Marian Bussey: I’m Marian Bussey, I’m a Professor at University of Denver in the Social Work Department, and I’ve had the privilege of working with the Denver Indian Family Resource Center, as a Program Evaluator for 11 years. So, the data that we’re presenting for you today comes from this center, and my co-presenter Dr. Nancy Lucero will introduce herself.

Nancy Lucero: Good morning, thank you all for being here. As Marian said, I’m Dr. Nancy Lucero. I’m a member of Mississippi Band Choctaw Indians. I’m also recently within the last couple weeks on the Faculty of Colorado of State University in Pueblo. But prior to that I’ve had a number of roles, I was one of the founding, what do they call it, the founding community members I guess Indian who came together to talk about forming a, some making a response to the disproportionate number of American Indian Children in Denver, who were going into the system and then never coming back out.

And as a community, we came together to really look at what could we do as family members, as community members. And about the same time the Casey family programs was opening its Indian Child Welfare office in Denver. And through the support of Casey Family Programs and Lucille Echohawk in particular, Casey funded our community to develop the Denver Indian Family Resource Center, to work with American Indian families who were either at risk of entering the system or who were already involved in the system.

And so, I’ve been with what we commonly call DIFRAC for since 1998 in all kinds of different capacities. And so, it was through a program director position that I was there that Marian and I first began to collaborate and then, began to work on this idea of systems in clinical interventions that would reduce disproportionality in Denver. I kind of went on forever. Did I say everything I need to about myself…

Marian Bussey: Oh no, there is more, there is more.

Speaker: We’ll say that.

Marian Bussey: The reason for needing to create a practice model for Urban Indian Child Welfare is that Denver contains a lot of tribes over.

Nancy Lucero: Over 200.
Marian Bussey: Over 200. And so, there has to be an Urban Indian Child Welfare center that’s prepared to serve people from all these different tribes, and with very complex needs because since Denver isn’t really near any particular reservation. It has reservations in nearby States it has one the way Southwest corner of the state, a pretty far drive over the mountains.

It’s not like a city like Albuquerque which is right near a fair number of reservations it’s own territory, and for Indian families who maybe their whether they’ve been in Denver for generations or just came, they need access to serve the citizens resources that can relate match what they are looking for.

There is a need for a cultural match so that if a family comes to the attention of Child Welfare they’re not just refer to services as usual, because the danger is they may not feel reached out to they may not feel engaged and may drop out. So, one of the reasons for DIFRAC was to create a cultural match.

It can help increase ICWA compliance and tribal collaboration because while ICWA has been on the books, so to speak since 1978 when it was started. In practice that can be very hard for someone to know the right phone number, who do you call? You have a child who may or may not be tribally enrolled, they may or may not have their card, and DIFRAC can help local Child Welfare agencies make those calls they know who to call. It preserves the integrity of Indian families and children’s cultural connections through intensive case management, and clinical inventions addressing the risk factors.

So, as you’ll hear us describe DIFRAC has many services, so it’s not just a one model fits everybody there are specialized parenting classes, fatherhood classes, activities for children ranging from and Indian Girl Scout Troop to Summer Camp opportunities. And so each family is referred to the services that and their children need.

This positively impacts the historic and continuing problems of disparities for American Indian children in the Child Welfare System, and we’ll present a little bit of data about exactly what is that disparity, how many more American Indian children are or have been in the past placed in foster care from long stays compared to children of other ethnicities?

And from the beginning DIFRAC has in cooperated evaluations strategies that document their outcomes. We’ll talk more about this under measures but back in 2000 the agency pulled together a community focus group and over a long process of meetings, dinners, item-by-item analysis modified a group of family functioning and Child Welfare instruments to fit the needs of American Indians in Denver.

Nancy Lucero: Okay. And there has been a reason going back historically why there is over representation disparities.

Marian Bussey: And what Nancy talked about, okay. So, rather then talking up back in forth, if it’s okay with you, I’ll just talk from here. Many of you are probably familiar with this history others have you may not be as familiar. But in the United States we
have more than 200 years of Federal Indian Policy that was directly aimed at the destruction of tribal cultures and the assimilation of native people into the Denver culture.

And so, I really when I teach Native policy, Indian policy I really stress in social work that the clients that you see today, whether it’s in Child Welfare other systems or living out and experiencing those 200 plus years in their reactions in the kinds of issues that they are facing. So, that Federal Indian policy has a continuing effect on people today. Of course we have the force to move all of native children into the boarding school systems which went on for decades and the systematic and widespread adoption of native children as a time to as official policy the adoption by non native people.

As far as urban centers, Denver was the original relocation site. So beginning in the late 1940s native people were brought into Denver to settle permanently again very much in assimilative kind of policy. So, most of major city Chicago, Los Angeles, Tulsa, Dallas, Cleveland, New York, were part of this program that was the urbanization of native people again, an attempt to disconnect people from their tribal cultures and eventually do away with reservations in tribal communities.

And then, native families have some challenges when they come into Child Welfare Systems. And this was probably one of the most startling things to me, even though I knew coming in as a young social worker that native children were taken away at high numbers, just the inner generational characteristic of this. And I remember the very first mom that I worked with. And she said to me you know, I can’t even try. I’m not going to get my kids back I’m not even going to try, but why? And she began to count on her fingers all of her cousins and nieces and aunts and uncles, and different people, who had gone into the system and never come back out. And she said, so why would I be any different, why would I get my kids back?

So, there is often times with our families that we work with kind of a hopelessness and discouragement that things would be any different for them, okay. Native people when they come into Child Welfare often have are faced with this phenomenon where the worker has absolutely no conception of their culture, their royalty, their value systems and family structure. And so, we call that having to prevail over you case workers lack of knowledge, okay. And we all know that native people are very, very, very unlikely to have a native social worker if they go into the Child Welfare System, okay.

And then, the other thing that our families talk to us about is that they feel at times they can’t be successful in the uniting with their children or keeping their children, because they are being judged by different standards of being a good parent. So, that the case worker is using a mainstream dominant culture model of what means, it means to be a good parent. And the family feels that they could never live up to that of it. That their native cultures been looked at as inherently deficient.

Nancy Lucero: And you know, I think, we are a small enough of group Marian, which should be okay with this, if people have questions or anything as we go along, we can kind of clarify.
Marian Bussey: Yeah.

Nancy Lucero: Okay.

Marian Bussey: That would be great. So, if you do have a question as we are going long and we’re going to leave some time at the end, just raise your hand and we’ll take up.

