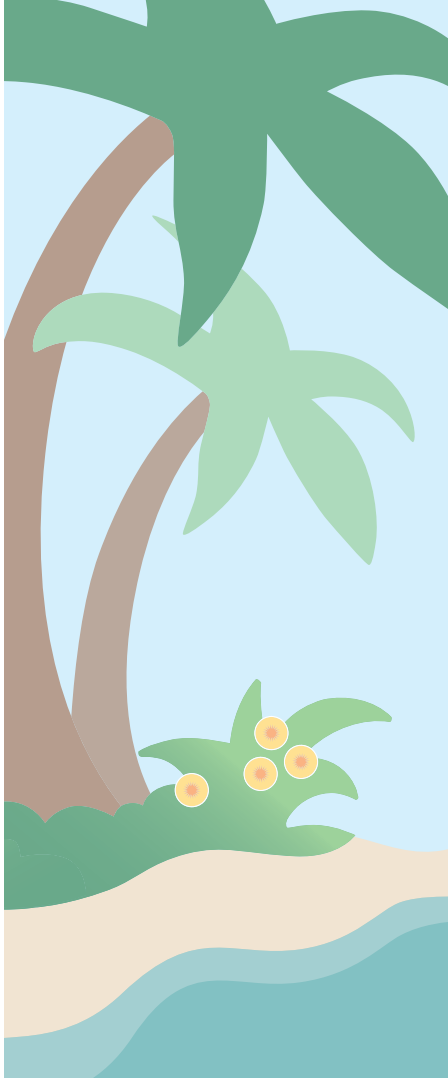


Services in Native American Communities

SUMMARY OF THE SPECIAL FORUM HELD AT THE
2006 GEORGETOWN UNIVERSITY TRAINING INSTITUTES

ORLANDO, FLORIDA • JULY 2006

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Introduction

A series of Special Forums were held at the Georgetown University Training Institutes in July 2006 to provide opportunities for dialogue about critical issues in order to contribute to the development of future policy and technical assistance. The Special Forums were designed as interactive discussions about communities and populations with unique service needs, requiring specialized planning and service delivery approaches within systems of care. Specifically, the goals of the Special Forums were to:

- Summarize issues and challenges related to each topic
- Identify effective service delivery strategies for local systems of care
- Develop recommendations for policy and technical assistance that will support communities in implementing these effective service delivery strategies

Each Special Forum began with brief framing presentations summarizing issues and challenges related to the topic and offering examples of effective service delivery strategies. The remainder of the forum consisted of facilitated discussion among forum participants focusing on recommendations for services, financing, policy, advocacy, information development and dissemination, and training and technical assistance. The Special Forums were tape recorded and transcribed, and additional input was collected from participants through worksheets completed at the conclusion of each forum. These materials were used to prepare a paper summarizing the issues and recommendations resulting from each Special Forum.

This paper presents the issues and recommendations from the Special Forum on Services in Native American Communities. Presenters included:

- Andy Hunt, M.S.W., *Public Health Advisor, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville, MD*
- Shannon CrossBear, *Co-Director, Training and Evaluation, Federation of Families for Children's Mental Health, Grand Portage, MN*
- Carol Iron Rope Herrera, L.C.S.W., *Consultant, National Indian Child Welfare Association, Portland OR*
- Kathryn Pitchford, M.Ed., *Project Coordinator, Choctaw Nation CARES, Talihina, OK*

The forum was opened with prayer from Carol Iron Rope Herrera.

"A warm welcome to you from my heart, my hand and we will do an opening prayer. Grandfather, grandmother, our ancestor's spirits, we ask for your guidance today as we put our minds, our hearts, our bodies

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and spirits to work. We ask for a blessing for all of our children and families. We ask you to look down on us and protect us as we gather together to help our children and families and to help share with each other those things that are going to help strengthen our children and families. On this day, we thank you for all those people that are sacrificing on behalf of all of us and our children and families, sun dancers, and our spiritual people. Thank you, grandfather, creator, all my relations.”

