Implementation of Promoting Safe and Stable Families by American Indian Tribes

Final Report – Volume II

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Case Study Reports

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Implementation of Promoting Safe and Stable Families by Indian Tribes

Hopi Tribe
Summary Program Description

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

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

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

I. Context

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

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

[1] http://www.hopi.nsn.us/

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

In Hopi culture, bringing a child into the world is viewed as an especially important responsibility. Different members of the child's paternal clan are given particular roles, such as naming the child and caring for the mother and child after the birth. In this way, each child begins his or her life in a web of clan relationships[2], which can be equated with parental relationships and responsibilities.

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

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

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

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

[2] ibid.

[3] http://www.hopi.nsn.us/Pages/Statistics/demog.html

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

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

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

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

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

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

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[4] Ibid.

[5] Ibid.

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

A. Tribal Planning Process

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

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

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

No additional assessment was conducted for the PSSF program in 1997.[6] The Hopi Tribe addressed the new ASFA guidelines by adding time-limited family reunification to the job description of the PA, and incorporating it into its family support services. The PA continues to be the link between families, CPS, the court, and social services. Adoption promotion and support was added to the permanency planning services of HGC, and consists primarily of home assessments, relative placement, and foster care services.

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

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

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

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

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

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

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

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

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

B. Implementation

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

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

- **Target population:** The primary focus is on families resistant to child welfare and social services who have been referred for services.

- **Referral sources:** Referrals for services come from CPS, schools, Head Start, clinical psychologists, and the courts.

- **Intake and assessment:** CPS conducts the initial assessment, and the PA conducts a second assessment to determine the services needed by the family. The PA then provides all PSSF services to the family.

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

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

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

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

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

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

III. Indian Child Welfare Services

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

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

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

Available Child Welfare Services:

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

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

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

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

Other Related Services:

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

A. Administration

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

B. Funding

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

C. Connection with PSSF Programs

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

D. Major Initiatives

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

IV. Other Related Human Services

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

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

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

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

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

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

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

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

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

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

A. Administration

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

B. Human Services Funding

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

C. Connection with PSSF Programs

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

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

D. Major Initiatives

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

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

Implementation of Promoting Safe and Stable Families by Indian Tribes

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

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

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

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

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

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

I. Context

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

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

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

Table 1
Annual ICFS Services and Activities Budget by Funding Source

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

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

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

- The state is county-administered. Service delivery and related decision-making is delegated to the local level.

- California is a P.L. 280 state. The federal government ceded much of its trust responsibility to the State of California. As a result, tribes must rely on county child welfare agencies for core services (abuse/neglect investigation, foster care and adoptive placement, and select preventive and in-home services), and area courts for legal jurisdiction.[8]

- Tribes often interact with more than one county, depending on where their tribal members reside or the alleged child abuse/neglect incident occurred, and available services and practices can vary considerably from jurisdiction to jurisdiction.

- The tribes in southern California are numerous and relatively small. Historically, these tribes have lacked the capacity to develop their own service options. As shown below, the total number of tribes in the immediate ICFS service area is 33:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Tribal Planning Process

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

B. Implementation

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

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

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

- *Referral Sources:* Referrals primarily originate from the county child welfare agency (generally children and families under investigation by child protective services or receiving in-home case management services), but can also originate from tribes.

- *Intake and Assessment:* ICFS conducts a limited assessment of family needs upon referral.

- *Basic Services and Activities Provided:* Weekly in-home visits of 1.5 hours each, and bi-weekly groups at ICFS for children and parents. The 12-session curriculum focuses on effective parenting and communication skills.

- *Service Duration:* Ideally, the program is limited to three months, but some cases have been extended for up to one year. Agency staff members estimate that, on average, cases are served for 12–15 weeks.

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

Evaluation: No evaluation of this program has been conducted.

III. Indian Child Welfare Services

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

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

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

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

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

A. Administration

All services and programs described are administered by ICFS staff.

B. Funding

Please see Table 1 for the funding source for each.

IV. Other Related Human Services

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

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

A. Administration

The groups are administered by ICFS staff.

B. Funding

Please see Table 1 for the funding source.

C. Connection with PSSF Programs

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

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

Implementation of Promoting Safe and Stable Families by Indian Tribes

Kiowa Tribe of Oklahoma
Summary Program Description

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

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

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

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

I. Context

"Our hearts lie heavy upon the ground."

Old Kiowa saying (regarding the loss of tribal land)

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

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

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

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

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

The 1995 FP/FS plan reported 3,051 tribal members under 18 years of age in the tribe's service population. According to the 2000 PSSF plan, this population had decreased slightly, to 2,911. A minimum blood quantum of ¼ is necessary for Kiowa tribal enrollment. The Kiowa do not have a clan system; rather, social organization is based on the classificatory kinship system. In this system, collateral and lineal relations are classed or merged, such that a parent and his/her sibling of the same sex are known as "father" or "mother." Siblings and parallel cousins refer to each other as "brother" or "sister," and a nephew or niece is referred to as a "son" or "daughter." These relationships are expressed in modes of child fosterage.

- **Population characteristics:** According to the Oklahoma Indian Affairs Commission, there are 11,200 enrolled members of the Kiowa Tribe (statewide, all tribal enrollment is approximately 594,000). The population of the Kiowa-Comanche-Apache-Fort Sill Apache Oklahoma Tribal Statistical Area (OTSA), which comprises the original tribal lands, is 193,260.[15] According to Census 2000 data, the American Indian population is 8,730 when considering one racial category. With regard to multiple racial classifications, there are 12,990 American Indians in the Kiowa-Comanche-Apache-Fort Sill Apache area. Statewide, the American Indian population is 273,230, representing approximately 8 percent of the total number of inhabitants.

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

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

Exhibit 1
Selected Characteristics of the Five-County Service Area

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

Source: Census 2000.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Tribal Planning Process[23]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Implementation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. Indian Child Welfare Services

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

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

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

Child Protection Services

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

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

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

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

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

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

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

- Priority One: Imminent danger and threat of serious injury. Response must occur within 24 hours;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Indian Child Welfare

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

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

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

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

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

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

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

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

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

Tribal-State Title IV-E Agreement

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

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

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

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

- *Out-of-home placement*: The child is placed in the "least restrictive setting appropriate to his or her special needs" and one that "approximates his or her family" and is "within reasonable distance to his or her home."

- *Required placement guidelines (in order of preference)*:

  -Member of the child's extended family;
  -Kiowa Indian foster home (licensed, approved, or specified by the tribe);
  -Indian foster home licensed or approved by the tribe;
  -Foster home licensed or approved by another tribe (subject to approval of the child's tribe).

- *Exchange of information*:

  -The state DHS provides to the tribe all information regarding a Kiowa child in departmental custody "so that it can review and evaluate proposed placements, TPR actions, and adoptive placements."
  -The tribe provides to the state DHS "sufficient information" regarding a child in tribal custody in order to assess compliance with federal eligibility requirements.

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

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

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

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

The Adoption and Safe Families Act (ASFA) of 1997

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

The Ryan Luke Bill

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

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

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

A. Administration

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

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

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

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

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

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

B. Funding

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

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

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

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

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

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

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

- ICWA grant funds that allow tribes to use their programs as matches in dollars or in-kind resources; and

- The 638 contract funds used as match when tribes are seeking other services and funding.

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

C. Connection with PSSF Programs

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

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

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

D. Major Initiatives

- The Kiowa Tribe has a title IV-E agreement with the State of Oklahoma to reimburse the tribe for out-of-home placements. The agreement began in 1985 and is re-negotiated each year.

- KEYS is working toward state certification so the tribe can receive reimbursement from the county DHS. In doing so, the tribe would have to open up the shelter to all children. Meeting state certification standards requires (1) adjusting the staff-to-child ratio; (2) renovating the facilities (e.g., isolating the kitchen); (3) allowing third-party

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

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

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

IV. Other Related Human Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Administration

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

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

B. Funding

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

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

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

C. Connection with PSSF Programs

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

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

D. Major Initiatives

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

- The Head Start and CFS programs are currently developing a memorandum of agreement to address family-related needs;

- The CFS program will seek a memorandum of understanding with a for-profit business that sells furniture, bedding, appliances, and electronics, so that families can purchase basic necessities at the lowest possible prices;

- The CFS program will hold a community meeting regarding the high costs of utility bills and how families can manage monthly bills. The program will present the use of "budget billing" and educate families about making affordable monthly payments throughout the year, thus averting crises (which tend to occur during the winter when heating costs soar);

- The CFS program is considering developing a respite care program to assist families at risk. This program would tap the many grandmothers in the community as a critical resource to provide respite care services.

Appendix A

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

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

[a] Includes referrals to the State Department of Human Services.

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

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

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

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

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

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

Implementation of Promoting Safe and Stable Families by Indian Tribes

Menominee Indian Tribe of Wisconsin
Summary Program Description

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

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

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

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

I. Context

B. Prosperity

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

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

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

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

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

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

C. Termination

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

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

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

D. Restoration

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Tribal Planning Process

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

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

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

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

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

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

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

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

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

B. Implementation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[72] The culture camp is discussed in section IV.

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

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

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

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

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

III. Indian Child Welfare Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Administration

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

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

- An adoption agreement with the State of Wisconsin, Department of Health and Family Services;

- A correctional agreement with the Wisconsin Department of Corrections to allow youth committed by the tribal court to be placed in state correctional facilities;

- An Act 161 agreement with Menominee and Shawano Counties to allow county foster care funds (title IV-E) to pay for out-of-home placements ordered by the tribal court. This agreement also: (1) defines roles and responsibilities among the three entities; and (2) allows the counties to provide involuntary services on behalf of Menominee children; and

- An agreement with the State of Wisconsin, Department of Health and Family Services concerning the Kinship Care program, to provide financial benefits to eligible recipients caring for minor relatives.

B. Funding

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

C. Connection with PSSF Programs

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

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

D. Major Initiatives

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

IV. Other Related Human Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[86] AODA services are provided by *Maehnowesekiyah*.

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

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

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

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

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

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

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

A. Administration

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

B. Funding

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

C. Connection with PSSF Programs

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

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

D. Major Initiatives

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

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

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

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

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

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

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

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

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

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

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

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

Implementation of Promoting Safe and Stable Families by Indian Tribes

Mississippi Band of Choctaw Indians
Summary Program Description

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

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

I. Context

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

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

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

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

[92] Ibid

[93] http://www.choctaw.org/show.asp?durki=34

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- **Population characteristics:** An estimated 8,300[96] enrolled members of MBCI live on or near the 30,000-acre reservation. In order to be an enrolled member, an individual must have a 50 percent blood quantum or greater. Thirty-five percent of the MBCI population lives below poverty, as compared to 16 percent throughout the State of Mississippi. According to documents reviewed onsite, the unemployment rate is approximately 4 percent, which is slightly below the state average of 4.3 percent. MBCI has a relatively young population, with over half of its members being of school age (3-21).

- **Tribal governance structure:** The MBCI Tribal Council was formally organized in 1945 to approve the decisions of BIA. Today, the council has direct administration over the entire Choctaw Reservation, including its many enterprises, as well as services and programs operated by the tribe. The popularly elected tribal council is composed of 16 members elected from the 8 Choctaw communities, plus the chief, who is popularly elected by all members. The council is further divided into 14 committees, each having direct oversight over the many departments that provide human, social, and economic services. For example, the Committee on Community and Family Services and Veterans Affairs has oversight over the Department of Family and Community Services, which is responsible for the allocation of PSSF funds, in addition to other child welfare services.

- **Tribal court:** The MBCI court system was first established in the late 1960s to early 1970s, and was reorganized in the early 1980s when it was split into several divisions. The MCBI court system now encompasses a criminal court, civil court, youth court, peace maker court, and a supreme court, which was added in 2000. All courts meet on a regular basis and have jurisdiction over the entire reservation. It is estimated that the court system handles 7,500 cases per year and 10,000 hearings. The Committee on Judicial Affairs and Law Enforcement conducts oversight of the Choctaw court system.

    - *Criminal Courts:* There are two full-time judges on this court. While a law degree is not required, the tribal council must confirm all judges. This court handles traffic and domestic cases.

    - *Civil Court:* This court has two part-time judges who are non-Indians. A law degree is required to sit on this court, which handles all civil cases, including collections and personal injury.

    - *Youth Court:* There are two part-time judges, and a law degree is not a requirement. This court, which handles delinquency and juvenile cases, has its own staff and is the court of original jurisdiction for child abuse and neglect (CAN) cases. It is estimated that 450 juvenile and child welfare cases are handled per year. Cases are heard every Tuesday and on the 2nd and 4th Fridays of every month, except for emergency CAN cases, which are held as needed.

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

- *Peace Maker Court:* This court has one full-time judge. A law degree is not required to serve on this court, which handles civil, criminal and juvenile cases. The peace maker court is a more traditional forum that seeks non-punitive resolutions to disputed issues and brings together elders from the family to work out solutions.

- *Choctaw Supreme Court:* There are three full-time judges for this court. According to tribal code, the chief justice must be a member of the tribe, but is not required to have a law degree. On the other hand, the two associate judges do not have to be tribal members but must possess law degrees. This court is the last court of appeals within the Choctaw court system.

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

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

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

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

A. Tribal Planning Process

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

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

[97] http://choctaw.org/show.asp?durki=35

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Goal 1: Protect children from abuse and neglect.

Goal 2: Provide permanency for tribal children.

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

Expected Outcomes:

FP/FS Program (FY95 Plan)

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

PSSF Program (FY00 Plan:

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

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

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

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

B. Implementation

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

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

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

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

Family Preservation

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

Adoption

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

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

Placement Services

- **Target population:** For non-institutional placements, all children in need of placement due to a finding of harm during the CPS investigation. For institutional placements, clients in need of residential acute services.

- **Referral sources:** Prospective placement families can self–refer. Institutions offering placement have a standing contract with the tribe. The tribal court can also refer children to placement.

- **Intake and assessment processes:** Clients are assessed by Mental Health to determine suitable placement. If placement is non-institutional, a home study and background checks are conducted. Institutional placement organizations conduct their own assessments once the client is admitted for services.

- **Basic services and activities provided:** Activities for this program include recruitment, training, and licensing of foster homes. For clients placed in treatment centers, services may include substance abuse treatment, psychological counseling, or group and individual therapy.

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

Prevention Services

- **Target population:** Families determined to be at risk of dissolution, dysfunction, or disruption.

- **Referral sources:** Referrals can come from any of the divisions within DFCS, the police department, or the court.

- **Intake and assessment processes:** Intake and assessment is conducted by Mental Health.

- **Basic services and activities provided:** Services provided are designed to prevent out-of-home placement and assist in reunification. Activities include the assessment of needs, development of treatment plans, conducting home visits for supervision, arranging for visitation, providing individual and family counseling, providing information and referral, and arranging for services with other service providers.

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

Protective Services

- **Target population:** Children in tribal custody or children identified to be at risk of physical or sexual abuse or neglect.

- **Referral sources:** Referrals can come from the schools, court, police department or any mandatory reporters.

- **Intake and assessment processes:** Intake is conducted by DSS. Assessment is conducted by Mental Health.

- **Basic services and activities provided:** These services include the investigation of child abuse and neglect. Activities include close coordination with law enforcement, gathering information and evidence, reporting and or testifying in court, providing referrals and reports to other service providers, arranging for emergency placements, arranging and providing transportation, and other services as needed.

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

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

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

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

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

III. Indian Child Welfare Services

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

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

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

Generally, there are two directions to the case flow:

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

2. Physical and sexual abuse allegations are processed in the following manner. If the investigation determines that sexual abuse of a minor has taken place, the case is referred to the FBI. If the abuse is physical, DSS will take emergency custody of the minor. A preliminary hearing must be held within 72 hours, an adjudication hearing is held within 10 days, and a review hearing is held every 6 months.

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

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

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

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

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

Available Child Protective Services

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

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

A. Administration

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

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

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

B. Funding

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

C. Connection with PSSF Programs

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

D. Major Initiatives

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

IV. Other Related Human Services

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

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

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

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

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

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

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

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

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

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

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

Mental Health Services

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

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

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

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

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

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

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

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

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

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

Other Services

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

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

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

Youth Services

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

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

Off-Reservation Services

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

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

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

A. Administration

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

B. Funding

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

C. Connection with PSSF Programs

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

D. Major Initiatives

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

Implementation of Promoting Safe and Stable Families by Indian Tribes

Navajo Nation
Summary Program Description

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

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

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

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

I. Context

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

[99] Source: http://www.americanwest.com/pages/navajo2.htm

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

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

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

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

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

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[100] Ibid.

[101] Source: http://www.nnwo.org/nnprofile.htm

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

- **Tribal governance structure:** The Navajo Nation governmental structure is organized into three branches: executive, legislative and judicial. The capital of the Navajo Nation is located in Window Rock, Arizona. The role and responsibilities of each branch in governing the Nation is detailed in the following discussion.

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

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

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

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

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

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

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

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

A. Tribal Planning Process

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

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

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

[103] Source: http.www.americanwest.com/pages/navajo2.htm

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Implementation

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

1. *Quarterly reporting of progress on the following program statistics and services*:
    a. Provide FPS to 12 families per year
    b. Provide FSS to 20 families per year
    c. Provide TLRS to 6 families per year
    d. Provide APSS to 12 families per year (post-placement services)

2. *Provide FPS to maintain child safety at home to prevent unnecessary out-of-home placements*:
    a. Three families will receive FPS
    b. Three families will assess for service utilization with community resources

3. *Provide FSS to promote the well-being of children and families*:
    a. Ten families will receive parenting skills training utilizing the Family's Journey to Harmony curriculum
    b. Ten families will receive home-based and strength-based services through case management services
4. *Provide TLRS to reunite children with natural family of origin within 15 months of their initial placement*:
    a. Three families will receive counseling to prevent child abuse and neglect
    b. Three families will assess service utilization with community resources
    c. Three families will receive parenting services utilizing the Family's Journey to Harmony curriculum

5. *Provide APSS to promote the permanent placement of children*:
    a. Conduct three public recruitment activities
    b. Conduct one PATH Training to prospective foster/adoptive parents
    c. Provide post-placement services to three families

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

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

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

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

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

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

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

Adoption Promotion and Support Services[105] (APSS) are targeted to foster/adoptive parents, legal guardians, and families interested in adoption. Potential adoptive parents must go through a rigorous application process, including background checks, home study, physical exams, home visits by the adoption social worker, and 16 hours of training. The Navajo do not subsidize adoptions, although tribal adoptive families with IV-E eligible children (those with special needs) may access state subsidy as a result of a Joint Powers Agreement (JPA) with the State of New Mexico. APSS offers post-placement services such as counseling services, which include home visits from the adoption social worker for at least 3 months and up to 1 year. Home visits are typically twice per week for the first 2 weeks, weekly through the second month, monthly for the third month, and as needed for up to a year. APSS also offers the following services: parent skills training, which may include a weekly home visit from the worker; voluntary adoption placement services, including counseling and case management, to families seeking to voluntarily relinquish their parental rights; Navajo Children and Family Services Newsletter distributed quarterly to certified foster and adoptive parents that presents the profiles of children in need of homes and other parenting tips and information; culturally based counseling services; and information and referral to local community resources.

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

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

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

III. Indian Child Welfare Services

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

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

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

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

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

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

If emergency removal of the child is necessary for CAN cases occurring on the reservation, a temporary custody order is obtained and the child is placed in emergency placement on the reservation. The CPS worker or Navajo police are allowed to remove the child without a court order, but must obtain one within 48 hours of removal. If there is a need for emergency intervention and the CPS worker is not available, a backup worker[106] may be sent out to ensure the safety of the victim through direct contact, but does not begin the formal investigation. The backup worker may take appropriate measures to intervene if the child is in danger and might complete the temporary custody order if the child needs to be removed from the home. If the case is Priority 1, any action taken by the backup worker is reported within 3 hours via written report to the CPS worker assigned to the case. The CPS worker then has 6 hours from receipt of the report to make the investigation. A custody hearing takes place 24 hours after the petition for temporary custody is made to the tribal court. At this point, it is determined if the child will return home or stay in the custody of the court. If the child remains in the custody of the court, a preliminary hearing is held 20 days after the custody hearing. If the child is placed in foster care, the Nation will first look for family members with whom to place the child. If this is not possible, the Navajo have certified foster homes on the reservation to keep the child as close to family as possible. Tribal foster homes are certified after a home study is complete and a criminal background check has been conducted. The home study must comply with the guidelines the Navajo have established in order for it to be state certified. (The states accept Navajo guidelines for home studies.) Foster parents are recruited through the Internet, information booths at Navajo Nation fairs, presentations at schools and churches, and radio[107] and newspaper advertisements.

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

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

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

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

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

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

A. Administration

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

B. Funding

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

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

C. Connection with PSSF Programs

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

D. Major Initiatives

The Navajo have a Joint Powers Agreement (JPA) with the State of New Mexico and are seeking similar agreements with the States of Arizona and Utah. The JPA with New Mexico allows the Nation to utilize funds from the state's IV-E allotment in certain circumstances. Special needs Navajo children who are eligible for IV-E can access guardianship subsidy through the JPA agreement with New Mexico. The Navajo Nation is also participating the New Mexico title IV-E waiver demonstration project. This waiver agreement allows certain federal requirements to be waived, allowing IV-E funds to be used to establish assisted guardianships for IV-E eligible Indian children in tribal[108] and state custody. However, as per the agreement, payment cannot exceed the foster care maintenance payment. This demonstration compares title IV-E eligible Indian children in tribal custody who are provided with assisted guardianship to IV-E eligible Indian children in state custody who are not placed under assisted guardianship. This comparison is meant to demonstrate that using IV-E funds to establish assisted guardianships will increase permanency, safety, and well-being for children. Although the Navajo have agreed to participate, to date they have not placed any children in assisted guardianships under this demonstration. One major barrier that the Navajo and other tribes participating in this demonstration project have noted is the conflict between specific requirements for determining title IV-E eligibility, specifically court orders with specific language, and traditional cultural practices. The Navajo's peacemaking court, the traditional way of handling disputes, does not meet federally recognized standards for court review, and therefore does not qualify for title IV-E. Furthermore, children are ineligible if they are placed in a relative placement that is not licensed, which is a relatively common practice for tribes. As a result, many Navajo children are not IV-E eligible and do not qualify to participate in the project.

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

IV. Other Related Human Services

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

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

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

Adult/Elderly Services offers families three programs:

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

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

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

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

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

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

A. Administration

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

B. Funding

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

C. Connection with PSSF Programs

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

D. Major Initiatives

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

Implementation of Promoting Safe and Stable Families by Indian Tribes

Oglala Sioux Tribe
Summary Program Description

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

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

I. Context

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

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

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

[109] Http://mnisose.org/profile/oglala.htm

instance, the Black Hills, located in the center of the Great Sioux Nation, are an important part of the Sioux people's spiritual lives and history. The Treaty of 1868 designated the Black Hills as part of the Sioux Nation, but in 1874, after gold was discovered in the Black Hills, the federal government sought to buy or rent the Black Hills. When the Sioux Nation refused, the 7th Cavalry under General George A. Custer was dispatched to confine the Sioux people to the reservation. On June 15, 1876, the Battle of the Little Big Horn ensued and was won by the Sioux Nation, aided by the Cheyenne and other tribes. As a result, the federal government introduced the Agreement of 1877, or as referred to by the Sioux people, "the Sell or Starve Bill." When this did not achieve the intended result, in 1888 Congress passed the Allotment Act, which divided the Sioux Nation into 160-acre lots to be given to individuals. The Allotment Act broke up the Great Sioux Nation into smaller reservations, the remainder of which exist today at about one-half the size of the original. [110]

Relationships between the Sioux Nation and the federal government were further strained by Sitting Bull's acceptance and use of the "Ghost Dance Movement." The U.S. Army feared the unity prayer adopted by Indian tribes, and ordered the arrest of Sitting Bull on the Standing Rock Reservation. During the arrest attempt on December 15, 1890, Indian police shot and killed Sitting Bull. The Hunkpapa, who lived in Sitting Bull's camp, and his relatives fled south to the Cheyenne River Reservation where they joined the Big Foot Band in Cherry Creek, South Dakota. The group then traveled to the Pine Ridge Reservation to meet with Chief Red Cloud, but was intercepted by the 7th Cavalry at Wounded Knee on December 29, 1890. By the end of the campaign, 300 women, children, and elderly men had been massacred. The people of the Great Sioux Nation have never forgotten these events, which remain a source of resentment. [111]

After years of litigation over the Black Hills, the Supreme Court in 1980 sided with the Sioux Nation and provided them with a settlement claim for the illegal taking of their land. However, the Sioux Nation refused the settlement; the people wanted the land rather than the money. A large number of Sioux shared the belief that leaving the land would invite more expropriation by the federal government—something that is intolerable to a people whose faith and identity are profoundly tied to the land.

- **Population characteristics:** There are approximately 50,000 Oglala Sioux people living in South Dakota. Of an estimated 28,000 enrolled Oglala tribal members, approximately 20,500 live on the Pine Ridge Reservation. The per capita income is $6,143. Poverty rates and female-headed households are both estimated to be 60 percent. [112] The tribal unemployment rate is 88 percent, and the school dropout rate is nearly 50 percent.[113]

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[110] Ibid

[111] Ibid

[112] Http://www.geocities.com/Athens/Acropolis/3976/Hawk.html

[113] Donald L. Bartlett and James B. Steele "Indian Casinos: Wheel of Fortune" Time, 16 December 2002, 44-68.

- **Tribal governance structure:** The OST government, which has jurisdiction over the entire Pine Ridge Reservation, operates under a constitution approved by tribal members and the tribal council. The tribe is governed by a popularly elected five-member executive committee and a 16-member tribal council, all of whom serve concurrent four-year terms. The tribal council chairman is the administrative head of the tribe and is assisted by the executive committee, which consists of the president, vice-president, secretary, treasurer, fifth member, and the sergeant-at-arms. The president and vice-president are elected by the entire reservation, while the remainder of the governing body is elected from individual districts.

- **Tribal court:** The jurisdiction of the court extends across the entire Pine Ridge Reservation. Although there is no separation of powers between the executive and legislative branches of government, the Oglala Sioux judicial branch is constitutionally independent.

  The tribe has two courthouses: one located in Pine Ridge with three judges, and the other located in Kyle with one judge. The court system hears appellate and trial cases. It also has a separate juvenile and children's court docket. Child abuse and neglect (CAN) cases are heard by one judge in the Pine Ridge courthouse on Tuesdays, Wednesdays, and Fridays. The court does not handle criminal child abuse cases (cases in which the perpetrator is a non-custodial care giver), which are instead referred to the U.S. Attorney. The court handles approximately 3,500 cases per year, of which CAN cases account for 200-300. The court is not fully automated, as calendar books are still in use.

