

HONORING INNOVATIONS

Notes from the Field for System of Care Communities in Indian Country

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LESSONS LEARNED

Observations and Reflections on 20 Years of Tribal Systems of Care

Editor's Note

These reflections are excerpted from an article in progress by Holly Echo-Hawk (Pawnee) and are presented as composite findings. Comments are generally in the past tense, despite the fact that the work continues. Also, some specific tribal examples and quotes are intentionally left anonymous in order to encourage candor from interviewees. Nonetheless, these lessons learned represent common threads of experience from which all tribal SOCs can draw great benefit as they continue their important work.

For over two decades, the Child Mental Health Initiative, directed by the Substance Abuse and Mental Health Service Administration (SAMHSA), has provided significant support to tribal communities interested in developing systems of care (SOC) for children's mental health. Since 1993, over \$2 billion of SAMHSA funding for the Children's Mental Health Initiative has been granted to 252 communities and states across the country to reform children's mental health services. Tribal communities have been a significant part of this national movement. As of October 2014, 94 American Indian and Alaska Native (AI/AN) communities have received SOC funding from SAMHSA. This means that tribal and urban Indian communities received 18% of the SAMHSA system of care funding. For these under-resourced tribal communities, the significance of such an investment cannot be overstated.

The National Indian Child Welfare Association (NICWA) actively partners with SAMHSA in the SOC movement, as a technical assistance contractor to tribal SOCs since 1994. NICWA has worked closely with tribes; tribal consortiums;

tribal colleges; urban Indian organizations; and tribal-city, tribal-county, and tribal-government partnerships as tribal grantees underwent complex change to build and sustain their SOCs.

In 20 years of providing support to developing tribal SOCs, NICWA has observed trends and commonalities among tribal communities. These front-line observations are summarized here as "13 strengths and 13 challenges" common to the tribal SOC development process.¹ It's worth noting that some strengths identified are also listed as challenges in the complex process of building and sustaining a tribal SOC.

13 Strengths of Tribal Systems of Care

Strength 1: Grassroots Foundation

Identifying and building on a base of Indigenous community members who had lived experience in the challenges faced by troubled tribal youth was fundamental. Lived experience means that one has lived through, and learned from, particular life experiences. In this case, lived experience means that adult Indigenous communities' members had challenging experiences during their lifetime which were the same as, or similar, to the challenges faced by today's tribal youth. Tribal grassroots community members

- Shared their knowledge of the needs and gaps in services during the planning stages.
- Saw their perspective written into funding proposals.
- Helped implement new SOCs when funded.
- Used an informal "each one, teach one" approach to social marketing, sharing the important role that every community member can play in the future of youth. When such messaging came from a grassroots community member, it seemed to resonate more.

¹ This document addresses the five major areas of system of care implementation identified in the *Rating Tool for Community Implementation of the System of Care Approach*: plan, service delivery, services and supports, system infrastructure, and commitment.

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Prioritizing buy-in from a grassroots foundation was critical to long-term success. To paraphrase one tribal leader, “When the federal money goes away, it’s the tribal people who remain. But [after being involved in the grant] activities, they gained an active understanding of how their community can help heal their children within a family- and culture-driven care system.”

Strength 2: Local Leadership

Stable and experienced leadership was a strong asset. Many SOC leaders were grassroots leaders. Others had administrative and management experience in tribal health care operations or child welfare services. Some were very knowledgeable of their state mental health system and the historical gaps in service for tribal families.

Generally speaking, strong leaders also

- Quickly grasped SOC principles and synthesized how they related to their tribal community
- Transformed the national SOC philosophy into a SOC that was completely grounded in the local tribal culture
- Provided step-by-step leadership to the staff and stakeholders as they grew into their new roles
- Articulately described the purpose and value of their tribal SOC in digestible sound bites, easily understood by community members and stakeholders
- Became champions and teachers of their tribal SOC approach

Strength 3: Culture as Core

Many AI/AN communities contend that Native traditional beliefs and values about the care of children were the earliest version of a “system of care,” pre-dating the emergence of today’s SOC philosophy. This meant that existing Indigenous cultural beliefs were compatible with many of the SOC principles.

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These notes from the field describe best practices in American Indian/Alaska Native (AI/AN) systems of care for current and graduated system of care communities.

