**TANF Technical Assistance (TA) Initiative Site Visit**[1]
**Tribal TANF-Child Welfare Coordination Project:**
**Hoopa Valley Positive Indian Family Network**
**Hoopa, California**
**July 8-9, 2008**

Prepared for the U.S. Department of Health and Human Services
Administration for Children and Families
Office of Family Assistance

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## I. Overview

Leslie Colegrove, Project Coordinator of Hoopa Valley Positive Indian Family Network in California, and staff, requested technical assistance (TA) from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance to help improve Hoopa Valley's Positive Indian Family Network and their collaboration with other Hoopa Valley human service agencies, particularly Temporary Assistance for Needy Families (TANF). The Network operates through a Tribal TANF-Child Welfare Coordination Grant. An event was held on July 8-9, 2008, that focused on wraparound case management practices and the Systems of Care framework from the perspective of the Medicine Moon Initiative through the Native American Training Institute. Deb Painte, Director of the Medicine Moon Initiative, and Claresa Blacksmith, Parent Coordinator for the St. Mary's Parent Support Group of the Turtle Mountain Band of Chippewa Indians, facilitated the meeting.

The Medicine Moon Initiative was supported by a five year cooperative agreement with the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau and the Native American Training Institute. The purpose of the Initiative was to implement and sustain Tribal Systems of Care throughout four North Dakota Tribal Child Welfare agencies, including the Turtle Mountain Band of Chippewa Indians' Child Welfare agency, which operates the Sacred Child Project. Illustration of wraparound case management and the System of Care framework, which operate on principles of comprehensive, culturally competent, community-based, individualized, strengths-based services, helped attendees conceptualize how they can better provide and coordinate services among their various agencies. Deb Painte, a member of the Mandan, Hidatsa and Arikara Nation in North Dakota (Three Affiliated Tribes of the Fort Berthold Reservation), attested to the importance of cultural sensitivity and demonstrated how Tribes can integrate culturally appropriate practices in providing social services—a key ingredient to successful Tribal TANF programs. Claresa Blacksmith, a member of the Turtle Mountain Band of Chippewa Indians, presented on the St. Mary's Parent Support Group and the positive responses it has received from her Tribal community in terms of improving family values and well-being.

Attendees included Hoopa Valley Tribal TANF program staff, Hoopa Valley Positive Indian Family Network staff, a Hoopa Tribal Court representative, a representative from K'lmaiw Medical (the Tribe's Health Service) a representative from Tribal Human Services, and a representative from the Tribal Council. Twenty-one participants, two TA providers, and one TA coordinator attended the event.

## II. Systems of Care in North Dakota Tribal Communities

Ms. Painte began the event by discussing the inception of Systems of Care in North Dakota. In 1993, North Dakota was impressively ranked second in a national study that looked at ten important indicators of child well-being across all 50 states. However, when researchers took a closer look at North Dakota's Native American children, they discovered that these children would rank last (or 51st) if they were considered a separate state in the study. Ms. Painte discussed that some of the reasons Native American children might have ranked lower on the important indicators of child well-being including "high unemployment and poverty, high alcoholism and substance abuse

rates, domestic violence,...disenfranchisement, racism, and discrimination, forced removal of children into boarding schools, role displacement and social anomie, loss of culture, fragmented and limited services to address high need, geographic isolation and distance to available services, and historical trauma, and intergenerational grief."[2] Attendees of the event reported that some of these bleak factors are similar in Tribal communities in California. Some of the most pressing issues they mentioned that might affect child well-being indicators included depression, violence, mental illness, substance abuse, and pollution.