Speaker: I think with the mic right on close enough to the audio recording.

Marian Bussey: Okay, thank you. A lot of you are probably aware of the National Data and State Data on over-representation and disparities. There has been a lot written about the over-representation of African American children in the Child Welfare system. And when you look at National Data because the numbers are there, a lot of it will reflect that over-representation of African American children. It is sometimes hard in the National Data it’s not always broken out. So, you can see that American Indian Children over-represented. Because a lot of researches, if there is a not a really large and they will tend to call it other or something.

However there is, a couple states where they have broken down over-representation data by ethnicity. So there was a study down in California by Magruder and Shah and they found that 9% of American Indian Children were placed. And this was a longitudinal data, children born in 1999 or entered the data set in 1999. So, it went on for quite a number of years. And they could find out that over time this was about three times as high as though white children, only 3.5% of them were placed. I think, the figure for African American children for the same data set was about 9.5%. So, you can see that African American and American Indian Children were quite over-represented in placement.

There is, Minnesota data published in 2005 by Shah, Putnam Hornstein, Magruder, I have those names wrong. I won’t go there, okay, but it showed that American Indian Children were 1.7 times more likely to be placed. Catherine Potter and I did a study in 2005 using data from 2000 to 2005 showing that American Indian children were 2.8 times almost three times more likely to be placed than white children, and this was using logistic regression controlling for age, sex, extreme poverty meaning that the family received AFDC or TANF or not and case types. So, it wasn’t neglect, physical abuse, most of these cases were neglect. This was the highest figure. The figure was also fairly high for African American children. It was actually probably lower than one for Asian American children, very close to one or being similar to white children or Hispanic children.

So, this was very surprising to some people in Colorado. They had no idea that this, five years worth of data would show the extent of over-representation in placement. The length of time and placement was also significantly longer for American Indian children. And we were asked to reanalyze the data because these results were so surprising using two new parameters.
One was, we had used a child based count or we counted children, they said well, could you aggregate by family, because what if the families were large and had let just say theoretically four children, you’ve counted now every child what if you just had aggregated by family and counted white families and American Indian families, we redid the data and it came out exactly the same. In fact most of the average family size was in the ones, one point something.

So, it was not large family size and therefore an over inflated child count they counted for this data. Then they asked us to set aside tribal placements from two Southwest Colorado counties, La Plata County and another county, the Youth Mountain and Youth Southern, Mountain Youth tribes are there and sometimes they open a case with the county agency they have their own social services if the child needs placement.

So, they said we’ll maybe it’s those children that the case is being opened at the request of the tribe by a county, and there are being, they all those are placed that’s the only reason the case is opened with the county. They said why don’t you exclude those cases and reanalyze your data. So, we excluded those cases and again it actually didn’t make a huge difference. I’m forgetting what it is, but it 2.8 did not reduce very much. So, there was still a huge over representation of American Indian Children, in placement no matter whether you counted it by families and excluded case opening at the request of the two tribes in Colorado.

So, this actually began process in Colorado of really looking into why this was, and holding task forces in Denver on how can we reduce this disparity. So, recently there is a new center called Colorado Disparities Resource Center with professionals from American Humane Association, collaborating with them. And rather than doing over representation and we use logistic regression to calculate that, they are now using a disparity index to calculate to what degree our children of one group placed over children of another group.

And it’s probably a little hard to read the formula their, but you take for any group you take the number of the children placed divided by the number of children in that group, who get any services at all out-patient, home based or replacement and divide that by the number of white children placed over the number of white children served on any kind of basis.

And that is the disparity index anything over one means that group has a higher chance replacement higher disparity in placement than white, and for American Indians it’s 1.4 for that same time period. Now there are some data definitional issues here there always are out there for all you researches could be 40% of you.

What is services, for instance Colorado has a service called supervision only, so a family is opened. They get some in-home services or out of home, and then there maybe a whole period of time where the case is still open but it’s supervision only, so then nothing too active going. You include that and they base count of children served or you exclude that.
Well, when Dr. Potter and I originally did the data we included supervision only as a form of service in that the counties were involved with the family, something was open or there might have been, we don’t know monthly supervision, not sure. But it anyway the case is open and we call that open for services, in the newer data they exclude all the cases of supervision only.

That will affect the count and the disparity index because a higher proportion of white families than families of other ethnicities get supervision only. Thereby, therefore by taking those children out of the count of children served, you’re reducing the overall number of white children served, it makes a big difference. So little decisions like that in the data that can actually make a huge difference. And it’s really a definitional issue, do we regard supervision only as a form of Child Welfare Services or is that just the same is not having a case open at all.

Okay. The issue definition is both a philosophical issue and a data issue so we’ll give you several view points about who is American Indian, okay. So, this is one of the issues that we really face in our Denver Urban Indian community is who is it American Indian, and who isn’t? I think, that they are about 42,000 as per the U.S. census in 2000, 42,000 American Indians this would be census definition Indian alone or Indian plus some other group.

And so, what we have Denver is kind of a three group population we have our kind of individuals who came out of our relocation families, so we have families in Denver now who’ve lived in Denver for 60 years. We had a big influx of American Indians into Denver right after World War II, and then another very big influx of American Indians through the 1950s mid 1960s through relocation. So, we have that particular population of people there Denver is there home they’ve been there for a multiple generations.

We have another group of American Indians in Denver who are recently arrived in this city from their reservation. And it could, it’s most likely from the Southwest Navajo, Pueblos those tribes are coming from one of the Lakota tribes, Dakota tribes in North, South Dakota and Nebraska. And so that’s another group of people what we find in Child Welfare with that particular group is people are coming to Denver, because either something very traumatic has happened on their reservation or there is some need to flee and change context.

And then, we have another smaller group of American Indians in Denver that consistently go back and forth throughout the year between Denver and their home reservation, and it’s kind of a normal pattern for them they handle it very well, they’ll spend a few months in Denver working something might happen it home they go back home for few months, might comeback to Denver and it’s a constant back and forth. Child Welfare has a difficult time with those families in Denver because of their always label transit.

So, again we have a varied kind of population, we have more than 200 tribes represented. The majority tribal cultures in Denver are Lakota-Dakota and we have about 11% to 12%
Navajo, the rest is pretty much the 190 plus other tribes. It’s not unusual in Denver for people to be the only representative from their tribes or their family to be the only representative from their particular tribe.

