

**Session 5.13 – Research and Evaluation Partnerships With Tribes Across
Multiple Child Welfare Contexts**

Panelists:

Sarah Kastelic

Mary I. Armstrong

Renda Dionne

Joe Walker

Please note: The following is a direct transcription and has not been edited.

Mary Armstrong: Okay. Good afternoon. It's 2 o'clock and so we really want to honor all of you who have come on time. So we are going to get started. This session is on research and evaluation partnership with tribes across multiple child welfare contexts. My name is Mary Armstrong and I'm going to be moderating the session and I guess my connection with the topic is that I'm one of the evaluators for the Western and Pacific Child Welfare Implementation Center and I'm the evaluator for our Alaska project. And the goal of that project is to reduce disproportionality among native Alaskan children in Alaska's Child Welfare System.

So, and what we are going to do is our goal, we've had a couple of telephone meetings ahead of time and our goal is to facilitate dialog as much as we can during the session. So instead of each of our presenters doing a formal presentation, I'm going to be asking a series of questions and they are going to be responding to the questions and then at the end, we are going to make sure that we leave enough time for questions from the audience and Dory who is our organizer is sitting right over there and she is going to actually if you have questions, she is going to come to you with the mic, So we don't want to inhibit anybody who may not be comfortable getting up and going to the mic. And then the other important question just for your information is that the session is being web recorded.

Okay, so as I said what I'm going to do is first of all introduce to you our presenters and then we will get started. So, our presenters, the first person to my left is Sarah Kastelic, and Sarah is Chief of Staff at NICWA, the National Indian Child Welfare Association and then next to Sarah is Renda Dionne, who actually has two hats at least and one is that she is the Clinical Director at Indian Child and Family Services and she is also an Associate, Research Scientist at the Oregon Research Institute and then last but not least is Joe Walker, who is the evaluator for the Native American Training Institute. Okay, so welcome to all of you.

And so our first question that I'm presenting to the panel is, what is your experience working with tribal communities in research and evaluation. And I guess we didn't talk about who is going to go first, so why don't we start with Sarah for this question and we will rotate.

Sarah Kastelic: Great. Thank you, Mary. Good afternoon everyone. Thank you for joining us, I know there is a lot of competition here, quite a lot of sessions going on at the

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same time and I just wanted to say that we really appreciate you being here both to listen to what we have to share but also more importantly because as Mary indicated towards the end of our session, we really care about what it is that you want to contribute to this discussions. So I don't think we are sitting up here as the only experts in the room, we are the only people that have something to contribute, we are really excited to hear about your experience with research and evaluation in native communities in different context and we are interested to hear about your experience and your sense of the need. So we really do hope that this will be an interactive dialog and we really appreciate you being here.

So in response to Mary's question about NICWAs experience with child welfare research and evaluation, I just first wanted to thank and acknowledge Terry Cross, who is the Executive Director of NICWA and also Kathleen Fox, who is the long time Research Director of NICWA, she started in 1998 and she is actually retiring this month, so just wanted to acknowledge both of them in their work.

And to also say that I'm actually very new to my job, I've only been at NICWA for 8 months now, so in considering the questions that Mary wanted us to talk about today, I certainly talked with Terry and Kathleen about their experience so that I could try to represent the collective experience of NICWA today.

So I think there are a couple of things that really stood out to me as I considered our history and experience with tribal child welfare research and evaluation. The first thing, I would say is that NICWA has had experience doing research on a broad array of topics. So even though we say child welfare within child welfare, there are huge range of things that we've done work around. We've done a lot of work around ICWA compliance around Title IV-E State/Tribal Agreements around the types of family preservation services that tribes provide around the opportunities and challenges for youth ageing out of the foster care system. We have done work around service integration, and work around tribal child welfare services review.

So actually going to tribal communities and helping to review case files and look at the way their systems are set up and the kinds of services they are providing. So just in that range of topics that I mentioned and those are only a few examples, you can tell that this is pretty broad range. And I think one of the things that's most surprising about that to me as in new person at NICWA is that very few of those research experiences are what I would call narrowly focused child welfare evaluation or just child welfare specific. And I think that's an important point that we can talk about later with regard to the types of funding that are available for this kind of work. But I think just in thinking about the types of experience now really broad range of topics that fall under this work.

I would also say something about our approach. So at NICWA all of the work that we do with tribes around research and evaluation is participatory and we really consider tribes to be full partners in the work that we do. So when we come to tribal communities when we are invited in and we talked to tribes about research and evaluation projects. We start with asking tribes what they want to know from the project and we ask them what their

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definition of a successful outcome is. So we really are looking at community definitions of success, community ideas about what evidence is so what constitutes success indicator what is that look like, what kind of evidence we are using. So I think that's one point about our approach.

I would also say that we tend to use mixed methods so when almost every project we work on we try to gather both quantitative and qualitative data. On the quantitative side, we often do secondary data analysis of large data sets and I will talk about that more later, but we think it's important to have both the quantitative and qualitative aspects of the work.

And then finally, I would say our experience around research and evaluation partnerships with tribes is that. Tribes are very excited about research and evaluation partnerships that lead to policy impact. So again, I will talk about some other examples later. But I think that's another hallmark of our research experience as much of our work is really focused on policy impact. It's focused on changing policy. It's focused on increasing the resources and services that are available to tribal communities. Thanks.

Renda Dionne: Okay. I'm Renda Dionne and I work – I'm the Clinical Director at Indian Child and Family Services which is an Indian Child Welfare Consortium in Southern California. And we serve three counties San Diego, Riverside and San Bernardino counties. There is about 33 tribes in those three county areas and about 115,000 American Indians a lot of them from tribes elsewhere in the country so a huge diversity of different tribal groups that we do serve.

Indian Child and Family Services is unique and they don't just serve members of their own consortium but they serve all American Indians that are residing in the three county area. And I'm actually not from that tribal community, I'm Turtle Mountain Chippewa, but I grew up in that area and actually married into that tribal community.

And I started out working at the Indian Health Clinic. It's not Indian Health, it's again a tribal consortium of different tribes and they have clinics on the different reservation. So I was working as a psychologist there. And the kinds of problems that I was seeing within the community, we are really more than I felt, I could adequately address with a mainstream Ph.D. in Clinical Psychology. And so that led me to a series of different things including, I'm working with spiritual leaders and elders and doing focus groups with American Indian parents around Indian Children and Child Welfare.

And also working, doing a physician at the Oregon Social Learning Center, where a lot of the evidence-based practices for parenting really come out of – the work of Jerry Patterson. And so, I worked up there some and the work I actually did there was a lot of work with focused groups with native American parents, spiritual leaders, elders from around the country and asking them what they thought about parenting programs what was needed in reservation communities, what values are important in teaching their children. And so that was the starting point, but I was also learning about what are these

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other evidence-based programs because it is pretty skeptical, first, I thought they can never work in a reservation community.

And so I was also still working, I was flying back and forth down in Southern California and the tribal community there and so what emerged out of that was with Indian Health Clinic was a pilot project to look at a program called the Incredible Years and to start to culturally tailor that and adopt it and evaluate it. And we got some funding to do that and did a -- I was -- families were randomly assigned either into the Incredible Years or into a weightless control where they got the program later. And we got some pretty good results from that at the time we started doing it though and this probably about 12 years in progression. I mean, it was like pulling teeth to get at native families to come to these parenting programs extremely difficult.