Recognizing that examining these issues and developing a clear understanding of how Tribal communities can overcome them is important, Ms. Painte and Ms. Blacksmith conducted an exercise that allowed participants to learn more about historical trauma and how it affected, and still affects, Native American Tribes. Historical trauma is repeat trauma that occurs to a particular group of people causing "emotional, mental, and spiritual wounding both during their lives and the generations to follow."[3]  To conduct the exercise, participants were given four note cards and directed to write down the four most important things in their lives (one item on each card).  Then, Ms. Painte and Ms. Blacksmith collected three cards from everyone. Participants were allowed to keep the last card and told that this was the only thing out of the four important things to them that they had left. The exercise was meant to signify the way Native Americans felt when federal Native policies took their land, took their children from their families, and the resultant break down of their extended families. The exercise was also intended to create a deeper understanding of why Tribal communities seem to have such a vast array of complex issues, as mentioned above.

Next, Ms. Painte elaborated on the history of Tribal Systems of Care. North Dakota's Tribal Systems of Care have existed in two different phases. The first phase began with the Turtle Mountain Sacred Child Project, through the Center for Mental Health Services, in October of 1997 and lasted until September of 2003. Over its lifetime, the Sacred Child Project served 217 youth and 193 families. The project included a National Evaluation Descriptive Study which showed that nearly 75 percent of the youth who participated lived below the poverty level and 41 percent lived in single mother households. The National Evaluation found that juvenile detention decreased from 28 percent to 17 percent and convictions decreased from 22 percent to 17 percent among participants in the project over a one year period. Also, participants in the project improved their living arrangements and had an increase in functioning as shown on the Child and Adolescent Functioning Assessment Scale (CAFAS), a rating scale that rates youth on their level of impairment in daily functioning emotionally, behaviorally, psychologically, or due to substance abuse problems. (For more information, see: http://www.cafas.com/).

North Dakota's second phase of Tribal Systems of Care, the Medicine Moon Initiative, through the Children's Bureau, began in October 2003 and went until October 2008. The Medicine Moon Initiative attempted to take Systems of Care from its original children's mental health perspective and expand it to child welfare. The work conducted through the Medicine Moon Initiative shows that Systems of Care can potentially be tailored to many human service arenas, including TANF.

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[2] Painte, D. & Blacksmith, C. (2008, July). *A System of Care: The Experience of the ND Tribal Nations: Day One*. Presentation at the TANF Technical Assistance Initiative Site Visit to the Hoopa Valley Indian Tribe, Positive Indian Family Network in Hoopa, California.
[3] Ibid.

Systems of Care is a general organizing framework that evolves over time; it is not meant to be a discrete model. It is intended to be a guide for case managers to provide comprehensive case management. The characteristics of a System of Care include "individualized care practices, culturally competent services and supports, child and family involvement in all aspects of the system and measures of accountability, and interagency coordination."[4] The core values of a System of Care include that services provided are focused on the family and the child, services are community-based, and services are culturally competent and responsive to cultural, racial, and ethnic differences of the populations they serve.

The guiding principles of a System of Care include the following:[5]

o "Comprehensive array of services and supports.
o Individualized services and supports.
o Services and supports that provide the least restrictive, most normative environment that is clinically and culturally appropriate.
o Families should be full participants in all aspects of the planning and delivery of services.
o Services and supports should be integrated with mechanisms for planning, developing, and coordinating services.
o Children and families are provided with case management to ensure multiple services and supports are delivered in a coordinated and therapeutic manner in accordance with their changing needs.
o Early identification and interventions to enhance the likelihood of positive outcomes.
o Children and youth are ensured smooth transitions to the adult service systems as they reach maturity.
o Non-discriminatory services should be sensitive and responsive to cultural differences and special needs."

