Summary of
The Tribal Symposium on Differential Response

August 31-September 1, 2011

A Project of the Children’s Bureau
US DHHS, ACF, ACYF

CFDA NUMBER: 93:670

2008-2013

This summary was funded by a cooperative agreement with the Children’s Bureau, U.S. Department of Health and Human Services as part of the Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) This product expresses the views of the authors, not the views of the Children’s Bureau.
# Table of Contents

Executive Summary .................................................................................................................. 4  
Tribal Symposium Summary .................................................................................................... 6  
  Overview ................................................................................................................................. 6  
  What is Differential Response? .............................................................................................. 6  
  Background: The National Quality Improvement Center on Differential Response .............. 8  
  Impetus for the Symposium .................................................................................................... 8  
  The Purpose and Goals of the Symposium .............................................................................. 10  
  Trends, Themes and Differences in Tribal Implementation of Differential Response .......... 11  
  Role of Culture in the Work .................................................................................................. 12  
  Building/Repairing Relationships .......................................................................................... 12  
  Altering Approaches .............................................................................................................. 12  
  Working Differently with Law Enforcement and Judicial Community ................................ 12  
  Stages when families are approached and engaged ............................................................... 13  
  Components for Successful Implementation ......................................................................... 13  
  What are questions that remain? .......................................................................................... 14  
Participant List .......................................................................................................................... 15  
Appendix B. Individual Tribal Summaries ................................................................................. 18  
  Chippewa Cree ...................................................................................................................... 19  
    Background ......................................................................................................................... 19  
    DR Implementation ........................................................................................................... 19  
    Stakeholder and Family Involvement ................................................................................. 19  
    Data Collection .................................................................................................................. 20  
  Confederated Tribes of the Umatilla Indian Reservation ...................................................... 21  
    Background ......................................................................................................................... 21  
    DR Implementation ........................................................................................................... 21  
    Data Collection .................................................................................................................. 22  
  Bureau of Indian Affairs (BIA), Rocky Mountain Region Implementation of Differential Response in Tribal Communities: Fort Peck, Northern Cheyenne and Crow Agencies .............................................. 23  
    Background ......................................................................................................................... 23  
Crow ......................................................................................................................................... 27
<table>
<thead>
<tr>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background and Implementation Activities</td>
</tr>
<tr>
<td>Fort Peck</td>
</tr>
<tr>
<td>Northern Cheyenne</td>
</tr>
<tr>
<td>Osage Nation</td>
</tr>
<tr>
<td>St. Regis Mohawk Tribe Implementation of Family Assessment Response</td>
</tr>
<tr>
<td>About the Community</td>
</tr>
<tr>
<td>The Tribe’s Child Protective Services Work</td>
</tr>
<tr>
<td>Implementation</td>
</tr>
<tr>
<td>Challenges</td>
</tr>
<tr>
<td>Data</td>
</tr>
<tr>
<td>Community Resources (Formal and Informal)</td>
</tr>
<tr>
<td>Community Response to DR</td>
</tr>
<tr>
<td>Families’ Responses to DR</td>
</tr>
<tr>
<td>Appendix C. Symposium PowerPoint presentations</td>
</tr>
<tr>
<td>Chippewa Cree</td>
</tr>
<tr>
<td>Confederated Tribes of the Umatilla Indian Reservation</td>
</tr>
<tr>
<td>Bureau of Indian Affairs (BIA)</td>
</tr>
<tr>
<td>Crow</td>
</tr>
<tr>
<td>Fort Peck</td>
</tr>
<tr>
<td>Northern Cheyenne</td>
</tr>
<tr>
<td>Osage Nation</td>
</tr>
<tr>
<td>St. Regis Mohawk Tribe Implementation of Family Assessment Response</td>
</tr>
</tbody>
</table>
Executive Summary

This report provides a brief overview of the Tribal Symposium on Differential Response, held at the Department of the Interior in Washington, D.C. on August 31 and September 1, 2011. Participants included representatives of seven tribes, Department of Interior, Bureau of Indian Affairs, the Administration on Children and Families, Children’s Bureau, national nonprofits, and the National Quality Improvement Center on Differential Response in Child Protective Services.

Purpose
Because so little has been known about how differential response (DR) is utilized in Indian Country, the Tribal Symposium on Differential Response was held to create a learning environment that included tribal leaders, administration officials, policymakers and others; and to provide an arena for tribes to share their specific tribal perspectives, experience and wisdom regarding the implementation and practice of differential response in their child protective services agencies. Information gained through the Symposium will contribute to building the national knowledge base about differential response in the United States.

Process
Staff from the Quality Improvement Center on Differential Response (QIC-DR) and its National Advisory Committee (NAC) approached tribes known to be using differential response, and with whom staff had existing relationships, and asked them to share their DR experiences and knowledge by the developing an individual tribal summary which tribal representatives could present at the Tribal Symposium. Selection of tribes was based on: 1) stage of implementation of DR; 2) geographical diversity; 3) tribal interest in participation; 4) recommendations from NAC, the Rocky Mountain Region of the BIA, and the National Child Welfare Resource Center for Tribes. Tribes then determined if they would like to be involved, what the partnership with the QIC-DR would look like, how they would participate in the creation of the individual tribal summaries, and who their representatives would be at the Tribal Symposium.

Major Themes
The following themes emerged as a result of this Symposium:

Role of Culture: Each tribe shared how their culture has been woven into the implementation and practice of differential response. Some examples included involving elders in helping with parenting skills, using clans as specific supports and resources, and providing Equine Therapy.

Relationships: Engaging and involving families and communities in ways that include sharing power, decision making and building partnerships, have led to increased trust which has helped create new relationships and repair existing relationships.

Altering Approaches: Tribes shared examples of some changes they have made in how they work with families, while using differential response, including: asking what families need rather than being prescriptive; working together with families to determine how long support
and services are needed, instead of automatically stopping services due to artificially-imposed limitations; and providing tailored and, at times, unique supports and services to address families’ needs.

**Working Differently with Law Enforcement and Judicial Communities:** In order to successfully implement differential response, tribes need the buy-in and support from law enforcement and the court system. Some ways that have been successful include providing training and ongoing information sharing meetings and opportunities to discuss differential response; CPS staff and law enforcement staff meeting together with families to discuss concerns and plan for safety; and holding community events activities that include participation by law enforcement and court staff.

**Stages when Families are Approached and Engaged:** When sharing information about their specific processes, it was evident that tribes differed in the stage in which differential response is offered to families. Some tribes offer Differential Response to families once it is determined that situation is low to moderate risk, often after the initial report or screening call, and no investigation is done. Instead, families participate in mandatory family assessments, and services offered to families are voluntary. Often, families have a voice in determining the length of services and support. Another tribal representative shared that they conduct an investigation on every family they serve, and if the investigation demonstrates that a family is at high risk of entering the child welfare system with children being removed from the family, a comprehensive assessment is conducted with the family to determine the family’s strengths and needs, an individualized service plan is developed with the family that uses the family’s strengths to address its needs.

**Components for Successful Implementation**

- Investment by key stakeholders/leaders is vital.
- Tribes can tailor differential response to meet their specific needs.
- Many of the principles of DR align with tribal values.
- Tribes are drawing from their traditions as they implement differential response which helps with community buy-in and in cultivating resources.

Individual Tribal Summaries and PowerPoint presentations are attached to the end of this report.
Tribal Symposium Summary

Overview
On August 31 and September 1, 2011, 45 individuals, representing seven tribes, Department of Interior, Bureau of Indian Affairs, Children’s Bureau, ACYF, Administration on Children and Families, U.S. Department of Health and Human Services, national nonprofits, and the Quality Improvement Center on Differential Response in Child Protective Services, came together in Washington, DC for the Tribal Symposium on Differential Response in Child Protective Services. The purpose of this symposium was to provide the opportunity for those gathered to share practice and dialogue about the implementation of differential response Child Protective Services in Indian Country.

With this Symposium Summary, the QIC-DR intends to share some of the main themes that emerged from this Symposium with the hope that it will benefit others interested in how tribes are interpreting differential response. The summary is organized in the following way:

First, it explains differential response in child protective services, as a way to establish a standard definition for this summary. Next, the QIC-DR is described, the purpose of the Tribal Symposium is presented, and the trends, themes and differences based on tribes’ presentations are identified. The summary concludes with what has been learned and questions that remain regarding differential response in Indian Country.

What is Differential Response?
Differential Response (DR) — also called “alternative response,” “dual track,” or “multiple response system,” in various jurisdictions — refers to a system reform that allows a CPS agency to respond in more than one way to screened-in reports of child maltreatment, in addition to meeting other core criteria described below. In 2006, American Humane Association and the Child Welfare League of America jointly conducted a national study of differential response models and cited the following as core elements of all DR models (Merkel-Holguin, Kaplan, & Kwak, 2006):

- Two or more discrete response pathways are used for screened-in reports, including an investigation response and a family assessment response;
- The establishment of discrete response pathways is formalized in statute, CPS policy, or CPS protocols;
- Initial pathway assignment depends on an array of factors (e.g., assessment of presence of imminent danger, level of risk, number of previous reports, source of the report, and/or presenting case characteristics, such as type of alleged maltreatment and age of the alleged victim);
- Initial pathway assignment can change based on new information obtained by the agency, altering the risk level or safety concerns;
• Services are voluntary in a family assessment response pathway: Families can choose to receive the investigation response or accept or refuse the offered services if there are no safety concerns; 
• Families served via a family assessment response are served without a formal determination of child maltreatment; and 
• Since no agency determination of maltreatment is made, no one is named as a perpetrator and no names are entered into the central registry for families served through a family assessment response.

Some jurisdictions also use both formal and informal response methods to provide voluntary assistance to families in screened-out reports. While this is another innovative method of prevention and early intervention, and is sometimes referred to locally as “differential response,” it is not the system reform covered in this summary.

Regardless of the pathway chosen, all screened-in cases receive some form of response from the child protective services (CPS) agency; the agency informs the parent or caregiver of the alleged concerns; and all cases are assessed for child safety, using standardized protocols and assessment instruments.

In the family assessment response, the agency’s focus is on child safety through engaging the family and meeting the family’s needs. There is no formal determination or disposition related to the specific allegation(s) that triggered the report (i.e., no “substantiation” of whether the reported incident of abuse/neglect occurred). In addition, no person or caretaker is named as a “perpetrator” in the CPS case files or in a statewide central registry. As long as there are no safety issues, families assigned to the family assessment response may choose not to accept available resources or services. Thus, their participation is completely voluntary so long as the safety assessment and other information gathered during the assessment process do not indicate that any child in the family’s home is unsafe. Given the partnership between the worker/agency and the family in assessing safety, risk, strengths and needs of the family during a family assessment response, if there are safety concerns, a safety plan is constructed and implemented. If the family and worker are not able to create a workable safety response for the child, the case can be reassigned to an investigation response.

In the investigation response, the CPS agency’s focus is on child safety through gathering evidence, making a formal determination of whether a particular allegation happened (“substantiation” or “indication”) and, if so, naming a specific “perpetrator” whose name will be entered into the case file and a central registry. Substantiated cases with immediate child safety threats on this pathway may require court action. Nationally, only 17.6 percent of confirmed child maltreatment victims have cases that result in court action. Unsubstantiated cases result in case closure although service referrals may still be offered to the family. In some jurisdictions, investigation cases with families in need of services and without immediate safety threats may be reassigned to the family assessment response for voluntary services and supports.
Given the interest in creating a way to serve the children who are reported to CPS, but who are not screened in to receive a formal response from the agency, the QIC-DR conducted a national survey to understand how prevalent this is occurring. What the survey showed is that “Of the 38 States that participated in this study and allowed disclosure of their responses, 14 States (9 with Statewide responses and 5 with responses in selected jurisdictions within the State) indicated the use of a formal, established pathway in their child welfare system that is dedicated to families whose reports did not meet the statutory threshold for a screened-in report of alleged maltreatment. Much like in the first two national studies of “Differential Response in Child Welfare” (2006 and 2009), this finding is not trivial. Instead, it is readily apparent that providing referrals, services, and/or interventions as soon as a family’s needs are identifiable has notable benefits.”¹

**Background: The National Quality Improvement Center on Differential Response**

In 2008, the U.S. Children’s Bureau awarded a grant to American Humane Association and its partners, Walter R. McDonald & Associates Inc. and the Institute of Applied Research, to operate the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). The QIC-DR focuses on advancements related to differential response, a CPS system reform that is being implemented in a growing number of States and countries. The QIC-DR’s purpose is to (1) design and conduct an evaluation to rigorously study implementation, outcomes, and cost impact of differential response in selected research and demonstration sites; (2) learn if differential response is an effective approach in CPS; and (3) build cutting-edge, innovative, and replicable knowledge about differential response, including guidance on best practices.

The QIC-DR spent its first year (2008-2009) conducting a comprehensive needs assessment to identify knowledge gaps in the field of differential response to select research priorities and to construct a rigorous, multi-method evaluation design to support research on differential response. The QIC-DR used a variety of methods to collect information and diverse opinions, including a literature review; multidisciplinary summits; individual interviews of child welfare administrators, supervisors, line workers, attorneys, and judges; a web-based national survey; focus groups with a variety of stakeholders; and listening sessions to hear from families who experienced a non-investigation response. It collected information about the history of differential response and similar CPS system reforms; the strengths and challenges of developing, implementing, and sustaining these reforms; and the effects on children, families, child welfare professionals, and other stakeholders. All of these activities added to a rich knowledge base about differential response and other innovative CPS reforms.