And so, you know, of course we were offering child care, we were offering food, we were doing at times that were convenient for families but it was really difficult to get people to come. So finally, we threw in a child cultural group and that got people's interest. I mean, they were really calling us because they wanted their kids to be in the cultural group and then we said well, okay along with that we needed do this parenting. And so we kind of tried to slip it in the back.

And so we started getting people to come and so then we did a, we got a more funding and to do a lot larger study with the National Institute of Drug Abuse, which was a five year study where families were again randomly assigned either into their Incredible Years that we have done a lot of cultural tailoring with and had a pretty big cultural component by then of the program or Usual Care which was another parenting program in the community. And the child cultural group was also offered to both groups where there was that Incredible Years or the Usual Care. And so again we got some really good outcomes in terms of reduced child behavior problems, improvements in parenting in terms of the kind of things you want to see that influence good outcomes.

And from that point we went on to just to try to get funding to then and just do the program for families and part of that is always you have to do some evaluations so we do proposed evaluations with that. And it kind of let us to where today we don't have to do any outreach in terms of trying to get families to come into the parenting programs. We simply get referrals and that comes either through word of mouth, through families that have been in the program. It also comes probably about 50% of our referrals come from child welfare. So we have developed some pretty strong collaborations with child welfare programs in our county. And so they refer families. And then the other 50% is from the tribes and the social service -- tribal social service programs, TANF programs, different Indian programs that are in those three counties that we get the referrals from.

So that I think sustainability and kind of keeping out and then sort of word of mouth and developing those collaborative relationships has all been part of what's led us to the point where we don't really have to spend a lot time doing outreach or we don't do the child cultural group, we just do the parenting and we get families to come to that do it.

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So we continued to do that and we have also done the incredible years out of the University of Washington with Carolyn Webster-Stratton is one of the big programs that we have done in most of the culturally tailoring with. But, we have also done some pilot work with Parent-Child Interaction Therapy which uses a lot of the same skill as Incredible Years, but the technique is a little bit different, the parent has a listening device in their ear and you're behind a one-way mirror coaching the parents. So you are doing even more skills based work in the session and it's the parent and child together.

We've added a component intuit of story-telling trying to revitalize that really important tradition with the native communities, the parents doing that with their children. And so we do that – we do both of those things within what we call our parent child interaction therapy.

Those are two of the parenting programs in the last three years we started looking at to see other part of it, you want to do things to strengthen their relationship between parent and child but also for good child outcomes the relationship between the parents is really important too. And so relationship strengthening the circle of respect so programs around healthy communication and conflict resolution and things like that.

And so we've done a lot of cultural tailoring, I guess of these types of evidence-based programs. I mean, I referenced in the opening, we do have one article out in the Journal of Community Psychology on Cultural Tailoring Evidence-Based Programs.

Joe Walker: Well, good afternoon my name is Joe Walker. I work for a non-profit organization in Bismarck, North Dakota known as The Native American Training Institute. But, I'm actually here on behalf of the National Resource Center for Tribes. And just to really a quick plug for the National Resource Center for Tribes, we are going to be doing a session tomorrow morning where we will be talking about the findings of the National Child Welfare Needs Assessment that was conducted in 2010. So if you really have, want to know about, you know, what occurred and what that assessment found and please attend that session tomorrow.

My experience with resource and evaluation in tribal communities actually began in March of 2000. And the reason I know that is because I want to work for a grant project in January of 2000 as a development specialist. I don't know if I'm talking loud enough for this or not as a development specialist. And then March of that year, I was asked to be the evaluator and of course my first question was, well, is it difficult, because I don't know nothing about evaluation. *[Laughter]*. So what I was telling my communities is that if I can do this anybody can do this and that's one of the biggest needs and we will talk about that a little bit more as we get to another one of these questions is that there is a big need for evaluation in tribal communities but getting back to my experience in The Native American Training Institute.

The reason I took over as the evaluator because our current evaluator was leaving to finish up on her Ph.D. I was told that there was only one report associated with this evaluation but turns out this is probably one of the biggest research and evaluation studies

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ever done with the grant project and it was through the Center of Mental Health Services system of care projects where you have to interview all of your children and families every six months with a series of that time I think there was 12 instruments that we had to utilize. And I had no idea what those instruments were and what they did and they were measuring or anything.

And so there was a lot of education to my part that I had to do. And that leads again into another question that we had when we get to challenges and successes. But that's where I began. We have done a lot of different evaluation, provided a lot of different evaluation services for a lot of different tribal nations across the United States, a lot of those are within North Dakota with the five – with the four reservations in North Dakota.

Most of our evaluation services come through some type of grant project where there is a national evaluation component attached to that or where we are required to develop a local evaluation. Like my colleagues, we get involved in a lot of mixed methods evaluation projects a lot of different designs. Some of the information that you will see today on the presentation it was gathered through an evaluation project with the Medicine Moon Initiative which was a five year Children's Bureau System of Care Grant. That picture right there actually came from the – was part of our cultural – was part of our local evaluation where we were capturing all the tribes in North Dakota, other cultural values and norms.

And the reason we decided to do that is because a lot of times when you are out there developing training and you are developing resources for tribes a lot of times their culture and values and norms is not taken into account. So we thought one of the things that we will do for the tribes in North Dakota is to capture all that information from each of the tribes. So within North Dakota, you have the Mandan, Hidatsa, Arikara you have the Chippewa, you have the Lakota, Dakota and Nakota Sioux tribes. So we went to the National Museum of American Indian here in DC and I don't know if you know that if you know or not but they have a facility, I believe it's in Maryland when they transfer their exhibit in and out. And so they have a place there we can go and conduct research and so they have a lot of pictures, a lot of old beadwork and quill work and that sort of thing. And you can go in and take pictures and make copies and what have you.

So that's where all the pictures came from because of the Medicine Moon Initiative or local evaluation component attached to that. We also during the Medicine Moon Initiative, we also developed a tribal CSFR or a mini CSFR where we are looking at safety, permanency and well-being wasn't a successful as we thought it was going to be it took a little bit longer than we thought. For some reason, I don't why, but I was coming to these evaluation projects about halfway through and so, you know, I have to take over from somebody else and I had to do my new thing or whatever or I have to abide with what's been going on so far. So with the tribal CSFR, it's something that's really needed and that's probably something I will talk about at the very last question. But, it's something that's really needed because something like that is not done with tribal child welfare agencies like their state and county counter parts have to go through, I think it's every two years or every four years of whatever happens to be through – with utilizing

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the federal CSFR. I think it's really important that tribes have some type of process, some type of regular assessment that they are required to do ever so often in order to again look at safety, permanency and well-being and look at children's outcomes and make sure that you know that services are being provided in a -- quality services are being provided to the children and families.

I'm going to involve with -- I was currently with the National Resource Center for Tribe of course we did our National Needs Assessment last year. We just got authorization to release the report a month or two ago. So that's why we are out there doing these workshops and these sessions. You can also download the full report from the National Resource Center for Tribes website. There is an executive summary and then the full reports also downloadable. I'm also involved with the Western Workforce Project in North Dakota. That's two projects, our two reservations in North Dakota with four separate tribes what we are looking at workforce needs of that -- of those two different tribal child welfare agencies.