So, one of the things when DIFRAC began as we had to make some decisions, who do we work with, who is American Indian? And what we decided was we were not going to eliminate to tribal enrolled individuals or tribal enrolled families. That we would do self identification and there was some criticism of that, it first are you going to get all that want to be, that was never our experience. I was there what over 12 years I can never point to somebody who came in just trying take advantage services saying that they were Indian but they really weren’t.

So, what our issue became was that they are families that are of course enrolled and those automatically can become ICWA cases because of the definition of ICWA definition, a child is a member a Federally recognize tribe or eligible for membership in a tribe, and there also the biological child of tribal member. So that’s the ICWA definition.

So, those enrolled children, no problem. What happens with this other very large group of native children that we have Denver, whose families may have been enrolled or the children themselves because of blood quantum or residency requirement any number of tribal membership issues will never be eligible for tribal enrollment but they are still native they are still culturally native they are from a native family.

So, DIFRAC works with all of those, all of those children, and we kind of do in our mind in our practices, we have some Indians who are ICWA cases. Then we have other Indian children and families who will not be ICWA cases but they receive culturally appropriate, culturally responsive services. Again, part of this whole issue of why some native children are no longer eligible for enrollment, native people have the highest rates of out marriage, marriage with people from other ethnic groups. So, we are seeing a continuing and growing number of native children who have an Indian parent and a parent from some other group.

And, we also have children that – that phenomenon is back several generations. So, it may actually be that their grandmother or great grandfather is the Indian person and they still have contact within the family there, but their father might identify Hispanic their mother might identify as white.

So, we are working with all kinds of combinations and ways also looking out who is native. But really what we go back to it’s, this family see themselves as native and as being native and engaging with native culture important to that particular family.

And this, the third bullet which is tribal membership versus tribal heritage is really what I’ve kind of been talking about. This is something that’s been a bit hard to help case worker understand because what we get the phenomenon which is if you not enrolled then you must not be Indian. Or if you’re Indian and eligible for enrollment and you didn’t enroll for some reason you must not really want to be Indian.
And so, it’s a lot of education of Child Welfare people around the complexity of tribal membership and enrollment criteria, and just what the whole process is like. When I kind of think back to a particular family that was in our system, they were three women sisters, all have the same mother and father. The tribe would enroll to two of them but wouldn’t enroll for third. And oh, we really worked about back in forth, come on, they have the same parents why won’t you enroll this person.

Finally the tribal enrollment officers says to our enrollment person don’t me ever call again, just leave it be, let it go. And so, years later we found that there is all kinds of you know, workings kind of that enrollment officer has been hit hard and fair with this women, and that was you know. So you know, that’s kind of the started side of it. But what we try to tell case workers is there is, sometimes elements that we have no control over it, you as a case worker, the family, the tribal ICWA people have no control of that are going to prevent enrollment or make it very difficult. So that’s again in educational piece.

And of course there is a data piece, how many people here have written code from race in ethnicity variables to create one variable, okay. How do we write the code? I’ll go straight to the bold figures on this slide just because there are so interesting. Do you think there are 10,000 American Indian in Colorado or 31,000? Which could it be? Well, it depends how you write the code. Okay, under the old censes code, people would choose one race and Hispanic ethnicity, yes, no. And then, you could write one race ethnicity variable from that, by then whichever in a code of if this then that whichever you want to write last is going take precedence called a trump really in data. In the newer census data you can choose any number of categories of race that your child maybe or you maybe and Hispanic ethnicity yes or no.

So, then you’re faced with either creating a new variable for race that has all the single races and ethnicities or you could create American Indian white children, American Indian, African American children. But researches usually choose not to do the latter because you would have enormous numbers of categories and you stick with two backgrounds or do you then make combinations of three to four. So for ease of communication we still often use a sort of person of one race, and in many data systems if a child has any Hispanic ethnicity, whatever their racial background is, they’re then counted as Hispanic, okay.

In the Colorado data what happened was and we got these figures from the center for disparities, they looked at the data and if you counted children using what they call the Hispanic trump, I call it that overwrite it’s the final code. You would then end up with 366,000 Hispanic children in Colorado and 10,000 American Indian children. I should also mention that using this way of doing things you come up with 37,000 children of multiple race or other, and often these children are not analyzed in data. Because if you’re going to analyze our ratio data the others of the mixed or usually just sort of left out, well there is a lot of these children that’s 37,000.
If you write it so that a child with any American Indian background no matter how many other groups they belong to that they are then counted as American Indian that’s where you get the 31,000 children. So, that’s 21,000 difference where do those come from, well 13,000 of them would be counted as Hispanic, if Hispanic is the final value that’s’ counted. And about 8,000 of them are counted as mixed race if you don’t have American Indian as your final overwrite.

I’m not saying I know the answer to this because it is a question of heritage it’s a question of what the parents would consider their child, it’s perhaps a new, perhaps it need new ways of counting children in the data that asks a parent not only sort of, well what are what’s the background of your child, but what do you identify with? What does your child identify with, how do you identify your child.

So, somewhere between 10,000 and 31,000 children that is the American Indian children of Colorado. So, this makes a huge difference. And the earlier figures I gave you were said that 1.4 there is a disparity index currently of 1.4 that’s using smaller number that’s using the 10,000. I don’t know that it’s been reanalyze using that 31,000 that would be interesting too. So, you can see that of American Indian children who are under counted by using by not sort of putting that data value on top, about two thirds of those are counted as Hispanic and one third as mixed race.

Nancy Lucero: And I just want to comment kind of from the practice side of this particular issue that Marian is talking about. One of the things that we discovered in collaborating closely with the Child Welfare Departments in Colorado is often times it’s the case worker who is making the decision about the ethnicity of a child. They are not asking their parents. So, for instance my last name is Lucero my maiden name is Henry. Henry doesn’t sound like an Indian name however it’s a very Indian name from my tribe.

Lucero, my husband’s Navajo that’s a name from group of people in Navajo nation. But a case worker would probably, had made the decision that our children are Hispanic because of the Lucero last name. And so I’ve had case where we’re sitting down and working with them and saying, you know, how did this family end up being Hispanic? Well I just looked at their last or I looked it how the kids look and then I check the Hispanic box.

So, again we have lot of areas around education of the system to also better help identifying. As we get into the presentation we are going talk about some of the things Colorado is doing to identify Indian children very early in their involvement in the system.