  The court currently holds emergency custody hearings within 48 hours of the case being opened. When placement is necessary, emergency custody lasts 30 days, and review hearings are held approximately 45-90 days after the initial custody hearing. Since Shannon County conducts all child protective services (CPS) investigations on the reservation, all affected parties in the custody of the county are provided legal representation. However, due to revenue constraints, representation is not provided to all parties in tribal court. The Oglala Sioux court system is moving toward fully implementing Adoption and Safe Families Act (AFSA) guidelines.

- **Revenue generation:** The major employers on the reservation are OST, Oglala Lakota College, Bureau of Indian Affairs (BIA), Indian Health Services (IHS) and the Prairie Wind Casino, which is owned and operated by the tribe. There was no indication of direct contributions to social services from any of the revenue-generating activities.

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

A. Tribal Planning Process

In planning for the Family Preservation/Family Support (FP/FS) program, OST utilized the existing multi-disciplinary team (MDT). MDT was organized in 1991 in response to the tribe's need to coordinate social services on the reservation. In 1994, when OST became eligible to participate in the FP/FS program, it turned to MDT to facilitate the planning and coordination of the FP/FS program. During the planning process, MDT held monthly meetings that were open to the public and were announced on the reservation's radio station.

Additionally, MDT members facilitated and participated in weekly radio talk shows and workshops designed to involve the community and solicit comments and concerns about the types of services to be offered under the FP/FS program.

With the help of community workshops and forums, MDT identified compound factors faced by the tribe. These included: lack of cultural identity, numerous family separations, poor health conditions, many single parents, child abuse, poor housing, high infant mortality, high suicide rate, poor education, lack of economic development, high alcohol/drug abuse, high unemployment, rampant crime, high teenage pregnancy, low life expectancy, and lack of service coordination. According to MDT, cultural deprivation and OST's isolation were the root causes of these factors. MDT concluded that the solution would need to come from within the tribe. Consequently, the FY95 five-year plan emphasized the need for OST to return to its traditional teachings. The plan stated: "As a people we have been too long without our teachings, to lead our path in life, this is why many of our people today are weakened by the many addictions which afflict OST and many violent effects that are attributed to these addictions. It is the intention of the Oglala Sioux Tribe to establish these traditional ways within a modern Social Service System that will begin to immediately benefit the children and their families in the most positive community service system possible." [114]

No additional public planning was conducted for the second five-year plan. In its FY00 plan, OST utilized a more targeted approach to providing services, while continuing to emphasize the need to connect the reservation with its traditional past.

Tribal Planning Group: With a primary purpose of coordinating social services on the reservation, MDT encompassed 43 different organizations. These included tribal social services, health, law enforcement, judicial, mental health, treatment, child protection, education, tribal administration, and support services; membership was by invitation only. Since implementation began, MDT has not provided any oversight function.

OST's FY00 five-year plan noted that MDT is still seeking to coordinate services; however, onsite interviews suggested that its role is uncertain. Interviews with social service providers revealed a lack of knowledge about MDT, its mission, or its function.

Needs Assessment: According to the initial five-year plan, MDT conducted a review of all child welfare services on the reservation. That assessment, which sought to determine what services were being provided and what service gaps needed to be filled, took the form of a program review in which focus groups and informational sessions were held with clients and residents of the reservation. It was determined that although there were already many services available to the Pine Ridge community, those services needed to be coordinated.

According to the information contained in the initial five-year plan, status evaluations of service coordination progress were to be presented monthly at MDT meetings. However, these evaluations revealed that problems on the reservations were too entrenched and complex to be alleviated simply by coordinating services. When Title IV-B, subpart 2 was authorized under the ASFA as PSSF, the tribe specified no additional requirements. However, in the new five-year service plan for FY00, MDT shifted its focus from service coordination to providing intensive services to "at-risk" families.

[114] Oglala Sioux Tribe's 1995 Child and Family Service Plan.

Goals and Objectives: The stated goals of the original FP/FS program centered on the coordination of services available to OST children and families living on the reservation. Although the goals for FY00-FY04 changed from a focus on service coordination to targeted family support services to at-risk families, there were no changes specific to PSSF (i.e., related to the two new program areas—time-limited family reunification and adoption promotion and support).

- **Goal 1:** Develop a family preservation and family support service plan for the Pine Ridge Indian Reservation.

- **Goal 2:** Improve all children and family preservation and family support services on the Pine Ridge Indian Reservation.

The goals for the PSSF program focused on providing services to "at-risk" families through education and outreach activities.

- **Goal 1:** Research present grassroots programs and current service providers available to service the needs of OST, to determine the new revised objectives for the next five years.

- **Goal 2:** Educate the reservation communities on CAN and sexual abuse. Utilize elders to provide guidance and serve as mentors.

- **Goal 3:** Provide intensive PSSF services to families in crisis.

Although the stated goals were consistent with the expectations of the stakeholders interviewed onsite, the reality of the PSSF program proved to be quite different. The FY00 five-year plan articulated a vision of service coordination and service delivery to at-risk families. However, according to onsite interviews with stakeholders, these visions have not been fully realized. Rather than hiring a PSSF service coordinator, as suggested by the plan, PSSF funds are being utilized by the Oglala Nation Tiospaye Resource and Advocacy Center (ONTRAC) to provide ICWA services. Because the county has child welfare jurisdiction on the Pine Ridge Reservation, all OST children are initially placed into the custody of the county. The tribe must then petition SCDSS, through ICWA, to regain custody of all OST children. Once custody is transferred to the tribe, PSSF funds are then utilized to provide services to the child and family.

Generally speaking, the PSSF services that are provided include foster parent training and foster parent recruitment. Additional services include those that help families maintain custody of their children, such as paying rent or utilities, and providing clothing and food.

Tribal Involvement in the State Planning Process: There is no indication that the tribe participated in the state planning process.

B. Implementation

Administration and Monitoring: All PSSF services are administered by OST through the ONTRAC/ICWA office. The majority of PSSF services are offered to families currently with children in foster care, and monitoring is conducted by OST's judiciary committee.

The ONTRAC/ICWA office is staffed by five people (executive director, social worker, family preservation coordinator, intake clerk child welfare, and office manager). For FY00, the ONTRAC/ICWA office received 1,090 notices of OST children in the custody of various states. Of the 253 children who were eligible for services, the office requested that all of them be returned to OST custody. Regarding those 253 children, 127 were in joint custody with various states; 25 were reunified with their parents; 13 were awaiting relative adoption; 66 were returned to relatives; 15 underwent Termination of Parental Rights (TPR); 6 cases were closed; and 1 is unknown. [115]

Service Delivery: ONTRAC provides family preservation services, which are defined by the tribe as services designed to help parents get their children back from the custody of SCDSS. These services can be divided into three separate categories: ICWA services, support services, and foster care and recruitment services. ICWA services are services provided by ONTRAC to remove children from county custody and place them in tribal custody. Support services are services provided to the family to ensure that children remain in the home. Foster care and recruitment services are services for children in tribal custody who cannot return home.

ICWA Services

- **Target population:** Children and families involved with CPS.
- **Referral sources:** The majority of the caseload occurs as a result of families being involved with county CPS.
- **Intake and assessment processes:** Once a report of harm (ROH) is filed, the county conducts the investigation and notifies the ONTRAC office. After the tribe gains custody, ONTRAC conducts an assessment to determine what services are needed. A case plan is then developed, and services are offered. If the parent refuses to adhere to the case plan, ONTRAC retains custody of the child and seeks permanency through relative placement.
- **Activities provided:** The ONTRAC advocates on behalf of children and families by ensuring that states adhere to ICWA regulations. ONTRAC reviews ICWA petitions, determines jurisdiction, provides transportation, and attends court hearings on behalf of children and families.
- **Service duration:** Services are provided on an as-needed basis.

Support Services

- **Target population:** Children and families at risk of being involved with child welfare services. Services are offered to families to keep children in the home and out of foster care.
- **Referral sources:** Families can self-refer, or referrals can come from other tribal social service agencies.

[115] Oglala Sioux Tribe, Oglala Nation Tiospaye Resource and Advocacy Program, Annual Report for Fiscal 2000/2001 Year.

- **Intake and assessment processes:** An assessment to determine what services are needed is conducted by ONTRAC. A case plan is then developed, and services are offered.

- **Basic services and activities provided:** The primary services provided are case management, parenting skills, and substance abuse counseling. Families can also receive concrete services, such as food, clothing, rent, or payment of utility bills.

- **Service duration:** Case management is offered as long as the family is believed to be at risk. Food, clothing, rent, and payment of utility bills are one-time services designed to stabilize families.

Foster Care Recruitment and Training

- **Target population:** Relatives of children involved with CPS.

- **Referral sources:** Through the ICWA notification.

- **Basic services and activities provided:** ONTRAC seeks placement with extended family; provides referrals; conducts criminal background checks, interviews, and home studies; and places children.

As noted earlier, the tribe primarily provides the above family preservation services. To a lesser extent, adoption promotion and support services are offered, but under the guise of guardianship to extended family members. On the whole, OST does subscribe to the concept of TPRs and prefers permanent guardianship or relative placement as an alternative.

OST does not offer any specific services to fathers, or services geared toward promoting healthy marriages or strengthening parental relationships that are separate from the services offered through the ONTRAC office.

Funding: ONTRAC provides a range of family services through a combination of funding sources. These include: title IV-B, subpart 2; title IV-B, subpart 1; a 638 contract through BIA; title II, Indian Child Welfare grant; and state funds. Because funding sources have been combined, it is not always possible to identify what services are supported by what funding sources. For example, title V-B, subpart 2 funds are mixed with title II, Indian Child Welfare grant, and title IV-B, subpart 1, funds to provide PSSF services such as parent training, foster parent recruitment and training, and concrete services. Meanwhile, the salaries of ONTRAC employees are paid with BIA funds through a 638 contract, and state funds are used to provide services to children still in the custody of the state.

Evaluation: According to the five-year plan, status evaluations are to be conducted by the MDT on a monthly basis. However, based on the information that was collected onsite, no evaluation is presently being conducted regarding PSSF activities.

III. Indian Child Welfare Services

The state has jurisdiction over child welfare services on the reservation. In South Dakota, such services are administered at the county level; therefore, the SCDSS conducts all CPS investigations. However, criminal cases (physical and sexual abuse by non-custodial perpetrators) are referred to the Federal Bureau of Investigation (FBI). Child welfare services are also provided through OST, BIA, and Casey Foundation-funded programs.

Because SCDSS has jurisdiction over child welfare services on the reservation, all ROHs are filed with them. SCDSS provides parenting services, foster parent training/recruitment, foster parent licensing, independent living placement (ILP), and case management services. After a case is opened, CPS conducts the initial investigation; emergency cases are investigated within 48 hours, and non-emergency cases are investigated within 5 days. If the case is deemed criminal, all investigation stops, and the case goes directly to the FBI. In non-criminal cases in which abuse is determined, SCDSS can seek emergency custody, which lasts up to 30 days. As a result of ICWA guidelines, SCDSS notifies OST within 48 hours that a child is currently in the custody of the county. After an investigation has been completed and the initial 30-day emergency custody order is lifted, the tribe can petition the county for custody at any time up until the TPR is finalized. Upon the transfer of custody to the tribe, the ONTRAC/ICWA office becomes the custodian of record. The tribe then develops a case plan, and services are offered to the child and family. If the tribe chooses not to seek custody, a case plan is developed by the county, which provides services to the child and family.

Other Child Welfare Service Providers

Casey Foundation-Funded Programs:

SCDSS is currently involved in a partnership with the Casey Foundation, which has maintained a presence on the reservation since 1982. Casey-funded programs provide case management, adoption, foster parent recruitment, foster parent training, and family preservation services to the county for OST children. The intake process typically lasts 1-3 months and involves the following: (1) referral from SCDSS or self referral; (2) intake assessment by an eight-member clinical team to determine whether Casey-funded services can benefit the child and family; (3) evaluation of previous services received; (4) home visits; (5) background checks; and (6) acceptance or denial of Casey-funded services. If accepted into the program, a voluntary case plan is agreed upon and services are provided. At the time of the onsite visit, Casey Foundation-funded programs were providing services to 44 children, and 21 actively licensed foster families were participating. Casey Foundation programs license both tribal and non-tribal homes for foster placement.

Tribal Child Welfare Services:

ONTRAC: OST children in the custody of the tribe also receive services through the ONTRAC office. The majority of such children are transferred from state to tribal custody, at which time the IHS conducts an intake assessment and develops a case plan. ONTRAC then refers clients to tribal and non-tribal organizations that provide services to children and families. There is no payment available for children placed with relatives; instead, ONTRAC will provide monetary or in-kind contributions, such as a down-payment on a mobile home, or provide food and clothing to ease the burden on the family. The tribe does not have a working relationship with the Casey Foundation, but does have relationships with private service providers located

off the reservation. No children in tribal custody are referred to Casey-funded programs for services; rather, Casey serves OST children in county custody.

BIA Social Services: Because the state has child welfare service jurisdiction, BIA is only a supplemental child welfare service provider to OST. BIA social services are viewed as the services of last resort for OST children. The BIA caseload is composed of children in need of services.

Barriers to Child Welfare Services

The legacy of mistrust described earlier in the Context section has had a crippling effect on the delivery of child welfare services to the reservation. Although SCDSS is responsible for such services, tribal members are apprehensive about accessing county services (including Casey Foundation programs) due to a general fear that SCDSS is only "interested in taking children away" and not in helping families resolve crises. SCDSS has gained a reputation of typically seeking TPRs rather than the relative placements that are preferred by tribal members. Tribal members also accuse the state of not being vigorous enough in its attempts to reunify families. Consequently, families and ONTRAC do not readily seek county services; by the time services are received, families are often in crisis situations. This general mistrust further undermines SCDSS services, because tribal members are unwilling to cooperate during CAN investigations. In addition, SCDSS staff members who are also tribal members are not welcome in many homes on the reservation. As a result of the animosity between tribal members and SCDSS, many child abuse cases are unreported (and therefore uninvestigated), and children go without much needed services.

When CAN charges are unsubstantiated, the county does not provide services to children or families. According to one stakeholder, without a finding of harm, SCDSS does not provide services to a child using child welfare service funds. Additionally, if the child is not eligible for TANF or Medicaid, he or she cannot qualify for income eligible services. In these situations, the tribal court will order the children into the custody of BIA, which must provide services. However, because BIA is only a supplemental social service agency, it cannot provide funds for treatment, according to stakeholders. BIA can provide funds for transportation to services, clothing for children in need of care, and room and board for children in residential care. As a result, children who do not qualify for county services are sent to residential programs in Utah, where BIA pays transportation, clothing, and room and board costs while the State of Utah pays for services. The positive side to this situation is that children receive much-needed services. On the other hand, the children are miles away from family and friends, tend to age out of the system, and rarely return to the reservation, resulting in a loss to the community.

The tension between SCDSS and the tribe is further exacerbated because the Casey Foundation is the only organization, other than the county, allowed to license foster families. Although OST provides foster parent recruitment and foster parent training, the county conducts the home study and has final say over whether or not to license foster homes. This arrangement is a source of concern for OST members, who believe they are better suited to perform this task due to a thorough understanding of the uniqueness of their culture. In addition, tribal members fear they are "losing their culture," because many of their children are being adopted away from the reservation and into non-Oglala Sioux homes. When the county does find an Oglala Sioux family suitable for adoption, tribal members assert that the families are typically non-enrolled members who are devoid of Oglala Sioux culture and its teachings.

The county acknowledges that there is a sense of mistrust between it and OST. However, the county maintains it is doing the best it can to bridge the gap between the two groups, including trying to hire more Sioux people. According to the county, the unwillingness of OST members to participate in CAN investigations only hurts OST children and forces the county to adopt an adversarial position when investigating possible CAN cases. Further, the county maintains that the removal of children from the reservation community is not done out of a lack of sympathy or lack of knowledge about tribal culture, but is necessary because Shannon County does not have adequate clinical resources to conduct proper evaluations and subsequent treatment. The county also points out that it does not seek TPR as a first solution, and is very alarmed that so many children are being adopted into non-tribal families. However, ASFA guidelines mandate permanency within 15 months of a child coming into custody, and in many instances tribal members seek custody only after a TPR has been filed.

In addition to the barriers previously outlined, SCDSS has its own unique hurdles. As noted earlier, Shannon County is one of the poorest counties in the U.S.; as a result, it lacks many services. At the time of the onsite visit, it was revealed that the SCDSS office was not fully staffed. Out of the maximum number of 12 positions, there were only 7 SCDSS workers on staff (5 full-time social workers, 1 intake coordinator, and 1 social worker aide). Although SCDSS has tried to recruit to fill the vacancies, it has been unsuccessful, perhaps due to the community's negative perception of it.

A. Administration

Child welfare services are administered by the SCDSS. Oversight is provided by the State of South Dakota. OST administers the ONTRAC program. Oversight for ONTRAC is provided by the tribal council judiciary committee. The Casey Foundation administers its own child welfare services program.

B. Funding

SCDSS: Services are funded through the State of South Dakota. SCDSS also uses Medicaid and TANF to fund social services.

ONTRAC: Administrative costs (i.e. salaries) are supported through a 638 contract with the BIA. Foster care services are funded with title IV-B, subpart 1, title IV-B, subpart 2, and title II, Indian Child Welfare grant funds.

BIA Social Services: Services are supported through a 638 contract.

C. Connection with PSSF Programs

Since SCDSS has child welfare service jurisdiction on the reservation, it shares the same population as the ONTRAC office, which houses PSSF funds. Although the state and the tribe provide similar child welfare services, there are no cross-referrals between the two organizations, as explained earlier.

Although Casey Foundation-funded programs and the ONTRAC office provide services to the same population, there is no cross-referral between these two organizations, either.

There is a strong connection between PSSF and BIA Social Services. Families involved in the tribal child welfare system are court-ordered to BIA Social Services. In many instances,

BIA and ONTRAC will share the cost of providing services. For example, ONTRAC will pay for services, and BIA will pay for transportation.

D. Major Initiatives

With regard to child welfare services, OST has undertaken several initiatives. In the summer of 2002, OST hired a new judge to improve the processing of CAN cases. The judge subsequently changed the process by which SCDSS obtained custody of children. Under the old system, prior to placing a child in custody, an Emergency Standing Order (ESO) needed to be invoked, and only police were authorized to take custody of children. However, under that system, it took too long to obtain an ESO, and police often refused to take custody of children. Under the new system, SCDSS can take custody without obtaining an ESO, and the child immediately becomes a ward of the court.

OST received a one-time grant for $10,000 to train and license 20 tribal foster families. During the onsite visit, OST was awaiting approval from the county to license these foster families. There has also been an initiative to develop a "community of care" that will integrate all child welfare service delivery systems on the reservation. The long-range goal of OST is to take over administration of all child welfare services on the reservation, including investigations.

IV. Other Related Human Services

Human services are provided by OST and SCDSS; the county provides TANF and general assistance. OST has a nutrition program for the elderly and sponsors community activities. Youth recreational activities are offered through local organizations, including a rodeo club and a Boys and Girls Club. Health care is supplied by the IHS at the Pine Ridge Hospital and Health Center clinic, in conjunction with the tribal Health Department, community health representative, and ambulance service. The Health Department also provides examinations and eyeglasses to all reservation residents at reduced rates.

In addition to the human services listed above, OST supplies an array of on-reservation and off-reservation services to tribal members.

On-Reservation Services

Flowering Tree: The Flowering Tree program provides services to tribal women involved with CPS and the criminal justice system. Although the program has an open door policy, many clients are referred for services by the tribal court as part of their case plan. Flowering Tree is a residential program in which women and their children are required to remain for at least one year. Program coordinators determine duration of services. If a client leaves the program prior to the completion of her service plan, she cannot return for six months. All enrolled Native women who are eligible for IHS services are eligible to participate, regardless of tribal affiliation. However, the program can accommodate only 20 people, including children. Services are provided for cases involving physical abuse, sexual abuse, mental health problems, and abandonment. Traditional and non-traditional parenting classes are also offered, as are educational classes. IHS services such as evaluation, counseling and treatment, and day care are also provided. All age-appropriate children are enrolled in the tribal Head Start program, and services are funded by the Center for Substance Abuse and Treatment (CSAT) and Medicaid.

OST Child Care and Development: The Child Care and Development (CCD) program furnishes in-home and center-based day care services to children 12 years of age and younger. Day care services are available to all income-eligible Pine Ridge Reservation residents. CCD also accepts referrals from the ONTRAC office, which pays for services for parents currently involved with child welfare services who need child care while undergoing treatment. CCD also provides training on identifying abuse, CPR, nutrition, and basic parenting. It currently has a memo of understanding with the Boys and Girls Club and Head Start, and is in the process developing a partnership with the Emergency Youth Shelter.

CCD can provide services to a maximum caseload of 500 people or 100 families at any one time. Sixty employees staff the six CCD centers located throughout the reservation. In-home services are provided by 53 licensed providers, all of whom are licensed by the state and OST. In-home providers must receive training in food handling and infant CPR, and undergo background checks and physicals. Parents of children receiving services through CCD have the option of selecting their own child care providers, as long as the providers undergo the licensing procedure. CCD provides limited funds to bring homes up to code so they can be licensed to provide in-home services. Services are funded by OST through the Child Care and Development block grant. Title II, Indian Child Welfare grant funds are also used to pay for services for children under court supervision. As well, the State of South Dakota provides co-payment from TANF funds for children of parents receiving public assistance. BIA funds are accessed through a 638 contract.

Burial Assistance: Provides burial services to OST members. These services are provided through a 638 contract.

Tribal Work Experience Program: Provides job readiness training to OST members. This service is provided as above.

IHS Mental Health: Conducts assessment on abused children and provides counseling services. This service is funded through IHS funds.

Off-Reservation Services

Cornerstone Mission: This program provides services to the homeless population. Clients are referred to this program by the ONTRAC office. ONTRAC and the Cornerstone Mission split the cost for a deposit on a home.

Vocational Rehabilitation: Provides job readiness services for adults to enable them to gain employment.

Public Safety: Pays for parents to obtain parenting classes.

Empowerment Zone: Funds are utilized to train foster families (one-time use funds).

A. Administration

Human services are administered by the county and OST. SCDSS administers all social services on the reservation, and oversight is conducted by the state. TANF is administered and operated by the county. OST administers and provides some human services programs on the

reservation, and also has collaborative arrangements with service provider agencies for off-reservation services.

B. Connection with PSSF Programs

All of the programs listed above have a working relationship with the ONTRAC office. According to the information that was collected onsite, ONTRAC refers clients to these organizations for services.

C. Major Initiatives

An Emergency Youth Shelter has been built for the reservation community. However, it has yet to open due to problems stemming from having multiple jurisdictions on the reservation. In order to receive reimbursement for services provided, shelter organizers must first satisfy the criteria of each funding organization. This has proven to be complicated, because BIA, the state, and OST all have different criteria for repayment of services.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Omaha Tribe of Nebraska and Iowa
Summary Program Description

The Omaha Tribe of Nebraska and Iowa was allocated $11,189 in FY2001 and $14,875 in FY2003 to develop and implement the Promoting Safe and Stable Families (PSSF) program. The PSSF funds are intended for the Strengthening Family Partnerships (SFP) program, which began in early 2002.

The goal of the SFP program is to preserve the family as an interdependent household unit that functions as a strong and cohesive group—one that is rooted in Omaha culture and traditions. It is a center-based program that engages families in culturally relevant activities that will empower them to make healthy decisions and prevent family breakups. The program in its entirety will be phased in over the course of three years, and both the target population and the number of referral sources are expected to grow.

Program design and implementation is led by the Child and Family Well-Being Team (CFWBT). In 2001, the Omaha Tribe formed this team to implement a systems approach to coordinate child and family preservation activities and resources across tribal programs. The team includes staff from the Omaha Tribal Court, child protective services (CPS), the Omaha Alcohol Center, the Guidance and Development Center (i.e., mental health clinic), juvenile probation, the "Mark of Honor" youth shelter, the Independent Living program, the Four Hills of Life Wellness Center, and the Indian Child Welfare Act (ICWA) program.

The summary provided below is based on a site visit conducted in December 2002 and a review of documents obtained onsite.

I. Context

The homelands of the Omaha Tribe are located in the northeastern corner of Nebraska and extend into a small area of western Iowa. The present reservation was established in 1854 by a treaty with the United States. The Omaha Reservation covers nearly 2,600 square miles of low rolling hills, woodlands, streams, and agricultural land. It is located about 70 miles north of Omaha, NE and 26 miles south of Sioux City, IA. The Missouri River forms the eastern border of the reservation, and the Winnebago Reservation forms the northern border. The tribe or tribal members own approximately 93 percent of the land within the reservation boundaries. Some land is leased for farming and cattle grazing (14,000 acres and 2,500 acres, respectively). The Omaha Reservation covers Thurston, Burt, Cuming, and Wayne Counties in Nebraska, and Monona County in Iowa. In 1884, the federal government opened a portion of the Omaha Reservation to white settlers. In 1885, the first non-tribal village was established in what is now Pender, the seat of Thurston County.[116]

The headquarters of the Omaha Tribe are located in the village of Macy, NE. The tribe recently passed a resolution to incorporate the village under tribal law rather than state law; it

[116] The Omaha Tribe continues to experience a number of challenges to its sovereignty, such as a recent ruling by the Nebraska Tax Commission that the town of Pender and all areas west of the railroad right-of-way are not part of the reservation.

will soon negotiate recognition of that status with the state. The tribal administration offices, the court, law enforcement, K-12 school, and all child welfare and social services are located in Macy. The Nebraska Department of Social Services maintains a satellite office in the tribal complex. The tribe manages a number of housing units in Macy and Walthill and in scattered rural sites (private housing stock is limited). The Omaha Tribe has the oldest powwow in Indian country and its bicentennial will be honored in 2004. The Harvest Celebration dance is held during the first full moon in August. The nearest hospital is located on the Winnebago Reservation and is administered by the Bureau of Indian Affairs (BIA). A $29 million, state-of-the-art hospital is currently under construction in the town of Winnebago.

- **Population characteristics:** There are approximately 5,400 enrolled members of the Omaha Tribe, and 4,200 live on the reservation.[117] Most tribal members live in the communities of Macy and Walthill. According to Census 2000 data, the total population of the reservation 5,194 persons, of whom 44 percent are American Indian. The median age is 31.2 years, and nearly 40 percent of the population on the reservation is under the age of 19.

  Nearly 40 percent of the population age 25 and over have earned a high school diploma; another 20 percent have attended college; and approximately 20 percent have earned a college degree (i.e., associate, bachelor's, or graduate degree). The median household income is $29,063. Nearly 16 percent of all families on the reservation live below the poverty level. This number increases to 23 percent for families with children under the age of 18, and to 27 percent for families with children under the age of five. Sixty-five percent of grandparents residing with grandchildren are designated as the primary caretaker.