**Impetus for the Symposium**

The National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) identified many knowledge gaps related to differential response through a

¹ Quoted from QIC-DR Issue Brief Formal Public Child Welfare Responses to Screened-Out Reports of Alleged Maltreatment, Caplan and Morley, November, 2011, p. 10
comprehensive needs assessment that occurred during the QIC’s first phase between 2008 and 2009. As the project team worked with the Children’s Bureau and the QIC-DR National Advisory Committee to finalize the three core research questions for the project, it became particularly evident that there is a dearth of knowledge related to how tribal communities may be implementing differential response. The project team was hopeful that a competitive tribal application would be submitted and selected as a research and demonstration (R&D) site. In December 2009, two county consortiums and a state were selected as R&D sites. While this combination of sites will provide the child welfare community with much learning and better answers to the three research questions, there is much knowledge to be gained related to differential response in tribal communities. After much discussion with Lucille Echohawk from the QIC-DR National Advisory Committee (NAC) and multiple project team members, the QIC-DR developed a comprehensive strategy to gather such information. The QIC-DR’s believed it was vital to gain a better understanding of differential response in tribal communities by providing an arena for knowledge development with tribal groups and those who work with tribal groups. The three goals, which synergistically align with the overall QIC-DR goals, included:

1. Convene a group for the purpose of sharing information about differential response implementation in tribal communities to help the QIC-DR better understand how families are responding; what learnings have been gained through implementation and practice; which strategies and approaches are most effective; how safety concerns are identified and addressed; barriers to implementation; the particular needs of American Indian communities; and the communities’ response to Differential Response.
2. Provide leaders and visionaries the opportunity to highlight their innovative differential response work taking place in tribal communities;
3. Inform policy and decision makers in both the tribal policy group and dominant cultural groups about the status of differential response work in tribal communities and the framework needed to support the work.

To begin the process of preparing for the Tribal Symposium, QIC-DR staff and National Advisory Committee members approached several American Indian tribes, inviting them to share their DR experiences and knowledge through the development of an individual tribal summary which would be shared in this Symposium report and could form the basis for the presentation at the Symposium. Partnerships were built by harnessing existing relationships with individuals, tribal communities in tribal communities, and organizations by personally approaching them to share the goals and intentions of this endeavor and inviting them to contribute to this important knowledge building activity. Selection of tribes was based on: 1) stage of implementation of DR; 2) geographical diversity; 3) tribal interest in participation; 4) recommendations from NAC member Lucille Echohawk, the Rocky Mountain Region of the BIA, and the National Resource Center for Tribes.

QIC-DR staff held conversations with representatives of the previously identified tribes. At the conclusion, the tribes determined if and how they would like to partner with the QIC-DR. This included a decision to participate in this activity, and how the individual summaries would be
created, including what roles they would like to play in the writing, editing and finalization process. These preparatory activities were essential to creating an inclusive Symposium and helped guide the construction of the agenda, in addition to laying a foundation from which tribes built and shaped their summaries and presentations.

**The Purpose and Goals of the Symposium**

The main purposes of the symposium were to create a learning environment that included tribal leaders, administration officials, policymakers, and others to:

- Increase awareness and understanding of differential response;
- Help tribal communities explore how differential response may enhance the ways in which Indian families are served through CPS systems, that is, the provision of non-investigative approaches for lower risk situations;
- Consider how differential response may impact disproportionality and service disparities;
- Identify existing knowledge gaps around differential response in tribal communities, comparing them to the gaps identified by the QIC-DR in Year 1.
- Bring together leaders to share their wisdom and experiences about DR implementation in tribal communities; and
- Provide many opportunities for knowledge development through the interchange of ideas via presentations and discussions.

To achieve these goals, the QIC-DR invested time and effort to ensure a broad spectrum of representatives attended. This resulted in the following tribes and organizations gathering at the Department of the Interior in Washington DC, for the Symposium:

**Participating tribes:**
- The Chippewa Cree Tribe of the Rocky Boy’s Reservation, located in North Central Montana.
- The Confederated Tribes of the Umatilla Indian Reservation, in eastern Oregon.
- Crow Agency, Bureau of Indian Affairs, in eastern Montana, 60 miles from Billings.
- Fort Peck Agency, Bureau of Indian Affairs, located in northeast Montana, 354 miles from Billings.
- Northern Cheyenne Agency, Bureau of Indian Affairs, in eastern Montana, 103 miles from Billings.
- The Osage Nation, located in northeastern Oklahoma.
- The St. Regis Mohawk Tribe, in northern New York, at the U.S. and Canadian border.

**Participating Organizations:**
- Administration on Children, Youth & Families, Department of Health & Human Services
- American Humane Association
- Association of American Indian Affairs
- Bureau of Indian Affairs
- Bureau of Indian Affairs, Rocky Mountain Region
Trends, Themes and Differences in Tribal Implementation of Differential Response

Collectively the tribes painted a portrait that included consistent and common challenges that impacted the implementation of differential response. High unemployment, substance abuse, violence and youth suicide rates, in addition to a lack of housing and transportation are some of the most daunting challenges. For many of the tribes, the lack of proximity to cities exacerbates many of these challenges, strongly limiting employment opportunities, substance abuse, mental health and other services, and transportation resources. Under these circumstances, the implementation of differential response could be seen as difficult at best, yet tribes are making it happen.

Based on the pre-symposium visits to tribal communities and the presentations made at the Symposium, a number of trends, and similarities and differences were identified in relation to the tribes’ implementation of differential response. From a context standpoint, it is important to note that of the seven tribes that participated in the Symposium, the following common elements were present in the majority their DR models:

- Use of two or more discrete responses to reports of maltreatment.
- Assignment to a response pathway is determined by an array of factors.
- Ability of families who receive non-investigatory response to accept or refuse to participate in differential response or to choose investigatory response.
- Family Assessment is REQUIRED, and families’ participation in services is voluntary.
- There are no labels and no findings of maltreatment, as no formal investigation is conducted.
- Cases can be switched to Child Protection when safety concerns exist and these concerns are not able to be addressed appropriately through a DR pathway.

The seven tribes that participated are not a nationally represented sample, given that there are currently 565 recognized tribes and many other tribal communities that have their own ways of working to address child safety concerns with families.

Similar to States and counties, tribes use different terminology in reference to DR. Some tribes stated that they haven’t called their work DR because it has always been seen as good practice and wasn’t seen as a “different” or “alternative” to how they traditionally respond, as it has
been their primary way of working with families. There was some discussion how it might be useful to use common terminology in tribal communities to discuss this innovation.

**Role of Culture in the Work**
Tribal culture and values have had an important role in how DR has been implemented; how families have been engaged and served, and how communities have been included in partnering with child welfare and with families. Tribes are educating and informing service providers, tribal elders, stakeholders and their communities about DR, and at times are inviting these groups to assist with planning and implementation. By taking these steps, tribes are encouraging connections between these groups and families, often resulting in more culturally-relevant services and activities, and families becoming more actively involved in their communities. Some examples of how tribes are weaving their cultures into DR include: having elders present during parenting time to share traditional parenting ways; involving families in tribal ceremonies and traditions; utilizing the Clan system to engage extended family and kin for support and traditions; using the tribal tradition of turning to family first for alternative placements when needed; using Equine programs with families; using inclusive, positive language and actions when approaching families; and conveying respect for unique ways families may choose to address the concerns.

**Building/Repairing Relationships**
Tribes discussed seeing DR as a way to build and repair relationships with families and communities, because differential response approaches emphasizes engagement and building partnerships, helps keep families together, increases opportunities to establish positive experiences through interactions, offers responsive and timely services, and includes parents and families to be actively involved in assessing, decision making and planning. As some of the tribes reported, these emphases often increase the level of trust between families, communities and the child welfare system. One thing that is common to all approaches and programs: the goal is to eliminate unnecessary removals from the home.

**Altering Approaches**
Some of the ways tribes reported altering their approaches in child protection include: using language that is more positive, inclusive, and strength-based; checking with families to determine when they are available to meet, instead of making unannounced home visits; asking what families need rather than being prescriptive; partnering with families to assess their needs, make decisions and create plans, rather than telling families what the system’s plans are for them to address the system’s concerns; working together with families to determine how long support and services are needed, instead of automatically stopping services due to artificially-imposed limitations; and providing tailored and, at times, unique supports and services to address families’ needs.

**Working Differently with Law Enforcement and Judicial Community**
Due to the active roles that law enforcement and courts often have with families that come to the attention of the child welfare system, tribes have worked to educate, inform and achieve buy-in from these entities. Some of the ways tribes have effectively partnered with law
enforcement and courts are by having officers and child welfare staff meet with families to assess their needs; teaching them to utilize specific types of engagement and assessment skills that are prevalent in DR work; planning activities and events that include participation by court and law enforcement representatives; and holding ongoing meetings with these representatives to discuss DR and encourage communication.

Stages when families are approached and engaged
While many of the tribal representatives talked about two or more pathways to approaching families, there were some differences as to when families were approached. Some tribes offer Differential Response to families once it is determined that situation is low to moderate risk, often after the initial report or screening call, no investigation is done; instead families participate in mandatory family assessments, and services offered to families are voluntary. Often, families have a voice in determining the length of services and support. Another tribal representative shared that they conduct an investigation on every family they serve, and if the investigation demonstrates that a family is at high risk of entering the child welfare system with children being removed from the family, a comprehensive assessment is conducted with the family to determine the family’s strengths and needs, and an individualized service plan is developed with the family that uses the family’s strengths to address its needs. The caseworker monitors the services while advocating for the client with the service provider when appropriate.

Components for Successful Implementation
In identifying some of the components for successful implementation in tribal communities, the following were noted:

- **Investment by key stakeholders/leaders is vital.** This investment often sets the climate that nurtures implementation, supports development, enhancement and sustainability of resources, and may help with addressing resistance. Buy-in and endorsement by elders, leaders, councils and other influential community members strongly impact how differential response is received by service providers and families.
- **Tribes can tailor differential response to meet their specific needs.** Tailoring allows for communities to take ownership of differential response which provides relevance and authenticity in how the work is conducted and in how families are served.
- **Many of the principles of DR align with tribal values.** Aligned values include autonomy and respect for others, cooperation and group harmony, extended family members share the responsibility of raising children, and children are at the center of the community. This alignment may increase the resonance communities experience when using differential response.
- **Tribes are drawing from their traditions as they implement differential response which helps with community buy-in and in cultivating resources.** By drawing from their traditions, tribes may incorporate culture, wisdom, and history which may guide implementation and influence how the work is done.
These components overlap those of other communities regarding what lends to successful implementation. There is growing literature regarding the implementation of differential response from various states, counties, and non-profits that talk about what leads to successful implementation. More information can be found in the Differential Response in Child Protective Services: A Literature Review [http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf].

**What are questions that remain?**

QIC-DR is in partnership with three Research and Demonstration sites conducting research that will be available in 2013 to answer some questions about differential response. Tribes noted that data and outcome information that they are able to collect is limited. They have many of the same questions that everyone else has:

- Does differential response decrease future reports regarding the same family with the same concern?
- Does differential response decrease the number of high risk situations as a result of concerns being addressed before they may escalate?
- What is needed to sustain differential response when there is high staff turnover, or when an organization is short-staffed, or when there are changes in leadership?
- Will there be an increase in requests by families wanting to be served through differential response if they begin to trust the child welfare agency and find it helpful?
- How will differential response impact families dealing with challenges including poverty, substance abuse, violence, suicide, and lack of housing and transportation?
- What role does differential response play in helping communities to heal?
- How can the work of differential response be sustained with limited funding?
- What array of services do tribes need for differential response?
- How can tribes develop an array of in-home services to strengthen their response?
- How can potential partners be encouraged to play a role in the implementation of differential response?
- What will the impact of DR be on the next generation of adults raising children?
- Once tribal governments see themselves as stakeholders with differential response, what impact does that have on how they make decisions regarding funding and how the child welfare department is perceived?

The following sections of this report provide rich detail about the implementation of DR. The QIC-DR hopes that the relationships that were formed will help support tribal representatives in furthering their work. For further information and resources regarding differential response can be found at [http://www.differentialresponseqic.org/](http://www.differentialresponseqic.org/)
# Participant List

## Tribal Symposium on Differential Response in Child Protective Services
Washington, DC; August 31 – September 1, 2011

### The Chippewa Cree Tribe of the Rocky Boy’s Reservation

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<th>Tracy Henderson</th>
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### The Confederated Tribes of the Umatilla Indian Reservation

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<th>Al Humphrey</th>
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### Crow Agency, Bureau of Indian Affairs

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<th>Deborah Stiffarm-Rattler</th>
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### Fort Peck Agency, Bureau of Indian Affairs

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<th>Jackie Tang</th>
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### Northern Cheyenne Agency, Bureau of Indian Affairs

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Appendix B. Individual Tribal Summaries
**Chippewa Cree**

**Background**
The Chippewa Cree Tribe is located in North Central Montana, on Rocky Boy’s Indian Reservation, 50 miles from the Canadian border and 26 miles from Havre, MT (the nearest town). The Tribe has a population of 6,656. The unemployment rate on reservation is 70 percent. The Chippewa Cree is a self-governance tribe. The Tribe operates through a tribal government, including a judicial system comprised of the tribal courts, which hold jurisdiction for criminal, civil and child welfare cases on the reservation.

The Tribal Human Services Department (the Department) is responsible for responding to child abuse and neglect referrals. The child welfare process begins with referral of reports of abuse or neglect. There are currently four staff who handle child welfare cases. The Department has two tribal IV-E-funded employees. The IV-E staff have access to the State’s Child and Adult Protective Services CAPS system, so all data on IV-E-eligible clients are entered into that system for verification purposes. The caseworkers follow up on the referrals and make a determination about whether a case is a child custody issue, and/or if the situation is substantiated or unsubstantiated. If the reports are unsubstantiated, the case file is closed. If the reports are substantiated through the caseworker’s investigation, the case file is referred to and reviewed by the child protection team (CPT). Safety concerns are put into a formal report and followed up on by the caseworkers to ensure that children are safe from violence, abuse and/or neglect. Further child welfare action is determined based on staff discussion of the case. Caseworkers have a mixed caseload of differential response (DR) and investigation cases.