We are doing -- we have already done what's called the comprehensive organizational health assessment for those agencies and we have introduced some interventions known as learning circles, design teams, and macro teams in order to alleviate those needs found through those cohorts. Also, I'm a little bit involved with the Mountains and Plains Child Welfare Implementation Center and at the very beginning of the project, I was involved in working with the tribe in Oklahoma and I developed their logic model and we are starting to develop their evaluation plan.

So there has been a lot of different things. There has been suicide prevention projects that we provide evaluation services for methamphetamine projects, substance abuse, so it just runs the gambit so.

Mary Armstrong: So some of the themes that I heard from all of you are typically your research anyway wish your experiences participatory and a lot of use of mixed methods and then a lot of emphasize by all of you on cultural adoptions to evidenced based practices and also helping native communities to recapture their own cultural tradition. So and as Sarah mentioned earlier we are very interested in hearing from others in the audience at the end around your experiences with research and evaluation in tribal communities.

So now we are going to move to our question number two, which is what are some of the challenges that each of you have experienced in your work in conducting research and evaluation with tribal communities and so for this question, I'm going to begin with Renda.

Renda Dionne: Okay. In terms of challenges so I talked about one of them earlier was initially was just getting families to come was one of the challenges and so engagement and retention of families. The other issue when you are talking about parenting and child welfare is that the child welfare system when they get involved and removed children

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they typically have a case plan for the families and that involves usually some sort of substance abuse treatment and parenting.

Well, for the evidence-based programs to be most effective they really need to be conducted when the parents have their children because the practice is so important but that's now how the system is set-up, the system set-up that they do the parenting where they don't have the children. So that's a big issue a big challenge and one of the ways, we are working with that typically what we do right now is, yes, we do parenting with the families when they don't have their kids. And we try to do things like specifically tailor their homework to the visits, talk to the social workers about having extended visit -- weekend visits sort of things like that. So that they can get more time with their children or just more visits.

Trying to do the parenting program closer to when they are going to be reunified but again it's a problem because they have to complete parenting before reunification. So now what we do is they do the parenting program they get their kids back and then we do with them again with the kids. By that time the families are engaged enough that they are doing. And with the Incredible Years it's a pretty long period it's 19 weeks. We do it in home with families so we go to them that makes it easier than a group setting, but I think it speaks to something about the engagement in terms of families being open to doing these things in a big part of that engagement I think is, as they do feel like it's addressing the cultural issues and they are seeing improvements within their relationships with their children.

Another thing, you know I talked in the opening is the fidelity, when you are using an evidence-based program the fidelity to the model is a huge challenge and I think that's something that is, I don't think it's easy for any community, I think about within a tribal community it's just not easy, it's not a way that we typically think and a way of doing things and having checklist and paying attention to doing all the things in the boxes that you are supposed to do, it just doesn't fit well. So it's a hard thing to even supervise. But if you want to get the good outcomes with the family then you got to do it that way.

And one of my colleagues, Delores Bigfoot who does a lot of training in culturally adopted Parent-Child Interaction Therapy and also Trauma-Focused Cognitive Behavior Therapy out of the University of Oklahoma. I was at a training that she was doing and she put it in a really nice way that if you are going to a sweat lodge, I mean, there is procedures and protocols that have to be followed, if you don't do those things in a certain way then there is ramification. So she puts it that way that you have to apply these programs in a certain way or you are not going to get the same kind of medicine out of them.

I think another challenge is from within tribal communities when you see programs from outside tribal communities coming in and trying to do these programs to your community because there is just so many different kinds of things involved in relationships, in politics and things like that that outside people coming in don't understand necessarily

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and can actually come in and do more harm within the community not realize they do it and leaving things have gone well.

So I think that's an issue and there is a potential for that not to as I said you know we want evidence in the programs that we do but there also needs to be cultural strengthening. And so that needs to be part of the program. So the community really needs to be integrally involved yesterday, I was talking about with NICWA, they come in and their participatory research and really involved in the – they really involve the community and I think that's a really important component.

A final challenge, I will talk about is, so we've put a lot of focus on parenting that you know the number one protective factor for children is parents. And so we've put a lot of energy there. But there is other issues that these families have as well obviously there is substance abuse, sometimes there is domestic violence and then there is, you know, what a native psychologist Eduardo Durand talks about postcolonial stress disorder.

That is, it doesn't really get addressed at all for these families. And so we have got a mom and she has got substance abuse problem, she has got a history of trauma and she doesn't have a job. She doesn't have housing. She doesn't have a car and now she has had our kids removed. How is she is going to get it together to get her kids back. These are huge obstacles that she has. So we are going to her and providing the parenting but she got all these other things as well. And so we are working with child welfare to try to connect her to services but there is substance abuse services, but it's not really culturally tailored that domestic violence isn't culturally tailored. And there is nothing for the postcolonial stress disorder that she has.

And so those are all other challenges and so we are within our community we working on looking at some ways to try to help with the issue of one of the proposals that we put in was for the sort of emotional regulation like, there is problems going on, and there is lots of crisis. And then they are not doing things to make the crisis worse. And so how do we, can we teach some basic skills to help these parents be able to tolerate the stress better and not make crisis situation worse. So we are looking at what's out there in terms of the evidence. What's out there in terms of the culture and how the tribe did this in terms of self-soothing and those kinds of things and how can we try to sort of put some of those things together to help families. So we are looking at some of those things now.

Mary Armstrong: Joe?

Joe Walker: Okay. Well, since March of 2000, I've run into all kinds of things out there. *[Laughter]*. Most of our challenges that we've run into has to do with lack of resources of some kind and you will see that if you attend the session tomorrow on the findings of the National Child Welfare Needs Assessment. Lack of funding, lack of staff, one of the – one story that comes to mind regarding lack of funding that really impacted not only the tribes that we are providing evaluations services for but also the Native American Training Institute was the system of care grant that we were operating and this began back in '97 I believe, because again this is one of those projects where I came in when

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the project was half way done. But half way through when we started our data collection, the tribes that we were providing evaluation services for and there was five service sites in North Dakota and for reservations. All of the tribes got together and decided not to allow us to send in our data until we worked out a Memorandum of Agreement regarding data ownership who had access, who has access after the life of the grant and that sort of thing which are really good questions to get resolved.

So, the way that the design -- the design of the evaluation was that I would go out, I would train people in the community to collect the data or data coordinators in our locally evaluation coordinators to collect the data and then they would send the data to me and then I would send it on to a company in Atlanta, they would do the analysis and create the reports and send it back to me. I would disseminate it to their communities. While if there was no data being sent it, that meant there was no analysis occurring and that meant there was no reports coming back. And so, this was the first time my first venture again into being an evaluator, so I had no idea what to do.

And so there was lot of manual reading, understanding what the data was telling me and really what I decided to do is we made one good faith data transmission at the beginning and so we got one report back. And so I've seen what the report look like and so I decided to do some reverse engineering and I would create a report just like that for each one of my communities, but I had no idea of how to do analysis. And so, it's virtually setting down and looking at the ones and twos, ones, there was 21 so that meant there was 20 people that said yes and here was five twos, and that mean there were five people that said no. And I actually created the charts and it took me a week to do one report at the beginning.

Long story short; what happened is that we were required to purchase SPS or data analysis software and that's pretty spending stuff to purchase especially when you didn't plan for that continue to see at the beginning when you're creating your original budgets. And so we had to pull it in money from other line items to purchase that software, but if we didn't do that then that meant our communities were again being surveyed. One community member told me he surveyed until the cows come home and not receive any benefit from that, not receive any feedback to the communities and that's the last thing we wanted to do and so that's why we went out and purchased a software. I learned how to do the analysis. I did the reports.