- **Tribal governance structure:** The tribe is governed by the seven-member Omaha Tribal Council, which is elected by eligible tribal members. The constitution and by-laws of the tribe are consistent with the Indian Reorganization Act of 1934. The tribal council consists of the tribal chairman, vice chairman, secretary, treasurer, and three other voting members. At present, all members of the council serve concurrent three-year terms. There are no residency requirements imposed on council members.

  As many as 50-60 candidates enter the primary election field, which is then narrowed down to 14 candidates for the general election. The seven candidates with the highest number of votes are elected to the council. From these, the council determines the officers noted above, typically according to the number of votes cast.

  Tribal members will soon vote upon a constitutional amendment regarding the staggered election of candidates to the tribal council. If passed, it would take effect in 2004. Unlike other tribes, the Omaha Tribe re-elects the entire council every three years. Under proposed amendment IX, the election of council members would be staggered at one- or two-year intervals so that terms would overlap. It is thought that staggered elections will provide greater continuity and stability for tribal government, operations, and programming.

[117] Source: Enrollment Office, Omaha Tribe of Nebraska.

- **Tribal administrative structure:** Tribal administration is overseen by the chief of tribal operations (CTO) and an assistant (ACTO), who work directly under the tribal council. When the council is not in session, the CTO and ACTO report directly to the tribal chairman. There are 12 departments overseen by the CTO and ACTO. These include: (1) Economic Development; (2) Education (includes Head Start); (3) Social Services; (4) Health and Welfare (includes Carl T. Curtis Health Education Center and the Four Hills of Life Wellness Center); (5) Chemical Prevention and Intervention (includes the men and women's halfway houses); (6) Public Safety; (7) Natural Resources; (8) Fire and Rescue; (9) Facility and Community Maintenance; (10) Office of Public Relations; (11) Human Resources; and (12) Central Administration. The CTO also oversees the Quality Assistance Department. The Finance Department oversees financial services and procurement.

  The Omaha Tribe's Department of Social Services (DSS) is composed of the following units: (1) Child Protective Services; (2) Child Abuse Prevention; (3) Elderly/Adult Care; (4) General Assistance; (5) Home Elderly Assistance; and (6) ICWA.

- **Tribal court:** Passage of House Concurrent Resolution 108 and Public Law 83-280 mandated that Nebraska and four other states assume civil and criminal jurisdiction over all "Indian country" within their boundaries as part of the larger effort to terminate federally recognized tribes in the 1950s.[118] In 1970, the State of Nebraska retroceded its criminal and civil jurisdictional powers under P.L. 83-280, and the Omaha Tribe established a tribal court. [119] The tribe has exclusive jurisdiction over civil and criminal matters within reservation boundaries, with the exception of major crimes (e.g., felonies), which are under federal jurisdiction. The federal government has jurisdiction over criminal cases that involve non-Indians living on the reservation. The tribal court follows the statutes and codes adopted by the tribal council through formal resolution. Jurisdiction of matters pertaining to the tribe is limited to the boundaries of the Omaha Reservation, except where federal law allows (i.e., ICWA). Court findings can be appealed.

  The Omaha Tribal Court provides judicial services pertaining to all child welfare ordinances and codes, including child protective services and related activities such as foster care, shelter care, treatment, and adoptions.

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[118] Public Law 83-280 (P.L. 280) transfers legal authority from the federal government to state governments to exercise criminal and civil jurisdiction over reservations. Per the legislation, the required or "mandatory" P.L. 280 states include: Alaska (except the Metlakatla Reservation), California, Minnesota (except the Red Lake Reservation), Nebraska, Oregon (except the Warm Springs Reservation), and Wisconsin. P.L. 280 also allowed other states to assume jurisdiction at their option. "Optional" states include: Arizona, Florida, Idaho, Iowa, Montana, Nevada, North Dakota, South Dakota, Utah, and Washington. Three states have returned jurisdiction over certain reservations back to the Federal government, including: Nebraska (Winnebago and Omaha), Oregon (Umatilla), and Wisconsin (Menominee).

[119] Source: Imperfect Victories: The Legal Tenacity of The Omaha Tribe, 1945-1995 by Mark R. Scherer, Lincoln: University of Nebraska Press (1999).

The tribal court consists of the following eight personnel: (1) chief judge; (2) youth judge; (3) tribal prosecutor; (4) juvenile probation officer and director of juvenile services; (5) public defender; (6) two court clerks; (7) a process server; and (8) a family advocate for domestic violence. Due to severe budget constraints, the tribal prosecutor also serves as the CPS attorney, represents ICWA cases in out-of state courts, and acts as the presenting officer for all juvenile delinquency cases. The juvenile probation officer also serves as the director of juvenile services. One of the clerks doubles as a bailiff. As an example of the workload burdens faced by the understaffed court, it handled 260 juvenile cases from September-October 2002. The tribal court is funded by the BIA.

- **Revenue generation:**[120] The majority of jobs on the reservation are in education, health, and social services (25 percent), followed by manufacturing (12.6 percent) and agriculture (12 percent). The Omaha Tribe is the principal employer on the reservation. Many tribal members work for the tribal administration and its programs. The Carl T. Curtis Health Center employs approximately 130 people, although some are contracted professional staff. Northeast Community College employs many tribal members, as well. In 1991, the tribe entered a Class III gaming compact with the State of Iowa to open CasinOmaha in Onawa, IA.[121] Other tribally owned enterprises include the for-profit Omaha Nation Enterprises (ONE, Inc.), which operates a fuel plaza near the casino; two convenience stores; a grocery store; and a cable television company.[122] Some tribal lands are leased to farmers.[123] The tribe has recently improved its business practices so that both ONE, Inc. and CasinOmaha "have common fiscal management systems, internal controls, proper board oversight, and the promise of increased revenues."[124] In addition, the tribe is implementing stronger internal controls to ensure fiscal responsibility and accountability. The Omaha Tribe is on schedule with the goals articulated in its five-year strategic plan, particularly regarding fiscal management of state and federal grants, and is planning to secure funds through multiple venues, including grants, guaranteed loans, and bond issues.

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[120] The tribal council does not disclose the amount of revenues earned from ONE, Inc. and CasinOmaha to the State of Nebraska and considers this to be proprietary information.

[121] Casinos are prohibited in the State of Nebraska, which is why the Omaha Tribe's gaming complex is located on reservation land in Iowa. Gaming issues are expected to come before the state legislature in early 2003. As sovereign nations, the Four Tribes of Nebraska contend that they can operate casinos on the reservation, without entering into special gaming compacts with the state. They are lobbying the legislature to legalize gaming in the state to stimulate tribal economic development, revenue generation, and job creation. The State of Iowa legalized gambling in 1989. The Winnebago Tribe of Nebraska also operates a casino in Iowa.

[122] The Food Mart is located next to the Women, Infant and Children (WIC) program so that mothers can pick up their vouchers and purchase all WIC-approved food items in the store.

[123] A tribal farm closed about 10 years ago because was not profitable enough.

[124] Quoted in "The Chairman's 2002 State of the Tribe Address," published in the Omaha Nation News, Friday, November 8, 2002, page 3.

Tribal revenues are used to support social services. For example, $15,000 in gaming revenues will provide emergency assistance for heat and electricity for tribal elders for three months.

In fiscal year 2003, the State of Nebraska experienced a $660 million budget deficit. These shortfalls will impact the scope and scale of human services on the reservation. The lack of adequate resources for human services is one of the tribe's greatest challenges.

- **Special initiatives by the tribe:** Along with stimulating tribal economic development (such as opening a convenience store), the tribe plans to increase tribal housing. As noted previously, private housing stock is limited, so that three or four families often reside in one home. The tribe was awarded $400,000 in Rural Housing and Economic Development funds from the Department of Housing and Urban Development (HUD) to construct 18 units of affordable housing. Six units will be built in Macy. Other goals related to housing needs are: (1) to improve dilapidated housing in the Macy and Walthill areas and to secure funds for housing rehabilitation; and (2) to increase the number of housing units with lease-to-own purchase options. The tribe also plans to build a housing development near the casino on the reservation in the State of Iowa as part of a larger economic development plan to market the casino as a destination point. As part of this effort, the tribe is planning to build a casino hotel, a heritage center, and a golf course; it also intends to develop a ski resort on reservation lands in Nebraska. The tribe will issue a bond to finance these initiatives.

  Regarding health matters, the Omaha Tribe will establish an inter-tribal health coalition with the Ponca, Santee Sioux, and Winnebago. The Omaha Tribe is greatly concerned with the prevalence of diabetes among tribal members and is engaged in a number of health prevention and intervention efforts.

  The tribe recently received a $1 million U.S. Department of Justice grant through the Community Oriented Policing Services (COPS) program. The tribe will use these funds to create a satellite police station, fund a criminal investigator position, and purchase eight vehicles. The tribe will also address "quality of life" issues on the reservation (e.g., vandalism, break-ins, littering, theft). Some community infractions have arisen from increased youth delinquency, and the tribe is implementing youth-oriented programs that feature a combined approach of positive youth development and tribal cultural traditions.

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

A. Tribal Planning Process

The tribe did not consider it cost effective to engage in a formal planning process for the limited amount of funds available though the PSSF program. Instead, the tribe relied on its internal expertise and decided to restructure the delivery of child and family services. Although a formal planning group was not convened expressly for the PSSF program, the recently instituted CFWBT addressed the development of the PSSF program as a key part of its

systemic reform of tribal social services. The current ACTO prepared the grant application for the PSSF program.[125]

Needs Assessment: A needs assessment was not conducted. The tribe relied upon information collected for other initiatives.[126]

Goals and Objectives: The goals of the PSSF program are: (1) to promote the well-being of children and families; (2) to increase the strength and stability of families; (3) to increase parents' competence and confidence in their parenting abilities; (4) to afford children a stable and supportive family environment; and (5) to enhance child development. The tribe's goal is to translate the Omaha concept of family preservation into a multi-level care approach. The CFWBT will implement the program in three phases.

- Phase One (2002): The SFP program was launched with a target population of families on the verge of eviction who were referred by the Housing Authority.

- Phase Two (2003): The tribe will develop its foster care system and focus on recruiting, licensing, and standards. The tribal court and CPS will refer families to the SFP program.

- Phase Three (2004): The tribe will focus on providing family centered substance abuse and mental health interventions. The Guidance and Development Center (i.e., the mental health program) will refer families to the SFP program.

Taking a staggered and additive approach, each year the target population will increase, thus allowing other tribal programs to refer families for services.

The tribal council just approved domestic violence codes, and so the SFP program will focus on these issues as well. In addition, the tribe will place greater emphasis on incorporating all aspects of Omaha culture into the program and will hire two tribal elders to conduct a "Training of Trainers" session for the educators who staff the program.

Tribal Involvement in State Planning Process: The Omaha Tribe did not participate in the State of Nebraska's initial Family Preservation/Family Support (FP/FS) or subsequent PSSF planning processes.

B. Implementation

Administration and Monitoring: The SFP program is administered by the DSS, which is overseen by the CTO. Program monitoring involves tracking service activities and making periodic reports to the ACTO and to the tribal council. Annual reports are made to Region VII of the Department of Health and Human Services.

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[125] At the time, the ACTO was the director (and founder) of the Four Hills of Life Wellness Center. He is an M.S.W. and the head administrator for all tribal child welfare services, and also chairs the CFWBT. He also served as an ICWA specialist for the BIA.

[126] Various stakeholders noted other needs to address on the reservation: (1) parenting education; (2) recreational activities for youth; (3) male-oriented programming; and (4) establishment of mentor/mentee relationships for those interested in working in the field of Indian child welfare.

Service Delivery: The SFP program currently targets families on the verge of eviction. It is a center-based program that engages families in culturally relevant activities that will empower them to make healthy decisions. The goal of the SFP program is to preserve the family as an interdependent household unit that functions as a strong and cohesive group.

The SFP program lasts for eight weeks. Four sessions were offered in 2002, and the program will continue in this manner each year. Three-hour meetings are held on Thursday evenings in the gym of the Wellness Center. The SFP program can serve up to ten families at a time.[127] Participation in the program is mandatory, and all members of the household must attend (i.e., parents, elders, and children).[128] As part of the program, a family assessment is conducted. Program staff can also refer families to other providers for needed services.

The SFP program is led by a program coordinator. The initial session begins with cedaring and a feast; thereafter, each session begins with a meal and prayer. The final session features a drum group as well. Each session addresses a particular issue and culturally relevant teaching. Families take part in multiple activities led by an invited educator. Some of the issues addressed are: (1) health and hygiene; (2) diabetes and nutrition; (3) family violence; (4) family recovery issues; (5) family-oriented and community problem solving; (6) mental health; (7) drug/alcohol awareness; (8) alcohol and liver disease; (9) being a good tenant and neighbor; (10) pride in the home; (11) identifying support networks (for aftercare); and (12) public safety. Each activity and issue addressed is always brought back to "what it means for family" and emphasizes the importance of communication. Each session also focuses on a culturally relevant teaching regarding the guiding principles of the Omaha people, i.e., responsibility, caring, respect, trustworthiness, fairness, honor, and spirituality. These principles are expressed in a family shield that each family designs over the course of the program and then shares with the group at the final session.[129]

All educators consult as a group after each session. One of the purposes of the "debriefing" is to discuss referrals for other services. The program has a 100 percent success rate, as all families that participated in 2002 avoided eviction by the Housing Authority and continue to reside in their homes.

Funding: The Omaha Tribe received $11,189 in FY2001 and $14,875 in FY2003. The tribe did not apply for PSSF funds in FY2002.

Evaluation: Families taking part in the SFP program completed a survey at the conclusion of the eight weeks, and their feedback was reviewed by the program coordinator and most of the instructors during a post-session debriefing.[130]

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[127] Twenty-six families participated in the program during the first three quarters of 2002.

[128] Very young children do not participate in the program but are cared for during the session at the high school day care center.

[129] The site visit team attended the final session of the program.

[130] The site visit team also attended the debriefing.

III. Indian Child Welfare Act Services

The Omaha Tribe has an agreement with the Nebraska Department of Health and Human Services (NDHHS) for the provision of CPS, foster care placements, licensure of foster care homes, and adoptive services. The CPS and ICWA programs work closely together to provide foster care and adoptive services for Omaha children, especially for those brought back to the reservation through a change of jurisdiction.

1. Establishing jurisdiction

The Omaha Tribe has exclusive jurisdiction over enrolled members, including children eligible for enrollment, and matters pertaining to children living on the reservation. In matters concerning the children living off the reservation whose parents or guardians become involved with state or county courts, the tribe has an ICWA program that follows both the federal and state ICWA guidelines. This allows the tribe to intervene and/or assume jurisdiction in such cases.

An issue raised by multiple stakeholders concerned delays in communication that arise between the county courts and the tribe, due to the courts' practice of sending notices of children in custody to the attention of the tribal chairman rather than to the ICWA specialist, or in the absence of one, to the tribal court. This recurring problem has heightened the tribe's awareness of cross-jurisdictional practices and reinforced its desire to be "well-informed," "make connections with the county clerk," and "build a system" to alert others in the tribal programs of such miscommunications and their negative impact on children's well-being.

2. Investigating a case and making findings

Neighbors, school personnel, and housing officers make calls regarding child abuse and neglect (CAN) to tribal law enforcement, which then notifies CPS.[131] One CPS worker handles all intake assessments. There are three child safety workers who investigate cases and make determinations as to whether abuse and/or neglect has occurred. If CAN is substantiated, the case is brought to the tribal prosecutor to draw a petition. (Omaha CPS handles abuse and neglect cases only, and does not deal with incorrigible juveniles or children in need of supervision.) Many CAN cases are related to family breakdowns and alcohol-related problems. CPS workers indicated they handle about seven calls per week, and that children and youth sometimes make reports against their parents.

The CPS unit also handles cases on a voluntary basis, where families ask for assistance and the court is not involved. Services are provided for 90-120 days.

[131] Most reports of CAN are related to alcohol abuse. Stakeholders noted that there is a great "community concern for kids" and "intolerance of adult drinking." There are seasonal fluctuations in CAN reporting, with the majority of such calls occurring in the summer. During the school year, many calls involve truancy and are referred to the tribal prosecutor. There has been one instance of elder abuse reported in the past year.

3. Custody and out-of-home placements

Children are placed with kin, in foster care, or tribal shelter care through both CPS and the ICWA program. The Omaha Tribe has adopted the State of Nebraska standards for foster care, institutional care, and day care.

The Omaha Tribe has a title IV-E agreement with the State of Nebraska. The State provides the following services: (1) IV-E eligibility determination; (2) IV-E foster care maintenance payments; (3) training of foster parents; and (4) training of tribal social workers. Guardianship payments for kin care are provided through the state's Temporary Assistance for Needy Families (TANF) program. The tribe provides the following services as part of the IV-E agreement: (1) non-IV-E foster care maintenance payments; (2) case management and case plans; (3) case reviews and permanency planning; (4) court hearings/testifying in court; (5) foster home licensing studies and adoption studies; (6) legal proceedings for adoption; (7) criminal records checks for adoptive parents; (8) CPS background checks for foster/adoptive parents; (9) CAN investigations; (10) family preservation services; and (11) family support services. A checklist of services is provided in Appendix A.

There are approximately 100 children and youth currently in foster care on the reservation. Most placements are with kin (e.g., grandparents, aunts, nieces), in keeping with Omaha child-rearing traditions.[132] However, families are reluctant to take in non-related children. "Nobody takes kids that aren't theirs," one stakeholder explained. At times, a child presents other behavioral or mental health issues that may make in-home placement with kin too difficult for the extended family to handle. If a child cannot be placed with family on the reservation, then making the child a state ward is the last resort. Tribal stakeholders acknowledge that there are not enough placements available on the reservation to place all children in care, and additional resources would be needed to develop a tribal foster care facility. Many stakeholders observed that there is "not enough room and not enough money."

The Omaha Tribe also has an agreement with the State of Nebraska to provide Independent Living services for tribal youth.[133] The program is currently being implemented.

4. Court involvement and oversight

As noted previously, the Omaha Tribal Court provides judicial services pertaining to all child welfare ordinances and codes, including CPS and related activities such as foster care, shelter care, treatment, and adoptions. Petitions are filed by the tribal court, and a preliminary inquiry is held within the first couple of weeks. Adjudication of the petition occurs within 60 days; the disposition hearing usually occurs at the same time.

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[132] Omaha society is characterized by early and prolonged child-bearing and high fertility rates. Families are large, with 6-8 children, and women bear children in their mid-late teens through their mid-thirties. Women over the age of 40 are considered "elderly." The participants in the "Wise Woman" program held at the Wellness Center are aged 40 and above.

[133] The Four Tribes of Nebraska – the Omaha, Winnebago, Ponca, and Santee Sioux – all have title IV-E agreements with the State of Nebraska and contracts to provide Independent Living Services to tribal youth.

A review hearing is held six months after the date of the petition. From that point on, permanency hearings occur every six months.[134] Permanency goals typically call for reunification or guardianship with relatives. Termination of parental rights (TPR) proceedings are rare.[135]

Although parents are typically involved with developing the treatment plan, stakeholders noted that the tribe did not have much leverage if the parent(s) refused to comply. Although parents could be cited for contempt of court, this is counterproductive due to the strains on the judicial system and a backlog of cases that leaves no time for scheduling contempt proceedings.

The tribal court works closely with the state courts concerning enrollment. In addition, the tribal court and the state work together on some child welfare cases. Some of the more complex cases involve jurisdiction and placement of half-sibling and cousin groups, where one child is title IV-E eligible and the other is not.

The tribe is currently handling 50 ICWA cases in 12 different states. The tribal prosecutor handles cases in which the state requires an attorney, whereas the ACTO works with caseworkers on case management issues by phone.[136] In calendar year 2003, the tribal court will also address a backlog of dependency cases to determine parental compliance with reunification efforts.

A. Administration

The ICWA and General Assistance programs are administered through a 638 contract with the BIA. The Omaha Tribe has a title IV-E agreement with the State of Nebraska to deliver CPS. The tribe does not rely on externally provided community services, but instead provides all services through the agencies and organizations represented on the CFWBT.

B. Funding

For FFY02, the Omaha Tribe received $22,000 in title IV-B, subpart 1 funds for child welfare services (P.L. 96-272). As well, the tribe received $54,000 in title II ICWA grant funds through a 638 contract with the BIA. The CPS program is funded by the State of Nebraska (funding amount not available). The “Mark of Honor” Youth Lodge is funded through a 638 contract with the BIA and state Independent Living funds (funding amount not available).

With regard to funding, stakeholders expressed concern that funding delays, which often take months to resolve, seriously impair the tribe’s ability to provide needed services. Stakeholders also voiced a strong preference for receiving grant funds directly from the federal government as a reflection of the nation-to-nation status that exists between the tribe and the U.S. Stakeholders contended that state control of resources erodes tribal sovereignty.

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[134] The Tribal Youth Code was revised in late 2002. One major change to the code concerns the timing and frequency of case reviews by the court.

[135] According to the Omaha, termination of parental rights occurs only through death.

[136] During the initial meeting with the ACTO during the site visit, he responded to an ICWA case over the phone.

C. Connection with PSSF Programs

Referrals for year one of the PSSF program came from the Housing Authority. When the second phase of the program is implemented, the tribal court and CPS will refer families to the program.

D. Major Initiatives

The Omaha Tribe of Nebraska is currently undertaking a number of initiatives to improve or develop child welfare services. This includes: (1) formation of the CFWBT; (2) revision and adoption of the Omaha Tribal Youth Code; (3) renegotiation of the tribe's title IV-E agreement with the State of Nebraska, and (4) development of tribal youth homes with Girls and Boys Town, located in Omaha, NE. Each initiative is presented below.

- **The Child and Family Well-Being Team:** In 2001, the Omaha Tribe of Nebraska formed a collaborative CFWBT to coordinate efforts and resources across tribal programs in order to build a more systemic approach to service delivery. The team consists of personnel from the tribal court (including juvenile probation), CPS, the alcohol program, the mental health clinic, the youth shelter ("Mark of Honor"), and the Independent Living program. Staff from the Four Hills of Life Wellness Center recently joined the team. Because the tribe sees the need for a more integrated approach to case management, another function of the CFWBT is to provide a forum where service professionals can discuss problems and build consensus regarding interventions. The team meets on a monthly basis.

- **The Omaha Tribal Youth Code:** The tribal court revised the Omaha Tribal Youth Code, which was recently approved by the tribal council. As written in 1970, the code was no longer "in synch with the reality" of the tribe's resources, federal policy directives, or the types of youth-related cases that the court adjudicates (e.g., the previous code did not address truancy or incorrigible children). One of the precipitating factors in this effort was a youth homicide that occurred in June 2001, resulting in a community-driven effort to reform conditions on the reservation that lead to serious problems with youth.

- **Title IV-E:** The tribe's IV-E agreement with the state is outdated, and the CPS director is currently renegotiating it. The CFWBT will develop the plan, using the State of Washington's agreement with tribes as a model.

- **Girls and Boys Town:** The Omaha Tribe has also entered into a collaborative agreement with Girls and Boys Town to establish two residential homes in the city of Omaha for tribal youth in out-of-home placements. The girls home opened in late 2002, and the boys home opened in mid-2003. Each home serves 12 children. The tribe and Girls and Boys Town will also jointly fund a liaison position that is intended to work closely with staff, Omaha parents and children and bring them together (e.g., to facilitate meetings, assessments). The liaison will also train parents on the Girls and Boys Town parenting model and imbue the curriculum with Omaha concepts and traditions. The tribe is currently looking to fill the position. The liaison will be placed on the staff of the Guidance and Development Center in Macy.

IV. Other Related Human Services

Early Childhood Interventions

The **Omaha Tribe Head Start** program has been in existence since the early 1970s. Six years ago, the tribe built a new Head Start facility with revenues from the casino. The center was formerly located in an old bingo hall in Decatur, NE, about 12 miles from tribal headquarters, and prior to that in a number of trailers. The program is open to all children on the reservation. There are 101 slots available and 92 children enrolled, representing 71 families. The director has been in place for 17 years and oversees a staff of 25. The program is center-based and does not provide home-based services. Buses transport the children to and from the center.

The Head Start program has a long history of family involvement and active participation by mothers and fathers, grandparents, and aunts and uncles. Parents play a vital role in the Parent Policy Committee. They assist in hiring staff, participate in training, and organize fundraisers (e.g., handgames). They also volunteer in the classrooms and plan a full calendar of monthly activities. The center holds parent trainings at noon but also during the evening to accommodate parents' work schedules; childcare is available. Building upon its already strong family involvement, the Head Start center has established links with local pastors in the community to address fatherhood issues. While fathers have always been in the picture, they are currently being recruited to coach pee wee basketball. The program has recently adjusted its budget, staffing plan, and a number of activities to address early childhood literacy, as mandated by the current administration. However, literacy has always been a strong part of Omaha Head Start programming.

The program has a number of interagency agreements in place with tribal service providers to address a range of needs. The Head Start program collaborates with the Four Hills of Life Wellness Center to conduct screenings for diabetes (for both children and staff). Health and dental screenings and services are provided by the Carl T. Curtis Health Center.[137] The speech and language therapist from the Omaha Nation school is stationed onsite; occupational and physical therapists are available. Elders who are part of the culture staff at the Omaha Nation school play an active role in reviewing Head Start curricula grounded in Omaha traditions (such as pointing out the subtleties of male and female Omaha dialects). The Head Start program also coordinates training with the Nebraska Indian Community College. Head Start staff members are mandated reporters of child abuse/neglect, and the CPS unit reviews trainings, policies, and protocols. The Head Start program invites the staff of the day care centers to participate in staff trainings. Families are recruited through agreements with the Women, Infant and Children (WIC) program and social services.

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[137] The Carl T. Curtis Health Care Center, which was established in 1978, was named for the late U.S. Senator from Nebraska (1955-1979) who fought for adequate health care on the Omaha Reservation. The center, which operates through a 638 contract with the BIA, consists of an ambulatory care unit, a 24-hour ambulance service, a 25-bed nursing home, and a dental clinic. The dialysis center closed in March 2001 but will reopen in 2003. The center is the primary health care provider on the reservation. There are two full-time medical doctors, two part-time physician assistants, and one full-time dentist on staff. There is no emergency room, but the center can handle acute care cases. The center conducts outreach and prevention activities with the Omaha Nation schools. The CEO of the center is a member of the CFWBT and the Omaha Nation Community Response Team.