Lastly, to show how Tribal Systems of Care have been effective in Tribal communities, Ms. Painte discussed the national evaluation of the Sacred Child project. As mentioned, an outcome evaluation was conducted on participants in this project finding a decrease in juvenile detention, better living arrangements, and an increase in functioning on the CAFAS. Specifically, 131 children and families participated in the study over a one year period. Information about the children's functioning was taken at intake and six months. Initially 43.3 percent of children were considered to have minimal/mild impairments on the scale, 33.3 percent were considered to have moderate impairments, 10 percent were considered to have marked impairments, and 13.3 percent were considered to have severe impairments based on the rating scale. After a six month period of participating in the Sacred Child project, graphs illustrate a shift in functioning among the children who participated in the study. Children with severe impairments dropped from 13.3 percent to 6.7 percent, moving them into the marked or above functioning group, and child with moderate functioning dropped from 33.3 percent to 20 percent, moving them to the mild or no impairment group.

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[4] Ibid.
[5] Ibid.

## III. Wraparound Case Management for Tribal Communities

Next, Ms. Painte facilitated a session on wraparound case management, which goes hand-in-hand with a System of Care. In June 2003, a diverse group of 30 people assembled in Portland, Oregon, to start the National Wraparound Initiative. During this meeting, the group came up with the ten principles of Wraparound which include:

o   Family voice and choice
o   Team-based
o   Natural supports
o   Collaboration
o   Community-based
o   Culturally component
o   Individualized
o   Strengths-based
o   Persistence
o   Outcome-based

Those who practice wraparound case management work in teams to implement these ten principles through four phases. The first phase, called engagement and team preparation, takes about two weeks. The team has initial conversations guided by the ten principles of wraparound to establish trust and a shared vision and discuss strengths and needs. Phase two is comprised of one to two meetings during the first two weeks and includes the development of the initial plan of care. The team makes sure that everyone has a "voice and choice" in the plan, that it reflects the principles of wraparound, and that goals are practical and reasonable. Phase three is the ongoing implementation phase in which the wraparound plan takes effect. The team continually meets to review progress and successes and revise the plan of care until the team's goals are achieved.  The last phase, phase four, occurs when the wraparound participant and/or family have met their goals and they are ready to transition out of wraparound. Plans are made for a purposeful transition out of formal wraparound. Community-based and natural supports, as well as professional supports, are available and accessed after the formal wraparound process has been completed.

During the discussion on wraparound, Ms. Painte and Ms. Blacksmith conducted an interactive activity called "Wheel within a Wheel." Participants were given a number of either one or two and told to stand up. Attendees given the number one formed an outer circle and people with a number two formed an inner circle. The two circles were formed facing each other so participants could converse. Ms. Painte and Ms. Blacksmith then asked a series of questions in which each pair of inner and outer circle participants could talk to each other for about two minutes, before the inner circle moved over one person and the next question was asked. The questions were as follows:[6]

o   "What is your name? Or what is your Indian name or nickname? How did you receive this name? Where does your family come from?
o   What do you do for fun?
o   What is a secret talent that you have?
o   What habit do you have that bugs other people and you would like to change?

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[6] Painte, D. & Blacksmith, C. (2008, July). *Wraparound in Indian Country: The Ways of the People Are Who We Are.* Presentation at the TANF Technical Assistance Initiative Site Visit to the Hoopa Valley Indian Tribe, Positive Indian Family Network in Hoopa, California.

o What is your greatest stressor in life and how do you deal with it?
o Who do you go to for help when you are having a crisis and why?
o Six months from now, what would you need to make your life better, easier, happier, etc.?
o What do you do to maintain a healthy lifestyle?
o If you had the ability to make anything happen, what would you change about your community?"

After the activity, Ms. Painte spoke about how the activity and the questions can be related to the wraparound process. Participants and families in wraparound meetings often are asked the same types of questions. Most of the questions are meant to evoke awareness, especially in regard to strengths participants have within them and how they can potentially change their current situation(s). Some of the questions might make participants feel uncomfortable as was evidenced by how attendees in the "Wheel within a Wheel" activity felt. Throughout this activity, Ms. Painte and Ms. Blacksmith encouraged participants to experience empathy for participants engaged in wraparound. Sometimes it is difficult to open up to others. This activity is important in helping wraparound case managers understand where their participants are so they can begin to build rapport with them and facilitate the change process needed for self-sufficiency.