Issues and Strategies

Basic Information

Andy Hunt shared a “pop quiz” to raise awareness of basic Indian issues. The first question was, “What historic document sets the foundation for the federal relationship between the government and Indian tribes? Is it: a) the Magna Carta, b) the U.S. Constitution, c) the Declaration of Independence, or d) the Collected Writings of Rush Limbaugh? The correct answer is “b,” the U.S. Constitution. Article 1, Section 8, also known as the Commerce Clause, states that the Congress shall have the power to, among other things, regulate commerce with foreign nations and among the several Indian tribes. In addition, Section 6, called the Supremacy Clause, states that all debts contracted and engagements entered into before the adoption of the Constitution shall be valid against the United States, meaning that treaties signed before the United States existed officially were valid.

Question two: According to the 2000 U.S. Census, what is the total

population of American Indian/Alaska Natives alone or in combination with another race? Is it: a) 2.5 million, b) 900,000, c) 8.2 million, or d) 4.1 million? The correct answer is “d,” 4.1 million. This total includes 2.5 million people who identified themselves as American Indian/Alaska Native only and 1.6 million who identified themselves as American Indian/Alaska Native in combination with another race. Not all of these 4.1 million individuals are considered eligible for enrollment in a specific tribe. According to the Indian Health Service website, health services through that agency are provided to an estimated 1.8 million eligible American Indian/Alaska Natives.

Next question: Approximately how many different Indian tribes currently are recognized by the federal government? Is it: a) 53, b) 359, c) 562, or d) 128? The correct answer is “c,” 562, which is the number of Indian tribes that are recognized by the federal government as distinct sovereign nations, that have an established trust relationship, and that are eligible to receive the services and benefits of federal recognition. Approximately 230 of these are Alaska Native villages.

The next question: Approximately how many Indian tribes do not have federal recognition, but have petitioned the federal government for recognition in recent years? Is it: a) 15, b) 225, c) 130, or d) 50? The correct answer is “b,” 225. Most of these tribes are recognized by their state governments. For example, California has approximately 43 state recognized tribes and North Carolina has 19. Since 1978, only 15 tribes have been recognized through the Bureau of Indian Affairs acknowledgement process, and 15

have been denied. These 225 tribes are at various stages in the petitioning the government through the federal recognition process of the Bureau of Indian Affairs or through legislative action.

Next: What is the part of the federal government that is responsible for executing the federal trust relationship with Indian tribes in a way that respects tribal sovereignty? Is it: a) all executive departments and federal agencies, b) the Bureau of Indian Affairs, c) the Senate Committee on Indian Affairs, or d) the National Indian Gaming Association? Most people just think of the Bureau of Indian Affairs, but the answer is “a,” all executive departments and federal agencies bear responsibility for executing the federal trust relationship and government-to-government relations with Indian tribes. Presidential memos and executive orders have been used to clarify this. In 2000, President Clinton signed executive order 13175, which stated, “This executive order builds on prior actions and strengthens our government-to-government relationships with Indian tribes. It will ensure that all executive departments and agencies consult with Indian tribes and respect tribal sovereignty as a developed policy on issues that impact Indian communities.” President George W. Bush affirmed this when he signed executive order 13336 entitled American Indian/Alaska Native Education.

Last question: Out of the 562 federally recognized tribes, approximately how many tribal governments are engaged in gaming operations, such as bingo, pull tabs, slots, and casinos? Is it: a) 502, b) 224, c) 138, or d) 89? The correct answer is “b,” 224. The Indian

Gaming Regulatory Act was passed in 1988, allowing tribes to operate gaming facilities on “Indian lands.” According to the National Indian Gaming Association, 224 tribal governments engage in either Class II or Class III gaming, with 354 separate operations since some tribes operate more than one facility. In 2002, the total Indian gaming revenue was \$14.5 billion, which constitutes 21% of the total gaming industry. Three-quarters of tribes reinvest gaming revenue into tribal government services; only 73 distribute revenue in the form of direct per capita payments to individual tribal members. Most tribes operate gaming facilities primarily to provide employment opportunities. Gaming provides over 400,000 jobs nationally, and 75% percent of the employees are non-Indian. According to the National Indian Gaming Commission, in 2004, only 4% of tribal facilities generated revenue over \$250 million; nearly 60% of tribal facilities generated less than \$10 million, and 25% percent generated less than \$3 million. This dispels the myth that gaming revenues meet all of the needs of Indians.