The Department began implementing DR in September 2010. The Department had already been implementing Family Preservation program services, which support the DR approach. All child welfare cases are eligible for DR. Investigative cases focus on child abuse and neglect, whereas DR cases focus on preserving the family unit and assisting parents with services. The Chippewa Cree Tribe has a Memorandum of Agreement (MOA) between the Human Services Department and stakeholder agencies. The MOA allows Human Services to refer clients to other departments and services within the community.

**DR Implementation**
The Department has not had any challenges or barriers to implementation of DR. There has been positive feedback on DR, and it has helped many families seek help through traditional and customary methods unique to the Chippewa Cree Tribe. DR has brought many families together, whereas before, children were removed from their homes. The Chippewa Cree Tribe Traditional Circle of Elders, known as the Peacemakers, are utilized as a resource for providing fair, informal and traditional means of resolving disputes in accordance with the Tribe’s traditions and customs.

Extended family, such as grandparents, plays a huge role in family values and parenting. Parenting/nurturing classes are provided to parents/caretakers who are receiving DR. The classes are conducted by staff, who take into consideration the extended family’s value system,
and program practitioners often seek advice from grandparents, elders and those from the Peacemaker Circle for guidance on parenting/nurturing of the child.

**Stakeholder and Family Involvement**

The Chippewa Cree Tribe Human Services Department, along with core team members who work in the Child Welfare Department and other departments within the community, are the key stakeholders involved in the implementation of DR. An MOA was developed between the community stakeholders and the Department, which allows for referral of clients to other departments for services that the client may need. The relationships between the Child Welfare Department and other entities in the community have improved and strengthened due to the MOA and the services provided by the Family Preservation program.

Due to tribal elder guidance and support, clients have responded positively to services offered, and have increased their participation in classes and other services. Extended families have always been involved with social services, if they are able. This is part of the Indian Child Welfare Act’s philosophy, which initially drew the Department to the DR approach. Indian grandparents frequently take care of their grandchildren when the parents cannot. This can become problematic, at times, if caregivers enable problem behaviors (e.g., enabling alcoholic parents to not take responsibility for their children). Since implementing DR, the Department has seen an increase in extended family/kin involvement. This has impacted (reduced) the number of children being removed from their family homes.

Some families that become involved with the Department are responsive, and some are still unsure of what DR means. For some caregivers/families, tribal elder guidance and support has helped families respond positively to services offered, and has increased participation in services. The Department has found that utilizing the traditional customs and beliefs of the Chippewa Cree Tribe, as well as the Tribe’s strategies and approaches to child welfare issues, has been more effective with families, as numbers in child removals have decreased.

**Data Collection**

Currently the Department utilizes the Adult-Adolescent Parenting Inventory®, which is a survey given to families who participate in the parenting/nurturing classes offered through the Family Preservation program. Participation has increased since initial implementation. Prior participation was sporadic but has become steadier with the increasing numbers of families utilizing DR. Participation is tracked through class sign-in sheets.

Chippewa Cree: PowerPoint Presentation
Confederated Tribes of the Umatilla Indian Reservation

Background
The Cayuse, Umatilla and Walla Walla peoples make up the Confederated Tribes of the Umatilla Indian Reservation in eastern Oregon, established by a treaty with the United States in 1855. The three tribes were united into a single tribal government in 1949 when its constitution and by-laws were adopted. The Tribe currently has over 2,800 tribal members who continue to care for and live on their ancestral homelands.

The Confederated Tribes of the Umatilla Indian Reservation finds and declares that the young people of the Tribe are its most important resource and their welfare is of paramount importance. Accordingly, the Tribe has adopted the following statements of policy:

1. The Tribe shall exert and utilize the fullest extent of its authority to protect its young people and keep them within the tribal community;
2. Tribal jurisdiction over all matters involving juvenile tribal members shall be preferred over any other jurisdiction;
3. It is important that the young people of the Tribe receive, preferably within their own homes, the care and the guidance needed to prepare them to take their place as adult members of the Tribe;
4. Traditional concepts, including, but not limited to, the importance of extended family and the obligations of family members to one another, shall be maintained and adhered to; and
5. The Tribe, through its offices and tribunals, shall protect the child’s interest by choosing a course of action which least restricts the child’s freedom and is consistent with the safety and best interest of the Tribe.

The mission of the Department of Children and Family Services is “to protect abused and neglected children, to support the efforts of families to care for and parent their own children safely, and to provide quality care and permanent families for children in placement with parents or extended family members, tribal members, members of other tribes, foster parents and state and federal entities.”

DR Implementation
In 2009, it was decided that the number of children in care should be reduced. On behalf of the Child Welfare League of America, an assessment was conducted to help move the process from a punitive approach to a prevention/differential response (DR) approach. Since then, the number of children in tribal care has been reduced by 80 percent. Previously, the assessment tool used was 27 pages; it is now just a few pages. When investigators are called, they utilize the tool to determine whether all safety issues can be addressed via a DR approach. If not, then it is an investigative case. Tribal caseworkers have both DR and investigation caseloads.
In the shift from a punitive approach to a prevention/DR approach, staff agree that the trauma of removing children is much greater than working out alternatives so that children can be safe and be with family if at all possible. Family group conferencing (FGC) is utilized early on if it is needed and appropriate in order to facilitate family cooperation and support. In most cases, using wraparound services works well. Staff have also promoted voluntary relinquishments and experienced success. In all cases, there is always consideration of the cultural element, which, of course, can be very important to the well-being and stability of tribal families.

Among the many partners/stakeholders working with the Department is the tribal court, whose chief judge is very focused on trying to keep families together and out of the court. It is also important to note that, in the past few years, staff have gone out of their way to improve relationships with vulnerable families and the community. Noting that little things can make a big difference, staff have been known to take meals to grandparents caring for their grandchildren, as well as doing minor car repair to make life easier for families in distress.

**Data Collection**
As with foster care cases, data are collected on DR cases. Very soon, the Tribe will have direct access to the new state SACWIS system; Oregon tribes assisted in the design of this system. The Tribe plans to maintain its own data system so that comparisons can be made with what is reported out of the state system on their children.
Bureau of Indian Affairs (BIA), Rocky Mountain Region Implementation of Differential Response in Tribal Communities: Fort Peck, Northern Cheyenne and Crow Agencies

Background
In early 2010, the Rocky Mountain Region of the BIA (Regional Office) introduced differential response (DR) to tribal communities in Montana. Since DR is consistent with the Indian Child Welfare Act (ICWA) of 1978, the Indian Child Protection and Family Violence Prevention Act of 1990, and Indian culture, as well as reflects the social service philosophy of the BIA, DR was seen as a good way to refocus the work being done with families in tribal communities.

The Regional Office identified the following as core elements of the DR approach:

- Use of two or more discrete responses to reports of maltreatment
- Assignment to response pathways determined by a variety of factors
- Response assignments can be changed based on assessment
- Ability for families to choose a DR or child protection (CP) investigation
- After assessment, services are voluntary for families in the DR path, provided no child safety concerns exist
- Child protection is the traditional route when immediate safety threats exist

In the spring of 2010, the Regional Office provided an overview and initial two-day training on DR to the tribal communities in Montana. Following these trainings, three social service agencies requested to be part of a DR demonstration project that was being planned by the Regional Office: Fort Peck, Northern Cheyenne and Crow. These three agencies are “direct service agencies,” with services and staffing provided/funded through and/or by the BIA. Tribes that are not direct service tribes are contracted under the Indian Self-Determination Act, with services and staffing provided by the tribe but funded by the BIA.

In July 2010, the Regional Office disseminated a memorandum to the initial three tribal agencies regarding the implementation of DR, including a policy statement requiring modification to the child protection system that was currently in place. The change primarily emphasized reaching out to families and providing services before they needed a more formal court response. The modifications remained consistent with ICWA and complied with the Indian Child Protection and Family Violence Act, as well as the Code of Federal Regulations Parts 20 and 23.

About the Regional Office
The Rocky Mountain Region serves seven Indian reservations in Montana and Wyoming. The tribal enrollment within the region, according to the 2005 Labor Force Data, was 65,163. The unemployment across the region averages 67 percent. Twenty-three percent of the population is employed, but below poverty guidelines. The region receives approximately 1,700 child protection referrals annually. In 2009, 78 percent of those cases were for neglect, 18 percent
involved drugs, 36 percent involved alcohol and 27 percent were reoccurring. Only 23 percent of the referrals were court-involved.

**DR Implementation**
Implementation on the Fort Peck, Northern Cheyenne and Crow reservations began in July 2010.

The Regional Office provided guidance to the initial demonstration sites regarding implementation. This guidance included:

- Intake procedures for child welfare referrals
- Assignment of cases to a response pathway
- Assessment process procedures
- Coordination of resources and collaboration with child protection team (CPT) and multi-disciplinary team (MDT) members

Any child welfare or service-only case is eligible for DR if there isn’t a need for protection of the child. Initial implementation guidance indicated that the child protection approach would be used for cases involving drugs, extreme mental health concerns, domestic violence, sexual abuse and physical abuse, or neglect that results in serious bodily injury. DR would be used for neglect cases and cases involving alcohol abuse.

**Lessons Gained While Implementing DR Thus Far**
It takes time to hire, train and secure staff buy-in to DR. Many staff are paraprofessionals and question their skills and ability to work with families. Staff are still unsure about engaging families, and rely on past practices. They are concerned that children may be left in unsafe settings, and tend to fall back on the practice of placing children when they are concerned about safety, rather than considering other solutions.

Supporting staff during this shift in practice is very important. The goal in this process is getting staff to think differently and identify the need for protection, or the problems that can be worked out without the need for foster care placement. This has been difficult and is an ongoing process. Staff struggle to understand the implications of DR and how they might apply it. This is a total shift in mind-set, and it has taken time for staff to grasp this shift. They have taken baby steps and continue to improve.

**Services for Families in DR**
The three demonstration sites provide child protection services to Indians on reservation. The State of Montana provides child protection services (CPS) to Indians off reservation. Once a referral is received and safety concerns assessed, eligibility for services is determined.

Each tribe has an ICWA grant. These grants serve Indian children involved with CPS off reservation, consider transfer of jurisdiction, and facilitate services when the case is transferred to the reservation. If an out-of-home placement is needed, placement is made, and if the child
is not eligible for Title IV-E services, they are provided services through the BIA Agency Office or tribal program if contracted.

**Key Stakeholders and Stakeholder Buy-In for the Implementation of DR**

It is important to include stakeholders that reflect the primary service providers in the community, along with other tribal programs. Such stakeholders comprise members of the CPT and MDT teams, including Indian Health Services, law enforcement, FBI, tribal court personnel, school/education staff and tribal contractors, to name a few.

Gaining buy-in from all community/tribal stakeholders hasn’t been possible in all instances, and work to bring them on board continues. Each community is different; some community resources truly want to be partners, whereas others question if DR really protects children.

**Barriers to Implementation**

Individual workers’ philosophical approaches to their work and their skill levels in engaging families impact how well the DR approach is implemented. Sometimes workers are afraid to try something different. This hesitancy can be misread by community partners and add to their fears about the approach. Providing training, ongoing support and consultation for staff is key to addressing this concern. Additionally, changing the perception of social services (child protection) is difficult and takes time.

**Changes or Additions Made to DR Policies and Procedures Since Initial Implementation**

Fort Peck, Northern Cheyenne and Crow agency staff received a total of three days of training, coaching and consultation in 2011. Each agency has implemented DR in its own unique way, based on the issues and barriers on each reservation. The consultation with each program highlighted some common process issues that needed clarification, as well as practice issues that need to be implemented.

Another policy memo was issued by the Regional Office on February 8, 2011. The memo focused on implementation. It emphasized the intake process, the goal of moving toward a “one worker one family” model, further clarification of terms or paths (CP or DR), group staffing, peer review and consultation, and the technical assistance process.

**Community Response to DR**

Each community structure is different, including its codes and legal systems. Northern Cheyenne may be more open to engaging families in services, whereas Fort Peck has a more legalistic approach and may monitor family progress more closely with tribal court involvement. Crow does both, but once its legal system becomes involved, it may be more directive and may preclude staff from using a DR approach.

Trying to educate the agencies and community resources about a new child protection approach can be challenging. Work continues in the education of existing service partners, building on what is already available in the community. Agency program staff have tried to gain
community buy-in to what agency programs are attempting to do by showing communities how DR is one part of the service delivery system.

**Family Responses to DR and Tribal Values and Ways**
Extended families have always been involved with social services, if they are able. This is part of the ICWA philosophy, which initially drew the region’s interest to the DR approach. Indian grandparents frequently take care of their children’s children when the parents are unable to do so. This can become problematic, at times, if caregivers enable problem behaviors (e.g., enabling alcoholic parents to not take responsibility for their children).

**Inter-Tribal Collaboration**
The region had joint training early in the process. Currently, the region has many vacant positions and staff are shared between programs so that there is open communication. A region-wide conference is held annually and includes DR workshops for all interested participants, including all tribes throughout the region and state personnel.

**Data Collection**

**Methods Used to Measure the Impact of DR**
Child protection data is compiled monthly. Tribal agencies compile this information and submit it to the Regional Office. The data includes the type of child abuse and neglect referral, whether alcohol or drugs were involved, if it was a reoccurring case, if siblings were involved and if the case was referred to court or social services.