Preventive Health Services

The **Four Hills of Life Wellness Center** provides an array of health and wellness services for tribal members. Just as the four stages of the Omaha lifecycle (representing infancy, youth, adulthood, and old age) form the four hills of its logo, the Wellness Center offers programs that address the needs of each age group. The center's mission is to "facilitate culturally-based, holistic development," and to address spiritual, emotional, mental, and physical needs. The facility features a gym with a basketball court. The weight–training and exercise unit can accommodate approximately 25 persons on diverse equipment. The kitchen was recently renovated and meets health inspection standards. The Wellness Center houses the following 10 programs:[138]

- *Nutritional Services* addresses diabetes education, treatment, and prevention. The goal of the program is to increase one's awareness and sense of control over nutrition related lifestyle choices. The program can serve up to 60 tribal members. Activities and services include: (1) information and training on recipe modification to use more nutritious ingredients; (2) one-on-one nutrition counseling (including use of a diary); (3) nutritional seminars and educational speakers; (4) WIC certifications; (5) referrals to other tribal programs; and (6) nutrition *and* fitness services that are offered simultaneously, such as nutritional counseling, analyses, personal training, and group fitness classes.

- *Prenatal Smoking Cessation* is a school-based program that promotes and supports tobacco cessation among young pregnant women (age 14-15). The project also educates young women on the post-partum effects of tobacco use. The program is funded by a $15,000 community health educator grant.

- *Community Health Education* acts as bridge between health care providers and the community. The project disseminates health-related information on an ongoing basis through an electronic community bulletin board and regularly contributes articles and tips on health, exercise, and nutrition to the tribal newspaper (i.e., the *Omaha Nation News*).

- *State Alcohol Prevention* targets substance abuse among tribal youth in grades K-12 and offers prevention activities, substance abuse assessments, and individual and group evaluations/counseling. The youth counselor from the Omaha Alcohol Center conducts the assessments and refers youth to services or other programs (e.g., mental health services, Young Hearts or Wise Woman).

- *Young Hearts Community Wellness Project* provides prevention activities to promote healthy lifestyles. The primary goal of the program is to decrease *Acanthosis Nigricans* rates among youth, and to conduct regular screenings for early detection of diabetes.[139] Youth are also screened to assess psychosocial functioning. Program activities include a youth garden and athletics (league play is coordinated

[138] The Strengthening Family Partnerships program is presented in Section II.

[139] *Acanthosis Nigricans* is a skin condition that indicates high insulin levels in the body, thus, placing a person at risk of developing Type 2 diabetes. Once identified, appropriate preventive measures can be taken.

with other communities). The program is funded by a state grant for minority health prevention.

- *Youth Mentoring* pairs up to 10 at-risk youth with mentors and also provides employment opportunities at the Wellness Center. Youth take part in heath prevention activities, typically focused on diabetes. They also perform maintenance duties and earn $7 an hour. Peer-to-peer mentoring is also encouraged.

- *Youth Development* is a youth-driven effort that addresses leadership, wellness, drug prevention, and community-enhancement issues. This is an inter-tribal project and includes youth from the Winnebago, Santee Sioux, and Ponca Tribes through the Nebraska Intertribal Youth Council and UNITY. The group conducted a community needs assessment to address issues from a youth point of view. One finding was that better lighting was needed in certain sections of the community.

- *Daughters of Tradition* teaches Omaha culture and traditions to girls aged 9-14 years to promote pro-social and healthy behaviors. Girls take part in a number of activities, including pregnancy prevention, reflection activities, craft work (e.g., beading, making baby boards).[140]

- *Wise Woman* provides holistic health services to Omaha woman age 40 and over. Services include nutritional guidance, occupational and physical therapy, smoking cessation education, and making lifestyle changes.

The following initiatives are under development:

- To address mental health and psychosocial needs in the schools;

- To provide prevention activities and character counts activities to tribal youth aged seven and younger at *Shinga Zhinga*, the Omaha Nation High School day care center (funded by the school and used exclusively by Teen Moms); and

- To develop a male component to the Daughters of Tradition program.

The Four Hills Wellness Center has received the State of Nebraska Minority Health Award.

Mental Health interventions

The **Guidance and Development Center** is an outpatient mental health clinic and has been providing services on the reservation since the early 1980s. The center is staffed by three fulltime M.A. level therapists and a medical social worker. A clinical psychologist and psychiatrist consult with patients twice a month. Major mental health concerns are depression, suicidal ideation, and stress. Youth mental health issues include ADHD, behavior problems within the family that stem from a lack of parenting, and chronic truancy. The center currently has 100 open cases, and the demand for mental health services is great: the psychiatrist may see up to 25 patients per day. There is a dire need for access to inpatient facilities. Individual

[140] The Youth Mentoring, Youth Development, and Daughters of Tradition programs work closely together.

and family therapy is provided (group therapy is seldom conducted as it may violate confidentiality). Center staff note that there has been some stigma attached to receiving mental health services among tribal members, but this is slowly dissipating. The center is open from 8:00 a.m. to 5:00 p.m. However, staff members are on call 24 hours a day and respond to suicide calls at least once per week.

According to the medical social worker, "We can't help people with mental health issues if we don't meet their basic needs." Formal and informal channels are used to connect tribal members with needed services. The medical social worker pulls together a safety net of referrals for a patient, such as supportive services for food, shelter, safety, and telephone service. The social worker also signs patients up for Medicaid, disability insurance, Social Security, and Kids Connection (Nebraska's health insurance for low-income children). She takes an active role in case management for mental health clients, but also plays a liaison role with others. The social worker coordinates efforts with the NDHHS, and works closely with service providers on the reservation (e.g., by linking up a patient who is a domestic violence victim with an emergency shelter in Sioux City). The medical social worker described her multiple roles as: liaison, advocate, broker, translator, communicator, and driver. She makes home visits and "keeps her ear to the ground." People frequently approach her and request assistance, as she is widely known in the community. In a sense, she is never "off-duty."

Therapists are encouraged to use culturally appropriate cues and body language during therapy, such as minimizing eye contact and sitting side by side. One of the goals of the center is to provide therapy in the Omaha language, in the belief that it would provide a more meaningful and dynamic therapeutic exchange. According to the center director, certain words in the Omaha language are intrinsically comforting and supportive, and their meaning is lost in the translation from Omaha to English.

Substance Abuse Prevention and Treatment

The **Omaha Alcohol Center** casts a wide net and provides services to tribal residents on the reservation, in South Sioux City, and also to members of other tribes living on the reservation. The program is funded through the Indian Health Service (IHS) and state funds. The center provides prevention and crisis intervention services, and both mainstream and cultural models are used. For instance, the center offers a four-week outpatient program modeled on Alcoholics Anonymous' (AA) Twelve Steps to Recovery, but incorporates tribal cultural concepts and language.[141] The center provides services to men, women, and youth, and is staffed by four counselors, including a youth counselor, and two part-time consultants. There are additional community supports built around recovery, such as sweat lodges and the Native American churches. Sponsors, in the traditional AA sense, are hard to find.

Adults are referred to the program from CPS and the tribal court. The center conducts meetings four nights a week and on Saturday mornings, from 6:00 p.m.–9:00 p.m. These

[141] For example, the first step was changed from "We admitted we were powerless over alcohol - that our lives had become unmanageable" to "We admitted that we were powerless over our drinking – that we had lived against the traditional ways of our people." The fifth step was changed from "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs" to "We spoke to the Great Spirit, to our hearts, and to a spiritual elder, how our lives had gone against our heritage and cultural ways." The Omaha Twelve Steps for Recovery also makes reference to ritual purification ceremonies and visions.

meetings consist of talking circles, AA sessions, men's and women groups, and a relapse group. A professional Al-Anon facilitator conducts sessions on Friday evening and Saturday morning. Attendance at the weekly meetings ranges from 5-10 people during the week to 50-60 on Saturday morning. The center adjusts its schedule to accommodate adults who work nights at the casino.

Youth are referred to the center by the school, CPS, and the tribal court. Participation in the program is mandatory for referred youth. The youth group meets after school, twice a week, on Tuesday and Thursday. Adjustments are made to the schedule to accommodate extracurricular activities, which have a therapeutic value. Youth also participate in programs coordinated by the Four Hills of Life Wellness Center, such as youth mentoring, youth development, and Daughters of Tradition. Some youth and parents participate together through the SFP, administered by the Four Hills of Life Wellness Center.

Use of alcohol and marijuana are common among adults and youth, resulting in cross-addictions. More intensive services are needed, but funding is not currently available. There are plans underway to establish a halfway house for adults. As noted by stakeholders, a halfway house is needed for youth, as they very often are thrust back into a multi-stress family environment— back to the "firing line"—and suffer relapses. Stakeholders acknowledged that it is difficult to bring families into the youth program, as there is great reluctance for family problems to be shared publicly.[142]

Social Services

Social workers from the county-administered TANF program are available in Macy to provide interviews and ongoing case management once or twice a week.[143] Cases are reviewed every six months. The following supports are provided: (1) TANF: (2) food stamps; (3) child care; (4) aid to the aging, blind, and disabled; (5) services to allow seniors to remain in their homes; and (6) children's medical assistance. The social services agency is staffed by 3.5 caseworkers and a supervisor, and each caseworker handles 200 cases.[144] Receipt of public assistance is limited to 24 months within a 48-month period. The TANF program works closely with the Employment First program. Although there are time limits, a family would not be cut off from assistance due to hardship. As one stakeholder observed, "The needs are always there. And the cycle of intergenerational poverty stems from the lack of jobs on the reservation."

The social services program also works closely with, and receives referrals from, the Employment First program, the Four Hills of Life Wellness Center, the child welfare program, the Carl T. Curtis Health Center, and the nursing home.

Many cases are "dual system cases," meaning that the family receives public assistance and is involved in the child welfare system. For example, if a child in a TANF family has been removed from the home and placed with kin or in foster care, CPS will notify the TANF caseworker about the change in status.

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[142] This is related to a reluctance to participate in group therapy, as well.

[143] Due to budget constraints, Thurston County was considering moving the social services office from the village of Macy to the town of Pender, located 20 miles away, which would have posed a hardship for many Omaha families.

[144] Staff turnover is high, according to one stakeholder.

The social services program faces challenges similar to those of other social service systems in rural areas. For example, there are fewer community-based services available, and transportation is limited, thus making it difficult for job seekers to get to work. Coordination between providers and strong networks are necessary to compensate for these limitations.

A. Administration

All services are tribally controlled and administered, except for the TANF program, which is state-administered. All services are provided on tribal lands.

B. Funding

Human services programs rely on a mix of federal and state funding. The State of Nebraska faces a $660 million budget deficit that will impact a range of services on the reservation.

- **Early Childhood Interventions:** The Head Start program is federally funded ($700,000).
- **Preventive Health Services:** The Four Hills of Life Wellness Center is funded by federal and state sources, primarily the Native American Public Health Act. (at least $100,000).
- **Mental Health Interventions:** The Guidance and Development Center is funded by IHS. and the state ($170,000).
- **Substance Abuse Prevention and Treatment:** The Omaha Alcohol Center is funded through IHS funds (amount not available). NDHHS contributes approximately $200,000.

C. Connection with PSSF Programs

The SFP program refers families to the Four Hills of Life Wellness Center, the Guidance and Development Center, and the Omaha Alcohol Center. These programs form part of a service continuum structured around the family preservation program, to address the needs of the tribe through preventive health services, substance abuse prevention and treatment, and mental health interventions. Child welfare services are also part of this service continuum.

Directors and staff from the Four Hills of Life Wellness Center, the Guidance and Development Center, and the Omaha Alcohol Center are part of the CFWBT, which guides the development and implementation of the SFP program and tribal policy regarding child and family services.

D. Major Initiatives

The Omaha Nation is currently engaged in the following initiatives:

- **Omaha Nation's Community Response Team (ONCRT):** This team serves as the primary community action movement on the Omaha Reservation. The ONCRT is comprised of multiple tribal and community organizations and

programs dedicated to the health and well-being of tribal children and families. At present, the team consists of representatives from the tribal court, law enforcement, Wellness Center, Carl T. Curtis Health Care Center, Omaha Nation schools, Head Start and day care, natural resources, and real estate. The team is responsible for identifying and brokering resources for prevention and intervention activities (e.g., applying for grants, in-kind supports). Another goal is to create relationships with non-tribal entities.

- **Inter-Tribal Health Coalition:** The coalition comprises the Omaha, Ponca, Winnebago, and Santee Sioux Tribes and will attempt to access state funding for alcohol, diabetes, and kidney dialysis programs. [145]

- **Law Enforcement:** The tribe recently received a grant from the U.S. Department of Justice for more than $1 million dollars to establish a satellite police station in an underserved community on the reservation. The COPS program will enable the Omaha Tribe to increase the number of officers and purchase more vehicles.

[145] The Omaha Tribe is considering forming a coalition with these tribes to address gaming issues of mutual concern.

Appendix A

Title IV-E Agreement: Services Provided and Provider *

Service/Procedure	State Provides	Tribe Provides
IV-E eligibility determination	X	
IV-E foster care maintenance payments	X	
Non-IV-E maintenance payments		X
Case management		X
Case plans		X
Case reviews/permanency planning		X
Court hearings/testifying in court		X
Foster home licensing studies		X
IV-E adoption maintenance payments		NA
Non-IV-E adoption maintenance payments		NA
Adoption home studies		X
Legal proceedings adoptions		X
Criminal records checks for foster parents		X
CPS checks for foster/adoptive parents		X
Conducting child abuse and neglect investigations		X
Training of foster parents	X	
Training of tribal social workers	X	
Guardianship payments	Kin care TANF	
Provision of family preservation		PSSF
Reunification/family support services		PSSF

* Adapted from “Tribal/State Title IV-E Intergovernmental Agreements: Facilitating Tribal Access to Federal Resources” (December 2000) by Eddie Brown, Leslie Scheuler Whitaker, Chey Clifford, Gordon Limb, and Ric Munoz, published by the Casey Family Programs and the National Indian Child Welfare Association.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Pueblo of Isleta
Summary Program Description

In FY02, the Pueblo of Isleta received approximately $11,603 in Promoting Safe and Stable Families (PSSF). Half of the funds were used to support an Isleta Social Services (ISS) social worker position, and the other half went to already existing child and family welfare services and family preservation services. Child welfare services comprised a range of conventional services, including child abuse and neglect (CAN) investigations; foster care and adoptive home recruitment and case management; activities associated with services to facilitate compliance with the Indian Child Welfare Act (ICWA); case management for adolescents in need of out-of-home care or support services to remain in the home; and counseling for court-involved families. Family preservation services featured intensive, time-limited, in-home services for children and families at risk of foster care placement.

The summary provided below is based on a site visit conducted in November 2002 and a review of the 2000-2004 Child and Family Services Plans, as well as other documents obtained on-site. It includes an overview of the context in which PSSF implementation occurred, a description of the tribal planning process, the goals and objectives established, service delivery, barriers to implementation, and child welfare issues.

I. Context

The Isleta Pueblo, which is located 13 miles south of Albuquerque, New Mexico, in the Rio Grande Valley, encompasses approximately 250,000 acres of trust land and includes two smaller communities, Oraibi and Chicale.[146] Isleta is one of 19 villages established as permanent settlements along the Rio Grande River in about the 1300s. These settlements were later termed "pueblos" by the Spanish, who immigrated to the area during the 16th century. The Spanish settlers subsequently dedicated each of the pueblos to a saint, thus beginning the infiltration of Christianity and the eventual establishment of missions within the villages.[147] Attempts by Spanish missionaries to convert and assimilate the pueblo Indians into Christianity—with persistent disregard for Native culture and spiritual practices—were resisted for almost 50 years. This resistance came to a head with the success of the Pueblo Indian Revolt in 1680.[148]

Although the majority of Isleta members today practice Christianity, their cultural heritage remains an essential element of the community, and traditional dances, ceremonies, and rituals are common events. For example, members have annual celebrations to honor their patron

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[146] These two communities were established in the 1800s after members of the Laguna and Acoma Pueblos moved into the Isleta Pueblo, causing religious and social conflicts within Isleta. Source: http://www.indianpueblo.org

[147] The Isleta Pueblo is home to one of the oldest mission churches in the U.S. Originally built in 1612 under the name of St. Anthony, the renamed St. Augustine Church still stands within the center of the pueblo. Isleta members celebrate the Feast of St. Augustine day annually. Source: //newmexicoscenicbyways.org/culture/indianculture.html

[148] http://newmexicoscenicbyways.org/culture/indianculture.html

saint, St. Augustine, and their governor on designated "Feast Days." Furthermore, most of the adult members are fluent in the native language, Tiwa.[149] The language has been preserved, in part, through its continual use, and through its incorporation into the curriculum of the schools and the Head Start program. Isleta is a close-knit community that values the family, and extended family members are often very involved in a child's upbringing. Such clanship offers a strong support system for families; however, substance abuse and domestic violence tend to remain untreated, because families are reluctant to seek help from community members whom they know on a more personal level.[150] Consequently, these types of problems are not rectified, and can become a "family problem" that is passed down from generation to generation.

Isleta Pueblo's proximity to the Albuquerque metropolitan area presents some unique opportunities. Because of the greater number of job opportunities, unemployment rates and the percentage of families living below the poverty level are relatively low compared to those of pueblo Indians living further away from the metro area. In addition, there are more opportunities to provide services to families and children because of the larger number of external resources available to the tribe. On the other hand, proximity to the city has meant that Isleta faces a significant substance abuse problem among its members, as well as an increase in gang activity and graffiti within the pueblo. Further, a decrease in pride and respect among young adult members has created a widening gap in cultural values between youth and elders.

To better address the needs of its members, Isleta is taking steps toward improving its overall organization and service delivery system. The most recent changes and improvements have focused on enhancing the performance and satisfaction of tribal employees. The Isleta Tribal Council is in the process of developing a system of salary increases based on standard of living and merit. To this end, the council has instituted a merit system based on employee-determined goals and objectives related to job function, and tracks the resulting productivity via progress reports. Currently, this system has been implemented only for program directors, but the council hopes to extend it to all levels of employees in the future. In addition to the merit system, an appeals committee was established in September 2002 to handle employee grievances. The committee consists of four community members who were appointed by the governor and the council and who serve staggered terms. Prior to the formation of this committee, tribal employees (and members) went directly to the governor or council to discuss grievances and other matters. What was once handled through intimate, direct conversation and negotiation is now handled through the appeals committee, which represents a progressive move on the part of the tribe relative to its traditional culture.

Organizational changes have been made at the program level as well. In FY02, a performance-based budget system was implemented. Similar to the appeals committee, a budget committee was established to handle the allocation of funds to each program. Program directors present their budgets before the committee and justify their spending; as well, they describe progress toward meeting program goals and reasons for being over or under budget. Based on this information, the budget committee recommends the amount of funding that each program will receive the following year; recommendations then go to the council-at-large. If a program director reports under-spending, the budget is cut back to a lower base rate for the

[149] According to the 2000 Census, 65.3 percent of the Isleta population 5 years and over speak a language other than English at home. Of this percentage, only 4.2 percent speak Spanish as their main language at home, and less than 1 percent speak other Indo-European or Asian/Pacific Island languages; therefore, it is assumed the remaining 59.9 percent speak Tiwa.

[150] Most Isleta social service workers live on the pueblo.

following fiscal year, and the program director can reappear before the committee to appeal for more money if the need arises. This process justifies program spending and allows for more fine-tuned budgeting of programs.[151]

The population characteristics, governance structure, tribal court, and sources of revenue generation for the Pueblo of Isleta are described below.

- **Population characteristics:** Isleta currently has approximately 4,500-4,800 enrolled members. According to the 2000 Census, the total population residing in the pueblo is 3,166 (47.6 percent male, 52.4 percent female). Of those residing on the pueblo, 84.5 percent are Native American, 4 percent are white, and 6.3 percent are two or more races. The median age is 31.1 years. As mentioned previously, due to the pueblo's close proximity to the metro area, the unemployment rate is low, with 6 percent unemployment among those in the labor force. The median family income is $31,000. However, approximately 21.3 percent of families with children under the age of 18, and 25.9 percent of families with children under the age of 5, live below the poverty level.

  Tribal governance structure: The tribal government structure of Isleta consists of the executive, legislative and judicial branches. The role and responsibilities of each branch in governing the tribe are detailed in the following discussion.

  The **executive branch** includes one governor, two lieutenant governors, and two tribal sheriffs. The governor is elected by Isleta members and serves a two-year term, with the opportunity to serve consecutive terms if re-elected. The two lieutenant governors are appointed by the elected governor and serve a two-year term with the possibility of being reappointed. Candidates for governor or lieutenant governor must be Isleta members, residents of the pueblo for 5 consecutive years, and 35 years or older.

  The governor oversees all tribal programs and has direct authority over the administration, direction, and implementation of all programs. The governor signs and approves all administrative and program matters before they go to the tribal council, which has the authority to approve or reject any motions, proposals, and grants submitted by a program. Consequently, the governor's office decides which services are to be provided by the tribe, but only with the approval of the council. All tribal programs submit quarterly reports to the governor's office addressing administrative issues and concerns.

  Recently, direct oversight of 20 programs, including ISS, was given to the program administrator[152] of Isleta. The program administrator works directly under the governor and lieutenant governors and is responsible for program administration, monitoring, resource development, and issues concerning service delivery of the programs. The program administrator also coordinates with all programs, facilitates

[151] After this site visit, a new administration was elected, and this process was not put into place for FY 03.

[152] This position was created approximately two years ago to assist the governor with the oversight of tribal programs.

communication between the governor's office and program directors, and helps program directors develop initial budgets for their programs.[153]

The **legislative branch** of the Isleta government consists of the 12-member tribal council. The members of the council are elected by Isleta members at-large and serve two-year terms, with the possibility of re-election. A council member must be at least 25 years old, a tribal member, and a resident of the pueblo for 5 consecutive years. The tribal council has the authority to approve or reject any action proposed by the tribe.

The tribal court makes up the **judicial branch** of the Isleta government and is responsible for upholding law and order on the pueblo. Prior to its creation, tribal leaders ruled in matters of the law according to custom and tradition. However, the development of a constitution and a law and order code in 1976 established better guidelines for ruling in matters of the law, and the current tribal court evolved subsequently. The tribal court is headed by a chief judge appointed by the governor and confirmed by the tribal council; two associate judges, also appointed by the governor; one full-time prosecutor; one full-time advocate; one full-time probation officer; two full-time court clerks; one part-time law clerk; one part-time process server; and a public defender who is called in on criminal matters only.[154] In addition, there are approximately 20 attorneys who can serve in the tribal court.[155]

- **Tribal court:** As mentioned above, the tribal court is the judiciary branch of the tribal government. In 1976, the tribe established its constitution, as well as its law and order code, thus instituting a more formalized practice of procedure. However, proceedings that are more traditional in nature continue to be employed in most civil cases. The physical jurisdiction of the tribal court is within the boundaries of the pueblo, with the court having legal jurisdiction over all Indians who reside on the pueblo or who commit a crime there. While it does not have criminal jurisdiction over non-Indians, such individuals can file a motion in tribal court if the matter pertains to a Native resident of the pueblo.[156]

  The tribal court handles all cases, including civil, probate, CAN petitions, traffic, and criminal cases that are not felonies. Divorce cases are not handled in tribal court because the tribe, influenced by a strong Catholic background, does not endorse divorce as a moral action. However, the court will handle issues surrounding a divorce, such as custody disputes, division of property and child support claims. The

[153] An automated system has been implemented to assist in the budgeting process. Program directors fill out a computerized form, which automatically calculates the past funding and spending of a program and determines funding need. This output is then e-mailed to the program administrator, who reviews it and submits it to the governor's office for review.

[154] Since the time of the site visit, the prosecutor and advocate positions were abolished by the new administration.

[155] As a requirement to practice in tribal court, all attorneys must agree to serve as a guardian *ad litem* if the need arises.

[156] In cases where a crime is committed on the pueblo by a non-Indian, the tribal court contacts BIA to assist in determining the correct jurisdiction for the perpetrator.

tribal court currently follows state guidelines in deciding these matters, although the court is currently in the process of developing tribal guidelines for these cases.

The court handles approximately 1,300 case filings a year, although not every case filed requires a court action or decision. Overall, approximately 10 child welfare cases are opened each month, for a total of approximately 120-150 cases per year. These cases include custody, support, visitation, placement, adoption and Child in Need of Services (CHINS) or Families in Need of Services (FINS). The court also receives a high volume of truancy referrals.

At present, the tribal court rules largely in accordance with state judiciary guidelines; therefore, many of its decisions are binding in state court. Tribal court decisions are subject to fines and additional court proceedings if violated, and are monitored through the prosecutor or probation officer. ISS also monitors non-criminal child welfare cases or any court-ordered services being provided through ISS. All decisions in lower court can be appealed by filing in the appellate court, which is composed of six tribal judges appointed by the governor.

- **Revenue generation:** The Pueblo of Isleta acquires additional revenue from several tribally owned establishments. One of the more successful sources of revenue is the Isleta Gaming Palace, a 45,000 sq. ft. complex with a casino, five restaurants, a sports bar, and a concert hall that seats 3,000. In addition, Isleta owns a 27-hole golf course, a gas station, convenience store, and a recreation center. Isleta has a tribal enterprise compact with the state, so a percentage of the profit from the casino goes back to the state. All other revenue is treated as tribal profit and becomes part of the Pueblo of Isleta (POI) general fund, which is re-invested in the tribe by funding tribal programs and general improvements at the pueblo. Examples of projects and programs funded by the POI monies include: renovations of homes for tribal elders; the Isleta Lakes Recreational Complex, which houses a health spa, pool, and gymnasium and provides recreational activities for community members; a small recreation center that offers tutoring, summer recreation, and after-school activities for children; the Isleta Eagle Championship Golf Course; scholarships to members going to college; a new health clinic; an 1,800-acre working ranch that extends the land-based reservation; and supplemental funding for tribal programs.

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

A. Tribal Planning Process

The Pueblo of Isleta became eligible for title IV-B, part 2 funds in 1999. Prior to that time, the focus of ISS was on permanency planning, family preservation, and reunification. Title IV-B, part 2 funding served to intensify that focus and to support and enhance the program goals. Funds were used to support existing efforts to prevent out-of-home placements and successfully reintegrate children and their families within the timeline mandated by the Adoption and Safe Families Act (ASFA).

Tribal Planning Group: A designated group was not formed to plan for PSSF; instead, planning was done informally by members of ISS. Input was gathered from the governor's office and through other tribal programs. Feedback from past and present clients also was

incorporated. Planning was mainly a concentrated effort by ISS to expand the existing program and to continue its focus on permanency planning.

Needs Assessment: As mentioned above, a formal needs assessment was not conducted by ISS as part of the planning process. However, ISS did utilize the annual community assessment performed by Head Start to provide insight into community needs.

Goals and Objectives: The 2000-2004 plan stated, "The overall emphasis will be on improved outcomes for families receiving child and family welfare services, as well as family preservation services." This goal has not changed since the planning process, and services continue to focus on reintegration and family preservation.