So, it's really -- that was one of the biggest challenge that we were ever confronted. There has also been lack of staff. We've had a complete turnover. We go out and do all of the training, teaching or training the local community members on how to do data collection, what we're looking for, how to actually interview somebody. And then the next thing you know the whole entire staff would be gone the very next day. And so we had to go back out there again and again that impacts your budgets because you didn't plan for that to have to constantly go back out and provide that type of training.

And also the very last thing is on the tribal CFSR that we had developed for one of our grant projects, we actually administered that one of the tribes and one of the biggest --

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well another challenge in relation to that was that the findings wasn't what the director thought they would be and so they were -- she refused to believe it and she did not want to do anything with it and she refused to allow me to disseminate that information. It took a long time to bring her around to you know just because you're finding something that looks like it's broken you or it's not working that doesn't mean it's a bad thing. That just tells you that there is something that needs to be fixed. And so it's a positive actually if you look at it especially if you start to work on it to alleviate that issue.

Well, she finally came around towards the end of the grant project, but by that time it was too late and she wanted to administer it again. And even though I provided training to the community members and some of her staff on how to do that for whatever reason they just never did, they never did administer the tribal CFSR once again. So, so that's my challenges. There has been a lot.

Sarah Kastelic: Thank you. I had just a couple I wanted to mention. I've already said that it has been a challenge for us in the past to find Child Welfare evaluation specific funding. And I think that's true universally. I mean I think you've heard all the panelists talk about the combinations of things that they are studying together and that's often because there isn't the funding that's really dedicated to looking at tribal child welfare, evaluating what's going on, offering tribes the resources to try to improve what it is they are doing to strengthen their practices and programs.

So, I think the lack of funding is the significant barrier. But I'd add to that the observation that I think it's particularly challenging for Indian non-profits like NICWA to be seen as a credible research lead, so we're seen as a valuable partner, but I think in terms of us being seen as the principal investigator that's been incredibly challenging both in terms of competing for federal agency funding as well as private foundation funding. I think that there is a real bias against non-profits, a disbelief that we have the capacity to do the work even if we have our own Ph.Ds even if we have staff that have all the right credentials and experience, I still think there is a tendency to overlook that or to dismiss that or you know we've often been told that we would be better positioned, more competitive for grant if we had an academic lead so rather than positioning ourselves as the lead.

So, I think that's our real challenge. And it's something we struggle with because sometimes when we partner with academic institutions even though who's been good long term partners, you know we feel like in some cases we're bringing more to the table than they are. We have our Ph.Ds; we have our people who are trained. We're bringing a culturally based approach. We're helping to develop a culturally appropriate design. We're developing the instruments. We're training people. We're being the community liaison work and yet here is the academic partner who is serving as the PI.

So, I think there is a real challenge there for all of us. I think it's a challenge for non-profits to talk about, our credibility to talk about our resources and capacity to be really upfront about the roles that we play. And I think there is the responsibility on the part of academic partners to say look what our partners contributing. They really are the lead in

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this case. They are taking the lead on these aspects of the work. So, I think there is a role for academic partners to play in really helping funders to understand what the situation really is, how the partnership works and what non-profits are bringing to the table. So, I think there is a real opportunity there.

And then I think there is a real opportunity for funders particularly those who are positioned to read proposals and to think about you know the projects that are being proposed and to closely examine what role the tribal communities or tribal non-profits or national Indian non-profits are playing and to make sure that they are positioned in a way that they get the credibility that they deserve that their capacity is being acknowledged and that there are resources commensurate with the role that they're playing that's a really big deal. So, I think that's a challenge.

I would also add you know another challenge. I mentioned that a lot of the work that we do is mixed methods that we do qualitative work, but we also do quantitative work. I think a lot of the qualitative work that we do is secondary analysis of large datasets which particularly in the area of Indian Child Welfare is a real challenge. Many of the national datasets do not include sufficient Indian data and whether it's because of small sample sizes or whether it's because of problems with quality of the data or whether it's because of you know just the states are reporting and not the tribal programs are reporting.

So, there is a lot of reasons for the problems with quality of data, but I would just suggest to you that it's a significant problem when Indian people aren't included in national datasets. And I think it's something that we could all work on together. You know certainly federal agencies can ask tribes how they would like to be involved. Certainly a number of scholars, native scholars who are working with this data all the time and our allies can help to give good advice about how things might be restructured or better data might be collected. So there is a lot of ways forward, but I would just suggest that you know it hurts to think that it's okay to have an asterisk in a report that says that Indian people don't count. You know the fact that that would be acceptable I think is a real problem that people would look at large datasets and not think it problematic if Indian people aren't included. So, I think there are a lot of different ways for and there is a lot that we can all do to help make that happen, but I think that is a particular challenge in the case of Indian Child Welfare Research and Evaluation.

And then the last point that I would raise and something that's been a challenge for us is gathering consent, but not at the tribal level, we've had incredible success talking to tribes, securing tribal permission for the research and evaluation work that we're doing, but there has been a challenge around individual consent particularly if we're doing phone interviews or Internet surveys or other kinds of things that aren't in the community. So, it's been really clear to us that the best way to do the work is to actually be there which of course is more expensive and that gets back to the funding challenge, but I think in terms of individual consent and really gathering quality data being in the community is important to make sure that people understand what it is that they're agreeing to participate and give their consent and also that the research in turn really benefits them to Joe's point about people getting something out of the research, both at

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the tribal level in terms of findings that helped to inform policy and practice as well as at the individual level where people who are contributing their time to participate in those studies actually see some benefit from their contribution. Thanks.

Lots of challenges, so I'm going to remind our panelists about time, because we want to make -- your responses are so good that I hate to cut any of you off, but at the same time I want to make sure that we do have time for participation of the end because we got two questions to go through okay. So, and I hope you don't I mean don't try to change the next one especially, because the next question is what are some of the successes that you've experienced as you've conducted research and evaluation in tribal communities. So, and for this one we're going to start with Joe.

Joe Walker: Okay, thank you. There has probably been a lot of successes that I didn't see, because I've been too close to the situation. A lot of times I'm looking at trying to alleviate some kind of problem or challenge or barrier that I've run into and so, I had a community member actually tell me that one time because you know I was getting kind of down. I do a lot of different evaluation work out in the communities, now I was getting little down. And this person told me that you're too close to this situation. You have somebody coming here and look at this and see what those successes are. And when I say successes, I don't mean big extravagant successes I mean because tribal child welfare operates in a overwhelming condition. They're in always in a crisis mode. So, any little small step forward is the success for them and I -- they do the best that they possibly can with what they have.

Real quickly a little story about the biggest success that I was involved in and that the training institute was involved in, was involved one of our grant projects. Of course, remember I told you that one community member told me that we've been surveying until the cows come home. And so that -- and they really have been. I mean research and evaluation has been a big part of their work lives over the last decade or more. Out of the grant projects that we've been involved in since I've been with the Native American Training Institute have involved most, almost every one of the tribes in North Dakota. So, again you know they're pretty -- they know what evaluation is, they know what research is.