A Financial Assistance and Social Services Report (FASSR), used for budgeting, is also reviewed. This report identifies service-only cases and child placement cases, along with other data. These figures will hopefully reflect a change, demonstrating that service-only cases are increasing and placement cases are decreasing.

**Bureau of Indian Affairs (BIA): PowerPoint Presentation**
Crow

The Crow Agency began implementation of differential response (DR) in July 2010. The Agency is one of three demonstration sites implementing the approach under the guidance of the Rocky Mountain Regional Office of the Bureau of Indian Affairs.

Each demonstration site was required to put forward a plan for implementation within its agency. The following is a summary of the Crow Agency’s activities thus far.

Background and Implementation Activities
The Crow Tribe is located in the eastern part of the state, 60 miles from Billings. The Tribe currently has a population of 11,407.

The Crow Agency’s social services program is a direct service program staffed by BIA personnel. In most instances, staff are local members of the community. BIA staff work closely with tribal programs and other resources. For instance, Crow has BIA law enforcement. Agents from the Federal Bureau of Investigation investigate sexual abuse, physical abuse or neglect which results in serious bodily injury. The agency has a law-trained prosecutor. Crow has a contract with the State to provide Title IV-E services.

Child abuse and neglect referrals made to the Agency are reviewed by a supervisor and assigned to the child protective services (CPS) worker. The CPS worker investigates the case and conducts the initial investigative safety assessment. The assessment is used to determine child safety, identify risk factors and determine if the case will be referred to DR. When a case is determined to be eligible for referral to DR, it is assigned to a designated worker who works with the family on issues/needs identified.

The Crow Agency has a contract with the Families First equine therapy program. This program is unique to the Crow Agency and has established a closer working relationship among tribal, State and Regional Office agencies. There is more coordination and cooperation between staff from these agencies. The Crow Agency utilizes this therapeutic approach with both investigated and DR families, as needed or as appropriate. Families referred to the equine therapy program have one day specifically set aside for them to work with therapy staff, and continue to participate in the program with other families. The goal of the program is to assess and address the family members’ developmental, communication and relationship needs, as well as building trust.

Crow: PowerPoint Presentation
The Fort Peck Agency began implementation of differential response (DR) in July 2010. The agency is one of three demonstration sites implementing the approach under the guidance of the Rocky Mountain Regional Office of the Bureau of Indian Affairs.

Each demonstration site was required to put forward a plan for implementation within its agency. The following is a summary of the Fort Peck Agency’s activities thus far.

**Background and Implementation Activities**
Fort Peck is located in the northeast part of the state of Montana. The largest city near Fort Peck Agency is Billings, which is 354 miles away. The climate is severe in the winter and frequently limits travel. The population of the Assiniboine and Sioux Tribes of Fort Peck is 11,640.

The Fort Peck Agency is a direct service program staffed by BIA personnel. Staff are local members of the community. BIA staff work closely with tribal programs and other resources. Around the time of DR implementation, the Agency Office resumed the child protection services responsibilities on reservation, taken over from the State of Montana. Resumption of this responsibility allows the Agency to follow more closely children involved with child protection. Fort Peck tribes contract law enforcement. Agents from the Federal Bureau of Investigation investigate sexual abuse, physical abuse or neglect which results in serious bodily injury.

The Agency’s initial implementation plan included using DR with voluntary case management cases for children and families. One worker was assigned to manage all DR cases. When safety concerns were present, parents were required to complete a case plan, similar to case plans offered to families with children in foster care placement. The Agency created a DR team to oversee cases that were referred to the DR worker for case management. The team met monthly to review services being provided to children and families, and to make recommendations as needed. Since initial implementation, there have been staff changes and this team meeting process has been modified.

Fort Peck has a Memorandum of Agreement identifying the State’s and the Agency’s Office’s responsibilities for providing child welfare services on reservation. The Agency has a PL 93-638 contract for the Family Violence Resource Center, which augments services by providing a forensic interviewer, home-based services and community education. The Resource Center recently changed its focus for service delivery from being a treatment facility to one that provides home-based services to children and families. This change allows the Resource Center worker to work more closely with the DR worker for coordination of services.

**Fort Peck: PowerPoint Presentation**

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2 Public Law 93-638 Contracting and Compacting; Indian Trust Self-Governance and Self-Determination Programs
**Northern Cheyenne**

The Northern Cheyenne Agency began implementation of differential response (DR) in July 2010. The Agency is one of three demonstration sites implementing the approach under the guidance of the Rocky Mountain Regional Office of the Bureau of Indian Affairs.

Each demonstration site was required to put forward a plan for implementation within its agency. The following is a summary of the Northern Cheyenne Agency’s activities thus far.

**Background and Implementation Activities**

The Northern Cheyenne Reservation is located in the eastern part of the state and is 103 miles from Billings, with a population 8,798.

Northern Cheyenne is a direct service program staffed by BIA personnel. In most instances, staff are local members of the community. BIA staff work closely with tribal programs and other resources. The Agency has a contract with the State to provide Title IV-E services, and has a PL 93-638 contract\(^3\) for the Rosebud Lodge, which is an emergency shelter for up to six children who are up to 12 years of age. Northern Cheyenne has BIA law enforcement agents from the Federal Bureau of Investigation who investigate sexual abuse, physical abuse or neglect which results in serious bodily injury. The Tribe has a law-trained prosecutor.

The Agency began planning for implementation by including several stakeholders and other interested parties in the initial training on DR. A meeting was scheduled to continue collaboration between the tribal social service agency and community stakeholders regarding the design/implementation of DR on the reservation.

The Agency’s child protective services (CPS) staff are assigned to take DR cases. The assessment process is similar to the investigation process, and if there are no safety concerns and risk is determined to be low, the case can remain in the DR pathway. Services to be provided to DR families include coordination of services with community programs and agencies.

The Agency experienced the hiring of several new staff early in the initial DR implementation. This required training staff on how to take referrals and make assessments. The child welfare referrals are staffed each morning; it is determined which are appropriate for DR. Initially, identifying cases as appropriate for DR was slow due to the recurring neglect reports and staff cautiousness about the approach. Ongoing staff shortages proved to be a challenge to the Agency’s initial implementation of DR.

**Northern Cheyenne: PowerPoint Presentation**

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\(^3\) Public Law 93-638 Contracting and Compacting; Indian Trust Self-Governance and Self-Determination Programs
Osage Nation

Background
The Osage Nation is a federally recognized and sovereign Indian nation contained within the territory of the United States and covering a reservation contiguous with the boundaries of Osage County in Oklahoma. Pursuant to a constitution ratified by the Osage people on March 11, 2006, and signed on May 6, 2006, the Osage Nation established a tripartite form of government consisting of an executive body headed by a Principal Chief, a legislature known as the Osage Nation Congress, and a judiciary headed by a Chief Justice and Associate Justices. Since the 1970s, the Osage Nation has grown from a handful of programs supported solely by grant funds to an organization that is the largest employer in Osage County with over 1,300 employees. In addition to seven casinos located from Tulsa to Ponca City to Bartlesville, the Osage Nation has more than 30 health, social services and education programs to offer constituents and communities in the area.

In 2006, the Osage Nation Congress adopted the following vision statement:
“The Osage Nation, being traditional people of respect, dignity, caring and compassion, envisions a holistic and comprehensive approach to the delivery of health, human and community services by providing the highest level of quality care and services while maintaining traditional Osage values, promoting a self-sufficient nation and continually changing responsibility to meet the needs of our nation.”

From that vision, the Osage Nation Congress adopted a strategic plan in 2007 that has become the guiding light for all of the tribal programs, including the Osage Nation Social Services Department (ONSS). In that plan, it is evident that all three branches of the Osage Nation government are committed to ensuring that all Osage children live in homes where they are safe, where they feel loved and nurtured, and where they are taught Osage culture, beliefs and traditions. One of the ways this can be achieved is by addressing the issues of child abuse and neglect.

The Tribe’s Child Protective Services Work
The Osage Nation Social Services Department (ONSS) has exclusive jurisdiction over all Indians residing on trust land within the territorial boundaries of the Osage Nation and has concurrent jurisdiction over all Osages, wherever they live. The ONSS service principles of foster care and family preservation are to ensure the safety of all family members; to avoid the unnecessary out-of-home placement of children and to help children who are in out-of-home care be returned to and maintained with their families or another planned permanent living arrangement as soon as safely possible; to enhance the parents’ ability to create safe, stable and nurturing home environments that promote healthy child development; and to assist children and families to resolve crisis, connect them with necessary and appropriate services, and remain safely together in their homes whenever possible. ONSS’ child and family services are community-based and involve parents, extended family, community organizations and others in the design and delivery to ensure accountability to Osage communities and to clients’ needs. The services are based upon the changing needs of children and families. A family or
individual does not need to be in crisis in order to receive services. One of the goals in the Tribe’s 2010-2014 Child and Family Service Plan calls for increasing the number of Osage families served via family preservation by collaborating more effectively with Osage County DHS and surrounding county DHS offices.

**Implementation**

Typically, family preservation begins when a child welfare investigation demonstrates that a family is at high risk of entering the child welfare system with children being removed from the family. Once identified, the family preservation/DR caseworker goes to the family’s home to conduct a comprehensive assessment to determine its strengths and needs so that an individualized service plan can be developed with the family. The plan will utilize the family’s strengths to address its needs. The caseworker will assist the family with arranging needed services while teaching the family members how to do those things for themselves. The caseworker will monitor the services while advocating for the client with the service provider when appropriate. A family preservation/DR case will last three to six months on average, but could take up to 12 months.

**Data Collection**

For the past few years, ONSS has been working with the Mountains and Plains Child Welfare Implementation Center (funded through the Children’s Bureau of the U.S. Department of Health and Human Services) and the National Resource Center for Child Welfare Data and Technology to develop and implement an automated case management system and data management system. ONSS employs a data management specialist to work with the technical assistance providers and staff to design and implement an appropriate data system.

Osage Nation: PowerPoint Presentation
St. Regis Mohawk Tribe Implementation of Family Assessment Response

About the Community
The St. Regis Mohawk Reservation is located in a rural area of upstate New York, with a population of 11,173. The Reservation is divided between two counties, Franklin and St. Lawrence, and two provinces, Ontario and Quebec. The community is very reflective of life in the North Country: small towns, long winters, locally-owned businesses with very few chains, and farming and hunting are common ways of life. The Reservation has benefited from the economic growth and modernization due to its two gaming facilities, the Akwesasne Mohawk Casino and the Mohawk Bingo Palace, as well as other building developments. This growth has supported the development of tribal programs and expansion of services. The St. Regis Mohawk Tribe is the only tribe in New York State that has a compact (i.e., tribal/state agreement) with the State to provide child welfare services. Besides New York City, St. Regis is the only non-county district that participates in the New York Public Welfare Association.

The Tribe’s Child Protective Services Work
Prior to 1993, Franklin County Department of Social Services, in Malone, New York, provided child welfare services to St. Regis. At that time, St. Regis began taking over by opening a satellite office, and on April 1, 1994, St. Regis started offering preventive services, foster care and adoption. In 2003-2004, St. Regis went back to the table with New York to amend the tribal/state agreement. In 2005, St. Regis started child protective services (CPS), and, in 2006, began offering adult protective services (APS). Temporary assistance and public assistance are still provided by Franklin County. St. Regis has access to Title IV-E funding on a limited basis.

St. Regis currently has 19 child welfare staff, including nine frontline caseworkers. In addition to CPS and APS, under the umbrella of the St. Regis Department of Social Services is the operation of the Akwesasne Group Home, Indian Child Welfare Program, Intensive Preventive Program, and Three Sisters—domestic violence prevention, education and support.

The multiple jurisdictions and the work with its child welfare/social services counterparts make St. Regis unique. Akwesasne Child and Family Services in Quebec and the Children’s Aid Society in Ontario encompass a large proportion of its cases for investigation or identification and utilization of services and resources for families. Often, when a case escalates, and either of the parents or child is in different jurisdictions, the laws in those jurisdictions may also differ. Cases are tracked and services are provided in the jurisdiction in which the child is located. As a result, parents may receive services if they are with the children, but if a parent is in another jurisdiction, he or she may not be able to access services.

The impact of the history of child welfare at St. Regis created a need for differential response to provide a more inclusive, respectful response when working with families. As one study states, “Their continual need to understand the dynamics of the tribal nations straddling the U.S. and Canadian border, the U.S. and Canadian federal governments, as well as the laws of two Canadian provinces, two New York counties, the State of New York and multiple law enforcement jurisdictions makes the legal complexities of the work in St. Regis unparalleled.
The reason this is significant is that the ongoing pressure of racist and reactionary interactions plagues the staff both personally and professionally.” Further, “The generational experience of discrimination and marginalization of community members, including these professional Indian workers, is deeply engrained and affects the work they do with families, despite their best efforts to break that mold. History speaks volumes, and these workers are trying to discover new ways to build trust with families whose trust has been violated time and time again, including the treatment of Indian families and the removal of Indian children over the past 100 years. That legacy of formal intervention that has decimated Indian families continues to have a profound impact on the CPS work on this Reservation in 2011.” (Ferguson, 2010)

**Implementation**

On April 30, 2009, St. Regis submitted an application to the New York State Office of Children and Family Services to begin to offer family assessment response (FAR). St. Regis was approved to begin FAR in November 2009. Currently, there are two FAR caseworkers who carry a mixed FAR/investigation caseload and two who are in training. FAR training includes FAR “101” process and practice training, and three two-day coaching sessions to date. Regarding training offered by New York State, St. Regis suggests combining FAR training with standard investigatory response training, so perhaps FAR would be seen as an equally foundational skill set for child welfare services.