## IV. St. Mary's Parent Support Group

With the advent of the Children's Bureau grant awarded to the Native American Training Institute to implement and sustain Tribal Systems of Care through four Tribal child welfare agencies, the Turtle Mountain Band's Child Welfare Agency was chosen as a partner. In this effort, the Turtle Mountain Band's Child Welfare Agency began to work with their case managers to incorporate a Single Plan of Care (SPOC) into their program. They also began to talk to Tribal elders to develop a clear understanding of their Tribe's traditional family values to incorporate a System of Care and wraparound services in their community. They developed a book for parents and caregivers called the *Pathiwaytihic Book*, a binder designed to hold important materials that families may need to have handy throughout their wraparound treatment, such as vital documents and phone numbers. The Turtle Mountain Band set out to work with youth in Turtle Mountain in Foster Care.  They also set out to develop Family Support Groups to bring together families in the Turtle Mountain housing projects.

The last objective of Turtle Mountain's Tribal Child Welfare Agency helped spur Ms. Blacksmith to start the St. Mary's Parent Support Group. The group is named after St. Mary's Housing Project, one of four Tribal assisted housing projects located on the Turtle Mountain Reservation. Before the start of the group, Ms. Blacksmith noted that the housing project had a stigma associated with it. It was known as the most dangerous Turtle Mountain housing project in terms of crime, drugs, and domestic abuse. Police activity in the area was a common occurrence. Ms. Blacksmith's frustration with this long standing stigma and the vehicle for change created through the Systems of Care grant, led her to gather together families in her housing project to discuss what could be done. The mission statement developed by the group during their first meeting was "to join forces as a community to change and improve our way of life."[7] Their vision statement was: "We, the families of the St. Mary's group, would like to have support and

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[7] Painte, D. & Blacksmith, C. (2008, July). *Turtle Mountain Band of Chippewa Indians: Belcourt, North Dakota: "Hearing the Drum Call" Native American Family Support Group, St. Mary's Housing Site.* Presentation at the TANF Technical Assistance Initiative Site Visit to the Hoopa Valley Indian Tribe, Positive Indian Family Network in Hoopa, California.

recognition to accomplish goals and make change in our community with family involvement."[8]

During her presentation, Ms. Blacksmith spoke in depth about St. Mary's Housing Project, and her community, to give participants a better understanding of just how difficult circumstances are on the Turtle Mountain Reservation. All Tribal assisted houses tend to be old and run down and the neighborhoods have no sidewalks or paved roads. At the start of the group, St. Mary's Housing Project was also extremely unkempt. Therefore, one of the first major projects of the group was to organize and hold a clean up effort. The effort was successful—the group was able to recruit community members to donate supplies and help clean up trash that littered the area.

Ms. Blacksmith also presented data from an informational survey that they, in partnership with the Medicine Moon Initiative, administered to community members at St. Mary's. Twelve families in the community responded to the survey. Of those twelve families, five families (42 percent) reported that they were on TANF, seven families (58 percent) received Food Stamps, eight families (67 percent) received fuel assistance, and four families (33 percent) received Supplemental Security Income (SSI). The conditions of the homes in the community were poor, as Ms. Blacksmith mentioned. Seven of the twelve homes (58 percent) had some type of damage. Safety was also a concern. Eleven of the twelve families (92 percent) reported the need for increased safety. Ten (83 percent) reported that they would be willing to be part of a neighborhood watch program; nine (75 percent) of the homes were not equipped with fire extinguishers; and five (42 percent) were not equipped with smoke detectors. Lastly, 75 percent of respondents reported difficulty getting to the store; 67 percent reported difficulty attending appointments; 67 percent reported difficulty getting the mail; 58 percent reported difficulty getting to work, difficulty getting to school, and difficulty getting to college; and 33 percent reported difficulty in finding child care.