In between two -- one of our -- two of our grant projects, I didn't know this until actually they had completed their survey administration, but one of the communities on renew or borrow reservations is 10 miles -- one of the housing areas is 10 miles from all of the services. So, they're 10 miles from job service; they're 10 miles from the tribal administration building where all the services are located. They're 10 miles from their TANF case workers. They're 10 miles from everywhere. And most of the housing in North Dakota are what's called cluster housing. And so there is anywhere from 30 to 50 houses I would say in one area that's remotely located on the reservation somewhere. Well, this one just happened to be located about 10 miles from all these different services.

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So, what they decided to do is they decided to support -- develop a support group, a housing support group just for their housing, cluster housing, because they identified a need that they had and the need had to do with being so far from services and that some of them were involved with child welfare. Some of them were involved with Juvenile Justice and again all of these services are located 10 miles away. And so what they decided to do is that just so happens the person that they elected to be their Chairman of their housing support group happened to be good friends with one of my local evaluation coordinators and the community at Child Welfare.

And so she told him why don't we just develop a survey and so all those housing, all those family members got together one time over a weekend and developed a survey and it asked questions like how many people are in your household, how many official cars do you have. And when she said official car, he said what do you mean by that. And she said well you know they got how many are actually registered, how many have the license, how many people have a license, how many have insurance, and how many are willing to drive people to infirm these areas. And they also had some questions in there about safety because this housing area was located right across the road from a bar. So, there was lot of times where cars would drive through their neighborhoods really fast and some kids have most got ran over and that sort of thing.

They went out and they administered the survey but they didn't know how to do the analysis so they can't that's when they contacted me. And so I did the analysis for them and did the PowerPoint for them and went with them to the Tribal Counsel Meeting and I had them do the presentation because they were trying to get me to do the presentation, I said no, it's more powerful if it comes from you and make sure you do it when there is a lot of people in the room. And so, that's what we did. I went there and always I do was just set it up and run the PowerPoint, but they did the presentation of the findings from their survey that they had created.

And it was really I mean up until that time I didn't think I thought I was just spinning my wheels and that was again like I said the great success for me because they actually learn something I mean evaluation became more important to them at that time and they understood how to actually do that and how to alleviate their needs and they've seen the importance of data and so, the result of that was the Tribal Counsel gave them a van. They gave them the ability to charge gas and since that time you know they provided, they directed them like clothing and all different kinds of things have been sent over to that housing area. And now you got all the other housing areas on this reservation asking why do we get involved in this.

And so that was my great success.

Mary Armstrong: Okay, Sarah?

Sarah Kastelic: Thank you. So, I mentioned before that tribes really love NICWA and they love our participatory approach. So, I think that's a success that in tribal communities and culturally we have a lot of credibility when it comes to research and

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evaluation and maybe I would just add the flip side of that you know when we come and say hi, we're NICWA and we're interested in working with you as this is something you're interested in and tribes threw open the doors and threw open their arms you know. We kind of feel like that's actually an education point to say.

Actually when people are wanting to work with you around research, you might want to consider asking them some of these questions or here is the kind of checklist you might want to you know think about getting -- how to get to know someone or think about whether they would be a good research partner. So, it is a point of education, but I think it's a success that that when we show up or invite someone to partner with us on a research or evaluation project that people are really excited about it. So, that's good that we have that kind of reputation.

I would also say that our research really has an impact. You know Joe talked about one kind of impact locally that's incredibly important. We're a national organization, so most of the impact that we see is at the national level, a lot of our research as I mentioned is really focused on policy. So, I would just give you two really quick examples. One of our very first research projects in the mid 1990s was partnership with Georgetown University and we administered a children's mental health services survey. And the finding of that survey was that there was virtually no mental health services for Indian kids.

And the advocacy that followed that data that followed that report led to the development of the Circles of Care program for tribes and also opened up the Systems of Care program to tribes. So, that's really a significant impact that a study and a report that concludes that there are virtually no children's mental health services for Indian children results in this kind of a policy response to this. And soon we'll have 35 tribes that have gone through the Systems of Care program. So, that's really an incredible response to an important piece of data.

Another example is that Kathleen Fox, our Research Director that I mentioned, did a study on the deficiencies of NCAN's data so she really explored in a series of articles of how that data didn't accurately represent the condition of Indian children and made a number of really important recommendations for how to improve data collection and some of that work led to the Annie E. Casey Foundation beginning to include American Indian Alaska Native kids in kids count, in their kids count data book. And so I think the more that we highlight some of these areas and talk about what a detriment to Indian children it is that they're not included in these datasets that they're not receiving similar services, equitable services as other kids. I mean these can be really important points for advocacy that can ultimately lead to policy change and changes in services on funding that go to native communities.

And then finally the last success I would just mention is that we use culturally specific models of research. So, I mentioned this earlier, but in terms of the research design, instrument development, it's very culturally grounded. We use the relational world view to design research studies. We use the relational world view in the development of

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instruments and in instruments as diverse as how culturally involved families are in their communities so we actually developed an instrument around that that ended up getting pretty widely used at this point. We have a measure of healthy relationship specific to native families. We have measures of positive youth development. So, these are things that we work with particular communities to develop and refine and have worked in other places to adapt.

So, I think the fact that we bring are really culturally based model is part of what gives us credibility and native communities, but it's also something that we can contribute to the broader field in terms of important tools. Renda?

Renda Dionne: Okay. Well, I've talked about some of the things as I've talked. I guess what I would add is in terms of successes I mean certainly the outcomes that we've gotten with the research that we've done in terms of outcomes for good, outcomes for families and children within our communities has been something positive. I didn't talk a lot about the satisfaction ratings that we do to how do families feel about the program, do they feel like it addresses their cultural needs and things like that and we do get really high ratings on those kinds of things. So, that's an important thing that the community feels like yeah, this is the native program. It's how they feel about it and something that they value and that they like.

In terms of funding, because we're pretty much grant funded to do this kind of work, so again as I said we started off with the Indian health clinic being funded by the California endowment and then went on to get funding to do more intensive research with the National Institute of Drug Abuse and then have gotten funding from the Administration of Children and Families to do dissemination work with the parenting program. Those kind of fundings though run out because they fund here to do the program for that period of time and then you know it's over.

And so recently to keep this, we call it the SPIRIT Incredible Years program going our county mental health program has some state money in California there is a -- it was voted in a millionaire's tax 1% of the millionaire's tax goes to helping mental health needs in California and so, a portion of that money they're actually using to fund the next four years in doing the SPIRIT Incredible Years within Riverside County. So, I think that you know those partnerships again with the local programs and then kind of seeing the work we're doing and having that sustainability at least just some success in terms of getting more sustainability.

I would say another success is expanding what we're doing. So, I talked about Incredible Years. We also do the parent child interaction therapy culturally tailored versions of these. We do something called the circles of respect for parents on communication and conflict resolution and recently in the last year we started doing, it's another evidence-based program, but the Incredible Years I haven't said is for parents of children's ages zero through 12 and so Guiding Good Choices is the shorter program for parents with kids ages nine through 14 and it doesn't get into the level of I think skill learning that Incredible Years does, but it gives really important information for that transitional

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period where kids are just so vulnerable because they're entering that pre-adolescent/adolescent period. So, it gives families some really good information about that and so we just started using that program.

I had been involved in a study done in Vancouver with some First Nations you know First Nations Community using that program and well, actually the first time I had used it was on the Morongo Reservation which is in Riverside County and got some really good feedback from the community there and so then was involved in a research project. I've been in Vancouver with it. And so, we just started doing it again. It's a program that Riverside County Mental Health is funding for us to do, which I think is the good example of the county taking their resources to support programs from within the community for a tribal agency to do the services with their community and sort of them trying to do it.