But we just want it at this point to, we are going to kind of move into also talking about the urban context and how you provide services in this practice model that we found to reduce that disparity index. A little bit about the urban context in the 2000 census, 64% of all American Indians were living in urban areas on off reservation or outside of the tribal community. We are kind of expecting that this figure is going to be higher when the 2010 numbers are released, okay. In any large urban area or even smaller urban
center American Indians are going to be a very small percentage of the population, I don’t think, I’ve even seen a place where there is 3%. So, in Denver for example they are 1.4% of the total population.

So there are very small groups in this multi-cultural urban mix. They often get overlooked or very much marginalized within the larger urban context. And so, again it’s very common for individuals in Denver to tell me there were no Indians living in Denver. But there is like 42,000 people somewhere of course that’s a small amount, okay. We’ve talked several times about the number of tribes that are represented in Denver, it’s about 350 miles to the closes reservation which would be Pineridge and then we have reservations around Albuquerque and those areas the Pueblos in Northern New Mexico about 400 miles away as it’s the Southern Youth and Youth Mountain reservations in Southwestern Colorado.

So, Denver is kind of really considered in urban enclave and so people are pretty much you have people in Denver call themselves urban Indians, I can do use that the term urban based, because urban Indians are not another breed of Indians or another kind of Indians they are native people having an experience of being native with you in a particular context.

And so, the Denver Indian Family Resource Center is going be the agency we’re going to be talking about where Marian and I have both done inventions and done the evaluation in the research on their practice model. Denver Indian Family Resource Center primarily provides family preservation, family reunification and ICWA advocacy, two native families and we work with these seven county seven individual counties because Colorado was a county base system at this point.

So, we might have families coming from any of those seven counties that surround Denver. And I think, it’s about 50 to 60 mile radius across Denver North, South, East and West so it’s a large geographic area. And there are differences between counties and how well they respond to native families and how well they comply with ICWA, okay. And the agency has served more then 1,000 families today, so in the last 12 years they served about a 100 to 120 families per year. And again, it could be any of these surfaces plus and collateral support services like mental healthcare, parenting classes, Marian mentioned the American Indian Girls Scout Troop and different kinds of cultural activities.

The center keeps data on all the families they serve but they’ve had intensive evaluations of two programs, and the programs themselves were intensive. In 2003 to 2005 the center had funding from the Rocky Mountain quality improvement center, funded by the Children’s Bureau and through American Humane Association to work with parents who had both, Child Welfare concerns and substance abuse concerns.

So, they created a model that would involve both systems inventions intense of case management and clinical inventions that would be culturally matched to the client served, and focus as I said on sort of dual issues. And the questions was because these families
were family preservation families, is it possible for children to remain home safely while the parents receive intensive services, this might even include going into inpatient substance abuse center. As the case with most states they are hopefully under-funded there is a few centers in Denver which allow a mom to bring her children with her, very few, can I have a long waiting list. So, we have data on that program.

We also have data on the program we’re going to call for short hand SSUF that’s funding from the Statewide Strategic Use Fund, funded through Department of Human Services in Colorado. And they are the group that would administer tariff. And this was more recent this was 2009 through 2011. And it was looking at families who are intact upon start of services and what can be done to strengthen these families, so that the children don’t have any danger of going into the Child Welfare system.

So, it built upon and extended the RMQIC services including system inventions and intensive case management, and it kind of added a new look at family self sufficiency very pragmatic things like GED and job readiness.

So, in the model which began with the RMQIC project and then was again tested through the SSUF project, we have both what we call system inventions and clinical inventions. So, I’m going to start off on the kind of hope you see some of the system inventions. The system inventions were aimed and have always been aim at brining about fundamental systems change in the way that this Child Welfare Departments in the Denver metro area responded to engaged with American Indian families.

We were I guess, kind of we had stars in our eyes in the beginning and we were like you know, we could make this system change. And I can, I’m really to happy to say I’ve experienced making system change happen. So, I feel really blessed in that regard that you’re not always power this and the face of this larger systems even a small group of native people can bring about some tremendous changes.

So, the first thing that we wanted to address in the systems inventions was this idea that native families were not being identified when they got into this system. When DIFRAC first started providing services we would find out that it was six months or a year before the system acknowledge that. Oh, yeah this is a native family. And it was not surprising for case workers to say, yeah they’ve been telling us that all along but we really didn’t pay much attention to that.

And so, through kind of community organizing and organizing throughout the Child Welfare system in the judicial system, we developed what was called the ICWA Task the Colorado ICWA Task Force comprised of county attorneys, Child Welfare workers, community people and tribal representatives. And they, one of the first things that they did were to develop statewide policy about identifying native children in their first contact with Child Welfare. And so that’s kind of gone through some iterations but currently we have a requirement in our children’s code that at the very first contact with a family whether it’s by telephone whether it’s an worker has gone out to investigate and as the front door with the family.
As very soon as possible even if it feels kind of awkward you ask that family do you and/or your children have any American Indian heritage? And then case workers now have a form that’s required in less show up in all of their case files in which they’ve worked together with the family to fill out this form to if the family says yes, we have some American Indian heritage, to fill out enough information that the county even knows has a pretty good idea of what tribe that family might be, if they don’t already know and can do a more proper ICWA notification, okay.

And so, if a family answers no, then that form goes into the file and it says no. Now what can happen is down the line there is maybe some kind of staffing or family meeting and grandma says of course we have native heritage. The minute somebody says that by our children’s code, that form has to come out and the process starts again to identify.

So, and we’re also really helping case workers in training understand how to talk with the family about native heritage, the right questions to ask. Interesting to me, I found out that many case workers feel that it could be kind of insulting to ask a family about their racial ethnic background. And so, helping them feel more comfortable in opening up the topic.

And then one of the things that’s increased and we’re getting better out in Colorado is because we are more refined in what possible tribe to notify with ICWA notifications. We are getting some better results back. So, instead of just sending kind of this thing to the BIA that says we have this child who says they are Indian, we are able to send it for example to several two tribes and say do you know this family? There in the form there is also like a family tree that goes back about three or four generations. So, we were asking tribal people say do you recognize any of the family names in this family tree. And having some success at also helping children get enrolled where families, think that may they don’t have any chance of doing that.

So, that early identification has probably been one of the most powerful systems change inventions and again it’s bringing those native children to attention of the case worker, and it’s also not allowing the case worker to make determination that a child isn’t native, when they really are.

Marian Bussey: And let’s see, so, what else about the identification, we got that. The other thing that we set out to do from the very beginning with Denver Indian Family Resource Center was to work collaboratively with the county departments. Ad again I kind of sometimes I think, it’s good to be a little bit naïve and just go forward. Because as I look back I’m thinking wow, we all showed up for these meetings in, yet with this, Child Welfare systems and kind of expected that they were going to work with us.

