



Understanding Urban Indians' Interactions with ACF Programs and Services

Final Project Report



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Westat

Submitted to:

Anne Bergan, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
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Contract Number: HHS P23320095655WC

Project Director: Cynthia Robins

Westat
1600 Research Boulevard
Rockville, Maryland 20850

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Technical Working Group Members¹

We would like to thank the following members of the Understanding Urban Indians' Interactions with ACF Programs and Services Technical Working Group. The views expressed in this publication do not necessarily reflect the views of these members.

D'Shane Barnett
National Council of Urban Indian Health

Jerimy Billy
United American Indian Involvement, Inc.

Janeen Comenote
National Urban Indian Family Coalition

Mary Garcia
Albuquerque Indian Center

Jennifer Giroux
Indian Health Service

Gil Gonzalez
Washoe Tribal Head Start

Francis Grumbly
American Indian Community House, NYC

John Jewitt
Denver Indian Family Resource Center

Kassia Jourdain
Native American Community
Development Institute

Deborah Northburg
Child and Family Services, Cook Inlet
Tribal Council

Joseph Podlasek
American Indian Center of Chicago

Sheri Riemers
Indian Child Welfare Program, Minneapolis
American Indian Center

Robyn Sunday-Allen
Oklahoma City Indian Clinic

Anne Bergan
Project Officer, Office of Planning, Research
and Evaluation, ACF

Lori King
New West Technologies, Administration for
Native Americans

Lillian Sparks
Commissioner, Administration for Native
Americans

Cynthia Helba
Corporate Consultant, Westat

Walter Hillabrant
Consultant, Support Services International, Inc.

Cynthia Robins
Project Director, Westat

Monica Tsethlikai
Consultant, University of Utah

¹ Members' organizations reflect their affiliations at the time of the Technical Working Group meeting (January 23-24, 2012).

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Overview Summary

This report presents the results of an exploratory study into the social service needs of low-income urban American Indians and the extent to which they are accessing ACF services and supports. Data were obtained via in-depth interviews with directors of Urban Indian Centers (UICs) and employees of local government social service agencies from around the country. Interviewees were asked to identify the range of social service needs of the population, barriers to accessing ACF services, what role the UICs play in meeting urban American Indians' needs, and any promising or effective practices that they believed would improve services to the urban population.

Findings suggest that low-income urban American Indians present with an array of social service needs, from the basics (food, shelter, and clothing) to administrative (assistance obtaining various forms of identification, such as tribal enrollment cards or birth certificates); from employment supports (GED or job training) to the need for various health services (mental health, substance abuse, and domestic violence). Interviewees also noted that, regardless of income, urban American Indians have an expressed need to reconnect with their cultural heritage; indeed, in some cases it is this loss of connectedness that is pinpointed as the source of distress.

Interviewees indicated that in spite of the great and wide-ranging needs, urban American Indians may not seek services or supports. In some cases, they said, it is because of a distrust of the government and an unwillingness to engage with government agencies; in other cases, particularly for Native Americans coming into a city from a reservation, individuals simply may not understand the service delivery system well enough to know how or where to request assistance. UICs play a critical role by serving as a safe and trusted venue to ask for help. In addition to providing many needed services themselves, UIC staff also help bridge the clients to other social service providers in the city.

Recommendations for improving ACF outreach to the urban American Indian population included requiring cultural competence training for agency staff, hiring an American Indian explicitly to meet the needs of this client population, conducting outreach at Native American events, such as powwows or other cultural gatherings, or engaging in “in-reach” by providing services to American Indians within the context of a Native service agency, such as a UIC.

Executive Summary

Background to the Study

This report presents the findings from one of several studies focusing on American Indians and Alaska Natives (AI/AN) being conducted by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS). While most of these studies explore ACF Tribal programs that are focused primarily on the reservations, this study was commissioned by ACF as an exploratory study into the social service needs of urban American Indians, who represent nearly two-thirds of the total American Indian population in the United States. The study was conducted in collaboration with the Administration for Native Americans (ANA).

Much of the movement of American Indians off the reservations and into America's cities began during World War II as part of a larger out-migration of rural Americans to the cities, where jobs and opportunities were more plentiful. Although research indicates that many urban American Indians did fare better economically than their reservation counterparts, over the decades the population has continued to struggle. As early as the 1940's the Native community was quick to respond to the needs of the population, with Urban Indian Centers (UICs) appearing in relocation centers such as Detroit, Chicago, Los Angeles, and New York City. Many of the centers that emerged during the relocation era continue to operate today. In addition, ACF supports various self-sufficiency services and programs that are available to anyone whose income levels indicate a need for such assistance.

Despite this array of social services, data indicate that the urban American Indian population has higher rates of poverty, unemployment, and homelessness compared to the general population; lower levels of educational achievement; and higher rates of morbidity and mortality among urban American Indians than their non-Indian urban counterparts. ACF thus commissioned this study to answer several questions about the population:

- What are the specific social service needs of American Indians living in urban areas?
- What are some of the barriers these individuals face in accessing needed services, including those programs and services offered by ACF?

- What role do UICs play in helping low-income urban American Indian families meet their social service needs?
- Finally, what are some promising, replicable practices or policies for providing social services to this population?

Study Components

Three activities contributed to this study. The initial activity was a comprehensive review of existing published information on the urban American Indian population. The objective of the review was to provide ACF with a summary of what is currently known about the socio-economic status of urban American Indian children and families, their history of engagement with government services, and the potential impact historical policies and cultural identification have had on current government service use. The review also summarized ACF programs and services that are dedicated to meeting the needs of both rural and urban American Indians, as well as those services that are available to the population through the UICs.

Secondly, Westat convened a Technical Working Group (TWG) whose membership included leaders from the urban American Indian community from around the country. The objective of the meeting was to obtain expert input from the participants on the proposed study design. The meeting of the group took place at Westat's headquarters in Rockville, Maryland on January 23-24, 2012.

Finally, Westat conducted telephone interviews with directors of UICs from across the country and representatives of local government agencies that offer ACF-funded services. The study team identified 37 UICs that primarily offer social services to the target population; of these, 26 center directors agreed to participate. The team was also able to obtain the perspective of social service providers from 6 local government agencies. With respondents' permission, all interviews were audio-recorded and transcribed for subsequent thematic analysis.

Findings

Interviewees' described needs of the low-income urban American Indian population that, in many respects, are not unlike the needs of any low-income group of people: housing, health care, and employment were frequently mentioned by interviewees. But respondents also noted that the historical circumstances that often contribute to the population's distress are unique to the American

Indian people, and include genocide, placement of the survivors on reservations both inhospitable to traditional self-sufficiency activities such as hunting, and also well beyond the reaches of mainstream commerce, and efforts to eradicate indigenous culture such as involuntary placements in boarding schools. Individuals' refusal to engage the majority-culture service delivery system, said interviewees, is a position born from hard experience.

Other barriers to help-seeking may be related to lack of familiarity with the non-reservation service delivery system. Interviewees described clients coming into the cities and not understanding where or how to obtain health care in the absence of an Indian Health Services clinic, or lacking the necessary paperwork to apply for TANF or to enroll their children in Head Start. Unsuccessful efforts to navigate the bureaucratic processes, or encounters with the system that are - or feel - racist and discriminatory may effectively curtail any additional help-seeking efforts.

UIC interviewees described their role as vital in assisting this population. First and foremost, they said, UICs offer an environment that is perceived by clients as both safe and culturally sensitive. Although the help seeker and service provider may come from very different backgrounds, interviewees said there is an implicit assumption by clients that another American Indian will understand the unique challenges faced by the client. Centers endeavor to address individuals' most basic needs, such as obtaining any needed paperwork (e.g., birth certificate, Tribal enrollment card), food, safe housing or shelter, and emergency cash assistance. In addition, and as resources allow, UICs offer services for more complex social issues, such as domestic violence counseling, employment training and support, support groups for behavioral health disorders, and activities to foster youth resilience.

Because many of the UICs that participated in the study had limited resources, , they were not always able to provide the needed services in-house. Thus, an important additional function of the Centers is to connect their clients to other, often non-Native organizations or agencies in the community that can provide for the client's needs. Such "bridging" functions include informing the client about the agency, making a phone call to the organization on behalf of a client, and accompanying a client to an appointment when needed. Although clients may be reluctant to engage these non-Indian service agencies, UIC interviewees did not identify any local government office to which they will not refer their clients. Any available community resources, they said, are invaluable to alleviating the distress of the individuals who come to the Centers for assistance.

Promising Practices

Interviewees described five different practices that they believe have improved – or can improve – American Indian clients’ willingness to engage with non-Native social service providers. These practices have a twofold aim: first, to help ensure that service providers are aware of their American Indian help-seekers’ unique life experiences and perspectives; and, second, to establish an array of non-Native service providers who are viewed as “safe” by the American Indian community.

Cultural Competency Training to Other Provider Agencies. Interviewees said they often receive requests from non-Native agencies to provide cultural competency training on American Indians for their staff. Such training helps to ensure that agency staff not only are educated about the unique social and cultural issues facing this population but also – and more fundamentally – are made aware that they may be serving members of the population. Such endeavors are important to maintaining a dialogue between the Native and non-Native service communities, although interviewees did point out two intrinsic drawbacks: First, training is necessary, but not sufficient for achieving cultural competence. Too often, interviewees said agency leaders take a “one and done” approach. Second, interviewees noted that because of the high rate of staff turnover in social service agencies, training can only be effective if it is continuous. Repeat sessions are often prohibitive by both time and costs.

Placement of American Indian Worker in Agency. Many interviewees indicated that although clients may be hesitant to approach a government agency for services, clients might be more likely to do so if there were a Native worker within the agency. One caveat to this promising practice is that it puts the onus of serving American Indian clients on one person, which can lead to a high caseload, potentially ineffective services, and staff burnout.

Client Navigators. One UIC practice highlighted by interviewees was for staff to “walk with” clients who are referred to another agency for services. This accompaniment can be virtual, with the staff calling the client to see if s/he has followed up on the service referral (and if not, why not) and what the outcome of the encounter was. Staff said they may also physically go with the individual into the next agency, thereby acting as a liaison between the service provider and the client. Although this service philosophy is labor intensive, interviewees said it is necessary given their clients’ hesitance or even inability to negotiate the service delivery system on their own.

Collaboration. A different approach to creating an effective service environment is for UICs and other Indian organizations to work in collaboration with non-Indian providers or government agencies. This is important for several reasons. First, UIC directors noted that most Indian centers do not have sufficient resources to be able to provide the full array of services their clients might need. Such partnerships thus help to ensure that the clients' varied needs can be met. In addition, these partnerships are critical to demonstrating to their clients that other agencies are “safe,” i.e., that they have an understanding of the issues facing American Indians and that they are working in collaboration with the UIC to meet their needs.

Come to Indian Space. Finally, interviewees noted that historically, the American Indian population has had to step out of its comfort zone and approach the non-Indian service delivery system for help. If a non-Native agency is the only provider of a particular service, individuals' reluctance to engage the non-Native community can be a barrier to getting their service needs met. Several interviewees suggested that one way to alter the dynamic is for non-Native providers to offer their services within “Indian space”. For example, a government TANF worker might come to the UIC one day a week and help clients fill out applications at the Center. Or the instructor of a state-sponsored parenting class could provide information about the class in a booth at a pow-wow. This arrangement not only takes the burden off the American Indian client, but indicates to them that these non-Native individuals can be trusted.

Background and Introduction

1

This report presents the findings from one of several studies focusing on American Indians and Alaska Natives (AI/AN) being conducted by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS). While most of these studies explore ACF Tribal programs that are focused primarily on the reservations, this study was commissioned by ACF as an exploratory study into the social service needs of urban American Indians.² The movement of American Indians off the reservations and into America's cities is a little-known chapter in American history and has to date has not received sufficient attention from researchers and policymakers.

There is some debate about the total population size of AI/AN prior to the arrival of European explorers, with figures ranging from slightly over 1 million individuals (a now-acknowledged low count) to more than 100 times that number (Mann, 2002, 2006; Grann, 2009: 270-277). However, there is little debate about the impact of European settlers on the lives of Native Americans. Disease, slavery and violence decimated the indigenous populations. By 1900, it is estimated there were only 250,000 American Indians remaining in the lower 48 United States (Thornton 1984), which represents a population decline of 95 percent or greater.