And so, as I said Incredible Years we mostly do in home, we've had much more success at that than doing it in groups. We've reached a lot more families, but Guiding Good Choices is really designed in a group format and so that's how we were funded to do it in a group and so, we actually in the last 10 months did about 16 groups throughout the different it's a pretty large county. Our average drive time for example to a family is 45 minutes to an hour so there is lots of transportation that goes along with it which I should have said is another challenge.

But -- so we've done about 14 groups in the last 10 months which is a big deal for us because we don't like I said just getting families to come into the group formats hasn't been something that we had a lot of progress with, but within this particular group, we've been able to do that so that's been another success I think.

Mary Armstrong: So, successes with local communities, successes with age groups, successes of the national level, all kinds so great. So, our final question is what research agenda items and promising methodologies we do like to see addressed in the future. So, Sarah I think we're back to you.

Sarah Kastelic: Great. Thanks Mary. So, I'm conscious of the fact that we have just a little over half an hour left. So, I think what I'm going to do is just mention what I think a few things are without discussing them and if they're of interest to you then we can talk about them, but I'm really interested in hearing from you. So, just quickly some items for the future. One, I mentioned already to consult with tribes and native scholars with experts and to develop ways to improve the quality of native data and national datasets I think that's really important. We've talked a little bit especially Renda about evidence and evidence-based practices and I think there is a lot of work to be done in terms of examining other types of evidence in particular I would challenge us to think about culturally-based evidence and community-based evidence, you know something that really looks at that we know it works and we've been doing it for centuries.

So, what are the interventions and practices that have been based on our traditions and that we know work because of our common understanding of our history what we're

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doing and the kind of impact that it will have. So, I think there is a lot to be said about what constitutes evidence. I think third point, you know more integration of research and evaluation with practice and service delivery. I think there is a whole lot we can do there and makes it more cost effective, makes the data collection more meaningful. You can act on it more quickly. So, I think there is a whole lot that can happen between better integration of research and service delivery.

And then finally I would add we really need to think about more complex research designs, Western science is reductionistic, it's incredibly simplistic. It oversimplifies the situation that our communities and families and children are dealing with. And I think there is a lot to be done and looking at our native ways of knowing and then the way we think about the world and how we do research that honors the complexity of relationship. And we need to get to the point where we're doing child welfare research and evaluation that has the level of sophistication as people who are predicting the weather and economic trends. I mean we really need to think much more about the environment and the interaction of different things that we're looking at here. I mean there is just incredible complexity and we need to look at research methods that allow us to embrace the complexity instead of shying away from it and trying to always reduce things to its simplest form.

Renda Dionne: I would concur a lot of with what Sarah said. I guess I would say you know this whole shift in child welfare of bringing in evidence-based practice you know what I think it's really important I think again it's important to also address the cultural world view and the traditional knowledge that different minority communities have, the tribal communities have that that needs to be at least an equal partner in this if not at the forefront of these different interventions.

Some of the things that I think within the community I work in that are needed and I would like to see more of is you know we really need some culturally specific programs that are effective for substance abuse, for domestic violence and for you know I already talked about post-colonial stress disorder we critically need those for you know the success of our future generations. And so I'd like to see more work done in those areas of us developing our research base around programs that incorporate traditional knowledge and wisdom to address these different kinds of issues that we're facing because of historical trauma.

Joe Walker: I think there – excuse me, I think there needs to be more work done on basic evaluation techniques and methodologies for our people in tribal communities. I mean I know how to do evaluation and my colleagues know how to do evaluation and most of people sitting in the audience probably know how to do evaluation. But those people that are working in the trenches in the communities probably don't really understand what evaluation is all about, rarely do they know what -- I was just lucky with that one project where they went out and did their own survey, but really do they understand how to do that themselves and how to interpret that data that they collect. And so I think a lot of work needs to be done just on the basics of what evaluation is what data do you need to collect for your various reports that you have in your agency.

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For example, a lot of tribes collect data for their 4B, their yearly 4B reports. But there is other data that can be collected out there. And then once you collect that data, what do you do with it? How do you utilize that? Do you just send it into the Feds and that's it? I don't think that that should be the case. And I think tribal agencies, supervisors, directors and even front-line staff should have a hand in actually understanding what that data, how to collect it, what data they need to collect, what data they need to collect to have positive outcomes for their children and families. And how to utilize that data once they have it. And so, I think a lot of just Evaluation 101 type of training should be occurring in the communities because they need to be able to collect this data themselves since it's their data that we're talking about. It's their livelihoods and it's their lives and it's their children. And so, that's my piece.

Mary Armstrong: Okay. Well, first of all, I want to thank our panel. There are really excellent questions and responses. Thank you very, very much. So we talked about challenges, we talked about successes. And we've talked about what we see as future agenda items for research and evaluation in travel communities. So at this point, we'd like to open it up, as I said at the beginning. And you don't have to come up to the mic, we will come to you with it. And the panel will respond. So, who has some questions, issues, comments they'd like to make. Here you go.

Audience: Yes. My question is about grant writing, because I am MSW student right now. And that seems to be the big thing in our community is, where the funding comes from. And I was wondering if there is any programs or institute software that have to travel communities to do grant writing, classes or training.

Sarah Kastelic: I will take a stab at it first. I think there is different entities that do different things. One of the better ones I have seen is the administration of native Americans, looking at the – when their proposals come out, they often offer grant writing workshops that you can go to that kind of take you through the steps of writing a grant. Then if you could get your hands on one of them that's already been written, that helps too to be able to kind of just see the layout and the format of how to do it when you're just starting out with it and maybe talking to someone who has written one.

Audience: Second question. This one is for NICWA. We do the Positive Indian Parenting training. We are having a hard time like getting participants. So like we get four to five like each time we throw in that different community on express reservations. So, I guess just trying to recoup parents to come in.

Sarah Kastelic: Sure. We have the Positive Indian Parenting program going on in tribal communities across the country. We've done a lot of work with that curriculum and training the trainers. And so, the program has really grown. I am not involved with that work specifically. But I would be – maybe we can exchange cards. I would be really happy to connect you to some of the folks in our office who are directly involved in that work because I know that they are really thriving cohorts in other places. So I would be happy to talk to you about that. And then I guess just on your question about grant

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writing, NICWA has done grant writing training in the past. And I think one of the more interesting things that we've done is, in addition to the kind of generic hear the things to think about when you write a grant and what does your case statement look like, and in addition to some of that kind of work, we are doing some really specific work around braided funding or pooled funding and really looking at how you can identify and write proposals to fund the whole array of services that tribal communities need to be able to provide relative to in-home services. So, if you are thinking about going into a home and trying to provide whatever that family needs, be it related to domestic filings or substance abuse or a whole array of services.

So, we're doing some of that kind of work too. So working at the tribal level with program staff to identify variety of funding sources for all different kinds of services and then helping, we have a practice model where we actually help communities to do that. So maybe I could share that with you as well.

Mary Armstrong: And Renda, you talked about some of the ways that you've, some of the strategies you've used around engagement. Right?

Renda Dionne: Yeah, in terms of it, yeah with engaging their families. Like I said, when we first started out, it was really difficult to get families engaged in the parenting. And so, we actually did child cultural strengthening groups. We did different things. But we did some storytelling and then so some native stories with storytelling techniques and then doing some sort of native craft that was related to the story that they were learning. And if we could pull some kind of values teaching out of that, then we incorporated that as well. And families were really interested in that, and then we could get the parents through that way.