We were private non profit organization with absolutely no legal sanction that said Child Welfare had to work with us. But we kind of just it was like okay, and we were really kind of framed it around you know, we know that your ICWA compliance is really bad your last Federal review was awful around ICWA. We can help you kind of solve some of those problems or at least explore some of those. And we were very – again, very
blessed to have some powerful people, in Denver Human Services back in the late 90s early 2000s, who really were the county individuals that wanted to do the right thing. And they, partnered with us and then they worked with the counties and their colleagues at high levels within the other counties to kind of bring most of them on board.

And so we began to say okay, as soon as you get an Indian family call us. And the counties for the most part really did a good job of doing that. So, we were able to start providing more culturally focused services with families and creating that cultural match so that the family had a person that they saw might be more like them or that they felt would understand who there was a native person. And we are – interestingly in some evaluation Marian and I did one of the things that families told us was that DIFRAC was a buffer between them and Child Welfare, so that they could feel safe that DIFRAC worker would kind of absorb the impact of Child Welfare and kind of lessen that and could that the DIFRAC worker could also interpret child welfare procedures and policies and things to the family in a way that made it seem not so awful or interment for example.

So collaboration has been from the beginning and continues to be a tremendous piece. As Child Welfare has kind of changed the split cycles that collaboration has had some challenges, but the basic part of that has really, really stayed now for 12 years. I have done a lot of training with Child Welfare Departments; I have a done what we call Culturally Responsive Services, helping workers have some basic understanding of native culture kind of in the general, helping them kind of understand some of the major tribal groups that we see in Denver. Our training is not legal equal compliance focused. That we have trainings for that in Colorado, but what we really do is sit down and let people ask questions, oh I hear all you Indians get a new structure in the government every year, okay no we don’t. And being able to dispel miss and stereotypes and kind of present in a way that’s safe information that the worker might not even think of asking or it might be freight task.

One of the things that come out of this training is that we now have workers call us and say I have an Indian family and they are doing this and this and this. Can you help me understand what that is or they are saying this and that about their tribe, it’s that accurate and so the workers have a place to go to check out things or to ask questions and get support around kind of some those cultural pieces.

And that is system intervention that we’ve worked very hard at is to get a commitment on the part of the Child Welfare Departments at a systems high level that they will support kinship placements first for native children and that will be the very first option that they would look at. Well that’s a good practice right, but many – it’s also sometimes difficult. One of the things DIFRAC does is we know the families in our community, we have a multi-tribal staff, so we’ve got connections in to different reservation and different tribal groups and so we are also able to support workers in finding those kinship placements and making some connections, where we might call up to the tribe and they will talk to us where they might not talk to the Child Welfare worker or give different information to the Child Welfare worker.
And then we also really support case workers, with ways to engage in helping children strengthen their cultural connections. So I have to kind of be upfront right now. We come from a place from a philosophical place. Our assumptions that says native children thrive when they have the ability to stay connected to their culture and grow in their cultural identity and their cultural connections. And that really underlies all that we do. And so we try to help case workers understand that concept and why that’s so important.

One of the things we talked about the multi-ethnic children, well case workers will often to us well this child is also Hispanic, why should I try to support their natives and why am I not supporting their Hispanic side. That takes some of discussion and understanding, but basically what we are saying to them is they came forward and they identified as American Indian. They are identifying that way is telling you something about what they see important. And so we work with them around that idea of strengthening cultural connections, strengthening cultural involvement and strengthening kinship connections because we find children, we again knowing our community, we know who their families are, we know that we’ve got lots of extended family and cousins and aunts and uncles, even right in Denver, but the immediate nuclear family may not even know that they are related to those people. So again we are helping expand that family knowledge too.

Gosh we did a lot of systems and so I am really talking a lot to so….

Marian Bussey: That’s okay.

Nancy Lucero: How are we doing time wise? Okay. So I better stop, I got to go fast. So we also collaborate with Tribal Courts and Tribal Departments and we facilitate kind of a three way interaction between Child Welfare and the tribes. We are also working on developing a network and strengthening the service integration between native providers, say mental health, substance abuse services, domestic violence services for example and child welfare because often child welfare doesn’t know who those providers are or again like many areas we don’t have a lot of those providers, but we also know people who clients have said well they are not native, but I felt like I were drilling well with them. So we kind of bring them into network two. And so that’s what we call in our network of Culturally Responsive Treatment Providers.

So those are examples of system interventions and then we have our clinical interventions. We found that kin decision making or some type of early intervention decision making meeting is been really a critical factor for many of our families. We are able to again determine some of the family strengths with there with the worker we are able to interpret native culture to the worker, if there is some things that are causing miscommunication things, we were able to develop our initial plan from the child, we were also able to often times bring those extended family members to the table, so that the worker doesn’t see this family as just thereby themselves, so part of a supporting network.
Marian will probably talk some more about this, but we have developed a series of strengths-based and culturally appropriate assessment instruments, some of those brand new and others modifications of existing instruments. We are working with our families to educate them about the child welfare system, about the court process, about their treatment plan timelines and we are constantly reviewing that with families because what we’ve realized is for instance if there was an early meeting and the caseworker lays out some papers as wow, wow, wow, wow, wow and this is going to happen and possibly you lose your children and so the only thing they hear is possibly lose their children and so they don’t realize there is timelines and things like that, so we are kind of getting them at a place where they kind of more settled in and not so scared and shut down and then beginning over time to continue to remind them and educate them about what to expect and what’s expected of them.

Okay and then the heart of our clinical interventions is what we call concentrated and family-focused intensive case management. And so this will involve everything from looking for housing, identifying all those little kind of areas that need attention like your kids need their vaccinations, if they have been to the dentist all the way up to helping the mom get her GED, domestic violence referral, substance abuse all kinds of referrals. So we call it intensive because our workers are working with those families almost every day, especially and say the first month, six weeks of the case, most cases workers have daily contact. And they are also physically taking clients places or driving clients places, they are modeling how to talk to people in different kinds of systems. They are helping clients, when you go to a five front apartment, here is what you better aware, otherwise they are not going to let you in the door, those kinds of life skills and life management skills.

Referrals to resources, we do that, referrals for evaluations and treatments services, the majority of the families we see need one or more treatment areas especially mental health or substance abuse often times domestic violence, children may need early intervention developmental kinds of assessments and treatment and then of course referral to some of our other groups that we’ve talked about.