From the late 18th into the middle of the 19th century, European westward expansion put increasing pressure on the surviving indigenous population. Between 1778 and 1871, the Federal government established nearly 400 treaties with the survivors of the different Indian nations, with numerous tribal leaders ceding their land in exchange for Federal protection. More than 56 million acres of those lands continue to be held in trust today and serve as the reservations for numerous tribes.³ However, the Federal government did not always honor these legal contracts and forcibly removed many tribes from their homes to make way for European settlers. For instance, the state of Georgia challenged the Cherokees' 1791 treaty with the Federal government in 1830. Although the tribe took the case all the way to the U.S. Supreme Court where eventually Chief Justice Marshall ruled in their favor, President Andrew Jackson ordered the Cherokee off of their land. Those who did not leave

² Although the study was initially framed as focusing on both American Indians and Alaska Natives, there are unique issues facing Alaska Natives that were not explored in this work. Thus, findings reported here are relevant to the lower 48 states only; we recommend ACF undertake a separate study that focuses exclusively on the historical and policy issues that frame the Alaska Native experience with agencies that provide ACF-funded services.

³ For a nice summary of Federal Indian policy, see the Bureau of Indian Affairs (BIA) website at <http://www.bia.gov/FAQs/>.

voluntarily were “escorted” by Federal troops in the infamous “Trail of Tears” from Georgia to what is today eastern Oklahoma (Remini 2001).

Historians generally agree that whether by treaty or gunpoint, American Indians were removed from land coveted by White settlers and onto reservations in some of the least desirable locations in the country. Sandefur (1989, p. 37), for example, writes:

The lands reserved for Indian use were generally regarded as the least desirable by whites and were almost always located far from major population centers, trails, and transportation routes that later became part of the modern system of metropolitan areas, highways, and railroads. In sum, for most of the nineteenth century the policy of the U.S. government was to isolate and concentrate Indians in places with few natural resources, far from contact with the developing U.S. economy and society.

World War II ushered in a new era for American Indians, as it did for many rural Americans. American Indian men who were enlisted or drafted received an opportunity to leave the reservations and see other parts of the United States and the world. After completing their military service, many were reluctant to return to their homelands and often took up residence in the port cities where troop carriers had dropped them off. The promise of steady work and a regular income reinforced the desire to remain in this new environment.⁴ In most respects, this post-war shift from rural to urban life was the same for American Indians as for other Americans and for other migrants hoping to obtain jobs, better educational opportunities and job training (Carpio, 2011; Fixico, 2000; Thornton, Sandefur, & Grasmick, 1982).

In 1956, however, the U.S. government turned the organic relocation of American Indians into a Federal policy known as the Indian Relocation Program. The goal of the program was to engender self-sufficiency among American Indians by moving them off of the reservations, where they were barely surviving on Federal assistance, and into seven of America’s largest cities where employment and educational opportunities were supposedly plentiful. Over the years, the Bureau of Indian Affairs opened up additional relocation centers such that by 1968, estimates are that over 100,000 American Indians moved from reservations to major cities in 20 different states (Thornton, Sandefur, & Grasmick, 1982).

Many American Indian families did benefit from the Relocation policy. A study by Sorkin, for example, found that 20 percent of urban American Indians lived in poverty, whereas 50 percent of

⁴ For a discussion of similar effects of World War II on another minority populations, see Berube (1991) and Kennedy and Davis (1994).

American Indians on reservations and tribal lands lived below the poverty line (as cited in Thornton, Sandefur, & Grasmick, 1982). More recent work (Harvard Project, 2004a and b) indicates that Indians living in cities increased their employment prospects and realized a standard of living that was better than on reservations. Nevertheless, challenges were numerous and not all families found economic prosperity.⁵ By the 1970s, many American Indians were struggling in these urban environments. Problems commonly noted by scholars and advocates included high rates of alcoholism, high rates of American Indian youth dropping out of school, and significant morbidity (e.g., diabetes, chronic obstructive pulmonary disease, and cancer). While the Indian Health Service was established in 1955 and began to provide basic health care services to American Indians living on or near the reservations, many urban Natives' health care needs remained unaddressed. Moreover, many of these individuals who relocated to the cities lost their day-to-day connections with tribal and family members who for millennia had served as a social safety net during difficult times.

However, the needs of these individuals did not go unnoticed. For example, in 1958, American Indians who were living in Seattle could receive assistance from the American Indian Women's Service League (AIWSL), which was founded to provide services and supports to the urban Native population.⁶ Members of the AIWSL focused on "critical situations within the scope of women's activities—those affecting children, health, housing, etc." (ibid.), and also created a voice for the Seattle American Indian community. AIWSL also started two monthly newsletters (*Indian Center News* and *Northwest Indian News*) that carried information about community events and services, as well as published articles written by American Indians living in Seattle and other urban centers in the Pacific Northwest.

A second advocacy group, the United Indians of All Tribes Foundation (UIATF), also was formed in Seattle in 1970. Its mission was—and still is—to:

... foster and sustain a strong sense of identity, tradition, and well-being among the Indian people in the Puget Sound area by promoting their cultural, economic, and social welfare. This is accomplished through the development and operation of educational, social, economic, and cultural programs and activities benefiting local Native Americans, and by maintaining a strong link with Indian tribes and other urban Indian organizations and their allies throughout the State of Washington.⁷

⁵ Recent work indicates that AI/AN males who have more than 10 years of education, are highly skilled, and married are most likely to benefit economically in urban areas. However, this finding might not hold for urban AI/AN women. A small study of 20 urban AI/AN mothers conducted by Tsethlikai, Peyton, & O'Brien (2007) found that 90 percent of the participants had attained more than a high school education, yet the median income-to-needs ratio was 1.03; this means that half of the mothers were just above the poverty threshold.

⁶ <http://depts.washington.edu/civilr/AIWSL.htm> - accessed 7.29.11

⁷ http://unitedindians.org/about_mission.html - accessed 7.29.11

Program areas addressed by UIATF include education and training, which covers both Head Start and Early Head Start, community development, arts and culture, healing and wellness (including programs focused on domestic violence and chemical dependency) and youth and family services, which includes both foster care and elder services (ibid.).

Other organizations continued to emerge over time to address the social services needs of urban American Indians. Among these were the National Council of Urban Indian Health, which was founded in 1998;⁸ and the National Urban Indian Family Coalition.⁹ Many of the Urban Indian Centers (UICs) included in this study also trace their roots to the Relocation Era. As illustrated in the quotes from study interviewees (below), the UICs took as their mission to meet the cultural and social service needs of this population:

[Our center] started in '69 and it really was created to kind of serve as an urban oasis for urban American Indians, and at that point in time we had a lot of people who had been relocated to cities, or found themselves in cities and away from their culture and communities. The [Center] was created to create that sense of community for urban Indians in [our city].

Our organization started out prior to 1971 as a way for elders that were relocated after World War II and during the 50s and 60s as part of the Relocation and Termination Act. They wanted to keep their traditions and practices alive and their culture alive, so they started a social club...And then as more people were relocated to [our city] and they discovered that they were having more needs than just cultural and traditional needs, they incorporated as a 501(c)(3) to accept donations from private and government entities to provide poverty-oriented programs. Since 1971, they've continued to provide those programs.

Officially, we were formed in 1940. We're actually the first and the oldest urban Indian center in the US. I would say in the...late 60s, early 70s – is when it really started to progress and start to provide more services that people needed...Back then, when Natives were leaving their homes – and when I say homes, like the reservation or the reserves, their home communities – and they came into an urban setting, there was a tremendous need for that sense of community. That's what banded all the Natives together was to have a place where they could, I guess, recreate what they had back home...It started out really as like a social organization where they would have feasts, they would have different types of events, bingo, they'd have coffeehouses. They would have a lot of cultural-type of gatherings as well, powwows and stuff like that, so that people weren't

⁸ <http://www.ncuih.org/> – accessed 7.30.11

⁹ <http://nuifc.org/> – accessed 7.30.11

feeling so isolated, they weren't feeling so out of touch...They tried to come together and be able to provide that for each other, and that's what really sparked [our center's] creation, and then it just developed from there as needed. People would come together and there'd be a need for food, or there'd be a need for child care services or something like that, and then they would work towards trying to find a way to provide that. That's really how it started.

Back in the 1950s when they did the relocation program Indians from all over the country were sent to [this] area. There wasn't any kind of connection amongst the tribes and the Indian people here. There was no central area for them to go and interact, even if they were different tribes. There was a core group of families...that saw there was a need for assistance to those who were struggling, who couldn't make ends meet. Basically, what they did is they started gathering food and handing out food out of their garage...It was a grassroots, a real grassroots start. From that it grew into what it is today with all the various programs, and the locations we're at, and the cities and counties that we cover. It's still a grassroots organization that depends on the community for support, and it's still looked at by the Native community as a beacon...

In addition to the supports offered by these organizations, low-income urban American Indian families also have had available to them other self-sufficiency services and programs, including those offered by ACF. These programs include Head Start, Temporary Assistance for Needy Families (TANF), job training and development, and the Low-Income Home Energy Assistance Program (LIHEAP). In short, ACF services target those areas specifically identified by American Indian advocacy groups as being most critical to improving the welfare of urban American Indians, such as early childhood education, financial and in-kind assistance for low-income families, as well as employment training and support.

Despite this array of social services, data indicate that the urban American Indian population has higher rates of poverty, unemployment, and homelessness compared to the general population; lower levels of educational achievement; and higher rates of morbidity and mortality among urban American Indians than their non-Indian urban counterparts. ACF thus commissioned this study to answer several specific questions about the population:

- What are the specific social service needs of American Indians living in urban areas?
- What are some of the barriers these individuals face in accessing needed services, including those programs and services offered by ACF?

- What role do Urban Indian Centers play in helping low-income urban American Indian families meet their social service needs?
- Finally, what are some promising, replicable practices or policies for providing social services to this population?

The following chapter details the study methodologies, including a comprehensive review of the literature to obtain details and data about the urban American Indian population, the formation of a Technical Working Group comprised of leaders from a broad geographic representation of UICs that provided counsel to the study team, and information collected through in-depth interviews with directors of Urban Indian Centers and representatives of local government social service agencies. In Chapter 3, we present the findings for the first three research questions, first describing the population of interest and its social service needs, then providing a detailed discussion of the barriers urban American Indians face in accessing various services (including ACF-funded services and supports), and finally describing the role of Urban Indian Centers. This description includes a discussion of the specific services that many UICs provide, as well as the ways in which they work with government agencies and community organizations to ensure their clients' needs are met. In Chapter 4, we offer interviewees' recommendations for practices and policies that may improve the population's access to needed services. We conclude the report with a chapter discussing the implication of the study's findings for ACF and recommendations for future research.

Because not enough is known about the social service needs of urban American Indians, the current study was intended to be exploratory. The study team conducted three primary research activities. First, Westat reviewed the relevant research literature on urban American Indians. Second a Technical Working Group (TWG) comprised of leaders within the urban American Indian community was convened to provide Westat with consultation on the study design. Finally, the team conducted in-depth telephone interviews with directors of UICs primarily throughout the lower United States as well as with representatives of several local government agencies. We detail each of these components below.

2.1 Literature Review

The initial activity was a comprehensive review of existing published information on the urban American Indian population. The objective of the review was to provide ACF with a summary of what is currently known about the socio-economic status of urban American Indian children and families, their history of engagement with government services, and the potential impact historical policies and cultural identification have had on current government service use. The review also summarized ACF programs and services that are dedicated to meeting the needs of both rural and urban American Indians, as well as those services that are available to the population through the Urban Indian Centers.

Overall findings indicate a disproportionate number of health and welfare risks for this population. For example, according to the Urban Indian Health Institute (UIHI) (2009a and b), in Urban Indian Health Organization (UIHO) areas, 30 percent of urban American Indian children live in households with incomes below the poverty level compared to 7.3 percent for White families in the same areas. UIHI (2011) also reports significantly higher rates of pregnancy urban American Indians under the age of 20 (12.9 percent) compared to all other races in the same service areas. Urban American Indian mothers are also significantly less likely to have access to adequate prenatal health care (14.4 percent) than their white urban counterparts (6.8 percent) (UIHI 2007). Given these statistics, it is perhaps unsurprising that urban American Indian youth report engaging in risky

behaviors at much higher rates than white youth living in the same areas (Youth Risk Behaviors Survey Data (1997-2003), reported in UIHI 2007; supported by Dickerson and Johnson 2010).

Although historical trauma and ongoing discrimination have taken their toll on the population, the literature indicates several factors that contribute to individual resilience in the face of such adversity. These include reintroducing urban youth and families to American Indian cultural traditions (Winderowd et al, 2008. LaFromboise, Hoyt, Oliver, and Whitbeck 2006; inter alia) and creating a strong sense of connectedness between individuals and their families and social institutions such as schools (Strand & Peacock, 2003).