Audience: Thanks.

Renda Dionne: Other questions, comments, yes.

Mary Armstrong: Go ahead and then we have one up here too.

Renda Dionne: Okay. Yeah, that's okay.

Mary Armstrong: Remember always have food at your parenting classes and always have giveaways and have door prizes and that helps. Okay, well it sounds like should try anyway.

Audience: That's what I was going to mention too with all the projects that we've been involved in, we've used some type of incentive to get parents involved, whether it's, I don't know gift card or something, or a passage to a movie for their children. Or we've even often daycare in a separate room where they could bring their kids and somebody would take care of them while we are over here working with them on other issues. So...

Mary Armstrong: We also have a question up here.

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Terry Ross: Sorry, my throat is dry. Terry Ross with San Carlos Social Services in Arizona. We're 100 miles north of Tucson and 100 miles east of Phoenix. And lately, we just finished our family preservation grant again. And they asked for a lot of data. And if you have any information on pre and post testing for parenting education, I would really appreciate that if you have any, that's out there. That's very – something to that family preservation reach and I want to see. But when I looked at our data where we were doing the grant, we have a higher rate of neglect parents, very high. We average about probably 800 CPS referrals every year and about 700 of them are neglect cases where they are drinking and they leave the children at home.

And next door to us is the wellness center which is behavioral health or HIS and we have always had this boundary between us always. I've been always working with the tribe for 16 or 17 years. And one day, there is a fence right between us. So, one day I took down the fence 10 years ago. And I invited him, and we kind of had like picnic tables created and ate with them. But we had another gathering not too long ago, two months ago when it's very – you can tell the hedges between us, which is very hard to get through to them. And we all work for a common cause, to serve children and families. But what frustrates me is, we are social services and then the court does their own thing, the police do their own thing. Behavioral health does their own thing. IHS does their own thing. And how do you address families that are – and when you talk about post history or traumatic historical trauma, how do you reach to those families when we lack resources. And you know it's alcohol, it used to be alcohol with our families. Now, it's okay to have a meth baby once or two or three times a month. And we see those, and it's very common. There's no laws to throw them in jail. We recently had a baby that was born two months ago with an alcohol level of 5.0.

The baby only lasted two days. And I emailed everyone, the police department, the counsel, health and welfare committee. And I said in the real world, this mother would be thrown in prison. Something has to be done. But nothing happened. And she is pregnant again. And when you lack those resources, what do you do? And you try to – this past summer, asked move to save from family preservations or we hired five Parent Aides to just do holding services for two months. And they went out, it was very effective. They went to a house each day, every other day and just connected with the families and talked with them, bringing them to their services and everything. And it worked. But we don't have monies like that.

And so, you have your hands tied because you can only do so much. And you know what you – you've evaluated everything, you know what the cause is. But the money is out there. And we do look at some grants, but we had to hire an evaluator. There is no evaluators in San Carlos, probably the closest one was like U Way in Tucson. And I thought you know, what do you do and you work with other tribes that are let down and we're at rural Arizona. And alcohol may be simple to some people, who are working with families let down. But there is lack of jobs, lack of housing, lack of education, lack of everything. And I thought it was kind of funny when I was doing the grant reapplication. And they talk about the objectives and meeting the goals. And I thought

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we are never going to meet any of these goals. Probably, we might reach some close to it. But it's never going to happen, and the amount of money they give us is only 80,000. And what do you do with 80,000 in one year. And your average case load is 250 or close to 400 cases of CPS cases per month that are active ongoing. And probably half of them are evolving door system where they come in, they go home, get their children back to the courts, and just keeps ongoing and going and going. And I don't know if you have an answer for that.

Mary Armstrong: I am sure they do.

Joe Walker: What I was going to say is that I were just at a conference a couple of weeks ago. And there was this lady that stood up and she pretty much answered that question already. And she said something about – because we were talking a lot about innovative intervention to bring to bear on various issues in the community. And she got up and said, “You know, I don't care how many interventions you bring to a community. It's up to the community to want to change.” And so, thinking about that, I would think that you need to start out with some kind of awareness, make the community aware of what's going on because maybe they don't know. Maybe you know how it is in small communities. I don't know if yours is a small community. But a lot of times, the community members don't want to know or some of them don't want to know. But I think that if you could start out by bringing everybody together as many people as possible, you may only have one or two people at this meeting. But eventually, over time, you probably get attendance.

I think it starts out with awareness of what's going on in your community and then look at – and then start out by looking at readiness. How ready is the community and where are they at because you can bring an intervention at any point in time within a community, but are they ready to do that intervention. And so, are you just spinning your wheels and are you just wasting money and resources? So to me, it all goes back to the community and the power that the community has over individuals and families within that community.

Terry Ross: Thank you. We also hired some ASU students, social workers this past summer as interns. And one of the students left last week and told me, “You need to create a Twitter account, Facebook, because in our community, what I've seen in the last election is, a lot of people use texting, Facebook, all for political reasons, and they are really into it and students too. And I thought is that a good idea or bad idea because social service is not a water-rise or casino program because that's most important in our area. And our whole tribe is in denial. Even though our tribal leaders, our Chairman and Vice Chairman, they are very educated. One is a Ph.D, even though they know what the issues are, they don't want to see or they don't want to be told. And human service is invisible on our reservation, I am sure it is everywhere too. It's not – we're to fighting for water rights and casino. And that's tangible, you see it and you feel it. But with human services, it's not in every election year, they always see education is our future.

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Children is our future. But in reality, we don't walk the walk and we don't talk the talk. And I am there screaming and this past year is my 16th or 17th year with my tribe. And I am thinking, probably I've done a lot of yelling or reading. Probably I should step back and see where it goes. But we're going to be creating a meth community pretty soon. It will be all SSI. And I'm sure it's not only at San Carlos.

Renda Dionne: Dory, I think there is somebody behind you that wanted to make a comment.

Mary Armstrong: Respondent.

Renda Dionne: Okay, respondent....

Joe Walker: Real quickly, what I wanted to say too before you say – before you get a chance to respond is that, yeah social media is really powerful. I worked for as a child welfare investigator for a number of years for a tribal child welfare agency. And it was my big idea to run a commercial and a local channel, a public service announcement on child abuse and neglect in tribal communities. And nothing about the data, about that tribe or anything. But I eventually had to resign because I ran that spot on TV about, please contact if you would suspect child abuse and neglect occurring, please contact the local child welfare agency. I eventually had to resign because of that. But I mean that made a lot of people aware if only for a week or two, and things started to change. I mean that tribe, I go back to that tribal child welfare agency today. And it's completely different when I worked there. In fact when I worked there, we used to call that the Old West because there were some times that there was no police officers available for an entire shift. And so we had to remove children on our own. But yeah, it just takes one person to get the ball rolling. And of course like the community, they are the ones that hold all the power. So...