A “best practice” in the field of AI/AN children’s mental health is a process, method, training, or event that is believed to have a direct link to providing the desired outcome.

NICWA believes that such a practice requires that seven specific criteria are met. The program must: demonstrate potential for longevity; be replicable; exist harmoniously with Indigenous values and teachings; be sustainable; secure community acceptance; include the input of stakeholders across generations; and demonstrate culturally competent staffing.

This product was developed with support from the Child, Adolescent and Family Branch (CAFB), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

The content of this publication does not necessarily reflect the views, opinions, or policies of CAFB, CMHS, SAMHSA, or the Department of Health and Human Services.



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Contributor This Issue:

Holly Echo-Hawk

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It's not how you integrate culture into services but how you integrate services into the culture

—Deborah Painte



Deborah Painte, former project director of the Sacred Child Project, often stated, “It's not how you integrate culture into services but how you integrate services into the culture.” As such cultural beliefs were the core of service. Examples include:

- Cultural prompts were commonly used during the initial intake process.
- Clinical assessments included a process to identify cultural strengths.
- Individualized treatment plans included cultural teachings and ceremonies.
- Discharge plans included the continuation of cultural mentoring.

Tribal SOCs were experts in “lived” cultural competence and knew that if the cultural context of tribal life was not fully addressed, treatment could be ineffective.

Strength 4: Influence of Language

Recognizing the power of language, many tribal communities used their tribal language to name their SOC.² They were also aware of how clinical diagnosis of a child can be viewed as a label and inadvertently promote a negative self-image that could follow a child through adolescence and into adulthood.

This concern was based on a long history of misdiagnosis occurring because of cultural differences between non-Native clinicians and Native clients. Many tribal SOCs took issue with the grant language describing youth as “seriously emotionally disturbed.” Instead, one tribal SOC described emotionally challenged youth as “children of a different way.” Other terms intentionally used by the tribal SOCs were descriptive of strength, hope, and the value of youth in tribal society.

13 Strengths of Tribal Systems of Care

- ◆ Grassroots Foundation
- ◆ Local Leadership
- ◆ Culture as Core
- ◆ Influence of Language
- ◆ Vision for Future
- ◆ Power of Communication
- ◆ Organizational Infrastructure
- ◆ Developing Tribal College/State University Partnerships
- ◆ Integrating New Treatments
- ◆ Building Tribal Wraparound
- ◆ Investment in Advocacy
- ◆ Tribal-County-State Relationship
- ◆ Tribal Peer Support

Strength 5: Vision for Future

Thriving tribal SOCs had a clear and lasting vision of the future they wanted for their children, youth, and families. The vision was specific to their particular community and evident in tribal resolutions, tribal master plans, and tribal allocation of resources. Many communities that had a consistent vision were previous recipients of the SAMHSA Circles of Care planning grants, which provided support for early planning and visioning processes. Forty-nine tribal communities—or

52% of the total number of tribal SOCs—first received a Circles of Care grant to help create their vision for the future.

Strength 6: Power of Communication

Development of new SOCs often elicited excitement and anxiety across the community. Without clear communication about an SOCs purpose and why changes to service provision and documentation were needed, anxiety and resistance could grow. Also, improving children’s service and client outcomes required operating on defined timelines. Clear and timely communication was important for staff, youth, and families receiving services, and the community at large. Other key community members like tribal governing board members, tribal elected officials, and other child-serving system partners also needed consistent dialogue about transforming services, their role in the change process, and desired outcomes. SOC leadership and key family

² The English translation of some of the tribal names for SOCs included Calling Back the Spirit, To Hold Tightly, Bring the Family Back to Life, Restoring the Balance, We are Able, and The Medicine is Good.

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Those with a strong organizational infrastructure were able to devote more time to service development, advocacy, and relationship building. They also had seasoned management teams that could lend their expertise to cross-system problem solving and development of new service approaches, personnel issues, and other time-consuming management issues.

result was an increased number of licensed and credentialed staff able to provide Medicaid billable services which, in turn, contributed to long-term financial sustainability.