2.2 Technical Working Group

To ensure input from the population that is the focus of the study, Westat convened a Technical Working Group (TWG) whose membership included leaders from the urban American Indian community (a list of TWG members and their organizational affiliations at the time of the meeting can be found in Table 2-1).

The main objective of this meeting was to obtain feedback from the members regarding the proposed study design, which at that time consisted of site visits to Urban Indian Centers (UICs) in four metropolitan areas. TWG members, however, emphasized that due to the relative lack of knowledge about American Indians living in urban areas, four sites would not provide ACF with the breadth of information it was seeking. As an alternative, members recommended the study team conduct telephone interviews with directors from a large number of UICs throughout the United States. Information obtained from these interviews would provide ACF with a better understanding of the diversity of contexts in which low-income urban American Indians live and are served. This design would also provide ACF with a broader foundation of knowledge that might inform site visit selection in a later, subsequent study.

Table 2-1. List of TWG members

Name	Affiliation
Technical Working Group	
D'Shane Barnett	National Council of Urban Indian Health
Jerimy Billy	United American Indian Involvement, Inc.
Janeen Comenote	National Urban Indian Family Coalition
Mary Garcia	Albuquerque Indian Center
Jennifer Giroux	Indian Health Service
Gil Gonzalez	Washoe Tribal Head Start
Francis Grumbly	American Indian Community House, NYC
John Jewitt	Denver Indian Family Resource Center
Kassia Jourdain	Native American Community Development Institute
Deborah Northburg	Child and Family Services, Cook Inlet Tribal Council
Joseph Podlasek	American Indian Center of Chicago
Sheri Riemers	Indian Child Welfare Program, Minneapolis American Indian Center
Robyn Sunday-Allen	Oklahoma City Indian Clinic
Federal Representatives	
Anne Bergan	Project Officer, Office of Planning, Research and Evaluation, ACF
Lori King	New West Technologies, Administration for Native Americans
Lillian Sparks	Commissioner, Administration for Native Americans
Study Team Members	
Cynthia Helba	Corporate Consultant, Westat
Walter Hillabrant	Consultant, Support Services International, Inc.
Cynthia Robins	Project Director, Westat
Monica Tsethlikai	Consultant, University of Utah

The group also reviewed draft protocols for in-depth interviews with staff both at UICs and at local government offices that serve the urban American Indian population. TWG members also suggested the study team add a question about the strengths of the population and promising approaches used to leverage assistance to urban American Indians to obtain needed social services.

2.3 Telephone Interviews

2.3.1 Selection of UICs

The first step in selecting centers for inclusion in the study was to identify as many active centers as possible and compile contact information for each. Using a variety of internet resources, including the Urban Indian Health Institute's list of centers, outdated lists¹⁰ and conducting Google searches using various combinations of "American Indian," "Center," and "Social Services," Westat was able to compile a list of 68 organizations that were Indian-owned and operated and that appeared to offer social services to this population. We also categorized centers by their geographic location (e.g., Mountain (CO, NM, AZ, UT, MT, NV), North Central (MN, IL, IN, MO, MI), Atlantic (eastern seaboard – MD, NY, PA, ME, CT), South Central (TX, OK), Pacific (CA, WA, AK, OR)) to ensure that the final set of selected sites would offer geographic diversity.

This list underwent a full team review that included all Westat study team members and consultants, the Project Officer, and Commissioner Lillian Sparks at the Administration for Native Americans. On the basis of the group's knowledge about these centers (such as if a center was no longer open or provided only medical services), as well as our efforts to ensure broad geographic representation, the study team developed a list of 37 centers for possible inclusion in the study. We asked the TWG members to review the list with the following questions in mind:

- Does the center still exist?
- Does the center provide social services or health services?
- Is the contact information (e.g., name of the director) current or have there been recent changes?
- Are there any other centers in existence that have not been included on the list?

No further changes were made as a result of the TWG members' review.

We sent potential interviewees a letter (see Appendix A, *Invitation Letter to UIC and Local State Agency Directors*) that informed them of the research objectives and the role of the telephone interviews in the overall study process. We assured recipients that their participation in the interview was voluntary and they would be given all necessary details (including contact information for the Study

¹⁰<http://www.nativeculturelinks.com/organizations.html>

Director) should they wish to opt out of the process at that time. Approximately 10 days after the invitation letters were mailed, a Westat staff member contacted each individual who had not opted out, asked if s/he wanted to participate in the study and set up a time to conduct the interview. At that time, we sent the respondents an informed consent form (see Appendix B) to review, sign and return to Westat via fax or email. Each interview was scheduled to take no more than one hour and, with the participant's permission, was to be audio-recorded to ensure analytic accuracy.

During the interview, we asked respondents to describe:

- The strengths of and challenges faced by the contemporary American Indian community in the city,
- The resources their organization offers to the community (e.g., nutrition support, behavioral health services, cultural programs),
- Other resources (e.g., agencies or organizations) in the community to which they refer their clients,
- Barriers and facilitators to urban American Indians accessing ACF and other services, and
- Ways in which the city's social service organizations might be able to better serve the American Indian community.

The full interview guide can be found in Appendix C.

Twenty-seven interviews were completed out of the 36 UICs that remained on the list.

2.3.2 Identification of Local Government Offices

In the original study design involving site visits to four communities, Westat had proposed to supplement information obtained from UIC staff and service recipients with interviews and focus groups with staff from local offices that provide ACF-funded services and supports. These interviews would shed light on government service providers' perspectives on urban American Indians' awareness and use of federal self-sufficiency services. With the TWG-recommended change in study design (i.e., from intensive site visits to telephone interviews with a broad array of UICs), identifying key contacts at local government offices became more challenging. Nevertheless, because of the potential value of this information, the study team proposed to maintain the effort to try to contact directors of local government offices for each of the UIC communities that participated in

the interview. Offices would be identified on the basis of information obtained during the UIC interview, e.g., offices identified by respondents as working particularly well with the UIC or those about which service recipients had expressed concerns.

As will be discussed in greater detail in the next chapter, UIC interviewees generally did not ascribe a value to any specific local government offices that provide ACF-funded services. Rather, respondents consistently said they refer their clients to any services the clients might need and that are available in their communities. Further, almost no one identified an agency in the community to which s/he would not refer the center's clients. In an effort to better understand the relationship between the UICs and local government offices that support social services, the team was able to obtain interviews with representatives from six such offices. Appendix D contains the interview guide for these six respondents.

2.4 Data Analysis

All interviews were audio recorded and transcribed, with the transcripts serving as the basis for data analysis. Four study team members conducted the analysis. Each team member initially was assigned 5 transcripts to read and compare for key themes and concepts. There was some overlap in these initial assignments to ensure findings were not unique to the set of transcripts each analyst had reviewed. Team members then met to discuss the themes they had found, sometimes reinforcing each other's findings, and sometimes challenging a colleague's conclusions. Using these initial themes, team members collaborated on the development of a provisional coding scheme that would be applied to the data. Transcripts were then imported into NVivo, a software package designed to support qualitative data management and analysis; team members were then assigned transcripts (non-overlapping) for coding. The team convened periodically to discuss any difficulties with the extant coding scheme or to introduce new codes that had emerged as the data were reviewed.

In some qualitative reports, authors will synthesize and analyze findings and offer quotes to support their conclusions. However, this study's approach to analysis concluded that because respondents are, or are working with an historically vulnerable population, the researchers' voices should be minimized. Therefore, this report highlights the perspectives and experiences described by interviewees, with an aim towards illuminating issues that might merit further research in the future.

3.1 Service Population

One of the challenges for both advocates and policy makers is defining who, exactly, is an “urban American Indian.” Is it someone who has a permanent residence in the city and has become “urbanized”? (Thornton, Sandefur, & Grasmick, 1982). Does it include individuals who migrate between the reservations and urban areas to take advantage of seasonal economic opportunities? (e.g., Blumenfeld, 1965; Hurt, 1961; Waddell, 1969; Lobo, 2001; Goodluck and Wileto, 2009). Should the label only apply to those individuals who are tribally enrolled or should individuals who self-identify as Native American also be considered urban American Indians? The service providers interviewed for this study answered, “Yes” to all of the above.

First, when interviewees were asked how many tribes their centers serve, they reported serving anywhere from a dozen to “several hundred” different tribes. One respondent stated: “Because we’re urban, we’ll serve all of the 500 plus Native American tribes who come here [to the city].” Cities such as Chicago, Los Angeles, and Portland, Oregon have large American Indian populations including long-time permanent residents from the Relocation era, and also individuals who remain mobile. Some move regularly between the reservation and the city. It is common for UICs to serve individuals who have come from great distances. Such geographic diversity is illustrated in the following quotes:

There are over 100 different tribes that are represented in [this city]. Because it’s a transient community, those tribal connections change...When we were doing the exhibit for the NMAI [National Museum of the American Indian]...we were going to draw lines to where people came from on a map, and it became a big red blur. We had to discontinue that for the exhibit design. There’s so many people that come and try for a new life, whether it’s education purposes, going to university off the reservation, or just a way of trying to find other work, there’s always change...Our base population, I think regularly, is around 30,000 people in the area. There’s probably another 15 to 20 [thousand] that are mobile, going back and forth.

We have a population that tends to go back and forth from the reservations to the urban area. We also have second generation individuals that have lived here since the mid 50's and 60's, well, third generation now.

We have had everything from Alaskan natives and Hawaiian natives to people from Washington and Oregon areas, tribes up there, down to Florida. Just about anywhere you can name.

You have to understand that [some of] our reservations are five or 10...not even 10 miles outside the city limits. They come in all the time. The tribal members that live...45 minutes away, they come and live in the city for periods of time and then they go back. During the period of time that they're in the city they're urban Indians. But then they go back.

We do get a lot of people that are just transient. They pass through when they find out that there's nothing for them here, they a lot of times move on and move away. The population here turns over a lot. It's not the same families that are always here.

Most interviewees indicated that their centers are open to anyone, whether tribally enrolled, self-identified, or even explicitly non-Indian. Requirements associated with the various funding streams determine which services they can offer. For example, services that are funded through the Indian Health Service require proof of tribal enrollment as do Workforce Investment Act monies that have been dedicated to Native Americans. Nevertheless, interviewees generally indicated that all are welcome and that the UICs provide the services when they can and refer out when they cannot:

We do service self-identified as well, but we're limited in what we can do for them, based on our funding sources. But we don't turn anybody away... They come to our door. They have done something to seek us out for whatever reason. I mean there's a hundred other places they could probably look in the mainstream places for services, but for some reason they come to us. Since I have been here, I've made it a policy, which is...we don't turn anybody away, whether Native or not. We try and work with them the best that we can, but our emphasis obviously is Native people.

There are a lot of ways that we have to be very open-minded about things. One is we do not ask for tribal IDs for anything other than voting on the organization direction. It's really self-identification...Our goal is to provide services to families in need, period.

Our philosophy is to honor that family structure and honor that inner marriage that may occur. So many times we have a Native mother and a non-Native father, and we try to structure our services to be able to address all of them.

A part of the history of [our organization] has really been the cultural identification, versus tribal ID requirement. A part of that is sort of the beauty of being a 501(c)(3). [ID requirements are] the business of sovereign nations, not of nonprofits.

We just opened that up to the entire community, they don't have to prove they're Indian, they don't have to prove they're poor, they don't have to fill out a bunch of paperwork. We need our community to build healthy communities.

From the UIC perspective captured in this study, the urban American Indian population cannot be characterized by a singular set of characteristics. The population includes long-time urban residents and their descendants, individuals who remain connected to their reservations, and persons who are “transient”; it also includes members of Federally recognized tribes, state-recognized tribes, and, depending upon the center’s policy, individuals who self-identify as Native American or who may be non-Native but married to someone who is tribally enrolled. The one commonality, as noted by an interviewee (above) is the motivation of the service seekers: that “for some reason”, all of these individuals come to a door that opens explicitly into American Indian space.

3.2 Presenting Needs

With an estimated population of some 3.5 million individuals,¹¹ characterizing the needs of urban American Indians is about as easy as describing the specific needs of individuals living in a city the size of Chicago. What can several million people have in common? One thing and nothing: The “one thing” respondents indicated they have in common is the desire to connect with American Indian culture. Interviewees said that individuals come to the UICs for culturally informed social services and/or to be in safe cultural space. As will be discussed in a later section, it appears that offering this cultural connection is the unique province of the UICs.