Tribal Involvement in State Planning Process: The state plan was presented to Isleta's administration for feedback prior to submitting it to the Administration for Children and Families (ACF).

B. Implementation

Administration and Monitoring: The Director of Social Services is responsible for the administration of the PSSF services provided through ISS, and submits reports to the program administrator[157] on a quarterly basis detailing program goals and objectives for the year and progress made to date. This report also is submitted to the governor and the council, and addresses issues that the program director wants them to be aware of.

At the program level, monitoring is done through case reviews and staff meetings. Quarterly staff case reviews are completed by ISS social workers. These reviews involve a random selection of cases, which are then exchanged among staff members and reviewed for accurate and complete information. A checklist was derived from the list of requirements outlined by the child and family review. Bi-monthly meetings are held for all ISS staff to discuss cases and administrative issues. In addition, monthly community protection team (CPT) meetings involving representatives from all tribal departments that assist ISS with child welfare cases (Head Start, the Isleta Police Department, Education Department, and Behavioral Health Department) are held to offer suggestions and recommendations to ISS for specific cases.

Service Delivery: ISS has two main divisions under which services are categorized: (1) Child Welfare and Family Services (CWFS), and (2) Family Preservation Services (FPS). The CWFS division focuses on family support, time-limited family reunification, and adoption promotion and support services. Cases involving the FPS division are handled separately. The majority of the services offered by ISS are provided in-home, although families may come into the ISS office for supervised visits or for financial assistance services (including determining eligibility for financial assistance programs and help with filling out forms).

Family support, time-limited family reunification, and adoption promotion and support services encompass the following conventional child welfare services: investigation, foster care and adoptive home recruitment and case management, ICWA services, and adolescent services. These services are provided to any Isleta member or eligible Indian. Referrals are

[157] In the past, the lieutenant governor directly oversaw all 46 tribal programs; this responsibility is now shared by the program administrator, who oversees 20 tribal programs, including social services. The governor has ultimate authority over all programs.

mainly court-ordered, although families may self-refer, depending on the service need. Because the Isleta community is small, many families are aware of the services offered by ISS. Informative brochures are handed out during community gatherings and events. Services also include family and individual counseling, parenting skills training, transportation and financial assistance. The caseload for each social worker is between 10-12 cases, on average.[158] There is no maximum caseload, and cases are staffed based on worker experience. (If a worker has more experience with a particular issue, he or she will be assigned to cases involving families who are dealing with that issue). The goal in most cases is reintegration and reunification. When this is not possible, the tribe favors permanent guardianship placements over adoption.

After a referral is made to ISS, an intake is completed by an ISS social worker to determine need and eligibility for child welfare and family services. Services are then set up based on the needs of the family. In some cases, ISS will file a CHINS or FINS petition with the court in order to get the judge to mandate services for a family. By involving the court, families are made more accountable in terms of cooperating with ISS and working toward family goals. ISS monitors cases through home visits and court reviews that are held every 30, 45, or 90 days, depending on the severity of the case and case goals. Tribal members living off-reservation can also receive services from ISS, but because they are not under tribal court jurisdiction, such individuals are not mandated to receive these services.

Family preservation services are also provided in the home, but these cases are handled separately by the FPS social worker.[159] This worker receives approximately 50 referrals per month, but opens a case only if it is determined that services will be long term. On average, the FPS worker has 2-3 open cases per month, and tries not to go over 5 cases per month; a waiting list has never been needed. The target population for the FPS program includes:

- Tribal children at imminent risk of removal from home;
- Tribal children displaying behavioral and/or emotional challenges;
- Tribal families experiencing temporary crisis;
- Interdepartmental/tribal court referrals;
- Tribal families experiencing short term separation; and
- Tribal families in need of additional support.

A case is referred to FPS by the CPT, the court, or during an ISS staff meeting. Once the case is transferred, the FPS worker performs the initial intake (usually over the phone), and a family interview is set up within 72 hours. At the family interview, the worker will do a psychosocial evaluation and determine the plan and goals for the family.

Services offered through the family preservation program are individualized based on a family's needs. As described in the program brochure, "Family Preservation uses practical approaches to therapy, by incorporating various modalities, treatment techniques, and creative ways to reach families. The technique strengthens the bonds and coping skills to help heal relationships." Some of these techniques may incorporate the following services: strengths identification and/or development, crisis intervention, didactic education, prevention services, wraparound services, community resource connection, self-esteem building, individual/family

[158] One case equals one family.

[159] Because the current FPS worker does not live on the pueblo, many families feel more comfortable working with her, as opposed to another ISS worker who lives in the community.

counseling, anger management, problem solving skills, safety building for all members of the family, and experiential therapy. The experiential therapy component of the family preservation program combines outdoor activities with cultural and traditional activities in order to build trust and self-esteem within families and to strengthen family bonds. Activities include camping, fishing, backpacking, survival skills training, rock-climbing, hiking, and exploring the natural world. Families find out about these services mainly by word-of-mouth. In addition, ISS provides information about its services at the annual Isleta Health Fair, and during Child Abuse Prevention month (April) and Domestic Violence Awareness month (October) activities.

The intensity and duration of family preservation services depends on the case, although services are typically more intensive in the first 8-12 weeks. After that phase, families are re-assessed. If improvements have been made, the case moves into the follow-up (aftercare) phase. During aftercare, families are referred to community programs based on their continuing needs, and ISS collaborates with the referred service providers to monitor the family. Aftercare lasts until the FPS worker and family conclude that all goals have been met, or until the court closes the case. Cases are not usually kept open for more than 6 months.

One barrier for families to receiving services offered through ISS is transportation. Although ISS has two vans to provide transportation for clients, high caseloads often limit the amount of time that social workers can devote to meeting transportation needs. In the past, a large proportion of clients walked in to ISS because it was centrally located in the pueblo. However, ISS recently moved to a building three miles away, so not as many people can walk in to receive services.

There has been a noticeable change in the target populations for child welfare and family services and family preservation services over the past several years—families being referred to ISS for services have gotten much younger. In light of this target population shift, ISS has had to reach out to younger children and to begin teaching parenting skills at a younger age.

Funding: The funding for child welfare and family services is drawn from multiple sources. In FY02, half of the total title IV-B dollars ($25,586) were used to support the social work supervisor position, and the other half was used to support child welfare and family preservation services. The Bureau of Indian Affairs (BIA) funds child welfare services and general assistance ($290,238), and services are provided through a 638 contract.[160] ISS received money from the general tribal fund (POI funds) to supplement this federal funding ($40,500 in FY02).[161]

In FY02, support for the family preservation program came from an Indian Health Service (IHS) Child Abuse and Prevention grant ($145,331). This 5-year grant provided the tribe with funds from FY98 ($150,000) through FY02 to plan, develop, and implement the FPS program with an experiential component. This funding was used, in part, to purchase the equipment needed for the program (e.g., camping, rafting, and climbing gear) and to pay for the cost of the activity (e.g., campsite fees, travel expenses, food). Since this funding has ended, ISS has supported the experiential program through donated goods and contributions.

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[160] This money can be carried over to the next fiscal year if not fully spent.

[161] POI money is typically allotted only after federal funding has been spent; it is used to supplement the existing budget for a program.

(Because the equipment was purchased for the program, donations mainly are needed for recreation time at parks and campsites.) ISS receives a lot of recognition during Child Abuse Prevention month and during the annual Community Health Fair, and many connections are made with community resources that offer free services and activities for families and children. These services and activities are frequently utilized by ISS to supplement the family preservation program.

Isleta does not have a title IV-E agreement or tribal Temporary Assistance for Needy Families (TANF), and currently does not receive ICWA funds, Child Care and Development block grant, title XX, or title XIX for social services.

Evaluation: Discussions regarding external evaluation and consumer surveys have been ongoing.

III. Indian Child Welfare Services

The child welfare and family services offered through ISS also include foster care, child protection, adoption, and permanent placement. Isleta works closely with the Isleta Police Department (IPD) and BIA to investigate cases of child abuse and neglect involving Isleta children on and off the pueblo, respectively.

A report of child abuse or neglect usually comes from concerned community members, local police, school employees, or the Children, Youth, and Families Department (CYFD). A report is made to the IPD or ISS. If a report is made to ISS, the on-call worker contacts IPD within 15 minutes of the report, and vice versa. If the report constitutes a major crime, IPD will call BIA to assist in the investigation. The timeframe for the investigation is dependent on the severity of the report, as determined by the ISS social worker who takes the initial report. An emergency case (classified as "imminent risk" to a child) requires an investigation to be done within 24 hours of the report. In non-emergency cases, the investigation must take place within 72 hours.

For reports that do not involve a major crime,[162] the designated IPD police officer[163] and ISS social worker will do the investigation together, and BIA is not involved. The IPD police officer and ISS social worker conduct a preliminary assessment of the situation and family. (The primary task of the ISS social worker during the investigation is to ensure the safety and well-being of the child.) Within 7 days after the investigation takes place, a report is submitted to the tribal prosecutor, who then determines if there is sufficient evidence to file a charge or petition. If there is not, the case is dismissed. If there is sufficient evidence of abuse and/or neglect, the tribal prosecutor files a petition with the tribal court. The court will then take one of two actions as it moves to protect the child. First, an informal diversion conference (IDC) may be used to resolve the case, under the recommendation of the tribal prosecutor and/or the court advocate, with the approval of the judge. The IDC is used to consider alternatives to a formal jurisdictional hearing in court, such as referral to community services for treatment, terms of supervision, and therapy and counseling for offender and/or family and child. These

[162] "Major crimes" include things such as burning of a child, sexual abuse, and severe physical abuse.

[163] One major obstacle for the tribe when it comes to investigations of child abuse/neglect is that there is only one IPD police officer designated to do the investigations.

alternatives are specified in a diversion agreement, which is written and signed by the prosecutor, ISS, and family members. The family is then monitored on these terms by ISS. The case is closed upon satisfactory completion of these conditions. The second action that can be taken after a petition is signed is the adjudication hearing, during which tribal authorities must provide evidence that the child has been abused or neglected. This hearing is held within 10 days of the petition being filed. If sufficient evidence is presented, a dispositional hearing is held (sometimes on the same day as the adjudication hearing). This hearing determines what should be done with the child, offender and family. Review hearings are held every three months following the dispositional hearing in order to track the progress and status of the family.

If at the time of the investigation it is determined that the child is unsafe, IPD will place the child in emergency protective custody, and the police officer and social worker will remove the child immediately from the home. It is then the responsibility of the social worker to place the child in a temporary emergency placement. ISS has an "on-call" book that lists all approved foster care placements that are willing to take a child between the hours of 5 p.m.-8 a.m.; this list is used for instances when a child is removed after hours. If a temporary home cannot be found from the list, the social worker will often go door-to-door to find a relative or neighbor who will take the child. Within one day, the judge is contacted and an *ex parte* hearing is conducted to inform the judge of the circumstances that required the removal of the child. An *ex parte* order is then drawn up by the prosecutor within 24 hours to determine placement of the child. The parent(s)/guardian(s) of the child are not present at the hearing, but are given a copy of the order. A preliminary hearing is held within three working days following the hearing, and the parent(s)/guardian(s) are required to attend. At that time, the judge may order the release of the child back to the parents/guardian if it is decided that protective custody is no longer needed. The judge may then order the family to services. If the child is not released to the parent(s)/guardian(s), an order for protective custody is made within 24 hours. An emergency custody hearing is then held within three working days to determine if the child can be returned home. If the child must stay in protective custody, a court review of the status of the case is held within 14 days.

If a child is to be placed in out-of-home care, ISS will contact extended family members first before contacting an approved foster home. Once a family member has been found and is willing to take the child, the home will be approved according to BIA guidelines. Foster home recruitment and licensing is handled through ISS. (Foster homes are approved by ISS.) Foster home recruitment is accomplished through tribal newsletters, presentations, and sign-up sheets at community functions, and by performing an annual update of current and previous foster parents. Foster home licensing packets, which are given to anyone interested in becoming a foster parent, outline BIA's minimum requirements for home placements[164] and the procedures that must take place in order to approve a home. ISS completes the background check, recommendations, and home study for these homes.

Formal adoption is handled by ISS, although it is generally not an option for Isleta children. If the permanency goal has been changed from reintegration to finding a more permanent placement, Isleta typically seeks out permanent guardianships with the relatives of the child.

In the opinion of several ISS workers, ASFA has helped by providing guidelines for permanency and encouraging ISS to act efficiently to either reintegrate the family or find a more permanent placement for children if reintegration is not possible. The ASFA guidelines also

[164] The tribe uses the BIA minimum guidelines for foster homes as its standard.

have helped ISS in terms of not keeping cases open for too long. Tribal courts have been very cooperative with ISS in helping to establish timelines and motivate families to work toward their goals in a timely manner. Generally, there has been a positive reaction to ASFA; several ISS workers speculated that if it were not for ASFA, many more children would stay in foster care until they aged out, instead of being moved to permanent placements.

A. Administration

ISS receives BIA funding and has a 638 contract to provide child welfare and family services. As noted in the previous section, these services are administered through ISS, which has also established memoranda of understanding with tribal police and the tribal court regarding the handling of child welfare cases. In addition, a CPT was established to provide insight and recommendations in cases of child abuse and neglect.

B. Funding

ISS receives BIA funding and provides foster care, guardianship assistance, and respite care through a 638 contract.[165] As previously mentioned, Isleta does not have a title IV-E agreement, although at the time of this site visit, it was being considered as a viable option.[166] The tribe currently has an informal agreement with the state in which the state pays for foster care placements of Isleta children in tribal homes on the pueblo and in nearby communities.

C. Connection with PSSF Programs

ISS is involved in a case from the time of the report and investigation and recommends which services should be provided. Based on those recommendations, the judge will court order families to receive child welfare and family services and/or family preservation services through ISS. The court and ISS work closely to monitors these families.

D. Major Initiatives

The tribal court has a valuable (and continually improving) working relationship with the state court. This relationship is fostered by the Tribal-State Consortium, which was formed approximately five years ago in an effort to promote agreement and understanding between tribal and state courts and ameliorate relations. The consortium is composed of six tribal judges and six state judges.[167] It meets quarterly on one of the reservations in an effort "to bring state people on the reservation so they can see tribal court processes and meet tribal personnel." The Tribal judges who are part of the consortium host the meeting at their respective reservations on a rotating basis. One purpose of this meeting is for tribes to give guidance to the state in matters related to ICWA. Through this effort, state judges have become more aware of tribal court processes and proceedings and more proficient at handling ICWA cases. Isleta's chief

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[165] At the time of this site visit, three Isleta children were in permanent guardianship placements, and five Isleta children were in tribal foster homes.

[166] Isleta was apprehensive in the past about pursuing this formal agreement because they felt that state and tribal standards were incongruent.

[167] Three of the six tribal judges are from Mescalero, Jicarilla Apache, and the Navajo Nation; the other three are Pueblo judges. The six state representatives consist of one supreme court judge, one magistrate, and district court judges.

judge also makes presentations at schools of social work to educate prospective social workers in ICWA, tribal law, and tribal court processes. The combination of these efforts has brought about an open communication between the state and the tribe, and tribal court rulings have become more binding in state courts.

IV. Other Related Human Services

Isleta has a comprehensive list of additional human services that are offered to its members and other eligible Indians in the community. Some of these services are offered through ISS and other tribal agencies, while others are referred out to external resources.

Additional services offered through ISS include the following: **Tribal general assistance** to eligible Indians in need of financial assistance, including burial, disaster and emergency assistance; **information and referral** to external services for Indians and non-Indians living on the pueblo; the **Financial Assistance program**, which offers assistance with filing for Supplemental Security Income, TANF, Social Security, and Medicaid/Medicare; and **traditional counseling services**, which give families the opportunity to receive counseling from traditional therapists within the community with the stipulation that if a family is not compliant with these approaches (which are typically less structured and regimented), then the tribal court can mandate that the family receive conventional ISS services.

Substance abuse treatment, referral to outside inpatient treatment, mental health services, individual and family counseling, and couples therapy are offered through **Isleta Behavioral Health**. The majority of service referrals come from the court. The center contracts with two licensed psychologists to provide neuropsychological and psychological assessments on a part-time basis. The center also contracts with one psychiatrist, who provides services twice a month. Full-time staff includes a clinical supervisor, one licensed MSW, two substance abuse counselors, one case manager to provide all non-therapeutic services, and one director. At the time of this visit, the director was awaiting approval to hire eight more staff members. If approved, the center will gain one MSW, one child therapist, one mental health therapist, one substance abuse counselor intern, two wellness workers, one van driver, and one community prevention specialist. The center does not have a crisis hotline, and workers are not on call after 3:30 p.m. This puts the responsibility on ISS, which places workers on rotation to answer these calls; however, not all workers on the rotation can respond to crisis and suicide intervention. Crisis calls that require emergency intervention are directed to IPD, which responds by taking the person to an emergency medical care facility.

Isleta Head Start has been serving Isleta children for over 35 years. Head Start contracts out to the Albuquerque Public School to provide speech, language, and occupational therapy for children. Children are also provided with breakfast and lunch, vision and hearing screenings, and cultural education (e.g., Tiwa is taught and spoken as much as possible, children are taught to respect elders, children are taken on culturally relevant field trips, elders come in to teach children dancing). Head Start also offers parenting classes through the “Dare to Be You” program, a 12-week course that provides child care and meals to parents while they are in the class. Head Start is also currently implementing a father involvement aspect to their curriculum in an effort to encourage more male involvement with children who do not have father figures in their lives.

Isleta children can also receive services through **Native American Pueblo Parent Resources (NAPPR)**, located in Albuquerque. This is an in-home service provider for children at risk who are 0-3 years of age. It is typically the first agency contacted to provide services for the guardians of these children. NAPPR is free for any Native parent through Medicaid and offers skilled services focusing on child development; play, physical, and massage therapy in-home; and mental health evaluations and counseling. NAPPR screens children for pre-Head Start services, and children can transition from NAPPR into Head Start.

Isleta also has a **health clinic** that offers medical, dental (with 8 chairs and several dentists), prevention, eye, diabetes, and foot care; a **large recreational facility** featuring a gym, pool, and training room, and offering karate, volleyball and aerobics; and a **small recreational facility** that offers tutoring and summer recreation with organized sports activities, field trips, and after-school programs and activities.

Domestic violence services are mainly referred out to external agencies. Isleta does not have a shelter for battered women and children, but offers information and referral to several shelters and services within the Albuquerque community.

Youth services for Isleta youth are provided through the **Isleta Education Department** and also through one external agency. **Project Venture** is a state-funded program offered through the Isleta Education Department to provide services to youth at risk. **Independent Living** services are provided to youth through the Intermountain Youth Center, an external service provider.

A. Administration

The human services available to the Isleta members are provided through a combination of tribal and external resources. Some of the external agencies that work with ISS to provide services to Isleta members that are not available on the pueblo include: Valencia County Shelter Services, which provides shelter for domestic violence victims; Peanut Butter and Jelly Therapeutic Day School and Morning Star Inc., both of which offer parenting classes to tribal members who do not want to participate in the tribal parenting classes; La Buena Vida, which provides counseling services for Indians and non-Indians; and the Child, Youth, and Families Department (CYFD), which provides family preservation services to non-Indians living on the pueblo and Isleta members living off the pueblo. Isleta Behavioral Health has a contract with Memorial Hospital in Albuquerque to provide inpatient substance abuse and mental health services to Isleta members.

B. Funding

ISS receives BIA funding, and Isleta Behavioral Health and health center services are provided through a 638 contract. The health center also has third-party billing capabilities. Independent Living services are supported under the Chaffee Foster Care act. In FY02, ISS received a one-year grant for $50,001 from the Centers for Disease Control (CDC) to support planning efforts focused on violence against women. In addition, ISS received a two-year grant ($46,982 for July 01 – July 03) from title III (Family Violence Prevention Services Act) to support the domestic violence program. The Head Start program is funded by the Department of Health and Human Services (DHHS), as well as U.S. Department of Agriculture (USDA), part B and part C funds. The recreation centers are supported by POI funds. Isleta continues to actively explore other sources of funding for all of its programs.

C. Connection with PSSF Programs

Families that are receiving PSSF services through ISS are typically referred to Isleta Behavioral Health center and the other human resource providers as part of their comprehensive treatment plan. ISS and Head Start also keep in close communication regarding children in Head Start whose families are receiving services through ISS. ISS makes referrals to all of the above-mentioned programs in an effort to address and treat all issues in the family.

D. Major Initiatives

Isleta continues to expand services and resources to bring awareness and prevention of domestic violence against women. There is a great deal of denial, particularly among the older population and elders, as to the effects of domestic violence. Isleta is doing outreach to make the community aware of the harmful effects of domestic violence on its women, children, and families, in an effort to change societal beliefs and attitudes that allow this violence. One of the major initiatives is the Domestic Violence Code. This code, which was drafted by a law and order committee appointed by the tribal council, will standardize a protocol for handling domestic violence reports and investigations. At present, there are no standard procedures in place, and many reports of domestic violence do not culminate in punitive actions against the perpetrators. It has been difficult getting this code passed due to the prevailing attitude that domestic violence is a private, family matter. Furthermore, the code and its corresponding issues tend to get "tabled" when each new administration comes in.

Isleta has also established the **Domestic Violence Task Force**, a small group of professionals and community members that works "to promote domestic violence awareness through education, prevention, and advocacy for victim's rights, and safety promotion for members of the pueblo."[168] This task force was organized in September 2000 and recognized by the council in September 2001. In an effort to disseminate information to the community about domestic violence, task force participants engage in activities that promote domestic violence awareness, advocate for domestic violence codes, provide education and awareness about domestic violence and child abuse to elementary school and high school-aged children, and collaborate with local programs to promote education and awareness. This task force meets every second Tuesday of the month at various locations within the tribal program system.

In addition, ISS is a member of the **Coalition to Stop Violence Against Native American Women (CSVANW)**. The coalition was established in 1996 and "brings together Native advocates who are working in Indian communities in New Mexico, Arizona, and Colorado to provide assistance and support to Native women who have been battered or sexually assaulted."[169] The mission of CSVANW is "to stop violence against Native women and children by advocating for social change in our communities. The CSVANW takes ownership and responsibility for the future of Native women and children by providing support, education, and advocacy using our strengths, power and unity to create violence-free communities." For 2002, the coalition was planning activities such as holding workshops on issues associated with violence against Native women, training youth on these issues, making an "Honoring Native Women" visit to the Hopi Nation and Six Nations, developing training curriculums that are

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[168] From handout obtained from ISS onsite.

[169] Information about the Coalition to Stop Violence Against Native Women was taken from a brochure obtained from Isleta.

culturally specific to Native communities, outreach and education to tribal leaders and members, and developing a coalition newsletter and website.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Quinault Indian Nation
Summary Program Description

The Quinault Indian Nation (QIN) is not currently eligible to receive Promoting Safe and Stable Families (PSSF) funding. Although the overall study focuses on tribes receiving PSSF funding, this tribe was chosen to provide a comparative look at services provided by non-PSSF tribes and at funds used to support those services.

The summary provided below is based on a site visit conducted in October 2002 and a review of documents obtained onsite. It includes an overview of child welfare services provided by the tribe, barriers to the implementation of services and related funding issues, and child welfare issues of current concern to QIN.

I. Context

The Quinault Indian Reservation is located in the southwestern region of Washington State's Olympic Peninsula. Its boundaries enclose an area of approximately 208,000 acres that are rich in natural resources derived from expansive conifer forests, bountiful rivers and lakes, and 23 miles of Pacific coastline. There are two main villages, Taholah and Queets, located on the reservation. These villages are not separate and autonomous, and do not have the ability to establish their own governing policies separate from those of the tribe.

Stakeholders noted that one of the challenges facing QIN is the breakdown of culture and tradition—a breakdown precipitated by the movement of Christian settlers into the region in the early 1800s. Tribal members eventually split into two groups: those who accepted the Christian culture and were assimilated into it, and those who remained traditionalists. As a result of this division, much of the culture and tradition of the Quinault people has been lost over time. Although the rift between the two groups still exists, in recent years efforts have been made to re-establish some of the forgotten culture and traditions. For example, the Quinault dialect is being re-introduced into the schools and is part of the Head Start program. In addition, a paddling club has been created to honor the traditional means of transportation, the canoe, and "Chief Taholah Days" are held during the first week of July to celebrate the 1855 Treaty that ceded land to the settlers in exchange for the reservation and the right of tribal members to fish in their usual areas.

Despite the above efforts, the impact of cultural degradation on family structure has been long lasting. For instance, families no longer live in groups in long houses as their ancestors once did, and are less cohesive today. There is an increasing problem with the abuse of stepchildren (while biological children in the same household remain unharmed), and a high prevalence of substance abuse and sexual abuse within the community. Factors such as these have created an urgent need to provide families with comprehensive services designed to protect children and to keep families together.

The population characteristics, governance structure, tribal court, and sources of revenue generation for QIN are described below.

- **Population characteristics:** QIN has approximately 2,609 enrolled members. The reservation population is about 1,370, with 238 non-Indians comprising 17.4 percent

of the total. The majority of the reservation population lives in the village of Taholah. Of those in the labor force who also reside on the reservation, approximately 14.7 percent are unemployed, compared to 6.2 percent of the total labor force that is unemployed statewide. Median household income on the reservation is approximately $26,488, compared to $45,776 statewide. Furthermore, about 32.4 percent of families with children under the age of 18, and 41.8 percent of families with children under the age of 5, are living below the poverty line. These figures compare to 11.2 percent and 14.9 percent, respectively, of families in Washington State.[170]

- **Tribal governance structure:** QIN is a sovereign nation and is self-governing based on the by-laws and the constitution established in 1922 and 1975, respectively. Self-governance commenced in 1990 with QIN's acceptance of the Self-Governance Act of 1988, which allowed the tribe to make decisions and "manage its own affairs without external interference."[171]

  At the top of the organizational structure of tribal administration is the QIN General Council, which is composed of enrolled members of QIN who reside on the reservation. Members are elected by popular vote for three-year terms, and re-elections are held for executives and councilpersons on a rotating basis. The council is the main governing body and meets annually to discuss tribal operations, allocate fishing territories, hold elections, and install new members into the tribe. The QIN Business Committee handles all legislative and business matters throughout the year. It is composed of 11 members—4 executives and 7 councilpersons. Among other duties, the committee has the authority to distribute all funds according to need. At the program level, program managers can propose a budget stating their needs and present it to the business committee, which has the right to accept or reject the proposal and to distribute funds accordingly.

  The tribal organizational structure also includes subcommittees that handle issues and concerns related to programs. For example, any concerns of the Quinault Social Services (QSS) program manager are handled first by the Social, Health and Education (SHE) Committee, and are then brought to the attention of the business committee and council if the concerns seem well founded.