Relational Worldview

Cultural competence is defined as “the state of being capable of functioning effectively in the context of cultural differences.” Its elements include: awareness and acceptance of difference, awareness of one’s own cultural values, understanding the “dynamics of difference,” the development of cultural knowledge, and the ability to adapt practice to fit the cultural context of the child and family. A central aspect of cultural competence in tribal communities is understanding the difference in “worldview” or the collective thought process of a group or people. Western European and American thought rely on the “linear worldview,” which

specifies that cause leads to effect, which leads to a new cause and ultimately a new effect in a linear fashion. The medical and social work model operates with a similar linear framework:

Social History → Presenting Problem → Assessment → Treatment → Outcome

In contrast, the relational worldview guides native and tribal thought and is characterized by a fluid, cyclical view of time, and the beliefs that each aspect of life is related, that services aim to restore balance, that interventions may not be directed at “symptoms,” and that the underlying question is “how.”

Figure 1 shows the relational worldview at the level of the individual child and family, detailing the dimensions of the context, mind, spirit, and body—all of which must be in balance. This framework can also be applied to organizations and communities, as shown on Figure 2. Each element of the individual model has a parallel in an organization. The National Indian Child Welfare

Association (NICWA) uses the relational worldview as the basis for its approach to technical assistance.

Service Delivery Strategies

Faculty members described effective service delivery strategies. Kathryn Pitchford and Jack Austin, with the Choctaw Nation of Oklahoma CARES project, emphasized the importance of staff with whom families feel comfortable, particularly since staff come into their homes. Families want staff who they feel genuinely care about them, who they can trust, and who talk to them in understandable, common sense terms. They want staff who don’t judge them by the way they look, what they wear, or their level of education. Given, the shortage of qualified staff in rural Oklahoma, it is difficult to find staff who are both educated and have the right mix of personal qualities.

Another important strategy for effective service delivery is gaining the trust of the families. One way that this is accomplished is through outreach activities, originally called healing groups. This involved going

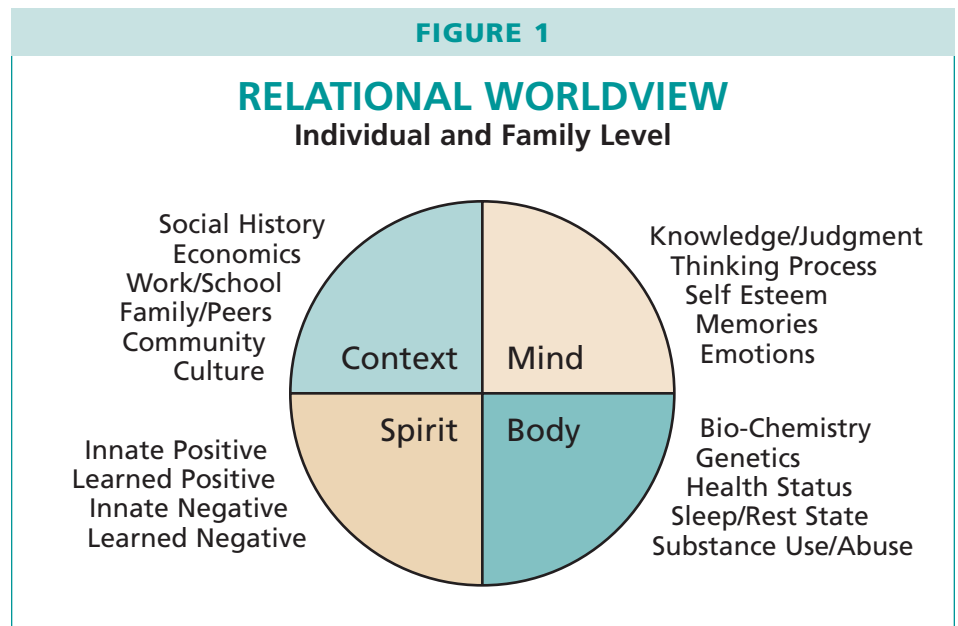
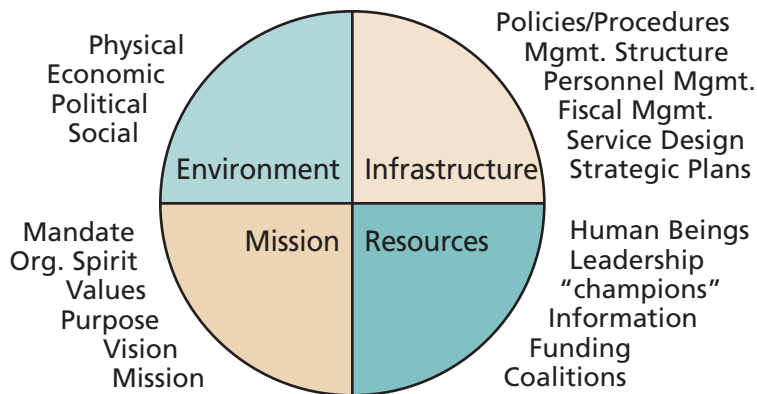