¹¹This estimate is based on two figures: Census 2010 numbers indicating 5.2 million individuals who self-identified as American Indian or Alaska Native, either alone or in combination with some other race; and Urban Indian Health Institute estimate that 70% of the AI/AN population now lives in urban or near-urban areas.

3.2.1 One Thing in Common: Cultural Identity

The one common desire of individuals coming to the UICs, said interviewees, regardless of income levels, is to connect with American Indian culture. This challenge emerged during the era of Relocation, but interviewees reported that it continues into the present day:

We try to provide services though so that they could still maintain some of these cultural arts and some of their values. When they do come in there are places that they don't feel comfortable in. So by them being able to come here they can feel a little bit more accepted and more at home in a place that's friendly and allows them to still do some of their practices as far as arts and crafts and learning about some of the things and teaching their children. Sometimes coming into the urban setting, when they do end up having families, they lose some of that. We do try to work on that aspect too.

We're finding an increase in requests to reconnect and re-establish a cultural identity as an urban Indian. What we're finding now is second, third generation of urban Indians. They may call home a reservation 500 miles away. They still generally are connected to their ceremonies, their traditions. But some of them are losing their language. They want to reconnect and reclaim some of those vestiges of identity.

There's a lot of need, there's certainly a need for culture. There's a need to keep that tie to be Native American, and I say that from my own experience. I came here, I looked around and you want to be with your kind, your people. That's how I got involved with [this center], was through locating the organization and wanting to be a part of that. Certainly, there's a social need that we have to be with others who respect our own personal beliefs that we have, and similar religion. There's still some of the residual issues that we have that are still being faced, with identification of ourselves, losing identity.

With only a couple of exceptions, the UICs that participated in this study were the only American Indian organizations in their cities. Consequently, they represented the one place in the city where Native Americans could meet their needs for a sense of community and cultural connectedness.

3.2.2 Poverty-Related Needs of a Subset of the Population

Individuals who come to the UICs may have needs that extend beyond culture. Some have profound social service needs that are rooted in poverty. In many cases, interviewees' descriptions of their American Indian clients' challenges echo what other providers serving families in poverty say when describing the needs of severely low-income individuals.

I think we really believe that their needs are very basic. When I say “basic,” I am talking about people that will come in that are obviously homeless and don't have jobs and stuff like that, but I can't get somebody full-time employment when I have got to deal with all these other basic barriers that they have. They don't have State ID. They don't have a driver's license. If they do have a driver's license, they don't have a car. If they do have a car, they don't have money for gas. They don't have money for insurance. The car's broke down. It's strange, but it's just those really, really basic needs that are preventing them from providing for themselves and being successful.

They don't have bank accounts. Most of them don't even have ATM cards. They don't have access to the Internet unless they come here. If they're in transition from homeless to living in an apartment or renting out a house or something it's getting their first and last, so the security deposit.

Obviously, the needs are great. Where do I start? I think if you look at social determinants, or indicators, start with higher level of poverty, unemployment, adequate safe housing, health status, lack of transportation.

A lot of things that we're dealing with are homeless problems or people needing food. We have one [food pantry] down the road, and the whole city right now [is] kind of working together so families can only go to one of these spots once a month.

Economic viability is an issue. People living just marginally, they're in poverty, because they just don't have the income. They do not work. Even if they're on Social Security, it's minimal. Housing stock is so poor. There's so much violence in communities where people are traumatized because of constant gunfire, constant gunfire. You talk about historical trauma, how about post-traumatic stress disorder?

Respondents consistently noted the need for safe and affordable housing, which is in short supply in many urban areas of the country:

The cost of living is so high here in [state]. It's just crazy how expensive it is to get just a studio apartment...I went to a meeting last month and they had done a study on the costs of living here in [county]. For a one bedroom

studio, it was an average of \$1,600 a month. When you're looking at jobs that are paying \$10 or \$12 an hour, they're spending well above what they should for their basic costs, the basic needs to survive.

There are folks who are faced with medical conditions, who are on SSI and it's not enough in order for them to actually live on and pay their medical bills, and get what they need to get in terms of the generalized resources... They're forced to have to make a choice. 'Do I live in my car or out in a camp somewhere and I can make my \$600 or \$500 a month Social Security stretch?

Similarly, transportation was described as a significant challenge for low-income American Indian clients:

The issue of the transportation is key and if you're poor and don't own a car because you can't afford the license or you've had your license taken away because DWI or something like that, how do you get to work?

Transportation is definitely going to be a barrier. Especially in [our] county where the metro has been cut back dramatically... As a matter of fact you can't even catch a bus after seven o'clock in [our city].

There are aspects of the American Indian experience that may uniquely contribute to the challenges faced by the population. The service environment of the reservations for example, is quite different from that in urban areas. Consequently, some clients may have no understanding of how the off-reservation system works:

Sometimes, we still have families that come to town that are very ill prepared and they end up living in their car, not really understanding the social services system or even how to navigate it.

I think to a certain extent, sometimes when you leave the rez, you don't really realize it's easy just to drive up to IHS or it's easy, where I come from, people have their own land. You can get HUD housing. But here, you do have to advocate for yourself and you don't know how to.

Some clients do not have proper documentation that would allow them to receive needed services:

I think one of the things we run into here is a lot of them, some of the clients don't carry their travel IDs with their blood quantum. Some of them lose their Social Security or their birth certificates. That takes time to get those kinds of documents. We can help them do that, but it still takes time.

Our native people, they don't understand a lot of the culture if they relocated here or reasons why they needed to provide all this documentation. Sometimes it becomes a barrier because sometimes they don't have the documentation, birth certificate or whatnot.

This challenge is most notable in the area of health care among individuals who are accustomed to receiving care at an IHS clinic:

I'm sure that's not a surprise because of the high instance of things like diabetes and the things that need regular care among the Indian population. We do get the most people looking for that type of service and there's not really anything here if they want IHS type services, which is usually what they're looking for coming from a reservation setting in another state. They come here and they're like, "Wow, there's no services at all. Where can I go for help, to get health services?"

Basically, the needs are as great [as] - or greater than - any other minority. A lot of them that are just relocating here, they call us and the first thing they want to know is, 'How do we get into health services?' Well, there aren't any.

Of course they're going to be able to service Native Americans, but when it comes to those special type of services that you need help with, dental work would be one that pops into mind, you're going to have to go back to either your reservation [or] go back home to your community.

What we've had to do over the years is if somebody needed IHS services, we had to tell them, 'Well, the closest reservation is where you have to go to get it is Cherokee in North Carolina,' and that's a good four hours or more away for those people...

Many of the health issues faced by the population may be intimately linked to their unique experiences as American Indians. The high prevalence of behavioral health challenges for example, such as alcohol and drug abuse and domestic violence, are often associated with poverty; but interviewees suggested that some of these issues may be linked to historical trauma and even the population's present-day position relative to the dominant society :

A lot of times we're seen as our tribal communities have gone through major historical trauma...For us, we see this trauma gets passed on family to family, especially if they're low income communities. I think sometimes people are born into houses with hopelessness and some challenging emotional or behavioral needs related to those historical events that they might not even understand, but they just know that mom is pissed or had issues and they do, too. That is a challenge, I think, is understanding the behavioral and mental health needs of the American Indians because I think they are unique from the rest of the communities.

We have kids as young as eight and nine, from what I'm being told, that are smoking meth. We have people as old as 60 doing meth...I'm really, really old – and lived through a number of cycles where drugs were brought into poor communities, everything from crack cocaine to heroin, and, of course, alcohol, because where people are attempting to overcome a population, they never change their tactics. It's always weapons, drugs, and trinkets. Alcohol has been used to decimate Indian people. Now it's meth... Whole families are being incarcerated because of their involvement with methamphetamines... You have to wonder, why do people need chemicals to alter their perceptions of their environment? Why do you need that?

Interviewees also reported that their clients lack a basic education, such as a high school degree or GED. The low level of educational attainment by American Indians was linked by some interviewees to their parents' or grandparents' negative experiences with boarding schools.

Anecdotally, what I've seen most affected is the intergenerational trauma around it. In education, for example, we see families who two or more generations have been involved in a boarding school experience. Their relationship with education and how they support their child in school looks very, very different than someone who hasn't had that experience.

In sum, American Indians who come to the Urban Indian Centers share an expressed need to connect with other American Indians or to regain a sense of their culture and traditions. A subset of the population presents with a profound array of challenges associated with poverty, such as food insecurity, a lack of safe housing, barriers to employment (such as limited education), and behavioral health issues that complicate all aspects of their lives. Some of that poverty may be rooted in the American Indian historical experience of genocide, segregation, a lack of economic opportunity, and longstanding efforts to eradicate all aspects of American Indian culture and traditions. In the next section, we present interviewees' descriptions of the barriers the population faces in trying to obtain services outside of the UIC context.

3.3 Barriers to Obtaining Needed Services

Interviewees noted that some of the individuals who come to the UICs for social services have faced – and continue to face – a significant number of barriers to getting their needs met. For many, the American Indian community's negative historical experiences have produced a lack of trust in the

non-UIC social service system. As a result, said interviewees, many American Indians simply will not reach out for help:

There's this multigenerational trauma associated with, "That service is bad, don't access it." Another piece of it is also, in this County, the highest removal rate for children through DHS [Department of Health and Human Services] are Native and African American children. There's very much a belief within our community that if, for any reason – [you] bring your child to the doctor, or if there's a developmental appointment – and a social worker is in the room, that's an alert that your child could be taken away. There's some fear, some earned fear in that, so that's sometimes a variable.

Our people...if they need Medicaid or Medicare, or I think there's Social Insurance or disability, or something like that, they're not going to go to those mainstream offices and ask for help. They just won't. I can't really speak for them, but my interpretation of it is, they just don't trust them. When they come here there is that trust because we know each other so well. They know our families. They know that we've been in the community for so long. I think there's a lot of people that still need that introduction.

I think they're afraid of the system. A lot of the natives that I have worked with in multiple years, they don't want to go outside their home because they believe their children are going to be taken away for something small. There is the discrimination or that mindset.

Some of the past traumas and historical things that have happened with children being taken from their families and put into foster care or up for adoption because they are poor or because they are having drug or alcohol problems or different things like that. I think there's still that fear that once you invite any kind of government agency into your life that you may regret having done that.

Others have reached out, only to experience racism and discrimination, experiences that discourage additional efforts to reach out for assistance:

Our people tend not to do well in non-Native environments. They have difficulty accessing anything...The fact is, there is racism that does exist. I think Native families are treated differently. Our families will report that they get treated differently. That's from people with just basic needs and not in child protection. It seems to hold true. If there is a [tribal] TANF office, they would prefer to go there than anywhere. If there is a [tribal] housing program, they'll go there before anywhere. Or they just don't receive resources is what tends to happen...The youth coming up that are becoming more college-educated or more eclectic, they just really like to get out there and learn what's going on in the world, but their elders and the families that are really the ones that we're trying to target, they won't. They would prefer

not to receive services if it's not a Native program. That's the harsh reality and it's very sad. I would assume that's very similar to other urban areas.

I can say that with the majority of individuals that walk through our doors, we are seeing that they are native people that have gone without any structure of social services for a period of time. Sometimes that is not because they haven't been trying to access services. They felt discriminated in those services outside of the Indian Center or the service provider did not fully understand the issues that they were coming to them for help with...A lot of times, as people find us and they come in here, they have gone without services for a long time.

Interviewees added that sometimes those negative experiences are the result of misperceptions. As noted in the previous chapter, for example, American Indians who come from the reservations often do not understand the ins and outs of the service delivery system. Clients thus have had interactions that they have perceived as discriminatory, when the reality may be much more complex as described in the quotes below. Nevertheless, the end result is that the client often does not receive the services he or she needs:

The [agencies] that we work with, they really are trying to best meet the needs of our native population and they try their best to work with them and try to help them out as much as they can...I don't know any cases [of overt discrimination], but sometimes clients come back and say, "It's because I'm Indian..." and it's not the case. It's just sometimes [the clients] don't understand what they need to bring and it's very time-consuming and they have to go back and forth for the appointments. It's so many things that happen. You can't really pinpoint one reason or the other, it's just that sometimes it happens.

I think that there still is a fair amount of discrimination that occurs. I think some of it's probably overt. Some of it is probably just, I hate to say it, but the whole idea that social service providers across the board in any community are overworked and overwhelmed. It may not be blatant discrimination but it appears that way to our customers when they're there because there's just not enough staff to service everybody that is there or that the system pushed people out.