Marian Bussey: All right the evaluation has been a fairly small numbers, so we do some quantitative, we do pre-post measures, but we also do a more qualitative evaluation because when you have 24 families you are not going to get huge statistical findings. So we do case record review, client interviews and staff interviews. As measures for the quantitative the case worker fills out the NCFAS, North Carolina Family Assessment Scales and this is the version we call it AI Version, American Indian version that was modified by the focus group that I talked about earlier.

The agency itself developed a strength based assessment and as belonging to the Family Resource Centers of Colorado, they fill out the Colorado Family Support Assessment monthly and online. It would be nice to have a lot of data on that because then you could just sort of do out repeated measures over time, but with the small numbers it’s hard to do that right now. I should say that the NCFAS was modified with the developers, concurrence and that’s Ray Kirk, he developed the NCFAS and he was interested in what
we were doing, so we sent him a copy of the modified instrument, he has that and we also have it available for anyone who is interested.

Nancy Lucero: And our friends have said that the new tribe have started to use that, that’s new information that you probably didn’t know. Some tribes have starting to use the American Indian Version.

Marian Bussey: Why is it different than the regular version, well if you take the first areas of NCFAS, which his environment there was a question of there that where did a family very low in a – if it’s one to six, they would get a one or two if they had moved so many times within the last year, well that might be common for an American Indian family, maybe they had to move due to economic reasons, different things while rather than wait them low just for having moved three times, the question was re-worded in a way to say well does the family feel that they have good housing, do they have sufficient housing, is it fairly secure? So it would becomes more of the family’s perspective of how their housing situation is rather than counting how many times they’ve moved in the past year. So it was things like that the focus group modified.

The focus group also created an American Indian family survey and this is made up of several other instruments plus some self developed questions. They developed a family resources and activity section that’s very similar to the NCFAS environment questions, so that you are essentially getting the family’s view of the same thing that the case worker is reading. A Children’s Behavior Questionnaire developed completely by DIFRAC and it ask questions like the children have a good relationship with peers; children have a good relationship with the r elders, so that was self developed.

A parenting questionnaire modified from the Parent Behavior Inventory or PBI, items like I take time to teach my children things, plugging with my children, these are a validated instrument that we then modified. A family interaction, scale, modified from the FAD, Family Assessment Device, a spirituality scale, which was adapted from a survey used by a Mental Health Research project in Colorado and an Indian identity scale modified from the Multigroup Ethnic Identity Measurement.

For the latest evaluation of the SSUF families the case workers also used when appropriate possibly not on the first day dependent on their relationship with the family, the Trauma History Questionnaire or THQ, which was modified from the lifetime trauma and victimization history instrument by Widom, Dutton DuMont and Czaja. It was published in the Journal of Traumatic Stress and this is a fairly extensive instrument that asks about lifetime exposure to many different traumatic areas.

Some of the findings on the families and we have data on 49 families served by the first project with 106 children and 24 families and 73 children on the second project. While the RMQIC project was set up to serve families with the children in home it turned out that in the case of substance abuse in a parent, the county placed most of those children fairly quickly, they didn’t, they placed and then asked questions. So we modified it and got permission to serve families where the children were out of home and the goal was
reunification. By definition there was a very high substance abuse level at intake because that was the families being served.

Nancy Lucero: Marian can I add one thing?

Marian Bussey: Yes.

Nancy Lucero: The out of home had to be with a kinship placement, so they were with a relative or other defined kin provider.

Marian Bussey: That’s a good

Nancy Lucero: Out of non-kinship foster care.

Marian Bussey: As you can see alcohol was the primary drug used. Several people had probably drug used, what we didn’t know or I didn’t know to we began looking at the data and the case worker review was a very high level of domestic violence particularly cumulative. Most of the parent served here were mothers, many of them single moms, there were sometimes dads involved, but we notice that often time in this earlier, this was 2003 that the fathers didn’t have a particular role in the child welfare plan, the roles were pretty much focused on mother. Mother need to get sober, mother needed to do the following things. We were struck by the fact that there was a lot of violence in these relationships. Most of the families were referred by CPS and 86% of all those cases were neglect.

However there were some self referred families 18% and 16% from other agencies. Average length of stay in the program was 266 days with a range given three to 976. The SSUF families the more recent program all of the children were home at intake and by definition these families were really struggling with self sufficiency and given the current economy a lot of problems with jobs and access to transportation, enough income, so the parent rated needs at intake, you can see the highest needs were money and employment, but also the parents rated that they wanted to have better communication with their partner, they wanted to be united in the way they discipline their children and they wanted to have their children have better ways to handle stress.

So the case worker rated needs at intake were very similar money and food, transportation, also the case workers noted on the Colorado Family Assessment Scales that about 54% of the families had a substance abuse issue, of course they are not really defining it between the DSM definition of substance abuse versus substance dependence, they are just noting that its present in the family. Domestic violence in this group 46% of the families and then a huge area of need, mental health needs. So they’re really saying that these families want the both parents need has a need for mental health treatment.

This was an even higher level of folks referred by CPS 71%, and they were all for neglect, but again 21% were self referred families and 8% referred by the tribe. Average length of stay in this program is a little shorter 149 days with a range that you can see and
they actually keep track of service hours, so the average service hours were 48, you can see it there is a wide range there that would count intensive case management, that would count the family attending classes.

Interestingly some parents took the parenting classes, finished the entire set and then started over again. I found that very cyclical, it shows that the families are getting something from those classes. So using T-Test to look for change between intake and end of case with the 49 RMQIC families there was significant positive change on the NCFAS in caregiver capabilities and that actually was exactly what the agency it was looking for. Since caregiver capabilities has items for substance abuse, mental health the fact that those things did improve is significant and then there was a positive trend not statically significant at ‘05 level on family safety and that again is something they were looking for.

With the SSUF families there was the only positive change found at the ’05 level was in environment, some of the families did go from being homeless to getting secured housing, so they of course would have improved their family environment, but other things such as job, sufficient money for needs and transportation would be counted there too. And then there were positive trends for caregiver capabilities, family safety and child wellbeing. So that’s kind of the quantitative findings, but given the small numbers that’s not perhaps where we put most of our energy. We also just looked at overall case outcomes and then we will get into some of the quotes from staff and clients.

With the RMQIC families, 36% of the children who are at home remained at home. 36% of the cases had children at home at beginning and they stayed at home. 89% of them stayed at home. But there was also reunification. Since 39% of the children were in foster care intake 53% of them were reunited with parents and relatives. There were no re-reports during services.