FIGURE 2

RELATIONAL WORLDVIEW

Organizational Level



into the communities served by the project (ten and a half counties covering 11,000 square miles) and meeting and interacting with youth and families in community centers, churches, and other locations. This allowed families to see the staff, interact with them, and begin to develop trust.

Carol Iron Rope Herrera, of the Oglala Lakota nation on the Pine Ridge reservation, outlined a number of strategies:

- *Orientation and welcoming ceremonies for new staff*—Instead of providing only a policy and procedure manual, staff were smudged off, offered water, given sacred foods, and welcomed into the work family.
- *A commitment ceremony*—A ceremony in which staff talked about their commitment to children and families and the agency's expectations. It is explained that staff are part of the families they serve and are there to help them in any way that they need.
- *Monthly staff development*

activity—Typically starting with a purification ceremony, the agency does some staff development activity each month and also at the times that ceremonies occur in the tribe.

- *Incorporating traditional ceremonies into practice*—Traditional ceremonies are incorporated into services. Parents involved in parenting classes (some court ordered) in an addiction recovery center wanted to do the new life ceremony and the honoring of the spirit in the womb ceremony for pregnant women to prevent fetal alcohol syndrome. There also will be a womanhood ceremony for young ladies receiving services and a healing ceremony for some transition age youth who have traumatic histories of sexual abuse. Traditional ceremonies can also be held for people in the work family; a mid-life ceremony is planned for women who work at the agency as a way to take care of themselves, as well as a ceremony where staff can get their Indian names ("tonka"). It was recognized

that we also need a fatherhood ceremony in addition to a motherhood ceremony to initiate young people into their respective roles as mothers and fathers. Given that we are in a new time now, new ceremonies must be created for young people.

- *Building trust*—Trust with communities and families must be built by going out into the communities and conducting talking circles, parenting classes, and listening sessions. Listening sessions can be held not just for the parents, but also for young people. It is really about listening not just with your ears, but with your eyes and your heart.

Shannon CrossBear is Ojibwe and a member of Ft. William First Nation of Thunder Bay Ontario; she lives on Grand Portage reservation in northern Minnesota. She has been involved with tribal systems of care throughout the United States, as well as tribal sites in Canada, and spoke from the family perspective.

CrossBear noted that, while systems of care focus on a particular group of children, in tribal communities, there is not such differentiation—children are children. "Some children are in need, some children are in a better place right now, but that does not mean that they won't be in need tomorrow. One of the most effective strategies in tribal communities is letting the community itself define the children that are in need, the families that are in need, and how they are going to serve those families. If that isn't the basis, then there can be no effective service delivery, because you can have the best program in the world, but nobody is going to be at your door. The youth need to be listened to, the elders need to be listened to, the aunts and the uncles, the moms

and the dads, and whoever makes up that community needs to be part of the conversation.”