Yeah, I've heard so many people come in here and it's just like, "Why should I do it? Why should I do this? Why should I do that? Nothing's going to come of it." You don't want to refer. When I first got here there was this protocol of "..., "Oh, refer them here, refer them here," and thinking that was adequate, that, OK, our job is done. When I started looking at all these referrals, nothing is happening. We're referring these people to something that's just BS. They're not going to get anything. I made it clear to the staff here now that we're not going to use those

resources because they're not really resources. People are going in there and they're filling out all this paperwork, and going through the motion, and then that's it... You've got a state worker that may have 300 clients on their workload. Nothing is going to come of it in a time frame that's going to help that person or that family.

Interestingly, many interviewees reported the opposite problem, namely, that the American Indian population is invisible to non-Native service providers. The lack of visibility has prevented adequate funding for services for American Indians and has left non-Native service providers unaware of the unique experiences and needs of the American Indian population that comes to them for support:

I think everybody here in the Northeast, east of the Mississippi, feels that there are barriers, feels that no money is going to come here or very limited. Really, a lot of people see that as a racist issue. If you haven't heard it, I'm saying it. Because of the composition of certain states. I think that there probably are barriers. I've even had somebody say to me, "We wanted to go to Washington [state]. At least they can see you. They'll see that you're an Indian." I don't feel like I should have to go around and just stand there, "Look at me." I think that's a barrier for this side of the Mississippi.

I would say that one of the barriers is the lack of understanding by the larger institutions, whether they're healthcare, education... we have X amount of children in our public schools, and we don't know right now how effective they are utilizing Title VII money, or whether they're abusing it. I do know that many of the administrators here for the public school system don't know about the American Indian population... Because many of the children here that are native have Spanish last names, they end up getting lumped in with the dominant Hispanic group... It's not so much recognition as acknowledgement... There's a reason why we're called the invisible population. It's not because we stay invisible either. It's because we're treated as invisible as well.

When you look at it from... the majority culture provider perspective, the Native community is relatively invisible. Although the estimate is around 38,000 Native people living in [our] metro area – we're considered one of the larger Native cities in the United States – it's a very dispersed community. In Minneapolis, for example, you have higher concentrations of Native people living in a certain neighborhood. In [our city], you don't. We used to, but they've been, in many ways, gentrified out of those neighborhoods. They're dispersed. In the school system, you can look at [the city] Public Schools, over 78 different schools, and you'll have maybe one or two percent in each of these schools, and maybe one or two schools in the district being at five percent or more Native kids. For the most part, the community's pretty dispersed. Visibility becomes a real issue.

Finally, interviewees described instances in which providers are aware that they are serving American Indians but have various misconceptions about the population's eligibility for government-funded services:

There's always been issues with just being Native. Unfortunately, racism is still here. There are problems with that. I've heard a lot of stories about it and folks that I've worked with at the Division of Child and Family Services. I was a program specialist at the central office, and would get a lot of calls from folks, and I would intervene when I worked at the state level, to help Native Americans because [the staff] didn't understand, or it was misunderstood. It was just the perception that they're tribal, or they get everything, "Why are they even applying? They get this from the tribe. All of this is covered and they get gaming money".

My personal feeling on this is that they think or they believe that the Indian Center is being supported by the tribes through gaming because there's a lot of gaming in [our state] and they feel, "Well, the tribes are making money. There is no reason that they're not getting money from the gaming industry to support the Native Americans that are coming into the city because they're the tribal members." But, see, that's not happening. The tribes are not supporting the tribal members as they come into the city. [They assume] that this is what's going on, but they don't actually really try to work with us to find out what's really going on.

The misconception here is that they believe that Indians get money everywhere and that they really don't need the services. That we get money from Potawatomi and get money from our tribes and why do we need this money. I think that sometimes the case managers on their end don't have enough education about Indian people and all tribes are different... There's still a lot of unmet needs because they don't understand the culture, the barriers. They have the misconceptions.

It is important to note that these types of experiences *may or may not* be representative of what the broader urban American Indian population faces when approaching non-Native service providers (including local government offices). These descriptions are from the UIC staff that we interviewed. It may be that a subset of the population has reached out to the UICs *because* they have had negative reactions from the dominant culture. Others whose interactions have been more positive may have been well-served and never felt the need to connect with a UIC at all. In addition, and as noted in Chapter 2 of this report, the study team had input from only six non-Native service providing agencies; with only one exception, local government office representatives were the Native American liaisons for their agencies. The extent to which the urban American Indian population generally has such adverse experiences is unclear. What these findings do indicate however, is that *at least some* American Indians are "going without" because they are misunderstood or worse,

discriminated against by some of the non-Native service providers. Additional research would be required to ascertain how widespread these adverse experiences are within the urban American Indian community. Regardless, for this known subset of the population, the Urban Indian Centers play a critical role in helping their clients overcome the various barriers to getting their needs met. This is the subject of the following section.

3.4 The Role of the Urban Indian Centers

Interview data suggest that the UICs play two very critical roles for the urban American Indian population: First and foremost, UICs are often the only point of cultural connection for American Indians in urban areas. Many centers were established during the Relocation Era to provide this touchstone for the community, and they continue to do so into the present. Respondents talked about how these efforts are important to keeping Native American culture alive, particularly for the youth. Moreover, for some UICs, opening up culturally relevant programming to non-Indian people is viewed as a way to educate the general public about American Indian life.

We don't want them to come in and lose their culture, or lose their background, or lose any of that stuff. No, I think when we're talking about assimilation here, all we're talking about is maybe they come in and they can get a job. Maybe they can get a house. To sort of assimilate but not where they lose their Indian heritage, their Indian background.

We try to bring all those kids together [in a summer camp] and teach them about traditional values and some of the different things that we do, crafts to make, that sort of thing, and try to keep them connected to their culture. The camp's not solely for Indian kids. We accept kids of all races and then try to teach them about Indian culture and give them that understanding as well.

Our vision for the center has been to get back to what our elders had originally made the purpose of the center for. We serve a lot of folks that are needy, and we don't want to ever put that by the wayside. Along the way, it seems that there was a detour into serving social needs and being a social services program. The focus had become largely on that, to where a lot of our folks didn't have any reason to come if they weren't in poverty or if they didn't have these needs for drug and alcohol and that sort of thing. We really didn't have a community center. And so that's where we're really trying to get back to, is this place for community, where we can preserve our traditions and preserve our languages and preserve our spiritual teachings that really people are so desperate for. And there's no place to get that in an urban area, and they miss it... We can expand to bring in these

other programs and services so that we're serving the community as a whole as opposed to just the ones that are really struggling.

The second critical role of the UICs is to help meet the social service needs of the population, particularly those who have come to the cities from the reservations and do not know where to turn:

We're the bridge when a client comes off of the reservation. They're more comfortable when they come to us and they're new. A lot of times our clients will pack up and...they don't think about these are the things that you need in place before you move to the city. Who's going to provide your health care? Who's going to provide food stamps, and rent, and LIHEAP, and all of those types of services? We help to direct them in the right place.

I think one of the roles [our center] has played for a number of years, and we've gotten really good at it, is actually becoming that bridge between the community and government social service agencies. Part of that is, that agency needs to be ready to kind of prepare itself for service to the Native community, and the Native community needs to be prepared that they're going to be receiving service from this other agency. I think we've developed over a number of years a great deal of credibility with the community. Even in some relative controversial issues, if we come down one way or another, there's a lot of trust that the community has in us that we've done our due diligence. They know that we're out for the best interest of the community.

Interviewees described three general approaches to meeting the needs of the population. First, provide culturally appropriate services in-house; second, refer the individual to a collaborating organization that understands the unique needs of American Indians; and third, refer the individual to any organization in the community that offers the needed services. We describe each of these below.

3.4.1 In-House Services

Interview data indicate that staff at the UICs perceive a correlation between the loss of one's cultural identity and many of the other challenges that ultimately lead the urban American Indian population to seek social services:

Over and over in our community, what I'm hearing is they need more of the traditional teachings, more of the cultural teachings. With everything being connected, a lot of our folks when they have the drug and alcohol problems it's because they're out of balance either spiritually or emotionally or something like that. We just don't have, right now, that spiritual component and we're struggling to keep that cultural component.

We look at life as circle of life...what makes up your life is every aspect of your life, spiritually, socially, culturally, economically. All of these things make up your life, all of these items need to be in place in order for you to properly survive. So whatever comes through the door, we go after.

The UICs thus are the preferred service venue for many American Indians, some of whom may require cultural “grounding” but all of whom want to receive culturally appropriate services from providers who understand their unique circumstances as American Indian people:

I know there are a lot of things that we don't provide for Indian people, but I think that we're probably one of the best service providers for Indian people just based on the reasons they don't go other places. They get that feeling that it's more of a community, that it's more relatives helping relatives rather than something else. We take the time to find out what it is that their barriers are and try to assist them in finding resources for that, whether it's “I need to call my tribe or I need to get this paperwork” or “I need a new BIA card.” We take care of them like they're family and I think that that is something that is lacking in a lot of other organizations. I think that's one of the things that stands us apart from some of the others.

I think that we're just unique from any other organization, because we put our cultural perspective in what we do here...When our clients come in, or even like from what I do, my tobacco prevention stuff, when we're studying that cessation process, it's like a lot of times they don't want to go straight to the patches and the medication. They want to do a holistic approach to it. So there's sweats that happen two times a week.

Obviously, because we're Native Americans ourselves we are a little bit more culturally sensitive to the people that serve. We understand the population a little better and maybe approach things a little bit differently than the state would...I think just knowing things about Native American cultural beliefs and such. I'm trying to think of some instances over the years that have happened where just knowing that and maybe not offending them by doing certain things...Or understanding their viewpoint when they're expecting something that has to do with how they were brought up on the reservation. Having a little more understanding of their background than the state and just the way we treat them. How we approach even just maybe the way we speak to them. Things like that.

Anybody can tell you [from] up in Alaska to Florida, AI will still respond best when the program's delivery is by Indian staff, the culture and language is incorporated into that system, and the follow up connections are all still culturally specific. AA groups will work, but the ones that work most effectively are the Indian-run, for example. When we talk about our

women's groups and then some of those issues with mental health, you're able to talk about huge issues of depression caused by poverty.

One challenge to meeting constituents' desires is limited funding: UICs differ greatly in their operating budgets and the range of services each can offer to the population. As resources allow, interviewees said they provide an array of fundamental services, including food assistance:

Another program that's poverty-oriented is a community services block grant through the state...that's for emergency assistance and food pantry. We distribute food pantry on emergency basis and USDA commodities through that program and also provide utility assistance, and other food and clothing, and different things like that, however we can assist those people, also with referrals because there's a case management portion to that.

We try to be that agency that becomes that liaison to really help those individuals get those food stamps. Most recently, we applied to...be able to go online and to go through the process to directly sign our customers as they come up for food stamps or the access program for medical services or any other particular subsidy that that individual might qualify for.

...emergency cash assistance:

We do have the emergency assistance funding but it's relatively small. In fact, most of the assistance given for that is around \$100 or less. If somebody needs \$75 to keep their electricity from being cut off, that kind of a thing. Larger amounts than \$100, I think, have to be approved by the board of directors so they're not really emergency.

...and housing assistance:

Our people generally lag mainstream society, so they're going to need help with housing, temporary and permanent. We offer financial assistance or rent deferment, utility assistance, mortgage assistance, that comes from a whole different program, but we're able to get our people stabilized in adequate safe housing.

Some UICs serve as work sites for TANF recipients or individuals who are on state Welfare to Work programs:

We provide them with the referrals for TANF but we also serve as a site. A lot of times the individuals that are obtaining these services...have to do so much of community service to maintain their TANF. Therefore, we serve as a site so we do obtain a lot of workers that come here to look for a place to do some of their hours...we do our best to train them as [if they're in] a

job setting where they'll come in and...go into the computer lab and work with our clients to help them. We teach them how to find resume templates with Microsoft. We teach them how to get an email address because a lot of these employers will contact you by email; and a lot of the employment is through the Internet so we do job search through there. What we use the TANF people with is that we train them to do job search on the Internet so they can train other clients to do the same.

We do [serve as] a work site. We have about three workers, currently right now, through the [state] transition work program. We, also, are an intern site for people getting their bachelors, and their masters and their doctorate degree. We, also, place volunteers that need community service, or...if they need to get placed here through DVR [Department of Vocational Rehabilitation].