Since the first meeting, St. Mary's Parent Support group has grown and has been replicated in other Turtle Mountain housing projects. Another one of their great successes has been obtaining permission to use time spent related to the group's efforts to count towards the TANF work requirements. This has been extremely helpful for some TANF participants, given that jobs are scarce on the Reservation. In response to the informational survey, some of the continuing goals of the St. Mary's Parent Support Group are to hire the unemployed to help fix houses in the community; establish a neighborhood watch group to create more security in the area; and search for potential resources to create parks, after school activities, and recreation buildings.

## V. Conclusion

Overall, as evidenced throughout the evaluation, attendees felt the event was successful. They were able to learn valuable information from Ms. Painte and Ms. Blacksmith that will enhance their Tribal TANF-Child Welfare Coordination project and allow them to better develop and implement wraparound case management in their community while being mindful of the importance of Native American culture in providing services.

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[8] Ibid.

**Appendix A: Agenda**

## JULY 8TH, 2008

**8:00 AM – 9:00 AM**  MEET WITH POSITIVE INDIAN FAMILY NETWORK STAFF (LESLIE AND FARRAH) & TOUR THE VALLEY TO SEE WHERE AGENCIES ARE AND HOW FAMILIES GET TO SERVICES

**9:00 AM – 10:15 AM**  WRAP AROUND PROCESS WITHIN A SYSTEM OF CARE
- System of Care Framework
- Sacred Child Project System of Care
- Did it Work? Stats from the SCP

Speaker: Deb Painte

**10:15 – 10:30 AM**  BREAK

**10:30 AM – 12 PM**  OVERVIEW & BASIC INTRODUCTION OF WRAPAROUND
- HISTORY
- PRINCIPLES OF WRAPAROUND
- FOUR PHASES OF WRAPAROUND

Speaker: Deb Painte

**12:00 – 1:00 PM**  Lunch

**1:00 – 2:00 PM**  "Wraparound in Indian Country" CD-Rom Presentation
- Steps of Wraparound
- Legal & Ethical Considerations of Wraparound

Speaker: Deb Painte

**2:00 – 3:00 PM**  REQUIREMENTS FOR IMPLEMENTING WRAPAROUND

Speaker: Deb Painte

**3:00 -3:15 PM**  BREAK

**3:15 -4:00 PM**  UNDERSTANDING WRAPAROUND THROUGH "WHEEL WITHIN A WHEEL"
- GROUP EXERCISE
- DEBRIEF GROUP EXERCISE

SPEAKER: CLARESA BLACKSMITH

**4:00 PM**  DISCUSSION ON HOW TRAINING WENT AND WHERE TO GO FROM HERE

JULY 9TH, 2008

8:00 – 9:00 AM     MEET WITH POSITIVE INDIAN FAMILY NETWORK STAFF (LESLIE AND FARRAH)

9:00– 10:00 AM     TBD: "BUNGLING HOST—A STORY OF CULTURAL COMPETENCE & REFRAMING" OR TECHNICAL ASSISTANCE TIME

Speaker: Claresa Blacksmith

10:00 -10:15 AM     BREAK

10:15 – 10:45 AM     MEDICINE MOON INITIATIVE (MMI)
- A CHILD WELFARE LED SYSTEM OF CARE
- VISION AND MISSION STATEMENT
- TURTLE MOUNTAIN SYSTEM OF CARE FROM AN TRADITIONAL PERSPECTIVE
- PURPOSE
- LOGIC MODEL

SPEAKER: DEB PAINTE

11:00 AM – 12:00 PM     MMI Local Evaluation
- Creating a Culture Evaluation
- Elder Cultural Group Interviews
- Group Interview Emergent Themes

Speaker: Deb Painte

12:00 – 1:00 PM     LUNCH

1:00 - 2:00 PM     ST. MARY'S PARENT GROUP
- WHY IT STARTED?
- SYSTEMS OF CARE FROM A PARENT PERSPECTIVE
- GETTING PARENTS INVOLVED: THE KITCHEN TABLE RECRUITMENT STRATEGY
- VISION AND MISSION STATEMENT