  QIN has adopted the philosophy of Eric Allenbaugh's "Deliberate Success," which focuses on strategies and performance principles designed to enhance leadership abilities and strengthen organizations. There is a strong commitment among council members to integrate this philosophy into the governing of the Nation. To that end, members are working toward reorganizing and reinstating a strategic plan, with youth services being an especially high priority. Planning also is focused on land use and economic development, and funds from revenue generation are prioritized to support this.

- **Tribal court:** What began as a "fish court" to handle territorial disputes between fishermen has evolved into the present-day tribal court, which was established in the

[170] Population statistics for the Quinault Indian Reservation and Washington State were obtained through the U.S. Census Bureau at http://factfinder.census.gov

[171] www.ghcog.org/quinpage.htm

mid to late 1960s. Tribal court personnel include a chief judge who has been with the court for 23 years; a full-time clerk of the court; a full-time probation officer; and two part-time persons, including the prosecutor and the public defender. There is also one associate judge who hears mainly traffic and fishing cases on an as-needed basis. If an appeal is made to any ruling, the chief judge appoints three judges from other tribes to function as an appellate court. The court receives BIA funds accessed through a 638 contract. However, funding is limited, as evidenced by the poor physical condition of the court (which is located in an old trailer) and the lack of a juvenile court system.

The tribal court handles all cases within the jurisdiction of the reservation; as well, it has jurisdiction over all Quinault children living off the reservation and any non-Indian children living on the reservation. All types of cases are heard, including traffic, civil, abuse/neglect, dependency, family, juvenile, and criminal. An example of the caseload is as follows: approximately 220 juvenile cases to date; 240 adult cases to date; 20 fisherman cases annually; 200 civil cases (divorce, custody) annually; and 65 Minor In Need Of Care (MINOC) cases annually. There are very few adoption cases heard—only one or two in the last five years. All in all, approximately 2500 separate hearings are handled annually through the tribal court, which has a good working relationship with the state court. For example, the tribal court judge is included in state judicial conferences and works in cooperation with the state to transfer jurisdiction in cases involving Quinault children.

- **Revenue generation:** QIN generates revenue through several tribally owned operations, with the primary source being the harvesting of timber from the abundant conifer forests that cover the reservation. The revenue generated through logging is used to support QIN's debt service toward the Quinault Beach Resort and Casino, and is also used to buy back land to be placed in the ownership of QIN. Another source of revenue is the Quinault Beach Resort and Casino; however, these monies are used mainly for debt servicing on the $35 million in bonds that QIN issued to finance it. Any remaining funds are used to support social and health services. Lastly, the Quinault Seafood Processing plant generates a small amount of revenue, which is just enough to sustain the business.

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

As mentioned above, QIN is not eligible for PSSF funding and currently does not have an established PSSF program in place.[172]

III. Indian Child Welfare Services

Indian child welfare services are provided directly by QSS. When there is a report of abuse or neglect of a child on the reservation, family service workers from QSS work with the

[172] Eligibility for PSSF is determined by computing the allotment of funds to each tribe based on section 433 of the Social Security Act. The computation is based on a ratio of the number of children in each tribe with an approved Child and Family Services Plan (CFSP), compared to the number of children in all tribes with approved CFSPs. If a tribe would receive less than $10,000, it is not eligible to participate in the PSSF program, as is the case with QIN.

police and go into the home to investigate. If the circumstances of a case involve severe child abuse and/or neglect (CAN) and the child is at immediate risk, the police assist in removing the child from the home at that time. The child is then placed in a foster home, and an initial hearing is held within 72 hours to establish probable cause. Within 60 days, the court holds a fact-finding hearing; however, the prosecutor usually makes every effort to reunite the child with the family beforehand. In non-emergency cases, the child is not immediately removed from the home. Instead, the prosecutor may encourage the parents to enter into a "parenting contract," which serves as an option to try to prevent the removal of the child from the home. In cases of neglect, the court also has the right to closely monitor the child in the home. These MINOC cases require a family service worker to closely monitor the child through frequent home visits (at least one per month) and monthly reports to the judge.

In CAN cases where a Quinault child is living off-reservation and a referral is made to the State of Washington's Department of Social and Health Services (DSHS), intake and investigation is handled by state CPS workers. (If a referral is made to the local DSHS office, which is located approximately 20 miles from the reservation, and a child is identified as Quinault during the intake, the tribe is contacted immediately and has the right to work with the local CPS workers in the investigation.) If a case is substantiated, it is filed in state court and the tribe is notified. The tribe then has the right to file a motion to assert jurisdiction and move the case to tribal court. In all CAN cases involving Quinault children living off the reservation, the tribe has the right to intervene as a party of the case and to work cooperatively with the state in case planning and placement.

Family service workers provide most services in the home. They attempt to make at least one home visit per month per child; however, more intensive services may require home visits once per week. The family service workers also serve as CPS workers, going into the home to investigate CAN reports and assisting in the removal of children, if necessary. In addition, they function as case managers and are responsible for regular reports and updates with regard to MINOC cases that are submitted to the judge on a monthly basis.

Tribal foster care homes are licensed by DSHS through QSS. Because QSS is a state-licensed child placement agency, it is responsible for the recruitment and certification of its own tribal foster homes. However, the tribe relies on DSHS to perform the extensive background checks required. Once a home is certified through the tribe and a background check is completed, the state issues a license for the home. Presently, there are seven tribal foster homes on the reservation; there are no therapeutic tribal foster homes.

Formal adoption is not common on the reservation and is rarely considered as an option by the court. One possible explanation is the lack of clarity on the part of the court and QSS staff regarding eligibility requirements for post-adoption subsidies. Thus, formal adoption is not promoted, because many foster parents do not want to lose foster care assistance. However, many children end up in the homes of relatives who provide a permanent placement for the child without going through a formal adoption process.

Other child welfare services supplied by QSS include: case management, CPS, foster parent recruitment and licensing, relative home placement and support, and support services (family preservation and retention). Family service workers provide these services, and referrals are received from community members, Temporary Assistance for Needy Families (TANF), the Head Start program, and the police.

Tribal program administrators report a need for services that take a comprehensive approach to service provision for children and families. At present, a range of services is available, and there is a well-organized system of coordination among TANF, Head Start, and the health clinic. However, this collaboration falls short when it comes to QSS. Although QSS receives referrals from TANF and Head Start, each program functions independently. (To illustrate, the program manager of QSS was unfamiliar with many of the services offered by the TANF and Head Start programs.) This lack of coordination often makes for very fragmented service provision, which creates a challenge for family service workers. In addition, there is concern about the large caseload for family services—approximately 65 children divided among 5 family service workers—and the high turnover rate among family service workers and mental health counselors. Large caseloads make it difficult for family service workers to provide the intensive services that are often mandated by the tribal judge, and frequent changes in staff often create inconsistencies in staff training and abrupt changes in services for families.

In addition to large caseloads and high turnover rates, another challenge involved in providing family services relates to non-Indian family service providers. Cultural conflicts between Indian and non-Indian family service workers arise because most of the non-Indian staff do not reside in the village, and are consequently viewed as being "less sensitive" to cultural issues on the reservation. There also is a perception that non-Indian workers immediately remove and keep a child from the home, instead of working to hold a family together or reunify a child. A further complication stems from instances in which provisions of the Indian Child Welfare Act (ICWA) were violated by state judges who made decisions to place children in non-Indian homes without first notifying QSS. At such times, the tribal prosecutor is responsible for educating the judge who is in violation of ICWA legislation.

Many of the barriers to service provision arise from inadequate financial resources, as well as a lack of knowledge about funds that are available to the tribe. Programs are started but cannot be continued, mainly due to lack of funding. For instance, QIN is eligible for (but no longer receives) title IV-B, part 1 funds, because an application was never submitted. This occurred after the QIN grant writer, who handled all grant applications and renewals, resigned from the position. As a result, QSS can no longer fund the parenting classes or staff training it once funded with title IV-B, part 1 monies.

A. Administration

Child welfare services are provided directly through QSS.

B. Funding

QIN has a formal Indian Nation Program Agreement with DSHS that allows it to receive state funding to directly provide the aforementioned services to their members. Child welfare services are administered through a 638 contract. Payments to tribal foster parents are made by the state; block grant and TANF funds are available for child care and respite services.

There is a lack of funds available for parenting skills and staff training. As mentioned above, one reason for this was the resignation in August 2002 of the tribe's grant writer. As a result, some of the grant application deadlines were not met (as was the case with the title IV-B, part 1 application). Furthermore, tribal operations decided that family service workers should receive full salaries with fringe benefits rather than reimbursement on an hourly basis, which left less money for the support of training and services.

C. Connection with PSSF Programs

QSS currently does not have a PSSF program. Caseworkers try to provide services to families to prevent removal of children from the home, but this is done on a case-by-case basis and not through a structured PSSF program.

D. Major Initiatives

The tribal court prosecutor has begun working with QSS staff members once a week to familiarize them with court proceedings involving child welfare cases. He is working on providing family service workers with a manual on procedures and requirements that will be used to better prepare them for court.

QIN is also involved in the Indian Policy Advisory Committee (IPAC), which meets once a month to provide technical assistance to the state to help develop resources, administration codes, and program policies for tribal programs.

IV. Other Related Human Services

One of the major concerns expressed by all members of the tribe is the lack of services available to tribal youth, despite a desperate need for services aimed specifically at youth and juvenile offenders. Currently, there are no group homes or placements available for juvenile offenders; oftentimes, youth are placed in adult jails until placements can be found or reunification with their families takes place.

Substance abuse counseling is available through QSS. Outpatient and group counseling are delivered on the reservation, while inpatient needs are met through referrals to private or state agencies. There are no community education programs that target substance abuse prevention, although substance abuse services are advertised through bulletins, the local TV station, radio, and brochures.

Roger Saux Health Center offers mental health services (e.g., individual counseling), as well as comprehensive medical and dental care. Service programs include: medical; dental; pharmacy; sanitation; diabetes; maternal child health; public health nursing; contract health services; health benefits; Women, Infants and Children (WIC); community health representatives; emergency medical service; and nutrition. All eligible Indians can receive services through the health center.

QIN also has its own **Tribal TANF** program, which has been in existence a year and a half. TANF services include: unemployment services; job placement (most placements are in the casino, Grays Harbor Hospital, or St. Mary's School, and most are full-time with benefits); job training (WEXIS); educational benefits (TANF will fund one degree up to a bachelor's); childcare; transportation to/from center for services; and cash assistance. Job coaches make onsite visits to a recipient's place of employment two times per month. The TANF program also offers marriage bonuses to its recipients: $250 when a couple gets married, $250 once either spouse gets a job, and $250 after a year at a job. Tribal TANF currently serves 140-180 families with 7 caseworkers (3 off-reservation in Aberdeen, 3 in Taholah, and 1 in Queets). The program's success rate to date is evidenced by the fact that 60 families became self-sufficient within the first 8 months after startup. To be eligible for the tribal TANF program, an individual must be a Native American living on the Quinault reservation; if living off the reservation, the

individual must have a Quinault member in the family. Elderly and disabled persons are not eligible unless they have a Quinault child living in their care in the home.

The **Head Start** program has interagency agreements with the Taholah school, the health center, TANF, and CPS to provide comprehensive services to Quinault children. Its interagency agreement with the school allows Head Start to use a portion of the state funding. Services offered through Head Start include: home-based services for Quinault children off the reservation (provided by a TANF caseworker); parent training on fetal alcohol exposure/fetal alcohol syndrome; free dental, hearing and vision screenings for children; nutrition guidance; and tuberculosis testing for children.

A. Administration

All of the services mentioned above are administered on the reservation. Substance abuse counseling is administered by QSS, with oversight by the QSS director. Head Start services are administered under the Head Start department and director; the health clinic is administered by a director as well. The administration department oversees tribal TANF. However, the director of tribal operations provides ultimate oversight relative to these programs

B. Funding

QIN decided to contract services through the 638 mechanism, based on the belief that the tribe was best suited to provide services to its own people. The benefits of this agreement include more money (an increase from $30,000 to $200,000 due to this contract) and services better geared toward the Indian community, delivered without BIA interference. The drawbacks to this agreement include the following: the tribe does not receive money for tribal court improvements; there are a greater number of IHS and BIA restrictions; and reporting and monitoring are stricter, so there is more accountability. Reporting requirements of the contract involve monthly program reports and an annual report to the state and Congress. In addition, the QIN Business Committee has a requirement mandating quarterly reports from each program.

QIN also has third-party billing capabilities for services offered through the clinic. All services offered through the health clinic are funded through the IHS, and all are included under the 638 contract. No restrictions are placed on IHS funds, other than that they be used for tribal members only.

C. Major Initiatives

As previously mentioned, QIN does not currently have services geared toward its youth. However, the tribe is going through the application process with DSHS in order to provide independent living services to tribal youth, using state and local money.

Implementation of Promoting Safe and Stable Families by Indian Tribes

St. Regis Mohawk Tribe
Summary Program Description

At the time of the study, the St. Regis Mohawk Tribe (SRMT) was not a participant in the Promoting Safe and Stable Families (PSSF) program. Although the overall study focuses on tribes receiving PSSF funding, SRMT was chosen to provide a comparative look at services offered by non-PSSF tribes and at funds used to support those services. After completion of the site visit in connection with this report, evaluators were informed that the tribe is set to begin participating in the PSSF program in FY03. However, the tribe's five-year Child and Family Service Plan (CFSP), which would have supplied information relevant to the PSSF section of this case study, was unavailable for analysis at the time of writing.

The summary provided below is based on a site visit conducted in February 2003 and on documents obtained onsite. It includes an overview of the child welfare services, human services, and health services provided by SRMT. As well, it highlights some of the barriers to service delivery encountered by the tribe.

At the outset, it should be noted that SRMT is unique among the tribes studied in this project. Because the State of New York never ceded any land to the federal government following ratification of the tribe's constitution, the St. Regis Mohawk Reservation has never been federal territory. Instead, New York State granted its portion of the land to SRMT in 1796 under a treaty signed with the Six Nations Confederacy. As a result, New York State has a trust responsibility with the tribe and not the federal government, unlike all other tribes in the study. Aside from the tribe's own revenue-generating activities, SRMT primarily relies on state funding rather than federal funds, which also sets it apart from the other tribes that were studied.

I. Context

The Iroquois Confederacy, which was founded in about the late 1500s, originally consisted of five tribes—the Mohawk, Onondaga, Oneida, Cayuga, and Seneca—living in what is now central New York State. The confederacy came to be known among Europeans as the League of Five Nations. In the early 18th century, the Tuscarora, an Iroquoian people of present-day North Carolina, migrated to New York, and in 1722 were formally admitted to the alliance. The confederacy then became known as the League of Six Nations, or simply the Six Nations.

The stable yet flexible nature of their political organization, together with their skill in warfare and early acquisition of European firearms, enabled the Iroquois to achieve and maintain a position of great power during the colonial period of American history. During a time of expansion in the 17th century, the Iroquois Confederacy defeated and scattered other Iroquoian peoples—the Tobacco, Neutral, and Erie to the west, the Huron to the north, and the Susquehannock to the south. By 1720, the Iroquois had subdued almost all of the tribes in a vast region extending from the Hudson River to the Illinois River, and from the Ottawa River to the Tennessee River.

In their early relations with European settlers, the Iroquois operated as an independent power. During the colonial period, they held the balance of power between the French and English, particularly in the area around the Canadian border. With few exceptions—chiefly

factions of the Mohawk and Cayuga, who came under the influence of French Jesuit missionaries—the Iroquois allied themselves with English interests. They bitterly opposed the extension of French settlement southward from Canada, and were responsible for preventing the English colonies from being flanked on the west by the French.

At the start of the American Revolution in 1775, the Iroquois Confederacy league council declared its neutrality; however, it allowed each of the Six Nations to make individual allegiances. The Mohawks sided with the British, but the St. Regis Mohawk, who had settled along the St. Lawrence River, were among the minority who supported the Americans. The 1783 Treaty of Paris that ended the Revolutionary War set the northern boundary of New York State at the 45th parallel, which meant that the St. Regis Mohawk tribal lands were situated on both sides of the new international border. After the war, the Mohawks who were part of the Six Nations left their homeland in central New York for land in Ontario, Canada that had been granted to them by the British. The St. Regis Mohawks, a different Mohawk sect, then claimed title as the remaining Mohawk descendants in the state to the vacated lands. However, New York State rejected that claim, maintaining that title to those lands had never belonged to the Mohawks of the Six Nations.

In 1796, the land claim of the Six Nations was settled through a treaty with New York State, which agreed to cede more than six square miles and some additional collateral land in return for a promise that the Six Nations would abandon any further land claims in the state. The state agreed to pay annuities to the tribe under negotiated treaties. Subsequent treaties between the state and the Six Nations decreased the size of the reservation, but increased the size of the annuity payments.

To protect themselves and their interests, the St. Regis Mohawks living on the American side of the reservation selected representatives to interact with the New York State government. In 1802, the New York State legislature passed an act formally recognizing the trustees as the representatives of SRMT. The act also recognized the tribe's right to hold town meetings on the reservation and allowed it to create its own rules and regulations. The appointment of trustees on the U.S. side did not interfere with the overall governing of the entire reservation, as it was still controlled by "life chiefs," who were chosen in the traditional manner by members of the entire reservation to govern its internal affairs.

The War of 1812[173] made the international border a reality to the Mohawks. At the request of the tribe, the state legislature recognized four men as trustees in 1824. These four were authorized by the tribe to transact all business for the American group of St. Regis Indians only. In the mid 1830s, after controversy arose over the annuity payments, New York State modified its payment practice by making payments only to the New York side of the reservation.

SRMT was formally admitted to the confederacy of Six Nations in 1888, replacing the Mohawks who had left for Canada after the end of the Revolutionary War. In the 1930s, the federal government proposed the Indian Reorganization Act, which SRMT formally rejected in 1935. As a result, the Bureau of Indian Affairs (BIA) turned its attention to tribes elsewhere. An attempt was made to place a BIA in New York State in 1938, but its involvement with the

[173] President James Madison requested a declaration of war to protect American ships on the high seas and to stop the British from impressing or seizing U.S. sailors. The President also wanted to prevent Britain from forming alliances with Native Americans on the American frontier. His decision was influenced by Americans in the West and South, who hoped to expand the U.S. by seizing control of both Canada and Florida (http://encarta.msn.com/encnet/refpages/refarticle.aspx?refid=761571913).

Indians was minimal and it closed in 1949. The closure of the office signaled administrative termination of the federal government's relationship with the Indian Nations of New York State. In 1953, the federal government moved to terminate SRMT, but the bill died in Congress. As a result of BIA's actions, relations between the St. Regis Mohawks and the federal government continue to be strained.

Today, the Akwesasne [174] Mohawk community is located primarily in the northeastern corridor of the U.S. Because the U.S.-Canadian border bisects the reservation, half of the St. Regis Mohawk Reservation is in northern New York and the other half is in Canada. Thus, SRMT is the only North American tribe whose reservation stretches across two countries.

Because the reservation is also situated next to a Superfund site that is highly contaminated with toxic chemicals, the tribe has one of the most advanced environmental divisions of any tribe in the country. The efforts of this division are directed toward preventing disease and injury, while at the same time promoting lifestyles that will respect, protect and enhance the environment for future generations at Akwesasne. [175]

- **Population characteristics:** On the American side of the border, the reservation covers 14,648 acres in Franklin and St. Lawrence Counties. The population is approximately 4,500, with an unemployment rate of 4.8 percent. Per capita income is $12,017, and 22.4 percent of the population lives below the poverty level. On the Canadian side, the reservation extends for an additional 7,400 acres[176], and the population totals 3,700.

  There are three public schools located on the reservation—two on the American side and one on the Canadian side—all of which are K-6. All junior high and high schools are located off the reservation. The tribe also runs the Freedom School, which emphasizes traditional culture and language.[177]

- **Tribal governance structure:** There are three bodies of government within the territory of Akwesasne. The oldest (and most Native in origin) is the Mohawk Nation Council, which regards all the lands of Akwesasne, as well as all original Mohawk lands after the 1794 Treaty of Canandaigua[178], as being one geopolitical territory. The St. Regis Mohawk Tribal Council, which was created in 1802 by the legislature of New York State, considers its area of political authority to be within New York State. Created in 1899 by Canadian legislation, the Mohawk Council of Akwesasne views the lands within Canada as being its area of political jurisdiction.

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[174] Akwesasne is the proper name for the area that encompasses the entire reservation (American and Canadian), and is a Mohawk word meaning "land where the partridge drums."

[175] http://www.srmtenv.org/general.htm

[176] http://www.epa.gov/region02/nations/srm.htm

[177] http://www.cradleboard.org/sites/akwesasn.html

[178] The Canandaigua Treaty was born of military and political necessity. Because the Six Nations Confederacy at that time was too powerful a force to be subjected to U.S. domination, the treaty gave the Six Nations absolute sovereignty within Haudenosaunee territories.

New York State and the BIA view the St. Regis Mohawk Tribal Council as the recognized government of the Mohawk territory in New York State. Similarly, the Canadian government views the Mohawk Council of Akwesasne as being the legitimate representative of the Mohawk community in Canada. Although neither the U.S. nor Canada gives official recognition to the Mohawk Nation Council, it is recognized as one of the historic founding nations of the Haudenosaunee (Six Nations Confederacy or Iroquois Confederacy). Those Native nations and individuals who maintain allegiance to the confederacy recognize the Mohawk Nation Council, as do other traditional Native nations. The Mohawk Nation Council, through the Grand Council at Onondaga, issues passports that have international recognition.

The St. Regis Mohawk Tribal Council is made up of three chiefs, three sub-chiefs, and a tribal clerk, each of whom serves a three-year term. Elections are held each year in June, with one of the three chiefs and one sub-chief being chosen per election. The title of "Head Chief" is given to the chief who is serving in the final year of his present term. The tribal clerk is chosen every third year. The Mohawk Council of Akwesasne consists of a chief and 11 councilors. These two councils work in concert to provide jobs, better housing, health facilities, and recreation. [179]

- **Tribal court:** The SRMT court system consists of traffic court and a restorative justice program (traditional court). All other legal matters, including child welfare, are handled by the Franklin County court system.

  The New York State police have provided law enforcement on the reservation since 1950. In 1989, SRMT began developing its own law enforcement system. Although the tribe has made steady progress towards improving its capabilities in this regard, tribal police officers have no authority on the reservation and can conduct citizen arrests only.

- **Revenue generation:** Tribally affiliated businesses in the region are numerous, running the gamut from cellular phone systems and computers to smoke shops and construction contractors. In addition, there are several stores and galleries featuring handmade Indian art objects and crafts in the area, including Iroquois Bone Carvings and Mohawk Impressions. The reservation also boasts the largest manufacturer of lacrosse sticks in the U.S. and Canada. Currently, the largest revenue-producing businesses on the reservation involve high-stakes gaming and the sale of gasoline and tobacco products.

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

As noted previously, SRMT does not presently participate in the PSSF program, but will begin participating in FY03.

[179] http://www.peacetree.com/akwesasne/division.htm

III. Indian Child Welfare Services

New York State has child welfare service jurisdiction on the St. Regis Mohawk Reservation. In New York State, all child welfare services are administered at the county level; therefore, the Franklin County Department of Social Service (FCDSS) conducts all child protective services (CPS) investigations. The Mohawk Tribe Department of Social Services (MDSS) also conducts investigations, but these are typically restricted to educational neglect, medical neglect, and abandonment cases.

Since FCDSS has child protection jurisdiction on the reservation, all reports of harm (ROH) are reported to the county. A 1-800 number has been established throughout New York State for the reporting of suspected abuse and neglect. Whenever a ROH is called into the county, the county conducts investigations within 48 hours. All investigations must be completed within 60 days. However, for any investigation occurring on the reservation, the county worker must be accompanied by a social worker from MDSS.

ROH can also be reported to MDSS, which may be notified by any number of mandatory reporters concerning suspected neglect. However, as noted earlier, MDSS investigates only educational, medical, or abandonment cases. In fact, the overwhelming majority of cases reported to MDSS concern educational neglect, and MDSS becomes involved only as a last resort. It prefers that school counselors or the school system deal with the case first. However, if attempts by the school system fail to yield the desired results, MDSS conducts an initial in-home investigation. If neglect is determined, Mental Health performs an assessment, and a case plan is developed. MDSS then offers voluntary services to the entire family. If the case plan is followed, MDSS closes the case. If it is not followed, MDSS notifies FCDSS, and the county conducts its own investigation. Findings are reported to the county court, and removal of the child from the home can be requested. Once the case enters the court system, there is a high probability that the child will be removed from the home. After that decision is made, MDSS is given custody of the child.

Upon receiving custody, the case is assigned to a caseworker who handles all aspects of the case. The caseworker works with FCDSS and the family to determine what services are needed. All cases start out with the goal of reunification.

Initially, the child remains in custody for up to 12 months, during which time the family receives needed services. The caseworker does follow-ups every 6 months, and review hearings are held every 12 months. After the 12-month period, children are returned home, unless MDSS files a petition 60 days prior to the hearing. If this occurs, MDSS must present evidence showing that the case plan was either not followed or not completed. MDSS is then granted custody for an additional 12 months. MDSS utilizes several on-reservation placement options, including foster homes, kinship homes, and group homes. Off-reservation placements also occur, but they are the least preferred option. In FY02, MDSS handled 30 cases, including 1 adoption, 2 foster care, 6 group home placements, and 21 preventive placements. At last estimate there were 12 children in tribal custody.

When considering appropriate placement for children, MDSS does not have the option of placing children with their Canadian relatives; however, children from the Canadian side can be placed with their American relatives. As a result, foster families on the American side of the reservation are licensed to accept both Canadian and American children. There are currently nine licensed foster homes on the reservation; of the nine, one is a high need home and three are emergency foster homes. All foster homes must have a home study, background check,

and assessment. The assessment is utilized to determine what type of children the home is capable of handling. Foster parent training is provided by FCDSS. Funds also are provided to bring homes up to code (e.g., outlet covers, gates), and a clothing allowance is provided. All foster parents are paid, although payment varies depending upon classification of the foster home into one of three broad categories: regular, special, and exceptional. Exceptional foster homes handle children who require 24-hour care (e.g., the mentally handicapped); special foster homes handle children with physical disabilities; and regular foster homes handle all others.