We also do many referrals with all of our other programs. For example, with our WIA [Workforce Investment Act] Employment Training program we will work tightly with the [nearby] tribal TANF program and try to do concurrent enrollment that way.

UICs may also be direct providers of behavioral health care, such as substance abuse services or mental health interventions:

One of the [programs] that we've had since 1974 is our...alcohol and drug prevention and treatment program. That's funded through Indian Health Services and HHS. That program is still continuing today, and we still see a lot of folks that struggle with drugs and alcohol issues.

We do outpatient services here so we do have a certified drug and alcohol support group that meets once a week on Tuesdays. We also have a traditional talking circle that meets on Thursdays. Then we have an outreach program called Drumming and More, where people can have a safe haven or an outlet to maintain sobriety. That's every other Friday. We do, also, offer one-on-one counseling for those in need of AODA [Alcohol and Other Drug Abuse] treatment.

We have a program called "Healing the Wounded Spirit," which is our mental health component where we do individual and group counseling. We also have therapy self-help groups that meet once a month. We're getting ready to begin to do some work with veterans, with the Native veterans.

Many UICs also provide culturally informed prevention services, particularly around youth tobacco use:

Monthly we do a culture night, which is part of our prevention program, to provide a drug- and alcohol-free space where people can come and enjoy each other's company and hear the drum and stories and things like that.

We teach our kids to do peer-to-peer education about tobacco prevention, not really necessarily about commercial tobacco, but we teach them about the sacred use of traditional tribal tobacco.

The youth can come together to do cessation and prevention programs and help another youth. To learn they have a responsibility to honor tobacco as a sacred plant. We're out from there to consider the ill effects of commercial tobacco and how to share this with other youth.

And some UICs offer culturally appropriate interventions and supports around parenting and early childhood development:

One of the programs that we're doing is what we call "American Indian Families and Partners"...We have...a social worker and a licensed clinical counselor who ...[work] with clients who may experience domestic violence, or substance abuse, and/or may enter the county Department of Children and Family Services system. We're kind of like that barrier before they get into the county system. We can assist them with a lot of parenting classes. They may need formula, they may need the parenting classes on how to play with your child, how to interact. It's one-on-one with the counselor. Then we have a motherhood and a fatherhood project with it.

Then we have our Family Services, which focuses on our domestic violence programming, as well as our foster youth and foster family programming, and we have our Early Childhood, which includes a...playgroup and two Head Start classrooms.

The UICs thus offer a safe cultural space in which American Indians can come to have their basic social service needs met, including some of the services and programs that are funded by ACF. As operating budgets allow, UICs also offer other culturally informed services, such as substance abuse treatment and prevention programs, mental health counseling, and interventions around domestic violence and parenting.

3.4.2 Referrals

3.4.2.1 Partner Agencies and Culturally Informed Providers

While both the UICs and their clients may desire to have all services provided at the center by American Indian people, few of the UICs that participated in the study are operating on budgets large enough to directly provide the full array of needed services. Therefore, a second role of the UICs is to serve as a bridge between the clients and the non-Native service providers in the community. Interviewees described referring their clients to other agencies in the community that have a Native person on staff or with which the UIC has a formal partnership:

There's the [State] Coalition for the Homeless, typically who we work with. They've got two native staff there. They run some talking circles and they do some of that work. In [our city], we do have a big homeless population and, again, there's not enough beds. Last night, when it started to snow in mid-April, a lot of these homeless folks run to the shelters to stay warm and too often the shelters are booked and a lot of folks are then suffering out in the cold. We've got a need for a homeless shelter.

We do referrals with...[the] Indian Child Welfare Act. If there's anything that we need from them, depending on what tribe [the child is] from, we make sure we call the tribe and try to see if they have an ICWA worker working with them. We have done that in the past with [specific tribes] where they had an Indian Child Welfare person, or case manager, that was taking cases to make sure that [the child is] taken well care of if they're going into foster care.

We refer to the Domestic Violence and Sexual Assault program in [our city]. There are Native Americans that are on that board and they have an advocate that works with Native Americans to help them get to their facilities where they need.

We also have a Batterer Intervention Program...Back in the '80s I developed the first male batterer's program because I believed that if men could understand their behavior, those men who use violence, that perhaps that would be an intervention so I started having these groups...We [also] work very closely with the WCA, the Women's Center for Advancement. It used to be the YWCA, but they changed their name for some reason. They have the victim's part, so women who are in relationships with these men that we serve, they're referred to the WCA for services...If men are over here, the women that they battered are referred to the WCA, and vice versa. My staff, that work with the domestic violence, they even do groups over at the WCA. We have a very close relationship.

Such referrals are seen as effective because these providers in many ways offer the same level of cultural sensitivity as the UICs. This is particularly critical with non-Native agencies, which the service recipient might otherwise be afraid to approach for help. Interviewees said the formal relationships between the agency and the UIC lets the client know that this is a provider he or she can trust:

One of the things that we've discovered is that a trust of the federal government and trust of other entities is a major problem. If they can't trust you they're not going to go there. As a result of the trust issue, they don't really buy into a lot of the programs. That's why at the Indian Center here in [city], they come in and trust the staff. They trust what we tell them, but there's a lot of services that we just can't provide for them.

We have had clients that we thought would benefit from parenting classes, and we have transported them. There's a very good program in [the city] called Fathers for a Lifetime, that works with fathers, and there's a mom's group...we also have [another partner], and they have parenting classes. We have referred people there, but the other thing that's important to stress, too, is that a number of our clients here are working with CPS...and they have to go to these groups, so we often provide transportation to them so they can get there.

I think one of the roles [our center] has played for a number of years, and we've gotten really good at it, is actually becoming that bridge between the community and government social service agencies. Part of that is, that agency needs to be ready to kind of prepare itself for service to the Native community, and the Native community needs to be prepared that they're going to be receiving service from this other agency. I think we've developed over a number of years a great deal of credibility with the community. Even in some relative controversial issues, if we come down one way or another, there's a lot of trust that the community has in us that we've done our due diligence. They know that we're out for the best interest of the community.

3.4.2.2 Any Available Providers

Finally, interviewees indicated that the bottom line for the centers is to ensure the individual's needs are met. With only a couple of specific exceptions,¹² interviewees said they will refer their clients to

¹²In one instance, an interviewee said she no longer refers her clients to a local Federally Qualified Health Clinic (FQHC) because staff there accused the AI/AN clients of "double dipping" (i.e., getting services through Indian Health Services and the FQHC). In addition, some clients reported that staff at the FQHC had been rude to them. The interviewee said she had also experienced some dismissiveness on the part of the clinic staff, but said she believed it was because the staff were overworked, not because she was American Indian.

any agency in the community, whether it be faith-based, government, or community non-profit, as long as it offers the services the client needs:

We refer out to one of the main organizations...that help pay their electric bill or give them energy assistance... They just have to meet the guidelines of the coverage level. I think it's 120 percent [of the poverty level]...right now. They have to meet the requirements. 10 to 1, they will meet the requirements to get the assistance to pay for their heat and electric, but it is a referral process.

[We have] a lot of mental health cases. They have no place to go and they show up here. We try to do our best to make referrals out, but we're not equipped to serve those folks, but we do our best. We try to get them over to the County Department of Social Services.

For domestic violence and that sort of thing, we partner with...the Metropolitan Organization to Counter Sexual Assault. Also, depending on where they live, we partner with [another organization] and a couple of those other women's shelters like that. If they're veterans, we've got people we can talk to in the VA to make sure they're getting the services they require from them. Depending on where they live, we refer a lot to the United Way 211. That way, we can put in their particular address, their zip code, and find the agency that deals with that that is in their area to try to make it easier on them.

We do have social workers that will refer them to agencies that are not Indian related, Catholic charities or some of the other non-profits here in town that offer those services. Those are not culturally sensitive per se because they're not Indian facilities, but at least they're able to provide the need and assist our patient.

Importantly, many UICs do not simply give the client the referral and send the person on his or her way. Numerous interviewees indicated that they continue to serve as a "bridge" to these other agencies either by making the initial contact with the agency or actually accompanying the client to the appointment:

You have to go and identify the resource and walk with that person, you *have to*...we don't just say, "Here's a phone number. Here's the name of an agency. Here's where they're located. Goodbye." No. No, no. Our staff is trained, [to] pick up the phone, set up a direct contact, and then make the connection with the participant right there. Then you put the participant on the phone. Let the participant establish himself with that agency or that connection. Then, when they hang up, then we will follow that and have the participant report back to us to let us know.

We've really tried to delve down a little deeper in that we're making connections with where we're referring them, on a one-on-one case basis, making a phone call to that individual. Sometimes, making sure that the customer gets driven there, whatever it takes to make sure that customer moves on to that next service that we know will help solve their problem. If it is outside of our agency, then we're making sure that navigator takes that step to make sure that customer gets there, and gets that service. That really happens much more effectively for us if we have that relationship with that agency – a lot of time building that relationship with other agencies out in the community.

Our community health representative [CHR] is really present as an advocate for clients. That if they're feeling like they're being discriminated against, we'll make sure that our CHR does go to follow-up appointments or will make a point to reach out to a certain office to maybe do some cultural sensitivity training. That's something that we do have in place.

“Walking with the client” serves two critical purposes. First, it ensures that the person follows through on the referral and obtains the services that he or she needs to move towards self-sufficiency. Secondly, the practice further establishes a connection between the UIC and non-Native agencies in the community and helps to foster a broader social service network that remains aware of and sensitive to the unique needs of the urban American Indian population. In the following section, we discuss this and several other practices that hold promise for ensuring that American Indians in urban areas are able to take full advantage of the services and programs funded through ACF.

The practices that emerged as most promising for meeting the needs of the urban American Indian population are those that address one or both of the most significant barriers to services, including the community providers being unaware of or insensitive to the needs of American Indians; and American Indians not knowing how to navigate the service delivery system. Because most of the study interviews were conducted with directors of UICs or Native American staff at local government offices, several of the practices described below are being implemented by the urban American Indian service providers, not necessarily requested by local government offices. That being said, ACF might encourage directors of local government offices to collaborate more with the UIC in their community to improve their ability to engage urban American Indian individuals and families who come to them for support.

4.1 Cultural Competency Training to Other Provider Agencies

Numerous interviewees said they provide training to other service providers in their cities about the American Indian population. In some instances, the non-Native service providers request the trainings. In other cases, UICs reach out to the agencies in response to concerns expressed by their clients. These trainings can run the gamut from simply making providers aware of the Native population they are already serving to offering trainings on American Indian culture or the Indian Child Welfare Act (ICWA).

We are such a small population in this really large city that the awareness of American Indian presence is something that we've really had to take on this past year... "Oh, American Indians, they aren't really here, and we don't see anybody that we service who's American Indian." We've really started to ask, "Well, do you mind taking a look at your internal database? Just take a look." And we've had people completely surprised at the numbers of AI who have self-identified in their systems. And once we break through in that sense, then they're willing to work with us more closely because they say, "Oh, wow, I didn't realize we had 500 people accessing our service," and "I didn't know we have thousands of people in here who identify." And this is an ongoing project for us, really trying to tap into internal databases with different services so that they just see around us, to show them through

numbers that we're not just telling you that they're here. We want you to see them in your system, that they are here. There's a live community.

Occasionally we get a phone call from a state organization wanting to know about ICWA. We explain it to them the best that we can. We actually received a request, someone just recently wanting to have a training. She's with the children's division in [a nearby city]...we're trying to put together a program where we can go out and train some of these folks. We actually are on a steering committee with the city and judges and that sort of thing and child services that we can provide them with the information about ICWA and be involved in decisions regarding ICWA.

I just went to an organization and did some cultural sensitivity training to try to establish some sort of collaboration to work with...the same clients that we serve...specially with the food stamp office and the Medicaid office...because that's where everybody [all the clients] goes...Training the service providers for advocacy and then training the recipients how to advocate for themselves.

I think the best thing that we're trying to do as far as our Center is really try to help with cultural diversity and helping organizations better understand the needs of Native people. There's still that stigma, and I hate to say it, but the general society still thinks that Native people get things handed to them on a silver platter when, really, they don't understand about treaty rights and things like that. We're always left to having to reeducate the masses about what all that's about and to let them understand that not every Native person receives a fancy, expensive fur cap and don't have all this money we can just blow and spend on acquiring services.

A significant drawback to this as an approach is that it's a never-ending responsibility:

We work with them in sensitizing, and that's an ongoing project, because agencies turn over people. When you turn over people on a regular basis, the new people, you start all over again. You have to retrain, re-everything, and it gets to be expensive and guess what? They're not paying for it.