Strength 9: Integrating New Treatments

Common approaches to mental health treatment were not designed by, or for, Indigenous people. However, some mainstream treatment approaches were particularly successful with tribal SOCs. Trauma-informed care was one such example. Training staff in trauma-informed care provided a critical knowledge base for many tribal communities who grieve from historical trauma and endure ongoing day-to-day trauma. Animal-assisted psychotherapy was another treatment approach that was a good fit with treatment-inexperienced, or treatment-resistant, tribal youth. Several tribal SOCs used equine therapy, a therapeutic intervention in which horses are used as a treatment tool to help youth gain self-understanding, expand their capacity to nurture, build their sense of responsibility, and enhance emotional growth.

Strength 10: Building Tribal Wraparound

Wraparound³ began to evolve as a national model of practice in the 1980s. Directed at youth with serious and complex emotional, behavioral, and mental health needs requiring intensive, coordinated support, wraparound aimed to curb the need for out-of-community residential treatment, jail, or foster care. The wraparound treatment approach was embraced as a culturally

advocates were tasked with ensuring all stakeholders received continuous communication about the SOC. Social marketing staff also played a crucial role in identifying the communication venues and events, as well as messages, graphics, and language for communities.

Strength 7: Organizational Infrastructure

Tribal SOC transformation ran smoother if there was already a strong organizational infrastructure in place. Many tribal SOCs that were part of a tribally operated hospital or clinic already had patient services, financial and accounting services, and a management structure in place. There were also established data systems that were able to integrate the federal SOC data collection and reporting requirements. Tribal organizations that were more established were also better able to dedicate resources for fund development, as part of the search for long-term financial sustainability. Those with a strong organizational infrastructure were able to devote more time to service development, advocacy, and relationship building. They also had seasoned management teams that could lend their expertise to cross-system problem solving and development of new service approaches, personnel issues, and other time-consuming management issues. Strong organizational infrastructures meant tribal SOCs did not have to create policies and procedures from scratch, nor did they have to be all things to all people. They were better able to focus on building a new SOC.

Strength 8: Developing Tribal College/State University Partnerships

Partnerships with a tribal college or a state university were a huge asset. Although tribal colleges were not located in every community, some SOCs worked with their tribal college to develop tribal mental health courses specific to their local customs and beliefs. Others used college partnerships to enhance the skills of their workforce and recruit Native staff. One tribal SOC supported staff that enrolled in college coursework with flexible work time. The



Horses aren't the only animals used as therapeutic tools in mental health treatment. Pigs are also used.

³ Wraparound services entails actively partnering with youth and families, honoring their voices in decision making, engaging their natural supports, creating individualized plans based on their specific needs, building new service arrays that can meet their needs, and de-emphasizing treatment outside the home and community.

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Successful SOCs worked with non-tribal child-serving systems in identifying barriers to tribal access of the state or county services. After identifying barriers, they jointly looked for ways to improve access and outcomes.

compatible—and much-needed—resource by many tribal communities. For tribal SOCs, training served as an important guide to the evolution of wraparound, providing a specific structure to services and having positive outcomes for youth and families.

Strength 11: Investment in Advocacy

Tribal SOCs often invested significant time to educating non-tribal entities about their community's history, culture and current status. This type of instruction and relationship building was often a necessary first step before advocacy and alliance-building with mainstream child-serving systems could occur. Tribal SOCs provided information about the strengths and needs of the tribal population, corrected misinformation and stereotypes, described existing services, and provided explanations of gaps in services or new ones that were needed.

Successful SOCs worked with non-tribal child-serving systems in identifying barriers to tribal access of the state or county services. After identifying barriers, they jointly looked for ways to improve access and outcomes. Often, parents and tribal leaders shared lived experiences and personal stories of seeking help for their advocacy training, some attended the National Federation of Families for Children's Mental Health annual conference. Advocacy helped tribal-state, or tribal-county partners actively eliminate barriers to access and improved support for tribal communities.