St. Regis chose to implement FAR because of its emphasis on family engagement, with the hope that families will have a more positive experience working with the system and that families will be in a better place after their involvement with the system. Additionally, in the past, there has been a high frequency of repeated hotline calls regarding similar concerns of neglect within families, and St. Regis wanted to see if FAR would help address these concerns and decrease the calls.

As Agatha Thompson, Director of Services for St. Regis Department of Social Services, stated, “Prevention work was already occurring. FAR came in as an almost perfect fit between prevention and investigation.” The types of cases that are eligible for FAR include: inadequate guardianship, lack of supervision and educational neglect. Prior to FAR, these types of cases were often unfounded or there was limited follow through, whereas FAR would allow staff to work with the families and address their concerns and needs.

FAR differs from an investigative approach in several ways. First, attention is paid to the language used with families, such as “concerns” instead of “allegations,” and “we” instead of “you.” Emphasis is focused on building partnerships with families and assessing their needs in conjunction with the families, rather than informing them of the issues and what they need in order to address those issues. The length of a FAR case is 90 days and time can be extended if needed, while investigation cases with similar low to moderate risk concerns are open for 60 days.

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FAR is a family-led process, as the family takes the lead in addressing the concerns by developing a plan to access services, utilizing family and community support, and changing parenting strategies. When families utilize FAR, they choose the services they want. FAR-specific services, which are provided through the Intensive Preventive Program, can only be offered to families in which at least one enrolled tribal member is a part of the household. If the family household does not include an enrolled tribal member, other services can be offered, but not FAR-specific services.

Safety is assessed in FAR cases in many ways and many times throughout the life of the case. During the screening process, a safety assessment is completed by contacting the reporting source to get more information, checking for history on the state central registry, and setting an appointment with family and the alleged victim within one week of the report. Upon the initial meeting with the family, a Family-Led Assessment Guide (FLAG), which further assesses for safety, is completed. Safety is assessed during every visit and meeting, as well as when case reviews take place by a team of staff at the office to review issues of safety, case determinations/closings, service plans, etc.

St. Regis is working to gain buy-in and support regarding FAR from key stakeholders. These stakeholders include tribal government members, chiefs and sub-chiefs, the traditional council of the Mohawk Nation Council of Chiefs, and the counterparts within the Mohawk Council Akwesasne. In addition, St. Regis is sharing information about FAR with local service providers, such as mental health and substance abuse, local schools, and neighboring communities. It is a continuous process of informing people about the work, statistics and outcomes that are being noted as a result of FAR.

Casework staff at St. Regis state that the lessons they have gained through their FAR work include: utilizing specific engagement skills and activities with families; implementing new ways to get families involved with services; focusing on assessment and engagement rather than investigation/gathering information; and being consistent in how they are working with families by ensuring that their actions match their words. Staff identify the most effective FAR strategies to be the strengths-based perspective; the positive, inclusive language; having extra time to work with families in a more intensive manner and in the increased length of time that services are available; and flexible spending, which allows staff to tailor to the family’s needs.

Challenges
While implementing FAR, St. Regis has encountered some challenges. Staff turnover and changes have impacted implementation of FAR and group supervision. St. Regis needs to re-educate new staff about this new approach. St. Regis has historically struggled to maintain a well-trained and experienced staff due to these turnover issues. Additionally, the smaller staff size makes training difficult due to the logistics of coverage while large numbers of staff members are in training.

As a tribal structure, some internal processes can be challenging. For example, for staff to dispense FAR funds, they have to make a request to the accounting department, but for
accounting to release the check, the receiving person has to be a vendor to the Tribe. Some service resources are informal and located in rural communities, so it can be an obstacle if they are not vendors to the Tribe. St. Regis is working toward efforts to make this process more efficient and to expedite the process of accessing FAR funds. It is noted that this issue is happening systemically, regardless of department and funding area.

Another challenge is that many community members are unaware of departmental policies, services and procedures regarding abuse and neglect. Because of this limited knowledge, the public perception is vulnerable to negative myths that CPS “snatches children.” Due to cultural issues and history, these myths have a powerful influence on the public’s perception of the Department as being the entity at fault and thus losing focus on the alleged neglect and abuse. As a result, engaging the community regarding FAR is a slow, delicate process.

There have been a couple of changes made to FAR policies and procedures since initial implementation. In order to be considered for FAR, the family must have no indicated reports in last 12 months. Domestic violence cases will be considered case by case for FAR. In addition, families currently receiving preventive services are not eligible for FAR. No other changes have been made due to staffing patterns, since there are only four FAR workers and two of them are still in the process of training. St. Regis plans to expand its FAR services once all of its FAR staff are fully trained.

**Data**

As of October, 2011, there have been 21 families eligible for FAR, and four of the 21 have refused FAR. Out of the remaining 17 families that chose FAR, only one has received a new report after the FAR case was closed from the Statewide Central Registrar. Two have led to additional reports; this situation may occur when new concerns arise within the family above and beyond what can be effectively handled in FAR. For example, the need to utilize legal intervention will result in the case being re-reported and tracked in a traditional investigation. The remaining 14 closed FAR cases have not come back to the Department or had any new reports.

**Community Resources (Formal and Informal)**

There are several community resources available for families receiving FAR through the St. Regis Mohawk Tribe, including mental health services, health services, drug and alcohol services, housing department, and Boys & Girls Clubs. The Johnson O’Malley Program provides a summer program for youth and summer employment. The Akwesasne Employment Resource Center is another example of the partnership between the St. Regis Mohawk Tribe and the Mohawk Council of Akwesasne to assist with résumés and job coaching. The Tribe’s Higher Education Department provides education services that help students apply to college and financial aid. The Three Sisters Program offers domestic violence and sexual abuse counseling for women. The Intensive Preventive Program provides services for CPS and preventive cases, including helping eligible families with transportation, parenting programs and one-on-one mentoring with youth.
The local gas stations, cigarette shops and casino are employment resources. There is also a hardship fund, which is a pool of money for which people can submit an application, which goes before a review board for approval of up to $500 once a year. One of the FAR caseworkers has had previous work experience in almost every service program on the Reservation and thus has an understanding of what resources are available, when they can be helpful and how to access them, which is one of the reasons that he is a great asset to FAR and the families he serves.

Resources that are needed and not currently available at St. Regis are domestic violence and sexual abuse counseling services for men; housing and services for the homeless; transportation (public transportation options are minimal); and more adult services.

**Community Response to DR**

FAR is still relatively unknown in the St. Regis community, but most of those who have been offered FAR have accepted, and the majority of families have viewed their experiences as successful. The Department plans to use the Tribal Symposium on Differential Response and subsequent trainings to continue to inform the community. Staff will continue to set up booths at community events, as well as conduct presentations about FAR.

The community presentations have been successful at impacting the community. To take one example of how the community presentations have increased awareness of FAR, a school guidance counselor saw a presentation and called the hotline, stating that a family needed help addressing some issues but weren’t at high risk. The counselor suggested that FAR might be helpful for the family. That family was served through FAR and reported back that they received the help they needed.

Since FAR has been implemented, the relationship between the Department and other community service groups has improved because, instead of making referrals, the FAR worker only contacts the provider if the family agrees and wants the service. All parties are involved in the initial meeting to address the family’s needs. This process allows the Department to be in a partnering role with the family and the service providers. In addition, through this process, the family takes ownership of its role in the process of change, leading to successful outcomes for the family unit.

The respectful ways in which families are engaged and given choices to do things on their own terms through FAR reflect some of the important tribal values of St. Regis. The Tribe is a complex entity with families that have varying degrees of traditional and modern lifestyles and beliefs. The Tribe’s intention is to utilize FAR to give families the opportunity to participate in an alternative to traditional CPS investigations. With this course of action, the Tribe’s goal is to leave the family in a better place at the conclusion of the process. FAR offers the flexibility to acknowledge a family’s varying lifestyles and beliefs while addressing its unique needs through tailored engagement and services. Extended family and kin tend to be engaged through FAR if family support is available, which is typically at the beginning of the process, or at the point when the family recognizes that it needs help.
Families’ Responses to DR
The following is an example of how one family has responded to FAR. A mother of four stated, when she was first contacted by a FAR caseworker, that she was scared that her children were going to be taken from her. She said that after things were explained to her, and she was given more information, she felt better, and was glad that there were some services available to help her family. She remarked that it made a difference to have people who were not a part of her family’s issues get involved, because they provided different perspectives and were able to help each member of the family work through some of his/her challenges and make some changes. Mom did very well with one-on-one parenting education, which was provided in the home by an advocate; through this service she learned new parenting strategies and worked with the advocate to find employment. Her 17-year-old daughter agreed that some things were better, but she became tearful and shrugged her shoulders when asked what was making her cry. She provided minimal responses to a few probing questions, but she responded when asked some scaling questions, a tool used in FAR work. She revealed that she was struggling with some school issues, and was sad about a friend moving away soon. She agreed to talk about these issues in more depth with her caseworker, with whom she had built a strong therapeutic rapport and trust.

Another mother, who has utilized and depended on many services and interventions over time, including FAR, approached the Department with a complaint because she had been told that her services would be decreasing and she didn’t understand why. FAR staff spent time with her, noting her strengths and reviewing all of her progress, which helped her to understand that her need for services had decreased, while her ability to handle her family’s needs had increased. She felt scared, but ready to try life with fewer services. This mother testified to the help she received from the FAR caseworker and program in helping her to put her life back together.

St. Regis Mohawk Tribe Implementation of Family Assessment Response: PowerPoint Presentation
Appendix C. Symposium PowerPoint presentations

Chippewa Cree

The Chippewa Cree Tribe of the Rocky Boy's Indian Reservation
Montana

Human Services Division

Brenda Gardipee, Human Services Division Chief
Traci Henderson, ICWA

Introduction

Chippewa Cree Tribe is located on the Rocky Boy's Indian Reservation in North Central Montana. Our reservation is approximately 50 miles south of the Canadian border, and 26 miles from Havre MT, the nearest town.

The Chippewa Cree Tribe of the Rocky Boy's Reservation was organized in accordance with the Indian Reorganization Act of June 18, 1934. The governing document is the Constitution and By-laws of the Rocky Boy's Reservation, which was enacted in 1935 and amended in 1973. The Chippewa Cree Tribe operates through a Tribal Government, and currently there are 9 Business Committee members who serve on the Tribal Council. The present Chippewa Cree Governing Body are elected at large by the Tribal membership and serve staggered four-year terms. The Chippewa Cree Tribal Business Committee ensures that each program and employees comply with Tribal Ordinances.

The Chippewa Cree Tribal Judicial System comprises of the Tribal Courts which handles all jurisdiction for criminal and civil cases on the Rocky Boy's Indian Reservation. This also includes child welfare cases to be handled at the Tribal level.
COMMUNITY PROFILE

- Rocky Boy is located in a small, rural, isolated community in north central Montana.
- There are over 6,000 enrolled tribal members, with 3,500 residing at Rocky Boy.
- 65 – 85% of the population is unemployed.
- 51% of population is under the age of 21.
- Many cultural ceremonies, rituals, and protocols are still practiced today.
- The Cree Language is the predominant native language still spoken among tribal members.
Early Intervention & Prevention and HPPG

The Chippewa Cree Tribe was one of four tribes nationwide to receive President Obama's High Performance Priority Group Initiative. The Initiative was for the purpose of reducing crime on the reservation by 5% or more over a 24 month period.

As one of the long term goal under the strategic plan; the Early Intervention and Prevention Program was developed and implemented as part of the scope of work under the B.I.A. Meth Initiative funding.
STAKEHOLDERS

• CHIPPEWA CREE TRIBAL BUSINESS COMMITTEE
• LAW ENFORCEMENT/CRIMINAL INVESTIGATIONS
• JUDICIAL
• HUMAN SERVICES
• WHITE SKY HOPE CENTER/CHEMICAL DEPENDENCY
• CHIPPEWA CREE BEHAVIORAL HEALTH
• SCHOOLS
• FEDERAL BUREAU OF INVESTIGATION
• U.S. ATTORNEY’S OFFICE

DEFENDING CHILDREN INITIATIVE

The Chippewa Cree Tribe was one of eight grantees to receive a grant from the DOJ/OJJDP for purposes of developing a strategic plan to address violence against children. The planning grant is in the planning stages and has been working on the safety issues and collaboration in the community.
Defending Children Initiative

The Defending Children Initiative gave us the opportunity to assess the community on the general knowledge of violence on the reservation. Some of our findings were:

➤ Higher violent crime rates among juveniles
➤ Higher rates of alcohol and drug abuse
➤ Increase in the number of grandparents raising grandchildren
➤ Increased school absenteeism
➤ Increased rates of post-traumatic stress

Continued

➤ A survey of 48 children in the 6th grade at Rocky Boy found that 96% of children had clinically significant levels of violence exposure and 75% of those had clinically significant levels of PTSD symptoms (Morsette, 2009).

➤ A similar informal survey conducted with 14 at-risk adolescents between ages 12-17 found 71% of those youth had clinically significant levels of PTSD symptoms (YEP, 2010, unpublished data).
Factors Contributing

- Alcohol/Drugs
- Lack of Parenting/Role Models
- Lack of Activities
- Lack of Apathy
- Lack of Education
- Violent Media
- Family
- Poverty

Community Voice

- Programs to strengthen families and improve parenting skills
- Programs to increase self-esteem, learn how to solve differences without violence, and not give into peer pressure
- Programs to help youth do well in school
- Cultural activities
- Good jobs in the community
- Adults in the community for youth to talk to
- Strong anti-violence message from the community
- Increase policing
The Chippewa Cree Peacemaker Circle (Traditional Circle) was established to intervene in crisis and/or on-going cases under Human Services. This also became instrumental in cultural preservation for families.

