culturally-based resources within community
- Linking CPS and community-based practitioners experienced in working with Native people (e.g., substance abuse, mental health, domestic violence) to work on behalf of families

Reducing disparities through **clinical** and systems innovations: Conclusion and Implications for practice

- Need for mental health services, particularly with a Native provider (benefit of cultural match)
- Prevalence of trauma in this population – role of trauma in family challenges is often not recognized
- Importance of intensive case management in early stages of case—to engage family, resolve crises in housing and basic needs, create a plan
- Next steps – engagement in counseling or treatment, Fatherhood classes, Parenting classes, other cultural opportunities (urban powwows, family camp)

Resources: Cultural Match, and a Culturally-Congruent Parenting Curriculum

- *Fatherhood is Sacred Curriculum* (created by the Native American Fatherhood and Families Association based in Arizona, <http://nativeamericanfathers.org/Main.html>), teaches traditional values, culture, and parental roles, 12 two-hour sessions
- *Healthy Relationships*, using the *Leading the Next Generations* curriculum developed by the Native Wellness Institute based in Oregon (<http://www.nativewellness.com/>), teaches relationship skills, 8 sessions
- Venner, K., Feldstein, S., & Tafoya, N. (2006) *Native American motivational interviewing: Weaving Native American and Western practices*. Available on the web: <http://www.cyhrnet.ca/documents/Dee%20BigFoot%20-%20Native%20American%20Motivational%20Interviewing%20-%20UNM%20CASAA.pdf>
- *Nurturing Parenting Program*: developed by Steven Bavolek “to strengthen families through education in empathy and caring, responsibility and discipline, and family growth,” 15 sessions