SPEAKER: CLARESA BLACKSMITH

2:00 – 3:00 PM     KEEPING PARENTS & FAMILIES INVOLVED
- COMMUNITY ACTIVITIES
- INNOVATIONS FOR TANF WORK REQUIREMENTS/AGREEMENTS
- DEVELOPING COMMUNITY RECOGNITION AND SUCCESSFUL BUY-IN
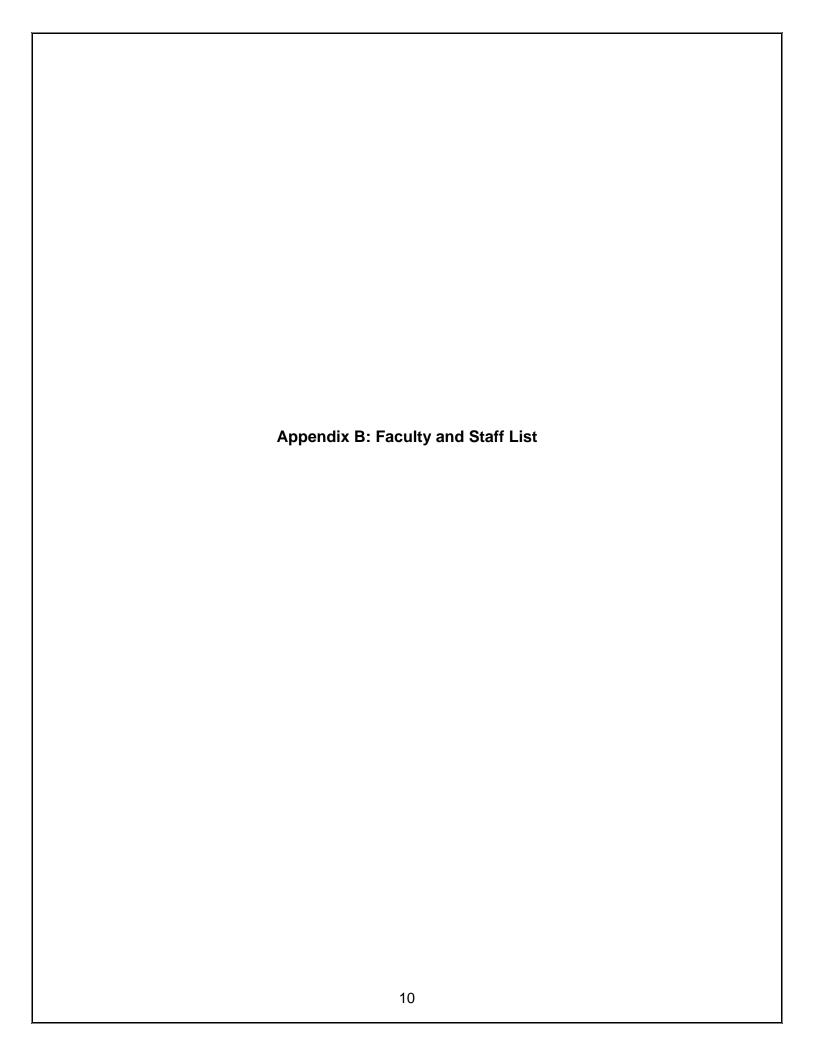
SPEAKER: CLARESA BLACKSMITH

3:00 -3:15 PM     BREAK

3:15- 4:00 PM     QUESTIONS AND ANSWERS

4:00 PM     Meet with Positive Indian Family Network Staff to Review Two Days of Technical Assistance and Discuss Next Steps

**Appendix B: Faculty and Staff List**

TANF TA Initiative Site Visit
Hoopa Valley Positive Indian Family Network
**Faculty and Staff List**

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