The Peacemakers are nominated within the community during community meetings and follow up with training. Once they complete, they are appointed by the CCT Business Committee by resolution. There are 20 Peacemakers who currently serve the Peacemaker Circle.
A Cultural Context: Concept of Four

Utilizing Culture to Preserve Families

- Pow-wow Dancing, Singing
- Beading, Dreamcatchers
- Story Telling
- Round Dances
- Religious Ceremonies
  - Sweats
  - Feasts
  - Sun Dance
  - Giveaways
Peacemaker’s

- The Guiding Principles for the Peacemakers are
  - Prayers: Ka-ge-se-mo-win
  - Respect: Nän-a-che-to-win
  - Be kind to one another: Ke-ta-mag-a-to-win
  - Relations: Wah-ke-to-win
  - Compassion: Ki-se-wah-ti-se-win
  - Help one another: We-che-to-win
  - Spiritual love: Ki-si-ka-sah-ki-to-win

*The principles are reiterated in the Cree Language

Process for Family Preservation

Referrals are received by anyone or any service provider. Reports can go to Police Department, Human Services Department or the State of Montana Hotline.

Referrals are screened during staffing and determination whether child or children are in imminent danger of harm such as physical or sexual abuse, serious neglect situations. Determinations made on case by case basis.
Family Preservation

- Referrals may include:
  - Teen Pregnancy
  - School Absenteeism
  - Positive UA’s – Tribal TANF
  - Neglect situations that may deal with food, shelter, etc.
  - Lack of Supervision
  - Domestic Violence

Services

Under the newly formed Family Resource Center, the majority of the Family Preservation Services are facilitated within the center.
Services may include:
- Parenting with Elders Present to share traditional parenting in comparison to contemporary or western style parenting.
- Referrals for Chemical Dependency
- Referrals for Mental Health
- Transportation to appointments
- Emergency Assistance for basic needs or food, shelter, etc.
- Wrap Around
- Activities – Family Oriented
Activities in Conjunction with HPPG and Community Policing

- Community Summit “Building a Safe Community
- Spook Alley – Human Services and Police Officers dressed in costumes
- Christmas Gift Give-away to Elementary school students – police officer – Santa Clause
- Easter Egg Hunt – Human Services staff – Easter Bunny
- Swim Trip
- Youth Empowerment Program
The Human Services Department has two Preservation workers: an Intervention Worker and Family Preservation Worker. Each worker is able to provide services up to 10 cases per for six (6) months. Caseworkers provide intense services in the home and make visits on a weekly basis.
Protecting our Children is a Priority
In the Beginning

- 2007 CWLA was called in to assess
- Staffing levels – inadequate (eliminated)
- Children in custody – no court orders in place some UTL
- CTUIR made decision to do things right
  - Hire right staff
  - Best Practices
  - Economic investment
2007 CWLA report made the Following recommendations to the Department:

- Establish unifying philosophy & practice
- Establish commission
- Reconfigure DCFS to include only core child welfare & family services and re-assign DV & Veteran’s to other departments.
- Staff to meet nationally accepted work load standards
- Establish policy and provide support to ensure fairness, justice & equity
- Develop active family engagement approach.
- Strengthen CPS services
- Strengthen Foster care program
- Strengthen ICW case management practice.
- Establish clear administrative oversight, support & accountability.

Improvements since CWLA Report

- DCFS has established Policy and is writing a Procedure manual.
- DCFS Actively participates in the Child Protection Team.
- DCFS is re-organizing the department to more closely adopt the recommendations of the CWLA.
- DCFS is using the Family Group Conferencing Model to engage families and using prevention services to assure safety in at risk tribal families where possible.
Improvements since CWLA Report

• DCFS has adopted IV-e federal standards for licensing of Provider homes and is providing ongoing networking and training for providers.
• DCFS is actively recruiting tribal family homes
• DCFS is partnering with the state and other community resources to strengthen case management practices by accessing training to assure use of best practices.
• DCFS has established a clear chain of command to provide administrative oversight and accountability.

• Initially the system continued to work under the punitive model.
• In April of 2010 after staffing positions became vacant – need for alternative process so we did not regress in the process. To ensure a positive cultural component.
• Staff began to meet and look at doing things outside of the box, taking into consideration the Cultural element in order to promote the well being and stability of the CTUIR tribal families.
• Outside collaboration with other Tribal Agencies
• Looked at other agencies (State, Federal, and Tribal) to see what was working and what was not.
The process began to develop

- What would cause the least trauma to children and families
  - Wrap around services
  - Family Involvement (Family Group Conferencing) formal & informal
  - Safety plans (in home and out of home)
  - Created Voluntary Relinquishment (Durable Power of Attorney) to meet federal requirements for IVE
  - Brought our Stakeholders together in monthly meetings
  - Looked to the root cause of the problem not the symptom
  - Provide necessary services (Treatment, Mental Health, DV, etc.)
  - Provide financial support as needed to help process
  - Home services necessary as follow up
  - Basic case management – even though not CPS intervention

Funding Challenges

- Title IV-E - (Durable Power of Attorney) how to utilize IV-E without CPS intervention
- Title IV-B2 (Promoting Safe and Stable Families)
- Title IV-B1 (Stephanie Tubbs Jones CW services) Useful for staff training as well.
- Title IV-E (Administrative Reimbursement funds)
- Targeted Case Management Administrative Reimbursement funds (Medicaid)
- Title XX (Social Services Block Grant) Social Security Administration
- System of Care Grant (Community Mental Health Grant) State
2008 – 120 Referrals

2009 – 132 Referrals

2010 – 152 Referrals

2011 – 58 Referrals

DCFS – Child Welfare

Foster Care Statistics:

<table>
<thead>
<tr>
<th>YEAR</th>
<th># OF CHILDREN IN CARE</th>
<th>AVERAGE TIME IN CARE</th>
<th>AVERAGE TIME TO PERMANENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>39</td>
<td>3.38 Yrs</td>
<td>36 +</td>
</tr>
<tr>
<td>2009</td>
<td>28</td>
<td>2.25 Yrs</td>
<td>36 +</td>
</tr>
<tr>
<td>2010</td>
<td>13</td>
<td>1.15 Yrs</td>
<td>36 Months</td>
</tr>
<tr>
<td>2011</td>
<td>17</td>
<td>9 Months</td>
<td>15 Months</td>
</tr>
</tbody>
</table>
• **Wrap around services** – providing limited services to assist families in crisis which allow families to continue function, stay together and ensure child safety.
  
  2008 – 90 Families received services  
  2009 – 172 Families received services  
  2010 – 344 Families received services  
  2011 – 543 Families received services

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**Safety Plans** – providing services and monitoring for DCFS client families, assisting them with their protective capacities and alleviating safety issues in and out of their homes.

  2008 – 1 Safety Plan  
  2009 – 16 Safety Plans  
  2010 – 19 Safety Plans  
  2011 – 2 Safety Plans
**Family Group Conferencing** – assisting families to develop plans for providing safety to their family members.

- 2008 – 0 Conferences
- 2009 – 3 Conferences
- 2010 – 5 Conferences
- 2011 – 0 Conferences

**Voluntary relinquishments** - initiated by the family to limit court intervention and allow client families to improve safety in their homes with the aid of DCFS Foster Care, not to exceed a six month period. At the end of this time period DCFS will plan with the family according to their continued needs.

- 2008 – 1 voluntary relinquishment
- 2009 – 1 voluntary relinquishment
- 2010 – 2 voluntary relinquishments
- 2011 – 1 voluntary relinquishments
CPS Intervention – is based on content of the referral received and processed based on Tribal Code requirement and DCFS Policy.

2008 – 3 CPS Interventions
2009 – 11 CPS Interventions
2010 – 2 CPS Interventions
2011 – 3 CPS Interventions

Child protective service issues:

• Drug Use
• Alcohol Use
• Domestic Violence, children present
• Truancy issues (written into current juvenile code)
• Neglect
• Abuse and Physical Abuse
**Foster Home Statistics:**

20 Fully Licensed Foster care Provider homes
   14 - CTUIR tribal members
   3 - other native homes
   3 - non native homes
   5 Homes pending licensing; all CTUIR Tribal members.

10 of the homes are on the reservation
8 of the homes are off of the reservation

Currently 14 children in Foster care, 2 in residential treatment
and all are in native placements (most with relatives).

**Current Staffing with DCFS:**

12 Full time staff
   6 CTUIR Tribal Members
   3 Other Native
   3 Non Native
3 Current E-hire/Special Project Employees
   2 CTUIR Tribal Members
   1 Other Native
Bureau of Indian Affairs Social Services

Changing Directions in Child Protection
Working with Tribes
Differential Response Demonstration Project
Rocky Mountain Region

Map of BIA Regions- 12 Regions serve 564 Tribes
Rocky Mountain Region Serves Montana and Wyoming- 7 Reservations, 11 Tribes
Bureau Funded Child & Family Services

- **Services to Children, Elderly, and Families**
  - Child and Adult protection (depending on jurisdiction & tribal codes)
  - Social services to children & families; assist in daily functioning, address problems & prevent placement
  - Supervised Individual Indian Money (IIY) accounts; protect individual Indians (with special needs) financial resources

- **Child Assistance** financial assistance not provided by other Child placement costs
  - Payment rate same as state rate
  - Reason for placements: A need for protection
  - Services provided to children under the care & supervision of the tribe/agency not eligible for other programs e.g. Title IV-E

- **Indian Child Welfare Act grants to tribes**
  - Formula based grants to federally recognized tribes
  - Respond to notices from states to Tribes about Involuntary Child custody proceedings & provide required notice
  - Funds can be used as match with other federal funds

BIA Funded Social Services are Delivered by Tribes and BIA staff through:

- **Direct Services** – programs administered and delivered by BIA staff.

- **P.L. 93-638 Contracts** – funding contracted to the Tribe and program administered/delivered by tribal staff for services/activities the BIA would normally provide. The Tribe may contract a BIA program under 638 for the funding available in the BIA program. The BIA self-determination specialist and program staff provide technical assistance to the tribe. The contact proposal is either accepted or declined based on reasons specified in 25 CFR Part 900.

- **Self-Governance Compacts** funding compacted by Tribe, program administered/delivered by tribal staff, limited contact with BIA staff.

- **P.L. 102-477 Agreements** programs focused on obtaining and maintaining self-sufficiency, coordinated in a plan, and administered/delivered by tribal staff.
BIA Differences with Other Federal Programs

- BIA funds are used as base funding for tribal programs - they're ongoing and not time limited
- Funding is only for enrolled members of federally recognized tribes or Alaskan Natives on reservation or in designated service areas
- Program of last resort - clients are not eligible or served by other programs. Safety Net for American Indians and Alaskan Natives
- Individual's access to other programs may be affected by jurisdiction (PL-280) or tribally unique issues e.g. tribal codes, tribal courts, family values etc.
- State/tribal working relationships may affect state federally funded programs offered on reservation

Rocky Mountain Region CPT Data
FY 2010: 1625 Total CAN Referrals

- 23 % Substantiated
- 52% Unsubstantiated
- 73.9 % Neglect
- 13.8 % Physical Abuse
- 9.7 % Sexual abuse
- 22.4% Recurring case
- 39.6 % Alcohol involved
- 18.5% Drugs involved
- 6% Placement
- 12.6% Referral to court
- 38.2% Referral to Social Services
Northern Cheyenne
Child Protection Data for FY2011

- **367 Total Referrals**
  - 29% Substantiated
  - 69% Neglect Abuse
  - 10% Physical Abuse
  - 3% Sexual Abuse
  - 49% Involved Alcohol
  - 13% Involved Drugs

- 28% Recurring Cases
- 43% Siblings Involved
- 13% Placement
- 7% Referred to Court

Fort Peck
Child Protection Data for FY 2011

- **266 Total Referrals**
  - 33% Substantiated
  - 72% Neglect Abuse
  - 14% Physical Abuse
  - 11% Sexual Abuse
  - 27% Involved Alcohol
  - 8% Involved Drugs

- 34% Recurring Cases
- 15% Siblings Involved
- 3% Placement
- 5% Referred to Court
Crow
Child Protection Data for FY 2011

- **367 Total Referrals**
  - 15% Substantiated
  - 59% Neglect Abuse
  - 26% Physical Abuse
  - 12% Sexual Abuse
  - 27% Involved Alcohol
  - 16% Involved Drugs
  - 19% Recurring Cases
  - 59% Siblings Involved
  - 5% Placement
  - 21% Referred to Court

Core Elements of Demos at Crow, Fort Peck & Northern Cheyenne (BIADirect Service Programs)

- Initial training on DR April-July, 2010, and community meetings
- Developed policy statement for demo projects July 23, 2010 explaining the philosophy and changes
- Addressed
  1. Intake/referrals,
  2. Assignment of cases to response,
  3. Assessment process
  4. Coordinating resources
- 2 or more responses to CAN
- Ability of families to accept or refuse DR
- Assessment required, services voluntary
- CP the traditional route when safety threats exist
- Follow up consultation with tribe/agencies January, 2011, further training April 2011, further follow up & community meetings September, 2011.
DR Revisited: More Change

- Intake
- Training on Referral Process
- Team Review of Referrals
- Try to Provide One Worker
- Peer Review
- Revisit DR cases
- Safety is Focus

- Intake process needs further development
- Specialized training all persons taking referrals
- Team review of referrals to identify which path the case should go: traditional Child Protection or Differential Response
- Assignment of cases to path and worker—try to provide one worker to follow a case
- Peer review and staffing to review assessment findings, & propose further actions
- Revisit DR cases if safety issue identified—need to change service path?
CROW AGENCY BIA DIFFERENTIAL RESPONSE

CROW RESERVATION

Largest reservation in MT –
2.2 million acres

Big Horn and Yellowstone Counties

6 communities:
Crow Agency, Ft. Smith
Lodge Grass, Pryor,
Pryor, St. Xavier, and Wyola
CROW PEOPLE

- 8,143 of 11,357 enrolled members live on the reservation
- 4,258 are under the age of 18
- 85% speak Crow Language as their 1st language

Apsaalooke Clans
Ashihitchite/the Big Lodge, Ashihallaico/ Newly Made Lodge
Uuwatalhe/ Greasy Mouth Ashiloche/ Bore Lip Clan
Xikalaaxche/ Ties the Bundle Clan
Apsaalooke Clans

Biilkie'ele/ Whistling Waters Clan
Aashkapkawia/ Bad War Deeds Clan
Aashkaamne/ Piegan Clan. The other name they are called is:
Aashkatsa or Treacherous Clan

HUMAN SERVICES PROGRAM

• 7 Staff members including the supervisor

• Direct Social Services: IIM, GA, and Services to Children, Elderly, and Families

• Active Child Protection Team

• Active Multi-Disciplinary Team
• Work closely with Crow Tribal Prosecutor
• Child protection numbers are increasing
• Significant lack of foster home
• Relative placement are actively sought before placement in foster care.