Strength 12: Tribal-County-State Relationship

Strong partnerships with county and state partners were dependent on unique factors, including

- An often negative historical relationship between tribal and state governments
- Rates of disproportionality of tribal youth in state child welfare and justice systems
- Tribal knowledge of state disparity initiatives in healthcare, education, or corrections
- The depth of relationships and alliances within the state system
- The political will of both the state and tribe to work cooperatively

Tribal sovereignty and the dual citizenship of tribal members (tribal and state citizenship) were discussed, as were economic factors. For example, some states acknowledged that ineffective, out-of-state treatment for tribal youth often came at a high human cost to the Native community and a high financial cost to the state. Frank discussions of these facts, helped increase support of in-state tribal services. In another example, tribes with successful gaming or other businesses possessed the ability of improving state infrastructure of youth services by making significant financial contributions to non-tribal service providers.

Tribal SOCs used multiple strategies to build partnerships including

- Gathering data on the tribal use of state services (lack of access, and/or over-representation)
- Determining the cost of tribal youth care in mainstream, state-funded services
- Using a state-tribal liaison office as an information-gathering resource for better understanding of state policy and decision-making timelines
- Sending the right people with right information to the right meetings with state government entities

Finding the mutual benefits of improved care coordination to both tribes and states was often a key to forming strong partnerships.

Strength 13: Tribal Peer Support

Although tribal SOCs were exposed to a significant amount of training and technical assistance from national partners, they appeared to learn most from their peers within the tribal SOC network. The cultural commonalities of tribal SOCs made them a unique cohort. Tribal SOCs preferred to learn from each other and created strong alliances based on their common Indigenous perspective. They did this through multi-day site visits to their tribal peers, tribal presentations conducted at national meetings, information exchange either in person or via email, and phone conversations. Tribal SOCs created videos and other types of information-sharing which were viewed by their peers. NICWA wrote articles about tribal peer support in its *Honoring Innovations Report* series and facilitated monthly conference calls to provide another forum for peer support and information sharing. The relationships between the tribal SOCs created a strong peer-learning community which continued beyond the life of their grant.

13 Challenges of Tribal Systems of Care

Challenge 1: Impact of Trauma

Tribal communities endure the lingering impact of historical and ongoing trauma in their everyday lives. For SOC communities, this included untimely deaths due to poor health habits, accidents, suicides, and domestic violence. Lateral violence also impacts many tribal communities. It can manifest itself in negative behaviors like gossip, putdowns, blaming, and jealousy. Power struggles and unhealthy small group dynamics (which can occur within staff, family groups, or wraparound teams) are other signs that lateral oppression may be present. Lateral violence often contributed to difficulty in traumatized communities to maintain ongoing consensus on their vision and direction of their system of care. Some addressed the impact of trauma by organizing community-wide healing events. Some used Indigenous healing curricula and external Indigenous facilitators to help the community to understand the impact of trauma, resulting behaviors, and ways to change. Others applied the principles of trauma-informed care throughout their community engagement.

13 Challenges of Tribal Systems of Care

- ♦ Impact of Trauma
- ♦ Changes in Leadership
- ♦ Recruiting Qualified Staff
- ♦ Retaining Qualified Staff
- ♦ Building Organizational Infrastructure
- ♦ Avoiding Communication Disconnect
- ♦ Integrating Family Voice and Choice
- ♦ Developing Youth and Family Organizations
- ♦ Managing Grant Implementation
- ♦ Tribal Wraparound Services
- ♦ Data-Driven Decisions
- ♦ Tribal-State Relationships
- ♦ Investment in Advocacy

Challenge 2: Changes in Leadership

The ultimate signature authority of tribes is most often the elected tribal chairperson (or within an urban Indian organization, the president of the board of directors). Tribal SOCs benefit from sustained and consistent leadership for several reasons:

- The learning curve of new leadership is usually steep and complex.
- It takes time to learn how to best use the individual strengths of tribal council or board members in an information-gathering or decision-making process.
- Building cross-system relationships is enhanced by stable leadership.
- Consistent leadership can make it easier to understand and oversee the complex range of topics that tribal governments must address, including the sequential steps of SOC service integration.

The frequency of tribal elections and resulting changes in elected officials, presented a challenge in the decision-making authority and support of SOC goals and activities. Another oft-cited challenge to SOC leadership was the departure of the original grant proposal's author from the tribal organization by the time the grant was awarded, taking with them part of the original vision. Changes in the project director position also created challenges with maintaining the vision, managing the day-to-day implementation of SOC, and maintaining cross-agency and community relationships.