Another effective strategy described by CrossBear is the use of traditional methods. However, the community must define those traditional methods. Traditional methods should not be used to the exclusion of other kinds of activities. Systems of care should have a full array of services, including those services that are defined by the community as being helpful. If a system of care does not have a service available, and a family needs a particular service, then it is the responsibility of the system of care to develop that service.

A critical issue for effective service delivery in Native American communities is workforce development. People often say that their communities are isolated or, for whatever reason, do not have the clinical service providers that are needed. However, this does not mean that the communities do not have strengths or people who can serve the families. “While workforce development is needed, we don’t have the years it will take to build a workforce—our kids are dying today. So what are we going to do now? Who do we know in our community that is that para-professional? How are we going to use the resources that we have now to support youth and families?”

CrossBear emphasized the critical importance of flexible funds for service delivery in tribal communities. “If you don’t have funds in your budget that are there for no other reason than to support the family when they need something at the time that they need it, then you need to change your budget. You cannot say, ‘Well, we can’t do this for the youth and family because we have no program.’ That is why you have flex funds. Service delivery cannot be effective without this.”

Recommendations

Service Delivery

- *Practice the relational world view*—Understanding the relational world view is essential for tribal communities. In prayer, the focus is on our mind, our heart, our body, and our spirit. But when we work in these service systems, we take care of mental health over there, child welfare is over there, physical health over there. We are all divided up, and that is part of the confusion created for our people. It is important to look at the marriage between these and to work together for children.
- *Focus on “practice-based evidence”*—The National Alliance Multi-Ethnic for Behavioral Health Association (NAMBHA), the umbrella organization for the various ethnic organizations, came together and made specific comments to The National Registry for the Evidence-Based Practices about the appropriateness of these practices for communities of color. First Nation’s Behavioral Health Association has identified ten best practices in Native communities. Instead of using the term “evidence-based practice,” the term “practice-based evidence” is being used. In exploring best practices, there are stringent criteria for defining an evidence-based practice with respect to research results from clinical trials. This is not going to happen in Indian country

where certain things are not replicable because of the distinct nature of the cultures and the communities. However, local evaluation is being encouraged, as well as the development of measurement tools and methods that are appropriate in tribal communities. For example, measurement may not take place with the 25 questions, but maybe with a storyboard. Information may be collected in very unique ways, but we are still able to be able to demonstrate effectiveness. It is important to connect with other tribal communities to learn about local evaluation approaches. Ensure the “crosswalk” between cultural practices and evidence-based practices.

- *Incorporate traditional practices into service systems*—Traditional healing practices and tribal ceremonies should be incorporated into the full array of services offered in tribal communities. Ensure “commitment to the ways of our people.” Native cultural traditions and western treatment should be blended in a way that respects Native American values.
- *Reach out to obtain input from families and communities*—A participant underscored the importance of asking people what they need, rather than telling families and communities what they need. He emphasized that even a grant can be

Recommendations

problematic and the money can “enslave you” if it’s not applicable to what the community needs and wants. Discussion raised the importance of “hearing” and acting upon the input that comes from families and communities. There should be systematic outreach to involve communities in system of care development and decision making.

- *Build trust*—It was noted that, often, Indians get trained in the mainstream culture’s way of providing services, with degrees in social work and other disciplines. It is possible to get so assimilated in that process that you forget that you live in an Indian world, and sometimes, when educated in that way, you can become the oppressors in your own communities. For example, many Indians distrust social workers, even of their own people, due to the history of social workers taking away their children. It is important for people to be able to trust providers and for agencies to be committed to practice the ways of Indian people.
- *Provide transportation*—One of the biggest challenges for families is transportation. Many people in tribal communities do not have cars, and even if they do, there is perhaps one car in the family that is used to get to work. Further, in order to get to the services, some people have to drive for several hours. One of the ways to address that is to pay case managers mileage to drive to the families, but that was really hard on them and hard on their cars due to the great distances. Recently, the agency obtained some GSA vehicles, which are now used to go out into the communities. The only time that the families have to come to the agency is when they come in for testing and evaluation; transportation can be provided for that and for other services.
- *Engage professionals creatively*—Another challenge raised is related to obtaining specialized expertise or services. In rural areas, for example, it often is difficult to find a professional who is able to provide testing and evaluation. The tribe has contracted a psychologist from the University of Oklahoma, who comes once a month.
- *Foster empowerment and self-reliance*—Work with families to teach them how to make their own decisions and to effectively advocate for themselves, rather than creating dependency on service systems and providers.