And for the national data for the same time period the national rate of re-reports was 8.1, and that national rate was 15.5 for American Indians. So re-report rate of 0% is actually a good finding. The Colorado re-report rate for 2004 was 4.1, so Colorado’s re-report rate was less than the national, but this is less than 4.1. 88% of the parents achieved a period of sobriety and the median length of sobriety was 90 days. The predictors of sobriety were higher educational level and employment. We are not surprised by that finding. With the SSUF families, 23 out of the 24 were successfully preserved and the other family was actually a teenage girl and I kind of regard her in my mind as a very successful case, but technically she was in foster care at the end of services, but the tribe agreed with that placement, she was in an emancipation home working toward independence and everybody agreed that that was the right place for her. So in a way they were all successful, but technically she was out of home and in non-kinship placement.

There were no re-reports during services, so again 0% rate. Out of this 24, I think it was a good finding that three families who are homeless and homeless could either mean they were sort of sleeping on couches in living rooms, but not able to stay permanently with
people or were actually in motels, several families moved into shelters and then from a shelter were working toward an apartment of their own. A young mother who needed her GED completed that work, several people got jobs, other person renewed her license, and she is going to work toward a job and while the majority of parents did not have a substance abuse problem, 85% of those who did have a problem were working toward their sobriety and the majority of those successful.

And then we have staff perspective on services, then we’ll give you client. It’s very useful to find out what the people involved actually think of the services, so we talk to staff and I like this quote that new patterns are put in place. The role of intensive case management is many things. There is teaching involved as Nancy said teaching about the child welfare system, the coaching, coaching on what to wear when you go for a job application or an apartment application. Actually role playing with one case worker would role play a phone call with a parent who - certain phone calls can be extremely difficult, we have to kind of be prepared for hearing no on the other end, they would actually role play and then they would go over afterwards how that went, how it fell and as well as counseling.

So the intensive wrap around 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. I really believe in that last statement as well. The parents have to feel good about what they are doing and the children pick up on that. This staff person also said staff here is the family story, which has a lot of trauma and pain in it, but they don’t let the story takeover. They acknowledge the trauma and pain. But they have the belief that if I help you in these other areas, areas like transportation and a job, stable housing it will help heel that. So there is a movement between thinking about the past, the pain the family has been through and the present, what do they need to do to stabilize their current life situation?

Several staff talked about the importance of having gone through a motivational interviewing training that the entire agency went through. And one person said motivational interviewing teaches you to take more of a role with case workers. If the family is in denial, if they are at the pre-contemplation stage in the stages of change, there is no sense starting substance abuse and parenting classes don’t throw services at people who are ready. And motivational interviewing you are probably very familiar with it, but developed by Miller and Rollnick in their 2002 book on how people change I think is the title. It develops people’s internal motivation for change rather than just imposing an external motivation for change on people, which sometimes works, but as we know with working with involuntary clients not always.

Another staff person said motivational interviewing helps build relationship. It takes time; the parents were not trusting it first. They may have been through a lot and they are not going to just trust and open up and say oh yes whatever you say I will do. The motivational interviewing has also been modified for use with Native American families and our final slide has a resource that shows that that modification is available in with.
Another staff perspective is on trauma, says the trauma that some of these families have had has been so much that they don’t realize how much it’s been. They are none to where it is just normal. They don’t think is that bad, multiple car accidents, seeing people die, high suicide rates, assaults, rapes. We will have a client perspective on what it felt like to fill out the Trauma History Questionnaire, but staffs were sometime surprised by how many lifetime traumas people had been exposed to.

They also mentioned historical trauma that the families are aware of what has happened to their tribe, what has happened to their ancestors and that then becomes compounded by current trauma. And then finally the staff felt that mental health services were very important and DIFRAC had a psychologist on staff, a Native American psychologist who could provide these mental health services, so once staff member said what does mental health treatment add to case management, sometimes it’s the root of family problems, sometimes they are not aware that it’s the root of the problem. If a family member is bipolar and not diagnosed until age 40 it strains relationships in the family. If cured often things start to change.

And coming from a mental health background myself before becoming an evaluator, maybe I have blinders on, but I see mental health issues as huge and to me the word has no stigma attached to it, you have a mental health problem, how different is that than having a physical health problem, it’s just that something has gone array in past emotions, thoughts, and needs to be helped. So to me it was a really positive sign that families connected well with this native psychologist who is at the center.

The client perspective on services and we had an American Indian community member in Denver who is not connected with the center go out and do client interviews. So that the families would feel comfortable with him, he has done this kind of work before for other projects and outreach and he transcribed the interviews and gave that to us. So we didn’t know, which family said which, but we knew what people had said. So one client said 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 of times to our house, so we didn’t just have to go in, you could see somebody from the staff at your own home. Denver is a huge sprawling area and as Nancy mentioned there is seven counties, Denver County in the center and then all kinds of surrounding. It has public transportation, but it’s not the easiest to get around.

So the fact that the SSUF program had built into it enough time for the case worker to make those home visits and drive, sometimes fairly big distances, turned out to be very important. You can see that for this family it was crucial. Another family said DIFRAC staff helped us take us to an apartment, get ourselves security, birth certificate, get housing our jobs. He took us to a house talked to the lady and we ended up getting the apartment. They helped the kids get enrolled and get financial assistance from the tribe. This is the essence of intensive case management, the fact that the worker did all of this within a fairly short period of time.
One mother filled out the trauma questionnaire and was amazed at some of the questions, she became reflective on it. This is why I am depressed, she realized. I should give you some data from the Trauma History Questionnaire. The most frequent traumas checked by families is they had experienced been in accident 71% of the families, hearing really bad news 71%, having a weapon pulled on them 64%, having property destroyed 64%, being attacked and/or seeing another person beaten both 57%, this is over half.

The questionnaire also asked about the impact on you at the time it happened and the impact now. So the most severe impact at the time that it happened through in kind of order of their magnitude was being kidnapped and even though that was just one person, very high impact, five top the list, having lived through a manmade disaster again that was one person, but very high impact, being robbed, being in an accident receiving bad news, rape, having a weapon pulled and being beaten and child hurt and the most severe impact now and sometimes it changed a lot from a five to zero, sometimes it stayed five, being raped stayed five, being touched against your will high impact now, having received really bad news and being kidnapped, again very high impact. So these are the things that stayed with families.