Challenge 3: Recruiting Qualified Staff

Building a workforce was especially important—and significantly challenging—for tribal communities where unemployment rates reach as high as 85%. Some tribal SOC communities struggled with finding a trained workforce to meet the grant-required positions. SOCs often had recruitment challenges, particularly for leadership, clinical or skilled positions. Some tribes were located in rural, remote areas with limited housing for employees.

Gender and cultural considerations also presented challenges. In general, female job applicants exceeded male job applicants. The shortfall of male employees was in contrast with the client population that was overwhelmingly male. Cultural fit was sometimes a challenge. For example, mental health clinicians trained and credentialed in Western approaches to diagnosis and treatment may not have fully understood how tribal tradition and

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Cultural fit was sometimes a challenge. For example, mental health clinicians trained and credentialed in Western approaches to diagnosis and treatment may not have fully understood how tribal tradition and ceremony contribute to healing. On the other hand, tribal paraprofessionals may not have fully understood what could be gained from a clinical assessment.

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ceremony contribute to healing. On the other hand, tribal paraprofessionals may not have fully understood what could be gained from a clinical assessment. In the early years of the SOC program, evaluators were almost always hired from outside of the tribal community, but in later years, the number of tribal evaluators increased.

Challenge 4: Retaining Qualified Staff

Some tribal SOC communities suffered from high rates of staff turnover. This was due to a number of reasons. Sometimes the person hired for a SOC position was strong in their community knowledge, but did not have the technical skills or experience needed to fulfill the job responsibilities. Or, sometimes non-tribal professionals were hired for their strong clinical and technical skills, but were weak on cultural knowledge. Some clinical and management staff struggled to incorporate and value family voice because it required a radical redefinition of the role of “expert.” Many tribal SOCs were understaffed in administration and clinical supervisors who may have been very skilled, but often wore multiple hats. Face-to-face supervision and mentoring staff may have taken a backseat while managers addressed other pressing priorities or community crises. Some organizations lacked a process to provide periodic feedback to staff about broader SOC improvements. In a high burn-out field, such feedback serves as a significant motivator for staff working with youth who have complex needs. Finally, SOC salaries, training, and mandated travel sometimes created conflict, or jealousy with other tribal department staff who lacked the same flexibility and financial resources.

Challenge 5: Building Organizational Infrastructure

From the beginning, it was understood that SOC infrastructure and services must be able to continue with local support as federal grant funding ended. Over the years, the SOC program requirements for infrastructure development became more specific to ensure that SOCs have the ability to further expand funding through cross-agency administrative structures and procedures. Increasing access to state Medicaid and other third-party funds has always been an important next step to sustaining services after the grant. Therefore, fiscal expertise and strong oversight was increasingly important as tribal financing approaches have become more complex with Medicaid requirements, Affordable Care Act implementation, and cross-agency financing strategies.

Tribal organizations must have a strong infrastructure to be able to expand services through integration of functions, processes, and policies across many agencies. While some tribal SOCs made early investment in developing infrastructure, others played catch up. Many of the tribal SOCs started without office space, computers, or internet bandwidth, and had to build their infrastructure from the ground up.

Sometimes, communication simply drew from repeating the national SOC jargon, without enough attention to translating the terminology into local layman’s terms.

Challenge 6: Avoiding Communication Disconnect

Clear and consistent communication was needed to channel excitement and anxiety into action for building new SOCs. Some tribal leaders were challenged with ways to communicate about the complex system that they themselves were just learning about. Sometimes, communication simply drew from repeating the national SOC jargon, without enough attention to translating the terminology into local layman’s terms. Overuse of the national SOC terminology inadvertently implied the imposition of a federal government process onto the local tribal way of being. Reports, or other documents, were sometimes too complex to easily relay highlights of SOC effectiveness to community and partners. Competition or disagreement among local family groups could impact the ability to communicate. For example, communication about SOC was sometimes limited because families who happened to have political power/influence at a particular time may have sporadic communication with other community members who are not within the inner circle. . Communication with all stakeholders was critical to ensuring that the system change was sustained.