Financing

- *Obtain Medicaid reimbursement*—Some tribal systems of care have been very successful in being able to negotiate Medicaid reimbursement for services, specifically Sacred Child. Other tribal communities can learn from this experience in order to address Medicaid reimbursement issues.
- *Ensure reimbursement for traditional practices*—There should be mechanisms for reimbursement for traditional practices as part of the array of services offered in tribal communities.
- *Seek resources creatively and have clear policies for accessing funds*—A major challenge is obtaining resources for service delivery, given the poverty of many of the communities. Applying for grants and fundraising are among the strategies needed to support services, especially those using cultural strengths. Access to funds is another challenge, given the particular sensitivity about money in many tribal communities. Because of lateral oppression, historical trauma, and other contributing factors, there are significant issues around money. Policies must be clear about decision making for the expenditure of funds.

Policy and Advocacy

- *Collaborate with state agencies*—Building bridges and collaborating with state workers also is challenging for tribal communities. One collaborative strategy involves providing training in cultural competency to state social workers who work with tribal communities. In another case, the tribe will be absorbing the state social workers (11 positions for the reservation) and will have their own people doing much of the work.
- *Engage families meaningfully in policy making*—Engaging families in the system of care is essential. Families must be equal partners at the table—not just present, but doing the work. If families are participating in policy work, and are expected to participate fully, then they should be reimbursed at a rate that is equitable. The experience of families must be acknowledged because it is that experience that will contribute to a successful transformation of the system. Resources are needed to back up the commitment to creating a family-driven system, and policies will need to change in order to make this

Recommendations

happen. Families and youth should be at the table to help develop these policies. Families will be the strongest spokespersons for the policies that need to be changed on a federal level, such as earmarking funds for tribal family organizations in addition to statewide family networks so that tribal families can have an organized voice.

- *Change policy*—If what we are really about is trying to help improve the lives of Indian children and families, then there are various levels of policy that need to be impacted. There are program level policies; there are county, state, and federal level policies. There are accreditation bodies and educational bodies. Even if people are well intended, they are not going to do something different until they are forced to do something different. There are tribes in almost every state in the country, and clearly, states are not paying much attention to the tribes or to urban Indian communities. A policy is a way of achieving the desired change. From a policy perspective, one suggestion is to pass a family policy act in state legislatures, so that all the programs in the state that serve families are required to follow that policy.
- *Learn from the experience of other fields*—There are lessons that can be learned from other fields, particularly the education system around the Individuals with Disabilities Education Act (IDEA). It would not have been enacted without families, demonstrating the importance and power of the family voice. Though there is lots of controversy about it, it has been reauthorized and funded, and children are entitled to an education regardless of disability. The mental health field has the same opportunity to say that children are entitled to mental health services, guided by an individualized child and family plan, and provided with the wraparound process. This is something that can be dictated through policy and can become the way that we do business, just as IDEA does with respect to special education. We can also learn from the Indian Child Welfare Act, which was not given much attention when it was first passed as there were no “teeth” to it, so that there would be consequences for not adhering to its requirements. Only with consequences did we start to see some movement toward fulfilling its intent.

Information Development and Dissemination

- *Analyze data by population groups*—Statistics related to problems such as depression, suicide, and other issues should be broken down by population groups. A true picture of these problems in tribal populations is needed in order to inform change in public policy.

Training and Technical Assistance

- *Provide more training on cultural competence*—Increased training on cultural competence in working with tribal children and families is needed, particularly for educational agencies. Non-Indian people should be open to Indian ways. Training tools should be made available in a variety of formats, including DVDs.

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