In an environment where funds are tight, the extent to which UIC staff can continuously provide this community service is limited. However, ACF might encourage grantees to confer with UICs and Native American entities within their city, state or county and have in place a training program or in-service training process to ensure that American Indian clients are fully served in a culturally competent manner.

4.2 Placement of American Indian Worker in Agency

A second promising practice is for agencies or organizations to hire staff members who are Native American. As noted elsewhere in the report, this individual often functions as the point of contact when American Indians come in for services:

We do really try to find some of these programs that have a specific Native affiliation where [the staff member] can kind of can identify and give [the client] some of that support. Because yes, [the clients] sometimes do not feel comfortable going to other resources or outside resources that they might not feel like they can connect with. Therefore, it is important that we do try to specifically look for these healthcare agencies or these housing places that do serve that population.

There is a whole two employees for the entire state that work through DCFS [Division of Child and Family Services] to help with our children that are in rough situations. That is a daunting task for them. They come in once a week to work and engage at the Indian center... They just have a small native department and it is only two employees. For years, it was only one. That was their big initiative a couple of years ago. They hired another person. Still, the big issue there... is there's no professional development for people that are hired within the state that wind up making critical decisions for our families and for our kids.

There's the State Coalition for the Homeless, typically who we work with. They've got two native staff there. They run some talking circles and they do some of that work.

There's one worker in the state that works with the Indian Child Welfare Act, and he works with the entire state, and the state agencies. He's a good resource for Indian childcare issues.

There are a couple of limitations to this approach. First, as the sole resource in an agency for an entire population, this employee's caseload may be extremely high. And as interviewees noted for agency workers generally, high caseloads can lead to poor customer service, poor outcomes and can also lead to staff turnover. Secondly, as the respondent below notes, hiring an American Indian worker can give an organization a false sense of their competence in serving the population:

I think there is a difference between a majority culture service provider striving for cultural competency and a community-based culturally specific organization that's built on a foundation of competency in serving that community. I think there is a difference, and one of the trends that we've seen is the change in language around majority culture providers. "We'll hire

an African American staff person, and we'll hire another person of color, and then we'll do some training, and then we'll be culturally competent," that still doesn't seem to... There might be improvement, but it still doesn't seem to get you the kind of outcomes that you're really looking for, particularly now with significantly less resources going towards social services.

Despite these limitations, there is tremendous value in a help-seeker being able to make a strong connection with a social service provider. After all, some services may be most effective when the individual fully engages with the service delivery system.

4.3 Client Navigators

In the previous chapter, we described the practice of staff from the UICs “walking with the person” through the referral process. The provision of “navigators” to help clients receive the services they need is a model that has been discussed in social services circles for many years, particularly with at-risk individuals (e.g., mental health or substance abuse clients) or clients in need of cultural supports. In fact, the Agency for Healthcare Quality and Research (AHRQ) recently highlighted one such innovative program, Pathways for a Healthy Bernalillo County, which was developed by the University of New Mexico and implemented in Albuquerque.¹³ Initial evidence indicates that this program, which focuses both on Hispanic clients and American Indians, has had a positive impact on the referral and engagement process. Local government offices might further explore this approach as a way to help American Indian clients not only find their way through the social service system maze, but also as a way to engage with the system long enough to benefit from the services and supports that are available.

4.4 Collaboration

As noted in the previous chapter, in many cities UICs and government agencies or non-profits have established formal partnerships to demonstrate to American Indian clients that they can “safely” access services from this non-Native provider agency:

We have some partnering agencies that we've had for a long time. Let's say for clothing, for back-to-school clothing and clothing at Christmas time, we've had a partnering agency for a number of years. Our patients know

¹³<http://www.innovations.ahrq.gov/content.aspx?id=2933>; also see the program's website at: <http://hsc.unm.edu/community/pathways/about.html>

that that's a partnering agency, so they go there knowing that they're going to be well taken care of.

In our workforce program they used to duplicate a lot of stuff here in town. They used to teach Microsoft Office here at the Indian Center, how to do Word and Excel and all that sort of stuff you can put on your resume. When I took this job we realized that the city was offering the exact same thing for free. For us, people were saying you do it culturally appropriate and this and that. We said well, our people aren't going to get jobs at all Native workplaces so they need to be getting used to a diverse work environment now and this is the way to do it. For us, we started getting our clients headed downtown and going to that big building and taking a computer class. Then what we realized is, a lot of it came back more thankful for it and built some good relationships within the city, but also with some cohorts and classes. We don't necessarily have any issues with any federal agency.

From the interviewees' perspectives, much of the onus for collaboration has been on the UICs. However, an interview conducted with a local government office director who was not Native American indicated that she has also made efforts to connect with the local American Indian community:

We continually outreach and have different outreach strategies, and we're always looking to grow in that area. So I think that there's definitely room for growth in that area. We are a diverse agency in terms of the clients that we serve. We are always seeking to be inclusive in making our programs culturally sensitive to our clients as well. Just recently I connected with the Executive Director of the [Name] Tribal Services Office in terms of the financial literacy component I just mentioned in terms of outreach in the Native American community that way. I do know that our senior companion program has collaboration with Native American community involvement groups. Then our energy assistance program's structure or eligibility is based on income. So whoever is in the income guidelines is eligible to apply to the program that way for energy assistance.

Developing a solid collaboration is a time-intensive endeavor that may be most successful with the full support and commitment of agency leaders. In local social service offices, where both caseloads and staff turnover may be high, directors may be more focused on the day-to-day operations of the office than on developing inter-agency collaborations. Agencies could explore ways to prioritize such local collaborations. For example, "engaging other community providers" could be included in both line staff and directors' performance assessments, and could include such activities as holding monthly meetings with UIC staff, participating in community activities sponsored by the UIC (e.g.,

pow-wows, classes, celebrations), or if allowed, serving on a UIC’s advisory board. Such activities could help raise agency awareness and bridge the cultural divide.

4.5 Come to Indian Space

Much of the dialogue with interviewees focused on how American Indian clients can be made more comfortable going to non-Native providers to receive social services. One promising practice mentioned by several interviewees simply reversed this process: non-Native service providers connecting with clients within Indian cultural space, rather than requiring clients to step outside of their own comfort zone. Interviewees mentioned two specific approaches. First, service providers could conduct outreach at American Indian events, such as pow-wows, health fairs at the UICs and other similar events. The fact that the agency representatives were allowed to come into Indian cultural space, they said, is a clear indication to their clients that this is an agency that can be trusted..

A second approach is for the non-Native providers to position themselves physically within the Indian Centers. Some UICs may be too small for an agency to be positioned there permanently but even part-time on-site services were seen to be more accessible to the American Indian client base:

I think that they would be really good to have folks that were available from children and family services or the administration. If they could come out to some of these service organizations and just say, “Hey, this is what we have available” and see how it fits in. It seems like right now you have to really do a lot of research into what services are available through them, like TANF is its own page on the web. You really have to research on will this fit in with my program and whether or not it will be something we can afford to do or if there’s any funding available to help with the administration of that.

We just signed a contract this week with AARP. Their local chapter actually has an Indian worker there who’s reached out to us. We will have a worker onsite starting in June for SNAP...[The clients] will feel more comfortable...because the worker’s going to be housed in the clinic. Since so many people have been coming here for years, if the service is offered through the clinic, they will come. Instead of us sending them to that agency, we will bring them in-house because our patients really do have buy-in here. They consider this their hub for services.

As we bring people into this building, we really try to look for agencies that provide complementary services that we feel our customers need. It helps us to create a one-stop shop here in this 66,000-square-foot building that

we have. What we have now in our building is an agency that specializes in substance abuse treatment. We have one that also specializes in affordable housing. We have one that provides mental health for youth. Then we also have one that is an online charter-school for high school dropouts.

Being invited in is predicated on establishing a good working relationship with the UIC. Therefore, it stands as an important overall goal for local government agencies that wish to better engage the urban American Indian population.

Summary and Future Research Recommendations

5

This study represents a first step in ACF's efforts to understand the social service needs of low-income urban American Indian individuals and families, some of the barriers they face in trying to obtain services from non-Native providers (including local government offices that provide ACF-funded services) and the role the Urban Indian Centers play in helping this population.

In many respects, the needs of the low-income urban American Indian population are not unlike the needs of any low-income group of people: Maslow's hierarchy comes to mind when food, housing, health care, and employment top the list. But American Indian peoples' current challenges reflect their unique historical experiences. These include genocide resulting from European contact, numerous efforts to eradicate any vestiges of indigenous culture among the survivors, and, as Sandefur (1989) noted, the placement of these survivors on reservations away from mainstream capitalist society. The extraordinarily high rates of poverty among the population could well be a direct result of their having been excluded from commerce throughout America's greatest period of economic growth.¹⁴ UICs reported that many of these individuals thus refuse to engage the majority culture service delivery system, or do so with trepidation born from hard experience. Encounters with this system that are - or feel - racist and discriminatory may effectively curtail any additional help-seeking efforts.

Urban Indian Centers offer not only a safe space for cultural connections but also Native American service providers who understand both the historical and contemporary circumstances of those individuals who come to them for assistance. When the UIC is unable to provide the service directly, staff serve as a bridge to non-Native service providers. They walk their clients through the bureaucratic procedures of these organizations, educate the providers about the unique needs of the help-seeking population and advocate for their individual clients and the urban American Indian community as a whole.

The study identified several promising practices that interviewees are using to connect the urban American Indian population with non-Native providers, including those state or local government

¹⁴This is certainly not a great logical leap; other populations in the Americas that were left impoverished by their contributions to the Industrial Revolution are now seeking reparations from those countries that benefited from the relationships (see, for example, Castle 2013, for a discussion of current efforts by 14 Caribbean nations).

offices that offer ACF services. For example, interviewees reported that their clients are more likely to engage with these agencies if they can work with an American Indian service provider.

In the absence of a Native worker at the agency, UIC staff described efforts to raise awareness among non-Native staff that there are American Indians among their clientele. For those who are aware, UIC staff provide training about the population's unique experiences and social service needs. On-going collaboration between the UICs and the non-Native providers helps to establish a sense of trust that is an important element in ensuring American Indian clients engage with these service providers. Finally, interviewees spoke of the immense value of reversing the circumstances of engagement by having non-Native providers connect with the urban American Indian population in Native American space. Such engagement can include outreach at Native American events or the delivery of services within the context of the UIC. Both approaches are possible only once a solid partnership has been established between the agency and the UIC.

Although this study has offered insights into the very diverse group of people who comprise the urban American Indian population, it is only a first step and has a couple of critical limitations. First, the effort to connect with local government offices by telephone proved largely unsuccessful as UIC interviewees did not single out specific offices. Further, when the study team was given a contact at a local office, it was often the office's American Indian liaison. Thus, the perspective gained through the interviews is largely that of American Indian staff. While these interviews added to our understanding of the urban American Indian perspective, the study has not been able to provide the point of view of non-Native service providers at the government offices. This view must be obtained if ACF is to gain a complete picture of the service encounter.

Also missing from these data are the first-hand experiences of low-income urban American Indians who have sought the services and programs that ACF funds. Interviewees described a segment of the population that has had negative experiences approaching government offices for services; they also described a segment – notably, older American Indians – that refuse to engage the government offices because of their past negative experiences with the federal government. Therefore, it is important that ACF hear from both populations to further understand these individuals' barriers to service use and what they believe might help them overcome these challenges. While we can learn much from where things have gone wrong, undoubtedly there are lessons to be learned from where the interactions have gone right. Future work funded by ACF also should endeavor to conduct interviews with those urban American Indians who have had positive encounters with government workers and have obtained the services they needed in a timely fashion.

The original study design called for site visits to four cities to learn more about the interactions between the urban American Indian population and local government offices. The TWG encouraged ACF to obtain a broader understanding of the population and the variety of urban contexts before embarking on such a study. We believe this study has provided such a foundation and that ACF might again consider selecting several urban venues for in-person interviews with service recipients and both American Indian and non-Native service providers. Selected sites should span a variety of geographic contexts and include at least one or two locations where the American Indian population is largely “invisible” to the non-Native population. For example, ACF might consider a location along the eastern seaboard from which the majority of the Native population was eradicated by the early 19th century (e.g., North Carolina, Florida); or parts of the Southwest, where American Indians are reportedly “lumped in” with the Hispanic population. Other sites might be in locations where data indicate the high visibility has led to overt discrimination, such as in the upper Midwest (e.g., Minnesota, the Dakotas, Michigan), Pacific Northwest (e.g., Oregon, Washington), or one of the states in the Four Corners region of Colorado, Arizona, Utah and New Mexico. Such diverse perspectives should offer ACF a more comprehensive understanding of the kinds of interactions that obtain between this vulnerable population and non-Native providers of ACF-funded services throughout the country.