Child Protection Statistics

<table>
<thead>
<tr>
<th>FY 2010</th>
<th>FY 2011 (thru July)</th>
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</thead>
<tbody>
<tr>
<td>Total Referral</td>
<td>192</td>
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<tr>
<td>Sex Abuse</td>
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<tr>
<td>Physical Abuse</td>
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<tr>
<td>Neglect</td>
<td>144</td>
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<tr>
<td>Alcohol</td>
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<tr>
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<td>Placement</td>
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<tr>
<td>Referral to Court</td>
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<tr>
<td>Total Referrals</td>
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<tr>
<td>Sex Abuse</td>
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<tr>
<td>Physical Abuse</td>
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<td>Neglect</td>
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<td>Drug Related</td>
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<td>Referral to Services</td>
<td>42</td>
</tr>
<tr>
<td>Referral to Court</td>
<td>103</td>
</tr>
</tbody>
</table>
**Trauma Impacted Families**

- Alcohol
- Drugs
- Domestic Violence
- Housing
- Transportation
- Poverty
- Violence

**Trauma Impacted Reservation**

- Placement Resources are limited.
- One response to all cases doesn’t work.
- Community Perception is negative – “only take away children”
- Youth problems and Violence is increasing
Crow Style Differential Response

- Community Meetings to share DR approach
- Additional Staff Member (funded by Meth Initiative)
- Social Service Assistance assigned to DR
- Changing staff perception to develop different approach
- Staff training – intake, safety assessment, engaging families
- Utilize Clan system for support and traditions
- Families First – Equine Program

Implementation

- Training: writing referral, safety assessment and planning, engaging families, time-lines
- Re-configured case loads
- Develop a team approach within office and with community partners
- Engage Clan members for support
“Families First” Equine Program

- Horses
- Staff
- Families
- Partnerships
- Consistency
- Respect
- Communication
- Support
- Recognition

“Families First” Equine Program

- 1st Goal: SW to develop child protection skills in intervention/prevention approach.
- 2nd Goal: Incorporate an experiential milieu and work directly with families and horses.
- 3rd Goal: Family Reunification
Differential Response = Healthy Families

• 18 Families
• 54 Children
• 4 families referred back to traditional CPS approach
• 18 people referred to Equine Program
• 12 completed case DR plan
FORT PECK TRIBES
ASSINIBOINE & SIOUX TRIBES

BIA SOCIAL SERVICES- FORT PECK AGENCY
POPLAR, MONTANA

HISTORICAL BACKGROUND

- The Fort Peck Indian Reservation was created through an executive Order that was signed in 1886.
- Fort Peck reservation is home to two separate Indian Nations. The Sioux and the Assiniboine.
- The reservation is 110 miles long and 40 miles wide.
- The Ft. Peck Tribes adopted their first written constitution in 1927.
- Educational history includes a government boarding school and missionary schools run by Latter Day Saints and Presbyterians.
FORT PECK RESERVATION

- The Fort Peck reservation is located in northeastern Montana. It is the second largest reservation of the six reservations in the state.
- The reservations consists of 2,093,318 acres of which approximately half is owned by individual tribal members or by both the Sioux and Assiniboine Tribes.

Tribal Enrollment

- Approximately 12,528 enrolled members and over half live on the Ft. Peck reservation.
- Sioux: 6,962
- Assiniboine: 4,209
- Newly enrolled: 1,277
- Associate members: 1,955
- (having Indian blood but not enough to be enrolled)
- Other tribes living on the reservation: 1,000
Housing

- Low rent & mutual houses provided by Ft. Peck Housing Authority.
- BIA Home Improvement Program
- IHS assists with sewer and water facilities to Indian homes.
- BIA roads department has also built and paved new and existing roads and streets around the surrounding communities.
- Ft. Peck has approximately 1,391 units. There are multiple families living in one household.

Community Resources and Services

Tribal Health Services

Spotted Bull Treatment Center
Community Resources and Services

Fort Peck Community College

Community Resources and Services

Law Enforcement

Indian Health Service

Youth Correction Center
FORT PECK SOCIAL SERVICES

Social Services administers:

Child Welfare

Child Protection

Child Protection

Differential Response
Why Differential Response?

- More family centered approach.
- Creates services for children and parents.
- Helps keep families together.
- Allows workers to help the family while the children are in the home.
- There is a lack of foster homes. DR allows available foster homes to be used in more serious cases.

Differential Response Process

- A child protection referral comes in...
  1) The referral is staffed with supervisor and assigned to a worker.
  2) It is cross-referred to Law Enforcement. If there are safety concerns, an officer will accompany the worker.
  3) Investigation starts with a home visit to complete an assessment on the family. Does the family need services to keep the children safe?
  4) If appropriate, the family starts the Differential Response Program.
How does Differential Response work?

- An assessment is taken with the family and a case plan is created.
- The parents must agree to the plan and be willing to follow through with the agreements.
- Examples of agreements...
  - Chemical dependency evaluation/treatment
  - Counseling
  - Parenting class
  - Children’s medical care
- Workers facilitate services and follow through with the family and professionals to monitor progress.

Collaboration with Other Agencies

**Family Resource Violence Center**

- Counseling for victims of sexual assault or domestic violence
- Forensic Interviewing
- 24 Hour hotline for suicide prevention
- Foster Care licensing and IV-E case management
- Parenting class
Collaboration with Other Agencies

**Tribal Prosecution**
- Reviews all child protection referrals
- Staffs cases with workers
- Provides court appearance in child protection and child welfare cases

**Law Enforcement**
- Investigate criminal matters within referrals
- Provide support and protection for workers
- Assist in forensic interviewing of children

---

Collaboration with Other Agencies

- Head Start
- W.I.C.
- Poplar Public Schools
- Medicaid
- Roosevelt County OPA
- Wolf Point Schools
- Department of Family Service
Success...

- Less recurring referrals
- Parents completing case plans
- Less kids in Foster Care

Challenges in Fort Peck

***For Immediate Release***
BAUCUS, TESTER ANNOUNCE NEW SUICIDE PREVENTION PROJECT FOR FORT PECK

1-800-273-TALK (8255)
suicidepreventionlifeline.org

Save the Date

AP Enterprise: Indian youth suicide crisis baffles
Challenges with Fort Peck Differential Response

- Challenges with DR?
  - Changing community perception about social services and child protection.
  - Transportation to services and the availability of programs
  - Staff time to monitor families and provide services.
  - Working with DPHHS Child and Family Services regarding the referrals.

Questions?  Comments?
Thank You!
Differential Response
On Northern Cheyenne
Paradigm Shift - Challenges for Staff and Community

- Bureau of Indian Affairs provides direct social services.
- The Tribe currently operates an emergency group home.
- Rosebud Lodge, an Indian Child Welfare grant, has a Title IV-E contract with the state of Montana for placement, and receives Title IV-B.
- There is a large number of child protection referrals. Dry reservation-parents are charged with intoxication and child endangerment when children are with them.
- There is an active Child Protection and Multi-disciplinary team.
- The service providers work together to coordinate services.
- The closest urban center from Lame Deer, is Billings, Mt. 103 miles away.
Enrollment: 9,943
Under 18: 3564
Unemployment rate: 62%
(2005 Labor Force Data)
No. Employed: 1,177
- Public: 1,042
- Private: 135

Employed but Below Poverty Guidelines-16% or 189

CHILD PROTECTION REFERRALS FY 2011

- Data through March
- Total referrals: 191
- Sexual abuse: 8
- Physical Abuse: 25
- Neglect: 158
- Alcohol related: 102
- Drug related: 29
- Recurring cases: 62
- Placement: 32
- Referral to Social Services: 153
- Referral to court: 21
HOUSING ISSUES

- Northern Cheyenne Housing Authority - primary resource for housing
- No private rental resources
- Many homes in disrepair
- Multiple families live in many homes
- Housing Authority maintains 300 rentals and 58 mutual help homes - currently 150 families on waiting list for homes
- Families can be on housing waiting list for years (including under the Housing improvement Program - HIP)

WHY DIFFERENTIAL RESPONSE

- Family problems - many connected with poverty, alcohol and drugs
- Placement resources are limited
- Tribal code includes informal conference
- Chief Judge and prosecutor supportive of informal conference approach - court ordered case planning with families
- Staff turnover, limited staff, staff stressed due to large caseload and limited resources
- Need to change community perceptions - clients and program
- Youth problems increase - need resources focused on adolescents and behavioral issues
**First Steps**

- Move program from dark and dreary basement to upstairs - more light & room for clients/staff
- Advertise for more staff (funded by the Meth Initiative)
- Work with partners to develop Care Center - child advocacy center at agency for interviews, coordination of program, and better service to clients
- Community meeting to share new approach
- Hire and train 2 additional staff
- Support provided by Superintendent and Agency
- Look for alternative placements - tribal tradition turn to family first, Indian Child Welfare Act philosophy

- Need to change perceptions first - define a new approach
  - Policy memos issued from the region
  - Training for supervisors and staff
  - Struggling to understand a more home based approach
- Staff hiring takes time - caseloads remain high, limits activity
  - Paint and carpet office
  - Change in Supervisor
- Work with the Tribe to contract activities
  - Parenting classes at the college
  - Special prosecutor for difficult cases
  - Community education
  - An emergency shelter for placements for the BIA and tribe

**Factors That Affect Change**

- Staff
- Supervision
- Resources
- Partners
- Leadership
- Tribal Court & Code
- Teamwork
♦ Provides services to 6 youth, ages birth-12 years
♦ A structured setting, safe, supervised environment.
♦ Crisis intervention, and advocacy for youth separated from their families.
♦ Intervenes in the cycle of family violence

♦ Works cooperatively with community agencies, e.g. BIA and Tribal Social Services and BIA Law Enforcement.
♦ Provides a model of prevention and intervention.
♦ Licensed by the state
♦ Placements up to 30 days
♦ Wants to expand to twelve children
COMMUNITY PARTNERS

- Northern Cheyenne Recovery Center
- Tribal Behavioral Health
- Dull Knife Community College Parenting Classes
- Tribal Title IV-E Program - parenting classes
- Public Health Nurses
- Tribal Court
- Tribal Day Care Program
- Healing Hearts - Domestic Violence Program
- Indian Health Services
- Victim Witness Assistance
- BIA Law Enforcement
- Federal Bureau of Investigation
- Tribal and BIA School
- Head Start
- Housing Authority
- Youth Dynamics Inc

- Transportation problems - Many clients don’t have vehicles or money to ride transit system that only works during weekdays 6:AM-6:PM
- No Laundromat, shopping, basic necessities
- Truancy – many related to head lice, or parental neglect, after 10 days kids dropped from school
- Family priorities can be dysfunctional
- Youth detention - concern for youth that fall in the cracks between juvenile delinquents and youth in need of supervision

OTHER ISSUES

- Transportation
- Commercial Resources
- Educational
- Youth Issues
IMPLEMENTING DIFFERENTIAL RESPONSE

- Offer more alternatives to court intervention
- Daily group staffing on referrals
- Assignment of cases—identify the need for protection or DR
- Provide more community education
- Work with families on planning process
- More frequent client contact
- Caseloads are decreasing
- Improved relationships with families
- Provide services in the home
- More positive relationship with community
Osage Nation

OSAGE NATION
SOCIAL SERVICES
Family Preservation Program

Tribal Symposium
on
Differential Response in Child Protective Services
September 1, 2011

OSAGE NATION
• Osage Nation is located in north central Oklahoma, approximately 55 miles northwest of Tulsa

• Covers 1.47 million acres (Ponca City on the western border; state of Kansas on the northern border, Bartlesville on the eastern border, and Tulsa on the southern border) or 2304 square miles

• Restricted Land—“Checkerboard”

• Osage Tribal Trust Land includes 1,021 acres which encompasses three Indian villages, an Industrial Park, the Osage Agency Campus and Agency Reservoir, along with a former Rail Road Depot, the St. John Cemetery and a 20-acre tract know as the Javine.