Barriers to Service Delivery:

As noted previously, the U.S.-Canadian border bisects the reservation; thus, the Mohawk people have dual citizenship. While this allows tribal members to move freely between the two countries, dual citizenship does cause problems with regard to the delivery of services to children and families. For example, there have been several reported cases of families moving to the Canadian side of the reservation to thwart child abuse/neglect (CAN) investigations, as Franklin County's jurisdiction extends only to the border. Once a family crosses the border—a move within the reservation that is similar to moving between states in the U.S.—there is nothing FCDSS or MDSS can do but wait until the family returns. However, these cases often go unresolved because other cases take priority. Resources also are compromised because Mohawk people can access services on either side of the reservation. Since there is no way of determining what services a family has received on the other side of the border, duplicate services may be offered, thus reducing the number of available slots. Although payment and training are provided to foster parents, the tribe has a difficult time recruiting foster parents. Generally, tribal members are willing to be foster parents only when a relative is involved with child welfare services. It is also difficult to place children who are between the ages of 11 and 16.

Tribal-State Liaison:

New York State has three Native American Affairs Specialist positions (NAAS). Such specialists function as intermediaries between the nine federally recognized tribes and the various state agencies. Each NAAS is responsible for a particular service area involving health, welfare, or education. As a result of its land claims agreement with the tribes located within it, New York State is the first service provider to the tribes. The specialists, therefore, support tribes as they secure services from the state. The NAAS who is responsible for tribal child welfare issues is located in the Office of Children and Family Services (OCFS), which is responsible for social services throughout New York State.

The NAAS responsible for welfare coordinates dialogue with all of the Indian Nations and the state. She also arranges meetings (listening circles) among tribal leaders to determine tribal needs. In 2002, there were three such meetings, and seven of the nine tribes sent representatives. The NAAS is also responsible for overseeing Indian Child Welfare Act (ICWA) compliance; scheduling ICWA training for FCDSS and tribal frontline workers four times per year; and ensuring that tribes get their annuity payments. The NAAS worker also has been instrumental in the tribal-state agreement between New York State and SRMT—the only tribe in the state with such an arrangement, mainly because other tribes have been reluctant to get involved.

As a result of the work of the NAAS, tribal stakeholders interviewed on site indicated that the tribe and state/county have a great working relationship. Stakeholders further noted that the county is very knowledgeable about cultural norms and does a "great job" of following all ICWA

guidelines. County judges follow the recommendations of MDSS when ruling on child welfare cases.

Mohawk Child Welfare Services:

Formerly known as the Akwesasne Youth Advocacy Program (AYAP), the **Intensive Prevention** program (IPP) was incorporated into MDSS in October 2001. IPP is a home and community-based alternative program. At the time of the onsite visit, the program was serving 16 youths and their families; these children ranged from 5 to 17 years of age. The program is staffed by 11 advocates (case managers) and 2 supervisors. Each advocate has a caseload of 2-4 children, and services are provided 24 hours a day, 7 days a week. Due to the high demand for this service, a priority system has been instituted in which only the most severe cases are handled.

- **Target population:** At-risk youth who may be, have been, or are currently subject to compulsory placement, treatment supervision, and/or incarceration in public or private institutions.

- **Referral sources:** Clients can be referred for services, either through court order or by parent/legal guardians. Court-ordered clients are typically on probation and/or involved with the Persons in Need of Services (PINS) program.

- **Intake and assessment:** Forty-eight hours after a referral is taken, the family is contacted for an appointment with IPP counselors. At the first meeting, an assessment interview is conducted in a location familiar to the family. Family, legal, employment, finances, medical, social, psychological, spiritual, educational, safety, and residence assessments are conducted.

  Four weeks after the assessment, a child and family team meeting is held. In addition to the family, representatives from MDSS, mental health, substance abuse, probation, teachers, and others come together to develop an individual service plan.

- **Basic services and activities provided:** Services and activities provided depend on the individual case plan. Advocates have provided services such as helping families get service from utility companies; respite care; modeling appropriate conflict resolution behavior; lobbying schools so that children can remain in class; scheduling appointments for services; attending court hearings; providing recreational activities; and transportation.

- **Duration of services:** Services are offered for up to 1 year. After completion of the program, monthly follow-ups are conducted. Successful completion of the program depends upon achieving all goals detailed in the case plan. There are three discharge options: 1) positive discharge—client is discharged to the care of a parent/guardian or is moved to a less restrictive care program; 2) neutral discharge—client is discharged to the care of a parent/guardian, but there has been no change in behavior since admittance; 3) negative discharge—client is discharged to a more restrictive care facility (e.g., group home, jail).

Located on the St. Regis Mohawk Reservation, the **Akwesasne Group Home** facility opened in 2000 and is the only Native group home in New York State. Although the home gives

priority to Akwesasne children, it also serves other tribes in the state, as well as tribal members from the United South and Eastern Tribes (USET), Inc.[180] The facility can handle a maximum of 12 children, ages 12-18 years old. During the onsite visit, there were 25 full- and part-time staff members. The facility also has a part-time mental health specialist. All counseling services are conducted offsite. The director attends training offered by Cornell University five times per year, and then offers in-service training to all staff members. Training includes recognizing suicidal behavior and managing therapeutic crisis behavior.

- **Target population:** This program serves PINS children and juvenile delinquents who have violated their PINS orders or committed a crime such as assault or robbery. The facility does not admit violent or sexual offenders.

- **Referral sources:** Referrals for services come from MDSS or the court. In some instances, children who receive a negative discharge from IPP are sent to the group home for more intensive services.

- **Intake and assessment:** All incoming clients complete an admissions packet. Mental health and drug and alcohol screenings are conducted prior to being admitted to the group home.

- **Basic services and activities provided:** The group home provides mental health counseling, drug and alcohol counseling, independent living services, educational tutoring and social gatherings. Staff members also accompany clients to custody hearings and provide recommendations for placement options.

- **Duration of services:** Clients typically stay between 8 to 10 months, but can remain as long as necessary.

The **Foster Care, Adoption, and Prevention** program provides services to at-risk children under the age of 18. Caseworkers work with the family, school, and probation office. Referrals for services come from the school and the probation department. In FY02, the program oversaw 1 adoption, 3-5 foster care cases, and 15-20 preventive services.

The **ICWA** program is designed to provide support services for families at risk of dissolution. The tribe employs a full-time ICWA specialist, but the specialist does not furnish services to children and families under the jurisdiction of Franklin County. The ICWA specialist can appear in Canadian court as an expert witness. Approximately five ICWA cases are handled per year, and follow-ups with families are conducted monthly. Services provided include advocacy with outside agencies (e.g., family court, probation, schools), as well as intra-family relations, teen education, parenting counseling, and foster care and adoption home studies. In addition to standard ICWA services, the specialist also offers services for adolescents through various workshops focused on sexuality, relationships, STDs, and AIDS.

[180] USET, Inc. is a non-profit, inter-tribal organization that collectively represents its member tribes at the regional and national level. USET currently represents 24 federally recognized tribes operating through various work groups and committees, and providing a forum for the exchange of ideas and information among tribes, agencies, and governments.

A. Administration

All child welfare services, with the exception of investigation, are administered by MDSS. In 1993, SRMT took control of the child welfare service program from the State of New York. Oversight is provided by the Department of Health and Human Services (DHHS), and MDSS is one of eight programs under its umbrella. All child welfare services are provided on the reservation.

B. Funding

New York State funds all MDSS services at a 100 percent reimbursable rate. IPP is funded entirely by the state. The Akwesasne Group Home is also funded by the state, as are foster care, adoption, and prevention services.

C. Major Initiatives

According to stakeholders interviewed onsite, SRMT is in negotiation with the State of New York to conduct its own CPS investigations. Over the years, the tribe has developed the capacity and expertise to conduct such investigations. The county agrees, and a gradual shifting of responsibility is already taking place. In a relatively new agreement, the county must be accompanied by tribal social workers whenever the county conducts CPS investigations on the reservation.

IV. Other Related Human Services[181]

DHHS administers all other child and family services on the reservation, with the exception of health services. As noted earlier, MDSS is located within DHHS. Also included within DHHS are family support, ICWA, technical vocational rehabilitation, STOP Domestic Violence, and day care services. DHHS has a total of 96 full- and part-time employees.

The **Family Support program** is a respite program for the families of persons with developmental disabilities. The program provides respite services for 60 clients who are 18 years and older and their families, and assists with services such as referrals, counseling, education, transportation and advocacy. The program also offers after-school recreational activities to children between the ages of 5 and 13. As a result of the high demand for services, not everyone can be served.

Because Medicaid funds this program, eligibility is means-tested, although there is a non-waiver option for families who do not qualify for Medicaid or cannot pay for services. If the family is accepted into the non-waiver option, the state will pay 100 percent of the cost for service coordination and staffing. An additional eligibility requirement is that individuals must be diagnosed with a developmental disability prior to their 22nd birthday. Developmental disabilities include: mental retardation, autism, cerebral palsy, epilepsy, learning disability, or neurological

[181] SRMT has undergone program reorganization. Prior to the site visit, the name of the Department of Human Services was changed to the Department of Health and Human Services. There is a long-range strategic goal of relocating health services within this department. Stakeholders were unsure of how the new department would look and function. For purposes of this case study, the departments will be treated separately.

impairment is eligible to receive services. The Adaptive Behavioral Scale is used to determine eligibility.

Once eligibility has been determined, a service plan is developed based on an individual's level of functionality and the life goals that the family would like to see him/her achieve. According to the level of functionality, clients have the following options: supportive apartments, the Individual Residential Alternative (IRA) program, and the Home and Community Based Services (HBCS) Medicaid Waiver program, which employs a Medicaid Service Coordinator and a Senior Service Coordinator to assist clients in gaining access to necessary services to meet their individual needs.

- ***Supportive Apartments*:** This program is designed to help clients become active community members and allows for the transition from home to a sheltered, independent environment. Residents living in these apartments are provided with counseling, living skills education, transportation, individual assessments, recreation, employment services, advocacy, and support services.

- ***IRA*:** This program provides 24 hour-residential services. There are two IRA homes located on the reservation: one serves residents who are moderately functional, and the other serves clients who are higher functioning. The home for the moderately functioning has a staff of 11, while the home for the higher functioning has a staff of 7. Staff assists residents with hygiene, daily living skills, transportation, and group therapy.

- ***HBCS Medicaid Waiver:*** This consumer-driven program serves persons having high levels of need, within their own homes. Habitation aides are provided to assist clients with daily living skills, budgeting, recreation, and transportation.

The **Vocational Rehabilitation** program assists persons with disabilities in preparing for and engaging in employment. In order to be eligible, individuals must live on the reservation; have a physical or mental impairment that results in substantial impediment to gainful employment (i.e., a documented disability); and be an enrolled member of a federally recognized tribe. Assessments are conducted by Health Services. Each client is given an individual plan for employment, as well as the support needed to achieve the employment plan. Services include: vocational counseling, medical psychological counseling, technological evaluations, physical restoration, interest and aptitude testing, vocational and college training, job related tools/uniforms, on-the-job training, placement services, home and vehicle modifications, benefits management counseling, and homemaker services.

The program is staffed by six people. Referrals come from IRA, family support, group homes, or self-referrals. Services end 90 days after employment, and follow-ups are conducted yearly to determine whether retraining is needed. Since the program began in 2000, 126 people have been served; there are currently 60 people in the program.

The **STOP Domestic Violence** program provides services to women who have been abused. Referrals for services come from police, hospitals, or self-referrals. Once a case is opened, an assessment is conducted and a case plan developed. Services include shelter, medical services, protection orders, drug and alcohol counseling, education, and transportation. If children are involved, child care is furnished while services are being provided to the mother.

The program also offers a four-week educational program. Once a month the advisory board, which includes the District Attorney's Office and Medical Services, gets together to review the progress of the case plan. The program is staffed by one person. At the time of the onsite visit, 12-15 cases were open; in FY01, 64 victims received program services. There is also a program for teens called the "Love Shouldn't Hurt Program," which is designed to promote awareness among teens with regard to dating. At present, there is no batterer re-education program.

The **St. Regis Child Care** program was first established in 1992, but center-based services were not added until 2000. There are seven in-home providers; the center-based option serves a maximum of 18 children, 6-36 months of age. There are no eligibility guidelines to receive services, and fees are based on a sliding scale. Services also are available to non-Native clients, although they are not eligible to receive the subsidy (or to take advantage of the sliding scale). The program does not offer transportation services. At the time of the site visit, there were 28 children on the waiting list, which only includes children who are under 3 years of age.

Child care staff members receive 15 hours of training each year. To date, training has been provided on the principles of early childhood development, child care program development, statues and regulation pertaining to child care, identifying child abuse and maltreatment, safety and security procedures, and records maintenance, to name a few.

A. Administration

All human services are provided by the St. Regis Mohawk Department of Health and Human Services (DHHS). Each program submits a monthly report to the director that focuses on services offered, caseload, staffing, and staff concerns. There is no systematic monitoring of client concerns. All services are provided on the reservation.

Tribal Administration oversees all grant processes on the reservation, makes sure funds are being used in accordance with regulations, and provides direct support to department directors.

B. Funding

Family support services are funded by title XIX funds. ICWA services are funded by title II, Indian Child Welfare grant. Vocational rehabilitation services are funded by title 1, Section 121 of the Vocational Rehabilitation for American Indians with Disabilities P.L. 102-569 Rehabilitation Act of 1973. The STOP Domestic Violence program is funded by the Department of Justice (DOJ). Child care services are funded by Child Care Development Block Grant (CCDBG).

C. Major Initiatives

There is an initiative to merge child care services with the senior program; seniors will work with the children and speak to them in their native language. The goal is the enhanced preservation of SRMT's cultural ways, traditions, customs, norms and values. Child Care is also proposing to add an additional 34 spaces and expand its hours of operation.

A center for the Women's Drug and Alcohol program is currently under construction. The program will allow children to stay with their mothers while they are receiving treatment for alcohol abuse.

Stakeholders acknowledge that one of the most serious problems facing the tribe is the amount of substance abuse among the younger population. SMRT is trying to hire more school counselors who specialize in substance abuse to curb this growing problem.

SRMT is also working on a program that will place a dialysis machine on the reservation. Among the Native population, diabetes and high blood pressure are severe problems. Many tribal members need dialysis at least three times per week, but the closest dialysis machine is estimated to be over 50 miles away.

V. Health Services[182]

Established in 1978, St. Regis Mohawk Health Services (SRMHS) provides preventive, primary, and emergency health care service to the reservation community, and employs 40 percent of all tribal employees. Services include: medical and dental care, mental health, substance abuse treatment, nutrition (Women, Infant and Children program), and home health care.

The **Medical Clinic** was the first New York State-certified diagnostic and treatment center on a reservation, and is housed in a larger $2.4 million medical health service building. The clinic is staffed by two full-time physicians (one Mohawk), three family nurse practitioners, three registered nurses, three licensed practitioner nurses, and two part-time specialist physicians. The facility has eight examination rooms.

The **Dental Clinic** became a full-time facility in 1976. The clinic provides diagnosis and treatment of dental problems, as well as treatment to help prevent dental disease. Staffed by two dentists, the clinic provides the following services: root canals, oral surgery, restorative procedures, and prostheses. The clinic also offers community outreach programs.

The **Women, Infant and Children (WIC)** program ensures healthy pregnancies and the proper growth of infants and children who are income-eligible and deemed at risk. The program provides counseling and vouchers for the purchase of nutritious foods.

The **Alcohol/Chemical Dependency** program provides both inpatient and outpatient services. Outpatient services consist of a 10-week education program and a 6-month outpatient treatment program. The inpatient program, referred to as the Partridge House, became the primary residential treatment center on the reservation in 1983. Partridge House can serve 10 clients at a time, and services are available to any enrolled member of a federally recognized tribe. Services include individual and group counseling, Alcoholics Anonymous, recreation, and therapy.

The **Teen/Women Health** program is designed to address the health concerns of adolescents and women. The primary focus of the program is on reproductive health and family

[182] All information contained in this section, except for mental health, was obtained from documents collected onsite.

planning. In addition to counseling services, the program offers workshops on various health issues such as sexually transmitted diseases, AIDS, contraception, and self-esteem.

The **Nutrition Services** program provides comprehensive nutrition, fitness education, and counseling for the reservation community. Classes on weight management, cooking, controlling fat intake, and coping with illness and diseases are offered.

Mental Health services are provided to children and adults of the reservation community who suffer from mental illness. This outpatient-only program seeks to reduce symptoms so that individuals can develop and regain their place within the community. It is staffed by a director, psychiatrist, nurse practitioner, two counselors, two case managers, and a part-time traditional healer, for a total of 8 employees. Regarding the two counselors, one provides services to children and families, and the other focuses on adults and families.

Referrals for services come from schools, DSS, or self-referrals. The intake process for the latter typically involves the client calling the 1-800 number. A counselor takes the call and assesses the problem. If the problem is deemed an emergency, the client is immediately brought in for an assessment. Diagnosis is then conducted and a treatment plan developed.

Mental Health holds weekly staff meetings to assess the progress of clients. During FY02, services were provided to 300 clients, according to stakeholder estimates.

A. Administration

SRMHS is administered by Tribal Administration. As noted earlier, health services are being relocated within DHHS.

B. Funding

Medical clinic services are funded by Indian Health Services (HIS) and the New York State Department of Health. The dental clinic is funded by the New York State Department of Health. The WIC program is funded by the New York Department of Health and Human Services. The Alcohol/ Chemical Dependency program is funded by IHS, the New York State Division of Alcoholism, and the New York State Division of Substance Abuse. The Teen/ Women Health program is funded by the New York State Department of Health.

C. Major Initiatives

For better service coordination, SRMT has a strategic plan that will relocate health services within DHHS.

Implementation of Promoting Safe and Stable Families by Indian Tribes

Tanana Chiefs Conference
Summary Program Description

Tanana Chiefs Conference, Inc. (TCC) received approximately $319,622 in Promoting Safe and Stable Families (PSSF) funding between FY94 and FY01. For FY02, its PSSF funding was estimated to be $52,069. These funds have been used to support the salaries of an administrative assistant and one social worker, who implements the goals of the PSSF program through bi-annual training of Tribal Family and Youth Specialists[183] (TFYS) and direct support.

The summary provided below is based on a site visit (conducted in December 2002) and reviews of TCC's FY95 and FY00 five-year plans and documents obtained onsite. It includes an overview of the context in which PSSF implementation occurred, a description of the tribal planning process, the goals and objectives established, service delivery, initiatives undertaken, and the human services utilized by TCC villages.

I. Context

TCC is a nonprofit consortium providing health and community services to 43 Athabascan[184] tribal governments located in Interior Alaska. Individually, many of the rural, isolated villages governed by these tribes would not meet the population thresholds required for participation in the PSSF program. [185] However, through the formation of TCC, such villages are now able to access PSSF funds. Each of the 43 tribal governments has a representative on the TCC Board of Directors. Overall, TCC carries out the mandates of the board and conducts activities such as preparing budgets, staffing child welfare offices, and providing technical assistance to the villages.

TCC works toward meeting the health and social service challenges for more than 10,000 Alaska Natives living within a service area of 236,000 square miles (39 percent of the state). This area is bounded by the Brooks to the north, the Alaska Range to the south, the Alaska-Canada border to the east, and the Northern Sound to the west. With 600 full-time employees and 300 part-time employees, TCC is the fourth largest employer in the state. About two-thirds of the staff members work in subregional or village positions, and a similar proportion is Alaska Natives.

TCC has existed informally for thousands of years. During its early days, Athabascan leaders gathered at Nuchalawoya ("where the two rivers meet") to discuss tribal matters. This is the present site of the village of Tanana; the two rivers are the Tanana and the Yukon. [186]

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[183] TFYS are social workers who provide community services at the village level.

[184] Athabascans are Native Alaskans who live in the Interior region of the state.

[185] Tribes that are eligible to receive less than $10,000 per year through title IV-B, subpart 2 cannot participate in the program.

[186] http://www.tananachiefs.org/corporate//history_tcc.html

TCC's movement into the modern era began with the advancement of non-Natives into the Interior. TCC was formally incorporated in 1962 as a way to provide a unified front that would guard against the loss of Native lands as Alaska moved toward statehood. When oil was discovered on the Northern Slope of Alaska in 1968, TCC and its allies convinced the Secretary of the Interior to freeze the status of land titles in the absence of a Native land claims settlement. This action forced the state and the oil companies to settle land disputes with Alaska Natives.

As part of the Alaska Native Land Claims Settlement Act (ANLCSA) of 1971, the U.S. Congress divided 44 million acres, or approximately 10 percent of the entire state, into three types of corporations–regional (13), urban (4), and village (200+). The 13 regional corporations included 12 in Alaska and one representing Alaska Natives living outside the state; each Alaska Native who enrolled received 100 shares of stock. The size of the regional corporations ranges from Ahtna, Inc., with about 1,000 shareholders, to Sealaska Corporation, with about 16,000 shareholders. As a result of ANLCSA, Alaska Natives gained title to 44 million acres and received $962.5 million in compensation for the loss of the remainder of their land. In return, the trans-Alaska pipeline could be built across the state without fear of a Native lands-claim lawsuit.

ANLCSA created the regional corporations for the management of land and financial assets, and to oversee the development of natural resources. In order to manage these resources and disburse funds from the settlement, TCC incorporated Doyon Ltd. as its regional for-profit corporation. Unlike other Native for-profit corporations, Doyon Ltd. provided economic services only. However, this singular focus meant that the shareholders represented by the corporation were without a health and community service provider. TCC subsequently filled the void by becoming the nonprofit health and social service provider for Doyon Ltd.'s region.

TCC developed the Regional Health Authority for tribal health programs in 1973, and two years later, after passage of the Indian Self-Determination and Education Act, TCC became the provider for health programs in the region. It established contracts with the Bureau of Indian Affairs (BIA), giving TCC responsibility for the management and delivery of services such as housing, land management, tribal government assistance, education and employment, and natural resources programs in its region. Over time, contracts with the Alaska Area Native Health Service were established for community health aide services, outreach services, environmental health, mental health and substance abuse services, and other programs.

In the late 1970s, TCC successfully bid to receive a number of grants from the State of Alaska for delivery of health care, social services, and public safety services to all residents of the Interior. TCC also successfully assumed management of the Alaska Native Health Center in Fairbanks[187] and the contract health care programs. In the late 1980s, other new facilities and services were developed, including the Paul Williams House, the counseling center at the Chief Andrew Isaac Health Center (CAIHC), the dental and eye clinics, and several remote-site alcohol recovery camps.

TCC is divided into two broad service areas: 1) health, and 2) community and natural resources. The Department of Health Services provides all health-related services to tribes, and the Department of Community and Natural Resources provides assistance to local governments and individuals regarding community government and services, and land and

[187] The center was renamed the Chief Andrew Isaac Health Center after the late Athabascan chief from Dot Lake.

resource management. The PSSF program is situated within the Department of Community and Natural Resources.

- **Population characteristics:** The economy of the villages represented by TCC is predominantly subsistence (hunting, fishing, and gathering). Unemployment ranges from a low of about 20 percent to a high of 90 percent or more, and the average annual income for a family of four in the region is about $12,800, compared to $43,316 per year for the average four-person family statewide. The cost of living in these villages is estimated to be about 30-40 percent higher than the cost of living in Anchorage or Fairbanks.[188] Each village with 10 or more children has its own school. Some villages lack electricity and rely solely on oil for heating and cooking. Villages vary in size and capacity; some have city status while others do not. For example, Fort UConn has a population of approximately 900 people, but does not have city status or paved roads. The village is isolated, self contained, accessible only by air, and relies on a subsistence economy of hunting and fishing. In contrast, the village of Tanana, with a population of just 351, does have city status. Although Tanana is similarly accessible by air and river transportation only, its economy is not subsistence-based. Rather, fully 75 percent of the employment in Tanana is with the school district, Native council, or city government. In addition, the village has 32 miles of drivable roads that are maintained by the city.

- **Governance structure:** Each of the 43 tribal governments has a representative on the TCC Board of Directors. A nine-person executive board, whose members are elected from the general membership of the board of directors, has direct jurisdiction over TCC. The president of the executive board is elected by the full board and serves as the chief executive officer of TCC. TCC's main headquarters are in Fairbanks, and subregional offices are located in Fort Yukon, Galena, Holy Cross, McGrath and Tok. These offices were created to allow for more local employment, greater attention to subregional program priorities, and better access by TCC clients to information and services. Members of the board of directors also serve as members of the subregional advisory boards that review the operations of the subregional offices, which typically have jurisdiction over several villages.

  Each village has its own child welfare office staffed by a TFYS, a full-time tribal administrator, and a part-time social service worker. The TFYS provides child welfare services, conducts investigations, and performs PSSF services at the village level. From its main headquarters, TCC provides training, technical assistance, and direct services to the TFYS workers. Although the selection of TFYS workers is made at the village level, they actually fall under the jurisdiction of TCC.

  TCC's structure allows villages some flexibility in terms of the type of relationship they want with TCC. Villages can choose to: 1) allow TCC to administer all of their grant funds for a flat fee; 2) use TCC as a pass-through agency and receive all funds directly; or 3) contract out individual services, as needed, from TCC.

- **Tribal court:** Each village in the TCC region operates it own tribal court. Village courts handle only civil cases, including non-criminal child abuse and neglect (CAN), while the state handles all criminal CAN cases (i.e., physical or sexual abuse of a minor conducted by a non-custodial adult). Each village court is composed of a

[188] http://www.tananachiefs.org/corporate//history_tcc.html

minimum of three judges. Judgeships are a voluntary position for which no monetary compensation is offered, and village judges are not required to have law degrees. As part of its service provision, TCC provides technical assistance, training, and direct services to the courts in its region:

- *Tribal Government Specialists Office:* This office, which has a staff of three, helps tribes to build and strengthen tribal government structures, functions and procedures. Specifically, it assists tribes with constitutions, ordinances, enrollment, tribal court development, and election processes. As well, this office provides training through seminars, workshops, courses and publications.

- *Legal Department:* Direct services are provided through this department, which is staffed by lawyers who represent the interests of tribal governments and villages in legal matters such as Indian Child Welfare Act (ICWA) cases. In addition, this office reviews court orders and contracts between tribes and the state, and interprets federal and state statutes for the tribal villages. The department has two full-time lawyers who handle approximately 200 ICWA cases per year.

- **Service initiatives undertaken by TCC:** The Tribal Government Specialists Office is currently involved in a project to develop an individualized bench book of codes of conduct for all village courts in the TCC region. The codes include information on such topics as tribal court jurisdiction, structure and procedures; proper subject matters for tribal courts; judicial ethics; and enforcement of tribal court decisions. In addition, this office also provides training to all courts on the Adoption and Safe Families Act (ASFA) guidelines and assistance in terms of standardizing all court forms, implementing Web-based tribal government courses in schools, and increasing the technological infrastructure of all tribes.

- **Revenue generation:** TCC charges each village an administrative fee of $3,000 per year to provide direct services. Villages that choose not to have TCC administer their grants can utilize TCC services on an individual service basis. TCC also generates revenue by contracting out services (e.g., those offered by the Tribal Government Specialists Office and the Legal Department) to villages that are not part of the TCC consortium.