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Appendix A

Invitation Letter to UIC and Local State Agency Directors

Appendix A

Invitation Letter to UIC and Local State Agency Directors

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to understand how ACF can better meet the service needs of low-income AI and Alaska Natives. Public reporting burden for this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0418 and it expires 12/31/2013.

[Date]

[Name]

[Address1]

[Address2]

Dear [NAME];

The Administration for Native Americans (ANA) and the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) are implementing an exploratory research study to better understand the context for family self-sufficiency of low-income Alaska Natives and American Indians living in urban areas and their interactions with services and programs offered by ACF. One of the data collection activities for this project consists of telephone interviews with Directors of Urban Indian Centers throughout the United States. These interviews are intended to help us understand the different contexts in which urban American Indians and Alaska Natives live and are being served. This letter is to invite you to participate in such an interview.

Within the next couple of weeks, you will be contacted by a staff member from Westat, the contract research organization that is conducting this study for us. This initial contact will be to set up a date and time for the approximately one-hour interview. During the interview, you will be asked about the challenges faced by American Indians and Alaska Natives living in your city, and the strengths the community brings to address those challenges. The interviewer will also ask about the services you provide to the Native community, and any barriers community members face with respect to reaching out for services and supports. Finally, you will be asked your views on ways in which ACF might be able to better serve the Urban American Indian/Alaska Native population.

The interview is voluntary so you are under no obligation to participate. If you are interested in participating, there is an informed consent statement included in this mailing that outlines your rights as an interviewee. If you have no questions, you may sign the statement and return it to Westat either in the enclosed self-addressed stamped envelope or by faxing it to Westat at 301.294.XXXX. If you do not want to participate, you may either decline when the Westat scheduler calls you, or you may contact Westat directly at 1-800-XXX-XXXX and ask to be removed from the participant list. There will be no impact on any funding you may receive from either of our organizations if you choose not to be interviewed. If you have additional questions about the study,

you may contact the Westat Project Director, Dr. Cynthia Robins, at 301.738.3524 (email: cynthiarobins@westat.com).

Thank you in advance for your time and consideration and we hope you will be able to assist us in conducting this important study.

Sincerely,

Lillian Sparks
Commissioner
Administration for Native Americans
Administration for Children and Families
U.S. Department of Health and Human Services

Naomi Goldstein
Director
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Appendix B
Informed Consent Form

Appendix B

Informed Consent Form

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to understand how ACF can better meet the service needs of low-income AI and Alaska Natives. Public reporting burden for this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0418 and it expires 12/31/2013.

INFORMED CONSENT FORM

The Administration for Native Americans and the Office of Planning, Research, and Evaluation, both within the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services, wants to learn about urban Indians' perceptions of and experiences with ACF-funded services. The discussion you will be participating in will help ACF understand some of the barriers to service use and ways in which they might be able to change their services to better meet the needs of urban American Indians and Alaska Natives.

Your participation is voluntary and you have the right to stop at any time. You may also decline to answer any questions that are asked. The risk to you as a participant is minimal and may involve a breach of privacy. However, researchers will take steps to prevent this from happening. You will not be identified by name in any of our reports. Your information will be combined with information from other participants in other discussions and presented in summary form to ACF.

With your permission, this discussion will be audio-recorded. This recording is to ensure that the researchers accurately represent your views and opinions when they write their reports for ACF.

The information you provide in this discussion will be kept private to the extent permitted by law. Information collected during this discussion will be destroyed no later than 6 months after Westat's contract with ACF has ended.

There are no direct benefits to you for participating. However, your views will contribute to ACF understanding how it may be able to better meet the needs of American Indians and Alaska Natives who are living in urban areas.

We will need no more than 60 minutes of your time.

The researcher will be happy to answer any questions you have about the study.

I have read and understand the statements above. All of my questions have been answered to my satisfaction. I consent to participate in this study.

Participant's signature

Participant's printed name

Date

Researcher's signature

For questions about this study, please contact: Anne Bergan, Office of Planning, Research & Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 370 L'Enfant Promenade, SW, Washington, DC 20447, (202) 260-8515.

Appendix C

Telephone Interview Guide for UIC Directors

Appendix C

Interview Guide for American Indian/ Alaska Native (AI/AN) Service Providers

Hi. Thanks for joining me today. My name is [NAME], and I work for a large social science research company called Westat, based in Maryland. Westat has a contract with the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services in Washington, DC, to conduct a study into the social service needs of American Indians and Alaska Natives who are living in urban areas. As part of this study, we are conducting telephone interviews with both Native and non-Native service providers to learn where American Indians and Alaska Natives typically receive various social services and ways in which ACF could improve its outreach and service delivery to this population. What I'd like to do over the next hour is learn more about your organization's experiences serving the American Indian and Alaska Native population in [CITY].

Before we get started, there are a few things I'd like to mention:

- First, this is a research project – your participation in the interview is voluntary. If there are questions you don't want to answer, or if you decide you no longer want to participate in the interview, that's fine. Your decision will have no negative effects on any funding your agency is currently receiving from HHS or any funding it might receive in the future.
- With your permission, I would like to audio-record our conversation today solely for my use – I want to make sure that I accurately represent your viewpoints and the views of others when I submit my reports to ACF. We have processes in place to protect your identity and keep your responses private. After our interview today, I will store the audio file on a password protected network drive that only project staff have access to; none of these files will be shared with ACF. Once the project is completed, all audio files will be destroyed.
- When we write our reports for ACF, we will not use any names or describe anyone in a way that he or she could be identified. For example, rather than saying, "The Director of the Child Welfare Office in Minneapolis said..." we might write, "One administrator noted..." Also, we typically like to convey viewpoints that were shared with us by several folks ("Several staff who worked in various state agencies said..."). I cannot guarantee that someone reading a report won't be able to identify your organization, but we will do everything possible to keep your organization's identity anonymous as well. Do you have any questions before we begin?

If you're ready, I'm going to turn on the audio recorder now. [ONCE AUDIO RECORDER IS ON, ASK RESPONDENT AGAIN FOR PERMISSION TO RECORD THE INTERVIEW.]

1. I'd like to start off by having you tell me a little bit about your organization.

PROBE AS NEEDED

- What led to the creation/establishment of your organization?
 - How long has it been serving residents of the city?
 - How long have you worked here? What is your role within the organization?
2. What tribes does your organization serve?
 - How do you define “American Indian/Alaska Native” for purposes of providing services (e.g., self-identification, tribal enrollment card)?
 - Does your organization keep a client database that indicates tribal affiliation?
 3. What are the needs of American Indian/Alaska Native families and individuals in [CITY]? What challenges do they face in meeting those needs? What strengths do they bring to the table in meeting those needs?
 4. What services or programs does your organization provide? For what services do you usually provide referrals?

PROBE AS NEEDED when CLIENTS have the FOLLOWING NEEDS:

- Assistance with home heating or cooling bills?
 - Temporary Assistance for Needy Families (TANF)?
 - Medicaid/Medicare
 - Behavioral health services (SA treatment, MH services)
 - Services related to children, such as:
 - Child welfare (including foster care)
 - Child Care
 - Child Support
 - Family members with disabilities
 - Domestic violence
 - Parenting supports
 - Gay, Lesbian, Transgender services
5. To what agencies do you refer your clients [IF NEEDED: For which services?] Are there any service agencies to which you will NOT refer your clients? Explain.

6. What are some of the barriers American Indians/Alaska Natives face approaching these other service agencies for assistance?

PROBE AS NEEDED

- Lack of knowledge about services being offered?
 - Concerns about being discriminated against by agency staff?
 - Potential investigation of family and loss of children?
 - Concerns about stigma from within American Indian/Alaska Native community?
7. Thinking about the entire service provider community in your city, where has it been most effective in meeting the needs of the American Indian/Alaska Native population? Which services or strategies do you think could be used effectively by other communities to meet the needs of this population? Explain.
8. What would you say are the greatest needs within the American Indian/Alaska Native community *for which there is little or no assistance* in [CITY]? What do you believe are some ways in which service providers in [CITY] could help fulfill these unmet needs?
9. Is there anything else about serving the American Indian/Alaska Native population in [CITY] that I haven't asked you about, but that you think is important for me to know?

Thank you for your time!

Appendix D

Telephone Interview Guide for Local State Agency Directors

Appendix D

Interview Guide for Local State Agencies

Background and Informed Consent

Hi. Thanks for joining me today. My name is [NAME], and I work for a large social science research company called Westat, based in Maryland. Westat has a contract with the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services in Washington, DC, to conduct a study into the social service needs of American Indians and Alaska Natives who are living in urban areas. As part of this study, we are conducting telephone interviews with both Native and non-Native service providers to learn where American Indians and Alaska Natives typically receive various social services and ways in which ACF could improve its outreach and service delivery to this population. What I'd like to do over the next hour is learn more about your organization's experiences serving the American Indian and Alaska Native population in [CITY].

Before we get started, there are a few things I'd like to mention:

- First, this is a research project – your participation in the interview is voluntary. If there are questions you don't want to answer, or if you decide you no longer want to participate in the interview, that's fine. Your decision will have no negative effects on any funding your agency is currently receiving from HHS or any funding it might receive in the future.
- With your permission, I would like to audio-record our conversation today solely for my use – I want to make sure that I accurately represent your viewpoints and the views of others when I submit my reports to ACF. We have processes in place to protect your identity and keep your responses private. After our interview today, I will store the audio file on a password protected network drive that only project staff have access to; none of these files will be shared with ACF. Once the project is completed, all audio files will be destroyed.
- When we write our reports for ACF, we will not use any names or describe anyone in a way that he or she could be identified. For example, rather than saying, "The Director of the Child Welfare Office in Minneapolis said..." we might write, "One administrator noted..." Also, we typically like to convey viewpoints that were shared with us by several folks ("Several staff who worked in various state agencies said..."). I cannot guarantee that someone reading a report won't be able to identify your organization, but we will do everything possible to keep your organization's identity anonymous as well. Do you have any questions before we begin?

If you're ready, I'm going to turn on the audio recorder now. [ONCE AUDIO RECORDER IS ON, ASK RESPONDENT AGAIN FOR PERMISSION TO RECORD THE INTERVIEW.]

1. I'd like to start off by having you tell me a little bit about your organization.

PROBE AS NEEDED

- What services or programs does your organization provide?
- How long has it been serving residents of the city?
- What is your role within the organization?
- How long have you worked here?

2. What percentage of your client population is American Indian or Alaska Native?

PROBE AS NEEDED

- [If not evident from response] Is this an estimate or does your organization collect these data?
- [If collect data]
 - How do you determine that a client is American Indian or Alaska Native? [Self-report? Enrollment? Clinician observation?]
 - [If not obvious] Do you have data on individuals' tribal affiliation?
 - Do you have outcome data by AI/AN status or tribal affiliation?

3. What are the needs of American Indian/Alaska Native families and individuals in [CITY]? What challenges do they face in meeting those needs? What strengths do they bring to the table in meeting those needs?

4. How do American Indian/Alaska Native individuals and families find out about the services that your agency offers?

PROBE AS NEEDED

- How often do you get referrals from American Indian/Alaska Native service providers or agencies?
- Do you conduct targeted outreach? If so, which outreach strategies are most successful?

5. What are some of the barriers American Indians/Alaska Natives face in coming to your organization for assistance?

PROBE AS NEEDED

- Lack of knowledge about services being offered?
- Concerns about being discriminated against by agency staff?
 - Potential investigation of family and loss of children?
- Concerns about stigma from within American Indian/Alaska Native community?

6. To what extent has your organization or agency made efforts to overcome these barriers?

PROBE AS NEEDED

- How effective do you believe these strategies have been?
 - What else could your agency/organization do that might be more effective?
7. Thinking about the entire service provider community in your city, where has it been most effective in meeting the needs of the American Indian/Alaska Native population? Which services or strategies do you think could be used effectively by other communities to meet the needs of this population? Explain.
8. What would you say are the greatest needs within the American Indian/Alaska Native community *for which there is little or no assistance* in [CITY]? What do you believe are some ways in which service providers in [CITY] could help fulfill these unmet needs?
9. Is there anything else about serving the American Indian/Alaska Native population in [CITY] that I haven't asked you about, but that you think is important for me to know?

Thank you for your time!