Challenge 7: Integrating Family Voice and Choice

A core value of the SOC philosophy was that the SOC must be (as originally stated) “child-centered and family-focused”. Over the years, this philosophy evolved to promote a “youth-guided and family-driven” approach. In practice, this means that families must be full partners in the design and implementation of services that not only meet the emotional, behavioral, and mental health challenges of children, but also help the child to function in the family, school, and community. Full inclusion of family voice and choice can eliminate blaming the family and the viewpoint that “bad parenting” created youth mental health challenges.

Although many tribal communities agreed in principle to the importance of family-driven services, creating ways to consistently include family voice required policy and other institutional changes that were not often acted on. Policy and process changes that were a challenge included mandates that family and youth voice must be in all planning processes, that family members serve as co-facilitators of meetings, and that family support or youth job descriptions be developed. Family voice and choice was an honored principle in many tribal communities, but this did not always result in full-scale policy changes needed. In addition, project directors who were also caretakers of a child sometimes viewed themselves as representing the “family voice.” This dual-role

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often minimized involvement of family members who were outside of the system who may have been critical of the staff or SOC efforts.

Challenge 8: Developing Youth and Fam- ily Organiza- tions

Nationally, the “gold standard” for supporting family voice is through the development of a formal, family-run organization. SOC parents have long organized local chapters of the National Federation of Families for Children’s Mental Health. There are currently 120 family-run chapters and statewide organizations across the country. And yet, there is still no tribal parent-run organization focused on children’s

mental health. This is due to several reasons. First, tribal communities are communal by nature and continue to be traditionally composed of large family groupings. For some communities, these natural groupings of tribal families functioned as a “family organization.” Second, the history, culture, and life experiences of tribal families were vastly different than non-tribal families. NICWA and others have provided information and training to tribal communities on ways to formally organize, but creating formal parent-run organizations may be outside the cultural comfort zone of many.

Tribal youth interested in youth involvement have participated in the National Youth M.O.V.E. (Motivating Others through Voices of Experience) activities at conferences and at least three tribal Youth M.O.V.E. chapters have been established in recent years. Some tribal youth have also developed leadership skills through organizations like United National Indian Tribal Youth. However, tribal participation in the youth involvement organizations has been less optimal in most SOC communities.

Challenge 9: Managing Grant Implementation

Formal SOC award notification was cause for celebration in tribal communities who had great need, but limited financial resources. However, once the initial excitement faded, the reality of implementing a complex grant—and building an even more complex SOC—sunk in. Although some tribal communities were able to quickly move forward, many others were initially overwhelmed with the grant responsibilities.

For many, this was the first time their community had received such a large grant to transform services for children and their families. Some tribal systems were unable to provide consistent program management or financial oversight. For example, the mandate requiring grantees to provide matching funds from non-federal sources required intense monitoring and documentation, especially as the matching fund ratio increased over the course of the multi-year funding.⁴ Although grant applicants were required to submit a letter of certification to verify that matching funds were available, the day-to-day monitoring of the multi-year matching fund process was a challenge for some.

Grant implementation could also be challenged by changes in tribal leadership, recruitment and retention of eligible work-

⁴ Tribes receiving funds under the amended Indian Self-Determination and Education Assistance Act are exempt from the restriction that prohibits the use of those federal funds as a match.

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force members, technology and related training needs, institutional racism, and time commitment required for relationship building between tribal and non-tribal service providers.

Challenge 10: Tribal Wraparound Services

Tribal communities embraced the concept of services that wrapped around their children. But like many people around the country, tribal communities were confused about what “wraparound” actually meant, and who the wrap-around services were intended for. Many in the tribal community used the term generically and had an expectation that all of their children and youth would receive “wraparound services.” Some tribal communities were delayed in providing wraparound training to staff and the community, which contributed to confusion about wraparound services. Many of the tribal SOCs received wraparound training from national—but non-tribal—training resources. Others used wraparound consultants who helped with on-the-ground implementation. Many then took general wraparound training and tailored it to their cultural constituency.

Wraparound services provided a sorely needed resource, but not enough time was spent on reviewing the fidelity and effectiveness of the wraparound approach. Across tribal SOCs, there was little consistency in the understanding or implementation of what was being called “wraparound” and often no distinction from simply a modified version of case management. Although the National Wraparound Initiative developed and offered their Wraparound Fidelity Index and other wraparound fidelity assessment tools to help grantees adhere to principles of the best practice, few tribal SOCs used these tools.