• Additional individually owned tracts of Restricted Land throughout the Reservation
• Osage Nation largest employer in the County with 1400+ employees
• Multiple Office Sites
• Owns Seven operating Casinos
• Social Services Department under Executive Branch
• Social Services Department has 6 Social Workers; 1 Social Work Supervisor; 1 Case Aide/Transportation Specialist; 1 Data Project Coordinator; 1 Administrative Assistant & a Director (adding two additional social workers October 1)

• Legislative Branch provides more than half of $1.12 million budget; other funding from BIA Compacts and DHHS-CB-ACF (Title IV-B Subpart 1 & 2)
• Judicial Branch: Supreme Court, Trial Court and Court Clerks
• Exclusive Jurisdiction
• Concurrent Jurisdiction
• Osage Nation Law Enforcement Cross Deputized
• U.S. Attorney’s Office MOA
• Osage Nation Child Protection Team
• Three Year Implementation Project from Children’s Bureau--MPCWIC
• Phase 1--Business Process Mapping
• Child Welfare Practice Model implemented March 2011
• Phase 2--Automated Case Management/Data System being developed now
• Policies & Procedures being updated now
• Phase 3--Implementation of Data System

• Tribal State IV-E Agreement
• Tribal workers receive the same training as state workers
• More years of child welfare experience in the tribal office than local county office
• Tribal & State workers complete investigations and assessments together when family does not live on Indian land
• Tribal & State workers manage child welfare cases together
The Osage Reservation
The Road to a Family Preservation Case at Osage Nation

- Intake
- Investigation
- Risk & Safety Assessment
- Preliminary Inquiry
- Safety Plan
- Client Buy In
- Case Plan
- Case Management

Vision

Every Osage child will live in a safe, stable and permanent home, nurtured by healthy families and strong communities.
Service Principles of Family Preservation

- To ensure the safety of all family members
- To avoid the unnecessary out-of-home placement of children and to help those who are in out-of-home status to be returned to and maintained with their families or another planned permanent living arrangement as soon as safely possible

- To enhance the parents’ ability to create safe, stable and nurturing home environments that promote healthy child development
- To assist children and families to resolve crisis; connect them with necessary and appropriate services; and remain safely together in their homes whenever possible

Our child and family services are community based and involve community organizations, parents, and residents in their design and delivery so we are accountable to our communities and clients needs.

The services are based upon changing needs of children and families, depending up on their needs at various times in their lives.
INVESTIGATION BUSINESS PROCESS MAP

1. An OISS Investigation is Warranted
   - Schedule Time to Conduct Interviews

2. Assigned Wkr
   - Local Alleged Victim(s), Other Children, Conduct Interview(s), & Document

3. Assigned Wkr
   - Conduct Visual Examination of Children(s) per Protocol

4. Assigned Wkr
   - Take Pictures, if Necessary, & Document Findings

5. Assigned Wkr
   - Safety & Risk Assessment
   - Report to Prosecutor
   - Local OISS Protocol

6. Same Day as Alleged Victim(s) & Wkr
   - Notify the Parent(s)/Referral to CPS, Contact Alleged Perpetrator & Conduct Interview, Document

7. Assigned Wkr
   - Conduct Non-Offending Caregiver/Referral & Conduct Interview, Document

8. Assigned Wkr
   - CPS Risk Assessment
   - Safety & Risk Assessment
   - Report to Prosecutor
CHILD PROTECTIVE SERVICES

RISK & SAFETY ASSESSMENT

How are Safety Concerns Addressed?
<table>
<thead>
<tr>
<th>Risk Factor</th>
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<th>Date</th>
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<td>Notes</td>
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<td>Notes</td>
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<tr>
<td>Safety Report</td>
<td>Yes/No</td>
<td>Date</td>
<td>Notes</td>
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</tbody>
</table>

**Safety Planning**

- Risk Assessment
- Risk Mitigation
- Risk Communication
- Risk Monitoring
- Risk Review

**Safety Training**

- Awareness Training
- Competency Training
- Skill Development
- Safety Culture
- Incident Response

**Safety Equipment**

- Personal Protective Equipment
- Safety Devices
- Safety Software
- Safety Management Systems

**Safety Protocol**

- Standard Operating Procedures
- Safety Guidelines
- Emergency Response Plan
- Safety Manuals
- Safety Instructions

**Safety Audit**

- Internal Audits
- External Audits
- Compliance Audits
- Quality Audits
- Environmental Audits

**Safety Review**

- Performance Reviews
- Quality Reviews
- Compliance Reviews
- Environmental Reviews
- Safety Reviews

**Safety Report**

- Incident Reports
- Near-Miss Reports
- Safety Committee Reports
- Management Reports
- Employee Feedback Reports
Our Ancestors
Safety Plan
Osage Foundation & Future
Osage Culture
St. Regis Mohawk Tribe Implementation of Family Assessment Response

St. Regis Mohawk Tribe
Department of Social Services

Presenter
Gilbert T. Jacobs

History of The Saint Regis Mohawk Tribe
“Akwesasne” as it is known today, translates roughly to “Land where the partridge drums”

- Akwesasne has always been a prime location due to the confluence of several small rivers and the St. Lawrence River
  - This location has also contributed directly to a long and beautifully complicated history
• Throughout the 19th century the Saint Regis Mohawk Tribal Council Government evolved to a point where the trustees were called Tribal Chiefs
  - Formalized elections are now scheduled each year and definite terms of office are established
  - The Tribal Council is comprised of
    • (3) Chiefs
    • (3) Sub-Chiefs
    • (1) Tribal Clerk

• Today, The St. Regis Mohawk Tribe administers its own:
  - Environmental Division
  - Policing
  - Economic Development
  - Health and Educational Programs
  - Human Services Division
  - Policies
  - Laws and Regulations
Also Run by the St. Regis Mohawk Tribe

- Childcare
- Food Distribution
- Sports/Recreation Field
- Museum
- Library
- Senior Center

Where we are...
St. Regis Mohawk Reservation

The territory covers:
- 2 countries
- 2 counties
- 2 provinces

Corresponding New York State Agencies

- Franklin County DSS
  - Majority of our court proceedings are conducted in Franklin County Family Court
- St. Lawrence County DSS
Corresponding Canadian Agencies

- Within the St. Regis Mohawk Territory
  - Children’s Aid Society (CAS) in Province of Ontario
  - Akwesasne Child and Family Services (ACFS) in Province of Quebec

The St. Regis Mohawk Tribe
A History of Social Services
Prior to 1994

- Franklin County Department of Social Services provided all services to the residents of the St. Regis Mohawk Territory
  - Services included
    - Preventive and Adolescent Services
    - Foster Care and Adoption
    - Adult and Child Protection
    - Medicaid
    - Temporary Assistance

Direct Tribal Welfare Services

- In the early 1990’s it was recognized that there was a need for direct Tribal Welfare Services on the St. Regis Mohawk Reservation
- Tribal Council, primarily Chief Hilda Smoke, along with Heather McDonald and later Rita Swamp launched the effort to achieve this goal
Timeline

• It took 18 months from inception to implementation

• April 1, 1994
  – The State Tribal Agreement allowed Direct Tribal Welfare Services to the St. Regis Mohawk Tribe
    • This agreement would allow the Social Services Unit to be established for the provisions of Preventive, Foster Care and Adoption Services

Early Casework

• 1994 through 2004
  – Saint Regis Mohawk Tribe mainly performed as a secondary to Franklin County DSS
  – Able to approve and open foster homes on the Territory
• March 2004
  – Legislation was passed that would allow The St. Regis Mohawk Tribe to assume Child Protective Services

• June 2005
  – St. Regis Mohawk Tribe attained responsibility of Child Protective Services from Franklin County

• 2006
  – There was an amendment made to add Adult Protective Services

**Fact**

The St. Regis Mohawk Tribe was the first, and remains the only, Indian Nation in New York State to exercise its right to provide direct child welfare services through a Tribal-State agreement as allowed under the federal Indian Child Welfare Act of 1978
Child Protective Cases

Growing Trends

- From 2005 thru 2008
  - The Department observed a growing trend
    - Families named in multiple reports throughout the year, were for the same or similar allegations
      - Educational Neglect
      - Inadequate Guardianship
      - Lack of Supervision
“Indicated” Cases

- Cases where credible evidence was found to support the allegations were determined to be “indicated”
  - These cases were then referred for petition or voluntary preventive services, or closed
- Families in neglect cases were being investigated the same as families in abuse cases

“Unfounded” Cases

- Investigations were completed for each report received through the State Central Registry
  - Cases where no credible evidence was found to support the allegations of the report were determined to be “unfounded”
  - Mandated services were not necessary for these cases
Inadequate Guardianship Cases

Alternate Methods

- It became apparent that traditional investigations were not effective for cases that were assessed to be low in risk and safety
  - Safety: Child is in immediate danger
    - When safety is a concern, the case would go through a traditional investigation
  - Risk: likelihood that harm will occur to a child
    - When there is a risk involved, FAR options can be explored
### Focus

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Family Assessment Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child safety, incident of abuse and neglect, future risk</td>
<td>Child safety, family functioning – strengths, needs and risk</td>
</tr>
</tbody>
</table>

### Initiation

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Family Assessment Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk with alleged victim first, unannounced visits</td>
<td>Talk with caregivers first, request permission to visit</td>
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### Assessment

<table>
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<th>Investigation</th>
<th>Family Assessment Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseworker gathers facts regarding allegation, safety &amp; risk from child, family &amp; collaterals; may or may not involve family in safety &amp; risk assessment; children interviewed separately regarding presence of abuse or neglect</td>
<td>Caseworker and the family jointly assess child safety, family strengths, needs &amp; risks; family involved in identifying collateral contacts who can assist with assessment; children participate in interviews with their parents regarding family strengths &amp; needs; families as experts</td>
</tr>
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</table>

### Legal Intervention

<table>
<thead>
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<th>Family Assessment Response</th>
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</thead>
<tbody>
<tr>
<td>Investigation is a possibility of having to go to family court</td>
<td>No legal involvement</td>
</tr>
</tbody>
</table>
### Disposition

<table>
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<tr>
<th>Investigation</th>
<th>Family Assessment Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantiation &amp; indication/unfounding decision made</td>
<td>No substantiation or indication decision made; families identified as &quot;in need of services &amp; support&quot;</td>
</tr>
</tbody>
</table>
Goals of FAR

- To ensure children are safe
- To remove the negative stigma associated with involvement with Social Services
- Partnering with families rather than leading them
- Identifying families strengths as well as their areas of concern
- Helping families get linked to services that are available to them
- The ultimate goal is help families and eliminate any future hotlines

FAR Pilot Program

- April 30, 2009
  - SRMT submitted the application to NYS to participate in the Pilot program for Family Assessment Response (FAR)
    - The St. Regis Mohawk Tribe was accepted into the second wave of counties in the statewide pilot project
- November 2009
  - SRMT implemented FAR
FAR Process

- Training for Caseworkers
  - American Humane Association provides all FAR Training
    - Solution-Focused Casework Practice With Children & Families
    - Risk and Safety
    - Onsite Coaching
      - 1 on 1 Sessions (at least 2)
      - Shadowed on Home Visits
      - Case reviews
      - Feedback from coaches

Initiation of a FAR Case

- A call to the Child Abuse Hotline is made
- Hotline call is assigned to the department through the (SCR) State Central Registry in Albany, NY
Saint Regis Mohawk Tribe
FAR Eligibility Analysis

• Requirements to participate in FAR
  – No indicated reports in the previous 12 months
  – Allegations can include
    • Educational neglect, inadequate, guardianship, lack of supervision
    • Drug use, domestic violence and lack of medical care are also considered on a case by case basis

FAR Eligibility Continued...

• Family history with the department or other agencies (tribal police, mental health, drug and alcohol) is also taken into consideration
• Family is contacted and a meeting is scheduled with as many family members present as available
  - The family decides whether or not they want to participate in FAR
• Safety assessment is completed and family is tracked in FAR
When a Family is participating in a FAR case

- A Family Led Assessment Guide (FLAG) is established
  - This is a tool used to identify the family’s strengths and concerns
  - Each family member has equal input in the FLAG
- Develop a plan for the family to follow and use

Referable Services for FAR Participants

- Indian Health Services
  - Mental Health
  - Drug and Alcohol
  - Medical/Dental Services
- Financial Help
  - FAR Flex Funds
  - Hardship Grants
- Social Services Programs
  - Intensive Preventive Program
  - Domestic Violence Services
- Higher Education
Intensive Preventive Program (IPP)

• IPP Services
  – Family Visiting and Supervised Visits
  – Individual and Group Youth Activities
  – Life Skills for youth and parents
  – Group and Individual Parenting Sessions/Classes
  – Transports
  – Court Support
  – Mentoring
  – School and Employment Support
  – Cultural Activities
IPP Staff

- Staff Includes
  - 1 Case Supervisor
  - 1 Administrative Assistant
  - 1 Parent Advocate Coordinator
  - 1 Family Visiting Coach
  - 5 Parent Advocates
  - 6 Youth Advocates

Statistics

Since November 2009:

- 24 cases have been tracked FAR
- 2 Rehotlined calls
  - 1 with new allegations
  - 1 where children were placed in foster care
- 4 cases were eligible but exercised their option for a traditional investigation
FAR Success Stories

Success Story #1

- Single Mom
  - Son and grandson
- Allegation
  - Educational Neglect
- Notes
  - Prior history included drug use and inadequate guardianship
Road to Success, Story #1

- Mother responded to the process, after initial hesitation
- Family was able to benefit from FAR Flex Funds

Success Story #2

- Single Mom
  - 4 year old daughter
- Allegations
  - Lack of supervision, lacerations, bruises and welts from a dog bite
- Notes
  - No Prior history with SRMT-DSS
    - However, prior history in Onondaga County
  - Mom was recently released from prison
Road to Success, Story #2

- Steps taken
  - Used Flex Funds to help pay rent and to furnish apartment with necessities
  - Collaborated with Clarissa Chatland, Indian Child Welfare Act (ICWA)
- Conclusion of FAR services
  - Opened up Voluntary Preventive Services

Success Stories – conclusion

- FAR allows families and caseworkers to be creative to match services with needs
  - Families need help learning how to communicate together
  - Families need financial assistance
  - Links to other services available
Contact Information

• For further information, please contact:
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• Tribe history is cited from Saint Regis Mohawk Tribe Website
  – http://www.aawg.gov/government/tribal history/