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

A. Tribal Planning Process

The initial five-year Family Preservation/Family Support (FP/FS) plan focused on building village-level capacity for the tribes and communities serviced by TCC. State and regional Native organizations were included in the initial planning. Subsequently, a total of five meetings, each 2-3 days in length, were held, as were teleconferences. Participants included senior management staff of various social service organizations from throughout the state. In total, the planning process solicited the opinions of 68 individuals representing tribal governments, public safety officers, school, health personnel and human service workers. Opinions were also obtained from 107 clients from 14 villages. As a result of the meetings and

assessment, it was determined that FP/FS funds would be used to increase the capacity of TCC's village-based staff to provide direct family support and family preservation services.

According to the five-year plan, TFYS workers would be trained to increase their competence in providing community services at the village level. Such training would include prevention and intervention in the areas of alcohol and substance abuse, juvenile crime, domestic violence, teen pregnancy, and child abuse and neglect. Additionally, the plan sought to expand the collaborative partnerships with other private, state and federal agencies. TCC allocated 62 percent of the FP/FS funds for family preservation services, 31 percent for family support services, and 7 percent for staff training.

For the second five-year plan, a joint planning effort was conducted with the Alaska Division of Family and Youth Services (DFYS) and seven regional Native nonprofit corporations. The goal of building capacity at the village level remained the same. However, TCC changed the distribution of funds from heavily favoring family preservation to dispersing 20 percent of the funds to each of four PSSF service areas (i.e., family preservation, family support, time-limited family reunification, and adoption promotion and support), with the remaining 20 percent to be spent on training TFYS workers at the village level.

Tribal Planning Group: Included in the planning group were representatives from 10 regional Native corporations, Alaska Division of Family and Youth Services, Head Start, maternal health, mental health and developmental disabilities, public assistance, domestic violence, public safety, health, village government services, and tribal college programs. Also included in the planning group were clients from the villages, as well as tribal leaders and tribal social service providers. The planning group remained intact over the course of the initial five-year plan and served in an advisory capacity. Although the same core group was utilized for the second five-year plan, the state assumed a greater role by jointly hosting the planning process.

Needs Assessment: During the initial 1994 planning process, TCC conducted a review of statistical indicators of child well-being as reported by social and health service organizations. Additionally, a review audit of 98 active child welfare services (CWS) and child protective services (CPS) cases was performed, and a survey regarding services in 19 communities served by TCC was carried out. The findings revealed that more needed to be done to effectively promote family support, including hiring additional staff and increasing village-level capacity to provide counseling services in intervention, prevention, aftercare/follow-up services, and general family support services. For family support, it was determined that more services needed to be provided in five priority areas—alcohol and substance abuse, juvenile crime, domestic violence, teen pregnancy, and child abuse.

Goals and Objectives: As a result of these findings, the goals for the FP/FS and PSSF programs centered on developing greater capacity at the village level by increasing the competence of the TFYS workers.

Goal 1: Increase the level and effectiveness of family reunification services to families with children in state and tribal custody.

Goal 2: Increase the number and quality of village-based prevention and family support services

Goal 3: Increase the competencies of community-based resource persons to enable them to provide and coordinate counseling and support services for families.

For FY00-FY04, the need to build village-level capacity remained consistent, as articulated in the following goals.

Goal 1: Increase the number of permanent placements for tribal children by 50 percent.

Goal 2: Increase the level of effectiveness of time-limited family reunification services to children in tribal and state custody.

Goal 3: Increase the number and quality of village-based prevention and family support services.

Goal 4: Increase the competencies of community-based resource persons to enable them to provide and coordinate direct counseling and support services for families.

The stated goals were consistent with the expectations of stakeholders interviewed onsite. Because of the remoteness of villages in TCC's service area, capacity building at the village level is of extreme importance. During the winter months, many villages are completely isolated, while others are a day or more travel from TCC's administrative headquarters. Therefore, village-level social service workers must be equipped with the necessary training to provide services that strengthen families and protect children. In an effort to build capacity at the village level, TCC has been providing week-long training in Fairbanks for TFYS workers on a twice-yearly basis.

B. Implementation

Administration: The PSSF program is administered by the Community and Natural Resources division of TCC. Although TCC supervises the disbursement of funds, individual tribes have input into how their portion of the funds are spent. As noted earlier, villages can choose to have all of their money remain with TCC, thereby prepaying for services, or they can use TCC as a pass-through agency and receive all funds in a lump sum. For example, TCC members such as the villages of Tanana and Ft. UConn operate their child welfare services themselves, including investigations. Consequently, TCC serves as the intermediary between the Federal government and the villages; when TCC receives funds from the federal government, Tanana and Ft. UConn get their funds in a lump sum. By comparison, funds for the other villages remain with TCC and are used to provide direct services.

Service Delivery: In order to build capacity at the village level, TCC utilizes PSSF funds to support the salary of the CPS coordinator, who implements the goals of the program by training the TFYS staff. Twice a year, TFYS staff members come to TCC headquarters for a week-long seminar. Over the years, training has focused on issues such as permanency planning, family reunification, case management, case plans, and visitation. In addition to training, the coordinator also supervises TCC's CPS staff, accompanies state CPS workers on investigations, appears in state court on behalf of the tribes, and processes cultural adoptions.

The CPS coordinator provides direct support to TFYS workers through the supervision of child protection cases under village court jurisdiction. In this capacity, the coordinator is in regular contact with TFYS workers to ensure that case plans are in order, services are being administered, and proper procedures are being followed. As well, the coordinator participates in village-level hearings via teleconferences.

Funding: Funding is provided through title IV-B, subpart 2 (PSSF), ICWA and Family Violence Act funds. The CPS social worker is funded by title IV-B, subpart 2 (PSSF) and ICWA. The village TFYS is funded by ICWA and Family Violence Act funds.

Evaluation: Aside from the initial five-year plan assessment, monthly conference calls, and bi-annual training of the TFYS workers, there is no indication that a formal evaluation of PSSF services has been completed or is planned.

III. Indian Child Welfare Services

All child welfare services are provided by TCC, individual tribal villages, and the state. Tribal villages and the state have concurrent jurisdiction with regard to CAN cases and CPS investigations. The TFYS conducts an investigation when a report of harm (ROH) occurs within the geographic boundaries of his/her village. In contrast, the state conducts investigations when a ROH occurs outside the geographic boundaries of the village; for example, if an ROH is filed within the city limits of Fairbanks, the state Department of Social Services (DSS) will conduct the investigation. Per ICWA, the state will notify the tribe that a case has been opened involving a tribal member. The village will then contact TCC, which will represent the village at the custody hearing. In some instances, TCC will accompany the state during the investigation. Since Alaska does not have reservations, village court jurisdiction is personal based. [189] The implication of personal-based jurisdiction is most evident when an ROH is filed against a Native person living outside the village (e.g., in the city of Fairbanks). After the investigation is completed, if the case is determined to be under the jurisdiction of a tribal court, the state must cede authority to the village, regardless of any findings of harm.

Village Investigations:

CPS investigations vary from village to village, according to the capacity of the village. Nonetheless, village investigations typically follow similar patterns. When an ROH is filed, the TFYS conducts the investigation. In general, investigations are conducted as rapidly as possible, although this can be problematic due to weather conditions and other factors beyond the control of the TFYS. If harm is substantiated, an emergency custody hearing is conducted as soon as possible. However, with village judgeships being voluntary positions, it is sometimes difficult to achieve the three-judge quorum necessary to hold a custody hearing. In other instances, the hearing never takes place, because in some villages it can only be held if there is a signed petition from the individual making the complaint. Although every village has mandatory reporters (e.g., doctors, teachers, school counselors) who are required to report suspected abuse and neglect, getting a signed petition can be a problem due to the closeness of community members.

When a petition is signed, findings are brought to the court. All custody hearings are held in the respective village courts. TCC participates in hearings via teleconferencing to ensure that proper procedures are followed but never interferes in decisions made by village courts, which have the final say as to whether removal is warranted. If removal is not warranted, the child stays in the home and services (e.g., counseling, treatment, and parenting skills) are offered to all the children and adults in the home. In-home services are provided as

[189] Personal-based jurisdiction means that the village court has jurisdiction over all village members, whether they reside within the geographic boundaries of the village or not. In other words, village members carry their personal jurisdiction wherever they go.

long as needed. Clients from villages that lack the capacity to conduct assessments are sent outside the village for screenings; the village, through the use of state funds, provides transportation for such services. If removal is warranted, the TFYS will seek placement for the child.

When the child is removed from the home, placement is prioritized in the following order: 1) relatives in the village, 2) foster home in the village, and 3) relatives outside of the village. Once the assessment is completed, a case plan is developed. A 90-day review hearing is held to assess progress regarding the case plan. The parent must have a signed release for services received to determine progress. After the treatment plan is completed, a home study must be completed before the child can be returned home. If the case plan is not completed within 2 years (this varies by village), Termination of Parental Rights (TPR) is sought.

State Investigations:

As mentioned earlier, the state conducts investigations only in cases that are outside the geographic boundaries of the village. The state has 10 child protective workers serving the greater Fairbanks area. It is estimated that the state receives approximately 3 to 5 ROH per week; once an ROH is filed, the state conducts the investigation. According to state law, a petition to the court must be filed within 24 hours after the case is investigated, and a custody hearing must be held within 48 hours. Adjudication must occur within 120 days, and review hearings are held every 90 days. The state prioritizes cases from 1 to 3. Cases rated 1 are investigated within 24 hours; priority 2 cases are investigated within 72 hours; and priority 3 cases are investigated within 1 week. Once the state completes the investigation, the findings are relayed to the village. The village is then given the option of taking custody of the case or leaving it within the jurisdiction of the state. If the village wants jurisdiction, TCC's Legal Department is contacted to represent the village at the custody hearing. TCC does not take custody, which remains with the village. If the village already has jurisdiction of the case, regardless of the findings of the state's investigation, the state must cede jurisdiction to the village.

All concerned parties receive representation during the state custody hearings. The village is involved at every step and can seek custody at any time. When placing the child, the state seeks names of relatives from the village. If a child cannot be placed with members of the same village, a hearing must be held between the state and village prior to placing a child in non-Native placement. If a child is so placed, a preferred placement hearing is held monthly to determine if a suitable (Native) placement has become available. When it does, the child must be moved immediately to the new placement.

Available Child Welfare Services:

Family Violence Prevention Services: This program provides funds to victims of domestic abuse and their children for transportation from their village to a safe place, such as a relative's home, another village, or a regional women's shelter. Funds are also available for individuals who operate safe houses.

Foster Parent Training Center: This center provides free mandatory training to foster parents through a program supported by state title IV-B, subpart 2 funds. Training covers topics such as the court process, relative care, and children in out-of-home care. Training is available to Native foster families if they are caring for a child who is in the custody of the state; however, it is not available if they are taking care of a child in tribal custody. The center offers a 24-hour

curriculum, as well as a distance-learning curriculum. According to Alaskan law, all foster families must receive 15 hours of training a year. Referrals for such training are provided by the state.

The Resource Center for Family and Children: This center provides family preservation and time-limited family reunification services to Native and non-Native members of the Fairbanks community. Services are limited to clients involved with the state DFYS. No services are provided to clients involved with TCC or clients under tribal care. The center provides non-clinical home-based, center-based, and intensive family services, including parenting skills, therapeutic respite childcare, supervised visitation, interagency case staffing, and prevention programs for high and moderate risk families. This program is funded by state title IV-B, subpart 2.

A. Administration

The Department of Community and Natural Resources administers all child welfare services to the 43 tribal governments located in the Doyon Ltd. region. TCC has five CPS workers located in the administrative office who provide support, training, and technical assistance to the TFYS workers in the villages. The CPS staff consists of one CPS coordinator (not counted as part of the five), one foster care manager, three social workers (one vacancy), and one administrative assistant. Each CPS worker has a defined job description, caseload, and population of clients to which he or she provides direct services on an as-needed basis. The 43 tribal governments that contract out services from TCC also conduct oversight of TCC services.

- *CPS Coordinator:* Implements the goals of the PSSF program, and contracts with TCC villages as the social worker for child protection cases under village court jurisdiction. Works closely with TFYS and ICWA workers within the region. Provides bi-annual training to TFYS workers, assists in processing cultural adoptions and supervises CPS staff. This position is equally funded by title IV-E and title IV-B, subpart 2.

- *Foster Care Manager:* Works with children, village courts, families, and foster families to ensure that children in village court custody are living in safe, stable, nurturing environments. Facilitates visitations and conducts home visits once a month and criminal history checks every six months. Recruits, trains, and monitors village-certified foster homes in the TCC region. This position is equally funded by title IV-E and title IV-B, subpart 1.

- *Title IV-E ICWA Case Manager:* Works under the direction of the villages in the TCC region as the liaison among villages, families, and state CPS. Educates and advocates on behalf of villages seeking custody of children to ensure that special provisions of ICWA mandates are upheld in state child protection cases. Works closely with TCC's Legal Department on village intervention of Child in Need of Aid (CINA) title IV-E cases under state jurisdiction. This position is equally funded by title IV-E and ICWA.

- *ASAP Family Support Specialist:* Works under the direction of the villages in the TCC region as a liaison among villages, families, and state CPS. Primary duties include educating and advocating on behalf of children in protected custody whose parents are currently receiving tribal Temporary Assistance for Needy Families (TANF). Also

ensures that ICWA mandates are upheld in state child protection cases. Works closely with TCC's Legal Department on village intervention of CINA and Athabascan Self-Sufficiency Assistance Partnership (ASAP) under state jurisdiction. Provides case management for CINA ASAP cases under village jurisdiction. ASAP (tribal TANF) funds this position.

- *2 Administrative Assistant:* Provides program support to TCC's CPS team. Title IV-E, ICWA, and title IV-B, subparts 1 and 2, fund this position.

In addition to the CPS staff located at TCC headquarters, there is a Child Welfare Office located in each village. This office is staffed by a TFYS, a tribal administrator, and a part-time social worker.

- *Tribal Youth and Family Specialist:* Provides all child welfare services and conducts all CAN investigations at the village level. This position is supported by ICWA and Family Violence Act funds.

- *Grant Administrator:* Oversees all grants. The position is supported by BIA funds accessed through a 638 contract.

- *Social Worker:* Oversees food stamps, childcare, Medicaid, and the Women, Infants and Children program. Receives an additional $25 from the state for each completed social service application. This position is funded by the state.

B. Funding

Child welfare services are funded through a combination of title IV-B, subpart 1, title IV-B, subpart 2, Indian Health Service (IHS), ICWA, state funds, tribal TANF, and BIA funds accessed through a 638 contract. As noted above, CPS workers are supported by title IV-B part 1, title IV-B, subpart 2, ICWA, state, and tribal TANF funds. TFYS workers are supported by ICWA and Child Development Block Grant (CDBG) funds, and village-level staff members are supported by ICWA, Family Violence Act, state, and BIA funds accessed through a 638 contract. Assessment and transportation for services are funded through tribal TANF and state funds, respectively.

C. Connection with PSSF Programs

While TCC does not provide specific PSSF services, it does combine PSSF funds to supplement existing services. Funds are also used to pay the salaries of social workers, who provide direct support to their village-level counterparts, and for special training initiatives. There are no distinct PSSF services that clients are eligible to receive. The target populations for CWS and PSSF services are the same.

D. Major Initiatives

TCC provides CPS training through a distance-learning curriculum that is jointly funded with the state through title IV-B, subpart 2 funds. The 30-credit program provides training on juvenile justice, professional skills, community organization and education, violence and safety, child protection, substance abuse, and human development. TCC also provides dual licensing for foster parents—in addition to receiving foster parent licensing, foster homes are also

licensed to provide child care. TCC has a proactive foster care license program that encourages families to get such licenses in the event something happens in the family. This program is useful in keeping funds with children who are placed in relative care.

TCC is also developing a child support program that will partially utilize subsistence standards instead of cash payments. The idea behind this program is that in remote villages, cash payments are not as important as hunting, gathering, and fishing. Rather than the non-custodial parent providing cash assistance, he or she would agree to provide a service to the family. For example, if the non-custodial parent was a male, his court order would stipulate that he provide the family with a certain amount of food each year through hunting and fishing. He would also have to teach all male children these activities.

The remoteness of the TCC region makes face-to-face meetings problematic. TCC is currently seeking to develop a better technological infrastructure that would make providing such assistance to the villages less burdensome. Additionally, a better education program is being developed, and TCC is seeking improvements to the title IV-E agreement it has with the state.

IV. Other Related Human Services

As noted previously, TCC is the primary human service provider for the Native population in the Doyon Ltd. region. The Department of Community and Natural Resources administers the tribal TANF program, while the Department of Health Services administers all other related services.

Department of Community and Natural Resources:

Since 1993, TCC has operated a workfare assistance program under the BIA Welfare Assistance Grant. After passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1997, TCC combined its workfare and Child Care Development Fund programs under TANF. The new program was entitled the Athabascan Self-Sufficiency Assistance Partnership (ASAP). The ASAP program emphasizes work and promotes self-sufficiency, education, marriage and family stability, and parental responsibility, while discouraging dependency and unwed pregnancies. With ASAP and IHS funds, TCC is able to offer a full range of health services, including eye care, dental care, mental health counseling, immunizations, women's health care services, and well child care. In addition, TCC offers the following services to the region:

Fatherhood Initiative: This service promotes family bonding. Due to the remoteness of Alaska, pregnant women are encouraged to leave their villages weeks prior to their due dates so they can receive better medical treatment in one of the larger cities. As a result, they are typically away from their families for extended periods of time. This program pays food, transportation, and lodging costs for fathers to be with expectant mothers during delivery.

Marriage Incentive Program: This program provides funds as an incentive for couples to get married, and for marriage and family counseling services.

Old Mento Treatment Center: This village is utilized as a short-term inpatient substance abuse treatment facility. The facility primarily serves women, who are allowed to take their children with them while receiving treatment. Families are typically referred by TFYS workers or

the courts, and assessments are conducted by a full-time substance evaluator. Service duration is normally 45 days. Tribal TANF and state funds pay for this program. The state provides transportation for all pre-approved cases, and tribal TANF pays for the evaluator's salary and for treatment.

Ralph Purdue Center: As part of the Fairbanks Native Association Behavioral Health Services, the Purdue Center provides assessments, intervention/prevention, outreach, home-based treatment, and continuing care services. The facility serves Native and non-Native residents of the Fairbanks area and northern Interior Alaska. Clients can be referred by either the DFYS or by TFYS workers. Once clients finish their inpatient services, they are transferred to the continuing care component where support and services are offered indefinitely. Tribal TANF and state funds pay for services.

Baby Talk It Over Program: This program provides computerized babies to high school-age children to teach them about the responsibilities involved in being parents. The babies are also used in prenatal and parenting skills classes for instructional purposes. Participants in the program take the babies home with them for a set period of time, during which they provide regular feedings, change diapers, and engage in tactile activity with the baby. Each child is programmed to a specific person and will only respond when stimulated by that person. This program is supported by ASAP funds.

Developmental Disabilities Services: This program provides funding for respite care, training, case management, special equipment, and improvements to the home to make living with a disability easier.

Education Specialists: Full-time position to assist tribal members with obtaining their GED.

Fairbanks Native Association: Provides mental health counseling and services. These services are funded by BIA social services dollars.

4-H Youth Developmental Program: This program provides youth development activities to villages that operate 4-H clubs.

Elder Nutrition Program: This program provides nutrition and support services to village elders 65 and older. Title VI funds are used to support this program.

Burial Services: This program provides up to $517 to cover burial costs, including funeral home preparation, casket, and transportation of the body back to the village. Only low-income individuals who are not receiving Social Security Insurance (SSI) or TANF are eligible for this benefit. Services are provided BIA funds accessed through the 638 mechanism.

Energy Assistance: The low-income energy assistance program (LIHEAP) provides funds to income-eligible families to defer the cost of heating their homes.

Elder Care Services: This program provides court-ordered services to neglected elders.

Department of Health Services:

The Department of Health Services was established in 1973 and has expanded to become the major provider of health care services to Alaska Natives living in Fairbanks and the

villages of Interior Alaska. In September 1984, IHS transferred management responsibility of the CAIHC to TCC. CAIHC employs about 60 health care professionals and support staff who provide outpatient services, medical services for patients hospitalized in Fairbanks, and itinerant medical services for 35 villages in Interior Alaska. Services include medical, nursing and public health nursing, pharmacy, patient education, medical records, nutrition, and social outreach. Specific programs managed by the Department of Health Services are outlined below:

Contract Health Services: Provides authorization and funding for private sector medical services not provided directly by TCC. Contract health services include inpatient hospital care, emergency room services, laboratory and radiology services, specialty medical services and patient transportation. The program, which is managed by the CAIHC, provides an estimated 10,000 authorizations annually. Services are offered in Fairbanks.

The Patient Hostel: The hostel provides supervised housing and assistance to patients who are visiting Fairbanks for medical care services, including prenatal patients, families of hospitalized patients, and outpatient surgical patients. The hostel can accommodate up to 16 persons in eight apartment-style units. Services are provided in Fairbanks.

Dental Clinic: The dental clinic provides limited orthodontic care, dental preventive services, and itinerant service to Interior villages. Five dentists and eight assistants staff the dental clinic. Services are provided in Fairbanks.

Eye Clinic: The eye clinic provides free eye exams and quality eyewear at reduced prices for Alaska Natives. Three people staff the eye clinic. Services are provided in Fairbanks.

Counseling Center: The counseling center provides a range of services in the areas of mental health, substance abuse, and family support. Psychiatrists, therapists, counselors and case managers staff the center. Services are provided in Fairbanks.

Paul Williams House: This residential facility provides temporary supervised housing, respite services, and case management for chronically mentally ill persons. The facility can accommodate up to 16 persons in four apartment-style units. Services are provided in Fairbanks.

Residential Youth Substance Abuse Treatment Program: This program provides 90-120 days of residential treatment services for up to 15 Alaska Natives, ages 12-18, from throughout Alaska. The program arranges for aftercare assistance as required. Brief family therapy is provided for families with a youth in treatment. This service is offered in cooperation with the Fairbanks Native Association. Services are provided in Fairbanks.

Community Mental Health/Alcohol Program: This program provides local, community-based mental health services in the Yukon Flats and Yukon-Tanana subregions. Additional services include itinerant and local professional counseling services, community education, referrals, and prevention programs. The Department of Health Services also supports local, community-based alcohol and drug prevention and treatment programs in the Yukon Flats, the Yukon-Tanana, Yukon-Koyukuk, and Upper Tanana subregions.

Alcohol Recovery Camps: These camps provide a traditional village environment that emphasizes alcohol treatment, traditional Athabascan values, peer support, and self-sufficiency. These camps are located in the villages of Old Mento, the Yukon Flats, Lake Mansfield, and Medra.

Health and Safety Education Program: This program provides community and school-based health and safety education programs in Interior villages. The specific focus is on HIV/AIDS and substance abuse prevention, fetal alcohol syndrome, injury prevention, and general personal health care. The program also offers a video education library and supports village-based youth programs. A staff of seven educators located in Fairbanks and in each subregional office provides services.

Community Health Aide/Practitioner Program: This program employs 50 community health aides (CHAs) and community health practitioners (CHPs) who provide year-round primary preventive and medical treatment services in locally-operated clinics in 30 villages. Physicians at the CAIHC and the Alaska Native Medical Center in Anchorage supervise CHAs and CHPs, who receive training at one of five statewide training centers and continuing education at CAIHC and through local training sessions.

Physician Assistants: These individuals staff the subregional health centers in Fort Yukon and McGrath. They provide support for CHAs in surrounding communities, arrange medical evacuations as necessary, and provide routine preventive and treatment services.

Women, Infants and Children Nutrition Program (WIC): This program provides information, referral, and support to individuals interested in pursuing careers in health services. Staff is available to participate in local village career fairs, provide individual career counseling, and assist in obtaining financial support.

A. Administration

The above services are administered by TCC's Department of Community and Natural Resources and the Department of Health Services, both of which are located in Fairbanks. Monitoring of services is provided by TCC's board of directors, which is composed of one representative from each of the 43 villages in the TCC service area.

B. Funding

The primary source of funding for all services offered by the Department of Community and Natural Resources is tribal TANF. It is estimated that 17 percent of TCC's tribal TANF caseload is children-only cases, of which one-half to two-thirds are children in tribal custody. As a result, tribal TANF funds are used to provide services such as foster care, foster parent training, recruitment and adoption. TANF funds are also used to support one full-time CPS worker and a full-time substance abuse counselor at the Old Mento village treatment center.

About two-thirds of the funding and employees of TCC are devoted to the provision of health services. Funding for such services is provided primarily by the Alaska Area Native Health Services, a division of IHS, through a 638 contract estimated at $16 million in fiscal year 1992. Supplemental funding for health services is provided by the State of Alaska Department of Health and Social Services through grants totaling about $1.5 million.

C. Connection with PSSF Programs

All TCC programs share the same target population, program goals, and costs associated with providing services. As the primary health and community service provider in the region, TCC does not compartmentalize services based on eligibility or funding sources; rather,

it provides services as needed by its clients. Therefore, there is a strong connection between other human services and PSSF services. For many of these services, the clientele, service area, and program goals are the same. There are cross-referrals between programs funded by PSSF, CWS, and ASAP funds.

D. Major Initiatives

TCC has several ongoing and planned initiatives with local, community and state partners. For its ASAP program, TCC entered into a partnership with "Love in the Name of Christ," a consortium of 40 churches in Fairbanks. TCC contracted with this organization to deliver quality-of-life classes for its ASAP recipients. TCC also paid $1,000 to church members who helped someone get a job. If the job paid over $10 dollars an hour, an additional $300 was paid; if the person stayed on the job for more than six months, another $200 was paid. The purpose of this program was to encourage individuals to take a personal interest in ASAP clients and to promote one-on-one interaction between current wage earners and those seeking a job. TCC provided transportation, clothing, room and board, haircuts, and other incentives to 300 ASAP recipients. TCC also invited employers to a three-day seminar in Fairbanks designed to familiarize ASAP (tribal TANF) recipients with the new Personal Responsibility and Work Opportunity Reconciliation Act requirements.

TCC has an ongoing initiative with the Alaskan Business Developmental Center (ABCD) in which it utilizes ABCD business students to prepare tax returns for village residents. With ASAP funds, TCC provides transportation and room and board to students in good standing who travel to the villages. There is also an initiative with the Fairbanks Salvation Army, which provides trucks to help families move, as well as clothing to those in need. TCC also gives donated cars to ASAP clients for a one-year trial period. If the client is still employed after one year, he or she gets to keep the car. To reduce costs, local mechanics provide services to maintain the cars in good running condition.