Audience: Bonjour. My name is *[indiscernible]* [1:15:37] and I work for My Tribe *[indiscernible]* [1:15:40] up in Northern Wisconsin. And I have a comment in regards to the gentleman from San Carlos. And by the way, I've been to San Carlos. I went Iowa from Phoenix Indian School at my San Carlos friends and ended up on the resident San Carlos by a bootlegger's house. So I have been around. But I wanted to make a comment, and there was a comment that Renda said earlier in one of the – in responding to the first or second question. And you said there were – what you said was, and I wrote it down because it really took me back to our memory, that you said that you slipped it in the back regarding your parenting. And I remember 20 years, when I first got started in child welfare, I was working for the Dakota people in Minnesota. And it was something that my supervisor said to me who was at MSW and she was native, and also relates to the gentleman's concerns in San Carlos. She said, we will do social work in the back door. And she goes in order to get to the families here, you have to see the grandmas. You have to go to the grandma. And really, I look at that now and I look at what your statement says. And I think about what the gentlemen in San Carlos was saying, and it takes me back to the concept of cultural competency. And really, that's what it is because we have been trained to think not like we do at home. We've been trained under

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a different methodology. We've been trained under a different type of thinking that we don't think that way at home. That is not back door to us.

That is not slipping it in the back. It is working with our people, and that's how we work with them. We include culture in our parenting or they are not going to come. There is no reason why should come there. We do the food and we do it because that's who we are. And that's part of our tradition. And as part of that, we don't want to give that. If we give that up, then we give up everything of who we are. And so, our programs need to start thinking more about who we are, about our real identity. And so I said, I wanted to make my second – it's actually a question now and it is about the concept of reconciliation in that our relatives in the north have done a really great job in reconciliation with our Canadian relatives in the north. And where are we headed as far as research and agenda items in the United States in doing reconciliation of projects, we know that reconciliation was passed by Congress.

I believe about three or four years ago, but it just stopped there. There has been nothing done else in Indian country to really engage reconciliation with our non-Indian partners where we say, if you want to partner an Indian country, then let's talk about reconciliation and where is that going, is it just – was it just words that were said three years ago or are we going to move in that direction and actually do some real reconciliation. And when I say that I mean working with our families and also it doesn't always mean program funding or money. It means getting available resources that we don't have because of lack of funding, because of the lack of grant dollars or the ability to have really good grant writers in our community.

It's talking about partnering with counties or partnering with the state in finding out other ways of doing things, community approaches because that I think when we talk about reconciliation, we will start to turn things from healing versus evidence based practice. And that's what our communities need is healing of historical trauma and colonialism. We are still at that part when we work with our families, NICWA. Thank you.

Renda Dionne: I can – I'd be happy to just talk about reconciliation for a quick minute. The W.K. Kellogg Foundation has launched a Racial Healing initiative. They did a call for proposals, I think it was in 2009, and they received over 1,000 proposals across the United States and proposals from every state except for Wyoming and I don't know why. But so they funded the number of projects. NICWA received funding under that initiative. And we have been doing some work in Washington State and in Michigan around reconciliation. So I appreciate that you talked about our neighbors in the north. There is actually some really great work done if you google Touchstones of Hope, NICWA worked with the First Nations Child and Family Caring Society. I hope I got that name right, to really think about systemic change in child welfare, to think about reconciliation in child welfare. What does that look like, what would the outcomes be that would be associated with that. So there are some really great material online now. And I guess with regard to Congress and their apology resolution, I guess I would just say there is a lot of controversy in Indian Country about that and about the politics of apologizing but not doing anything about it. And that's exactly what happened. There

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was no funding that was associated with the bill. There were no policy changes that were associated with the bill. It was simply an apology.

So, I do think that you are right that there is a sincere need for reconciliation and what I would just add to what you said is, on the one hand, it's very much about healing it. There is a great need for healing. But on the other hand, there is the need to dismantle the system that is still imposing that harm. Because when we look at our families, when we look at our communities, we can try to do all the healing we can right now. But there is still a system, a racist system that's in place that continues to institutionalize the problems that we are seeing. They are structural problems. So this is bigger than healing any one family or community. So I would just encourage us that as we think about reconciliation and a lot of the work that we do around reconciliation is around state tribal relationships. But we really need to be thinking about a two-part agenda. We need to be thinking about the healing that needs to occur and we need to be thinking about how do we dismantle the structure that continues to position our families and communities the way they are.

Audience: My name is Lana and I am from North Carolina. And we have a lot of state recognized tribes, not as many federally recognized tribes with the Eastern Band, but because of our economic situation, and because we do have a large Indian population in our state, we have natives from all over the country. But I wanted to piggy back upon your comment as well as the gentleman's concern such that in our community, my community, I happen to be a member of the Lumbee tribe. We too are very sensitive to relationships within our community, we go to those who are leaders, or natural leaders that not only are grandparents and elders, but it's still even within families. Every family, whether you are native or nonnative, there is someone who is there that influenced or someone that everyone goes to for advise who, if that one person says make it so, everyone listens. And it is so, same thing within the political leadership within our community. If you keep telling the story about the problem and concern with the different leaders, you will eventually come across someone that will – that it is important to them, they may not have said it publicly, but eventually, as you keep telling your story, you will find someone who has the power to do. Whether they are seen publicly as a leader or, a lot of times, we have leaders that we don't talk about publicly. But tell the story and use what we traditionally have done with our relationships with one another.

Terry Ross: Yeah, it just makes me think about what all three of you have said. It's just the importance of your voice and the importance of the work that you do within your communities. And it can feel overwhelming sometimes. And it's hard work, and you can feel like you are up against a hurricane. But one of the things that when we work with them, a parent that has all these obstacles, they have to overcome themselves is to try to pull that strength from them. And if we think about history, and you know I mean there is estimates that as many as 90% of native population died as a result of first contact. If you are here today, you come from some incredibly strong answers too as there are some incredible strength there to pull from. And we need that strength to heal our communities.

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Woman Speaker: I also wanted to just add one quick thing. So Terry, I really appreciate your comment and it's been many years and it's good to see you. But I really feel like you helped us to bring this conversation back around to what we should be talking about. So we are talking about research and evaluation and how do we collect and how do we measure. But you really boiled it down to its essence. And I think those are some significant challenges, departments that don't want to work together, people who run their own programs, who are not willing to work across the silos, political leadership, that's has the kind of mantra about kids are important. But where is it in the action? So and I think many of us see aspects of that in our own communities. And I guess I would just say, my family is from rural Alaska, and from a small community of 250 people, the native village of Ouzinkie. And one of the things that has started to work in Alaska, not in my community, but in some other neighboring communities is, when the programs folks are having a hard time getting it to work, when the political leadership is having a hard time to step up to the plate and to do what they need to do to be stewards of the community. The people start getting involved. There is too much at stake.

One of the things that happened recently was a community meeting and it was going to be about social services and how to better serve our families and kids and it was organized by a few of the community members. And at the beginning of the day, there were only five or six people there, but people started talking about historical trauma. And people started talking about what effect it really has on our community and what the symptoms are. How it expresses itself? How we see in the actions and behaviors, how we see it in our relationships with one other. And you know what, it wasn't too long before people outside that room started hearing about what was happening in that room. And as the day went on, more and more of the community came. And by the end of the day, 60% of the adult community was in that room talking about this. So, I also think part of healing and part of systemic change really is having the opportunity to have the conversations that we don't often have.

And I think those kinds of conversations have the power to change people's hearts and minds, and they can also be a really important lever towards policy change, towards affecting community politics and towards really helping the program staff to work at what they need to work at. When they are getting the pressure from the community, things can change.

Mary Armstrong: Okay, thank you. That's a great place to end, so I think our time is up, so thank you all very, very much. Thank you to the panel.