Challenge 11: Data-Driven Decisions

For many tribal SOCs, the national evaluation component of SOC funding provided an introduction to the ways that aggregate service data could be useful to the tribal cause. The national evaluation program used a participatory approach, which meant that tribal concerns or questions about the evaluation process were addressed. Tribal communities customized data to be collected and based on their community knowledge, determined the best way to collect data. While some tribal SOCs may have been overwhelmed by the national evaluation requirements, others used the evaluation process as a learning opportunity to determine what worked best in their tribal communities.

Tribal grantees initiated open conversations about data ownership, interpretation, and analysis. They remained vigilant in ensuring that cultural context be part of all data analysis and reporting. For some, a next step was the integration of program evaluation across *all* tribal programs. Others moved toward data-driven decision making for service improvement, but many struggled to allocate the time needed to review and fully use the data they had collected. Regardless, all tribal SOCs increased their awareness of the importance of tracking service outcomes.

Challenge 12: Tribal-State Relationships

Building a lasting, quality relationship with state and county officials was often a challenge for a number of reasons. In some states, historical relationships between tribes and states was a barrier to partnership building. Revenue shortfalls and budget cuts in state human services made for less willingness to expand state services to tribes. Some states incorrectly believed that the Indian Health Service fully addressed tribal needs. Some tribes resented the inclusion of tribal populations in state data used for block grant calculations, yet tribes were excluded from receiving any block grant funding or services. The continuing disproportionality of tribal chil-

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Upcoming Events

Anchorage Training Institutes
Anchorage, Alaska
November 17–20, 2015

- ICWA Basics
- Advanced ICWA
- Positive Indian Parenting

Albuquerque Training Institutes
Albuquerque, New Mexico
December 8–11, 2015

- ICWA Basics
- Advanced ICWA
- Positive Indian Parenting

34th Annual Protecting Our Children Conference
St. Paul, Minnesota
April 3–6 2016

St. Paul Training Institutes
St. Paul, Minnesota
April 6–9, 2016

- ICWA Basics
- Positive Indian Parenting

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or to
request a training in
your community.

13 Challenges, *continued from p. 9*

dren in out-of-home care and within state corrections systems remained a great concern for many.

Although partnership building was identified as a priority of SOCs, many tribal communities first had to move past historical distrust. The amount of time that tribal grantees devoted to education, trust building, and bridge building was significant. Tribal-state-county partnership success varied state-by-state.

Challenge 13: Investment in Advocacy

The amount of time tribal SOCs invested in educating non-tribal entities about their community was an essential, but time consuming step. As stated previously, tribal SOCs provided information to partners about the strengths and needs of the tribal population and attempted to correct stereotypes and misinformation. Some project directors needed to focus on responding to urgent community needs, and advocacy became less of a priority.

Nonetheless, tribal participation in state policy development proved crucial to the development of tribal SOCs. For example, some state policies dealt with critical provider credential and licensing changes. Others directly related to long-term financing plans and financing formulas. Although national support was available through organizations like the National Congress of American Indians or the National Indian Health Board, finding experienced finance and policy negotiators on the local level was often difficult.

Conclusion

Visioning, creating, and implementing systems change through the SOC grant program revealed both strengths and challenges for AI/AN communities. The collective experiences of rural reservations, Alaska Native villages, urban Indian organizations, and other tribal communities continue to illustrate the power and influence of culture on all aspects of the system reform process. Taken collectively, efforts to improve services for AI/AN communities—and the lessons learned that are contained in this report—can hopefully serve as a rich resource of information for all tribal communities who seek change on behalf of their children, youth, and families.



NICWA works to support the safety, health, and spiritual strength of Native children along the broad continuum of their lives. We promote building tribal capacity to prevent child abuse and neglect through positive systems change at the state, federal, and tribal level.

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|-------------|--|
| Our Vision | Every Indian child must have access to community-based, culturally appropriate services that help them grow up safe, healthy, and spiritually strong—free from abuse, neglect, sexual exploitation, and the damaging effects of substance abuse. |
| Our Mission | NICWA is dedicated to the well-being of American Indian and Alaska Native children and families. |

To learn more about NICWA, visit www.nicwa.org.