Nancy Lucero: We also asked them about cultural match. So again I wanted to just iterate one of those assumptions like having reporting abuse of children remain connected that the culture is that we believe that there is something that happens within the engagement between native people that can facilitate engagement can help services and change happen more quickly and so in kind of thinking about that one of the things that says I am glad that they are and able to help native families it’s hard to be Indian in society today. It’s difficult to maintain your identity and to also blend and cope with rest of the culture or the rest of society I should say. So it’s very good services. I would urge them to continue to reach out to natives.

This person said they helped out with what we needed. As far as helping ourselves and others families to hit like a boosy, they helped to show me more about getting into the culture, then what their business was about because they help them try and get back to their spiritual life of knowing who they are and forgetting and it probably should say and not forgetting what they were.

Marian Bussey: DIFRAC is extremely awesome.

Nancy Lucero: We like to hear that.

Marian Bussey: A young person. 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 all of them – all worth it. I would recommend them getting more resources because there are so many natives out there that don’t even know what DIFRAC is and they wandering the streets thinking there is no help for them. When I told natives about them and when they go over to DIFRAC I see them the next week and I see them hairs clean and their hairs braded and you know they are proud again. God bless you and thank God for your, that’s all I would say.
Nancy Lucero: Marian you have 10 minutes.

Marian Bussey: Little less than 10 minutes now. So I am going to go quickly kind of fill these cases. We have couple of cases examples, just kind of wanted to point out some kind of the differences we saw from some of the cases, some of the areas where we made some impact. Romona and Jason were a very, very young couple in their early 20s. Romona was native and her boyfriend the father of her children was non-native and they had three children. And Romona actually became pregnant again just shortly after the birth of her third child. They had absolutely no income and had been staying with his mother, but she decided one day that she didn’t want them there, but the kids could stay.

And that she put it in a way so there was really no choice either, have your kids and you don’t live here or you leave your kids with me and I am going to take custody of them and you can go on your way. So she put them in a really big buy, so they took their kids and they were kind of wandering, staying here with a friend, staying there with a friend, kind of a typical pattern, couple of days here, couple of days there. Romona, both parents used alcohol and marijuana, the father more than the mother, but the mother had very severe post-partum depression and she kind of came to the attention of child welfare and then DIFRAC’s attention when she had made a suicide attempt. And so when child welfare got involved they called DIFRAC and refrain the family in.

As we got to working with this particular family we realized the children were not up to-date on any of the medical care and several of them had some significant medical things. The father had some pretty severe anger management issues and later in the case it escalated to actual domestic violence. So one of the things we again looking - the couple comes in originally and they say we want to stay together, we are committed to each other as a couple. So one of the dynamics that we often notice in some of the families is that the intensity of the mother, father, boyfriend, girlfriend, husband, wife relationship is so meshed and so intense that they are constantly involved in this kind of pathological almost relationship and the kids kind of are second thought. And that was really escalating in this particular relationship and so started out that we want to be together and so that’s the tact that the case worker were trying to get the father to go to our fatherhood classes, getting mom into some different other parenting classes, recommending different kinds of treatment and all.

But mom was a very resilient young woman and after several sessions with her counselor she is like where do we put up with this, I could be homeless by myself or I could be homeless with him and him abusing me and all this and she and again kind of talking to her about her heritage and now she is like this is not what I grew up with and so she really made tremendous strides left the father and he kind of dropped out of the picture and at that point she just went all out. She got in shelter housing at first, saved a lot of money, was able to get a low income apartment supported by TANF, got her GED, was working on job skills to this day very, very successful, all of this was having a fourth baby and she was less than 25 years old. So very tremendous, but again she talks to us about kind of that support.
We have less time, so let’s go to kind of our – actually what I – should we - I think we should stop and see if we have some questions because that would be nice to get some feedback and everything.

Guest: Updated question, can you read a few slides, it seems to me I’ve worked with some California data and it seems to me [indiscernible] [01:23:12] that the denominators and numerators are being mis-measured in here, and just to a marginal is really a function of the data mismatches that denominators of the general population in the unserved is really under economy you know, whereas in the reserved populations you go through impossible lengths to try and identify anyone with possible tribal connection, doesn’t that really exaggerate in this proportionality?

Marian Bussey: Well we that’s what the difference was between the two – the logistic aggression showing that American Indian children were 2.8 times more likely when that data was reanalyzed to take out the all cases were supervision only, then that disparity became 1.4, so it’s still there, but we did try to address that by taking out those huge numbers of children who had supervision only, so and this data actually is not the 31,000 children, so when we say there was 10,000 versus 31, the data is actually based on the smaller number of children using the very same formula of the Colorado Disparity Center, so we are kind of presenting to you that really there are up to 31,000 children who maybe American Indian in Colorado that’s not the count we used back on that earlier data, we analyzed it just the way national data is often counted and we were counting those 10,000 children. So I hope that…

Guest: 30,000 is a denominator of the disparity who have gone below one, it would have showed that American Indian children are less liability to replace their lives.

Marian Bussey: That is possible because they were at – so the data needs to be reanalyzed with the 31,000 but it hasn’t, so again we don’t know actually what would be the kind of the 31, so those counts were on the 10,000. Yeah.

Nancy Lucero: I think I also heard in your original question that there is just a fundamental issue over all of counting the people that kind of how is native and who identifies as native. It’s always an issue in…

Guest: Once you had an impact of paying attention…

Marian Bussey: Right advantage.

Guest: Over the senses.

Marian Bussey: Over the senses exactly, that’s what I’m meaning as, the sense is there is still lots of controversy about does it really accurately capture native people. One minute, yes.
Guest 1: You mentioned that collaboration between DIFRAC and your CPS departments, do you have memorandums of understanding for those kind of negotiations around confidentiality, liability, those types of things in cases?

Marian Bussey: Originally we had one with Denver County; the counties were just working with us. Now that we’ve gone to a fee for service, so that they are actually paying us for some of our case management, they are all those kinds of in place, but many of the counties were working with us at a very informal level without official agreements. Thank you.

Nancy Lucero: And of course this will available on the web, but several of the program is used by the center, if anyone is interested in replicating, they can use the father good as sacred coupon and you can find more information on the web from nativeamericanfathers.org. There is a healthy relationships curriculum for couples and that’s on the web from the Native Wellness Institutes based in Oregon. The motivational interviewing that has been modified for use with native families is also available on the web and you can find that link and then the center uses the Nurturing Parenting Program, its developed by Stephen Bavolek, so it’s not specific for American Indian tribes, but it has turned out to be very well received by the families. So we wanted to leave you with those resources.