

ALTSA/DDA/BHA IPAC SUBCOMMITTEE MEETING

Administrations and Divisions:

*Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),
Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of
Hearing (ODHH)*

August 11, 2020 from 9 a.m. – noon

No In-Person Locations available.

Please register for IPAC Subcommittee ALTSA/BHA/DDA on August 11, 2020
starting at 9:00 AM PST at:

<https://attendee.gotowebinar.com/register/7982740694599152141>

After registering, you will receive a confirmation email containing information about joining the webinar.

Call-in number: 1-408-650-3123; Access code: 513-153-725

Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing
- Tribal Initiative Updates:
 - Squaxin Island Tribe
 - Nisqually Tribe
 - Makah Tribe
 - Lummi Nation
 - American Indian Community Center
 - Fall Tribal Summit
- Aging & Disability Resource Center Outreach – American Indian Health Commission, Lexie Bartunek, ALTSA

- Consumer Directed Employer – Karen Fitzharris
- Adult Protective Services Check-In – APS staff
- Caregiver/Kinship Care Updates – Geene Delaplane – to be rescheduled
- Long-Term Care Foundation follow-up – Bob LeRoy

Developmental Disabilities Administration – Justin Chan

- DDA clients with tribal affiliation (self-identified) and receiving DDA services. See attached PDF document.
- DDA Budget Discussion
- [COVID-19 Updates](#)
- Contract with DDA:
 - Community residential providers are contracted statewide with the DDA to provide residential services to adult clients. Services include:
 - Supported Living
 - State Operated Living Alternatives
 - Group Training Homes or Group Homes
 - Alternative Living
 - Companion Homes
 - To receive services an individual must be:
 - At least 18 year of age
 - Eligible and enrolled in DDA services and Medicaid
 - On or approved for the CORE Waiver or the Community Protection Waiver
 - Assessed by DDA as needing services in a supported living setting
 - [Alternative Living \(AL\) Services](#): AL services help individuals acquire the skills necessary to live as independently as possible with minimal residential services. Services are offered in integrated settings and support personal power, choice, and full access to the greater community. Contracted AL providers may be authorized to support an individual's Person-Centered Service plan for up to 40 hours per week. Support options include training to establish a residence, home living, community living, health and safety, social activities, protection and advocacy, and more as needed.
 - [Interested in Becoming a Certified Supported Living Provider?](#) Follow the steps below:
 - Apply for a business license
 - Complete an [application](#)
 - Mail the complete application packet to Management Services Division, Business Analysis and Application Unit (BAAU) at DSHS.
 - For US Postal Mail: ALTSA BAAU, PO Box 45600, Olympia, WA 98504-5600
 - For Federal Express: ALTSA BAAU, 4450 10th Ave SE (Blake West), Lacey, WA 98503

- [Additional DDA Contracts available to Tribes](#). See Contracting and [Frequently Asked Questions](#)
 - Community Guide and Engagement
 - Positive Behavioral Support and Consultation
 - Environmental Accessibility Adaptations
 - Etc...
- [Developmental Disabilities Administration Eligibility](#) – To be found eligible as a client of DDA, a person must:
 - Be a Washington State resident;
 - Have evidence of a qualifying developmental disability that began before age 18; and
 - Have evidence of substantial limitations.

The Revised Code of Washington [71A.10.020\(5\)](#) defines a developmental disability as:

- a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological;
- other condition of an individual found by the secretary to be closely related to an intellectual disability; or
- to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.”
- [DDA Eligibility Flow Chart \(PDF\)](#): An overview of the process to apply for DDA eligibility and services.
 - [Intake and Eligibility](#) – Complete the required forms and documents. You can request a packet by filling out a [Service and Information Request](#) (<https://www.dshs.wa.gov/dda/service-and-information-request>) or by returning the information listed below:
 - [Request for DDA Eligibility Determination Form \(14-151\)](#)
 - [Consent \(14-012\)](#)
 - [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
 - [Washington State Voter Registration](#) for applicants age 18 or older
 - Documents that support that you have a developmental disability, as described in [DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence](#) such as:
 - Educational records
 - Psychological records
 - Medical records
- For any questions, requests or comments, please reach Justin Chan chanjk@dshs.wa.gov or your [Local DDA Tribal Liaison](#)

Behavioral Health Administration – Teva Weissman

- COVID-19 Updates
- BHA Liaison update
- Trueblood Updates:
- For any questions, requests, or comments please contact Teva Weissman at teva.weissman@dshs.wa.gov for more information.

Closing

Agenda Items for next meeting:

ALTSA:

- Covid-19 check-in and sharing
- Tribal Initiative Updates:
 - Squaxin Island Tribe
 - Nisqually Tribe
 - Makah Tribe
 - Lummi Nation
 - American Indian Community Center
 - Fall Tribal Summit
- Adult Protective Services Check-In – APS staff

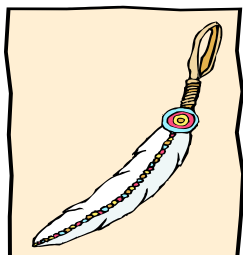
Next meeting is on September 8 from 9 a.m. to 12 p.m.

No In-Person Locations available.

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AL TSA/DDA/BHA IPAC SUBCOMMITTEE MEETING MINUTES

AUGUST 11, 2020

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)

Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call

Present	Attendee	Role		Present	Attendee	Role
X	Ann Dahl	AL TSA Tribal Initiative Project Manager		X	Teva Weissman	DSHS BHA Acting Tribal Liaison
X	Brenda Francis-Thomas	DSHS Office of Indian Policy Region 3 North		X	Marie Natrall	DSHS OIP Region Manager 3 South
X	Justin Chan	DDA Co-Chair Statewide Tribal Liaison		X	Marietta Bobba	DSHS AL TSA Tribal Administrator/Tribal Liaison
X	Jeremy Monson	Jamestown S'Klallam Tribe Elders Program		X	Margaret Carson	Muckleshoot Tribe
X	Marilyn Scott	Upper Skagit Tribe		X	Nikki Finkbonner	Lummi Nation
X	Lexie Bartunek	AL TSA ADRC		X	Cindy Gamble	AIHC
X	Maureen Woods	Makah Tribe		X	Sara Folsom	Lummi Nation
X	Chris Zilar	Spokane Tribe		X	Janet Gone	DSHS OIP Region 1 Manager
X	Marilyn Scott	Upper Skagit Tribe Vice-Chair/IPAC Delegate		X	Charlene Meneely	Quileute Tribe Interim Human Services Director

X	Tim Collins	DSHS OIP Senior Director		X	Christina Martinez	Skokomish Tribe
X	Tyron Friday	Nisqually Tribe		X	Doralee Sanchez	Lummi Nation
X	Bob LeRoy	Long-Term Care Foundation of WA State		X	Amanda Williams	DSHS ALTSA
X	Ashley Hesse	Indigenous Pact, Inc.		X	Vicki Laframboise	

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing: Nisqually Tribe - They had one positive tribal member and they have recovered. None other reported on the Reservation. They are Phase 2 of reopening.
- Tribal Initiative Updates
 - Squaxin Island Tribe – No Report from Squaxin Island
 - Nisqually Tribe – Tyron Friday - They are working with AIHC on Elders survey. Looking for way to deliver, send with elder lunches need approval from Program Directors. They have gaps in Medicare/Medicaid reimbursements and are looking at ways to increase their Medicaid Enrollment. Open a General Welfare Program as a way to exempt some income that makes tribal members not eligible for Medicaid. The Adult Day Program is on hold until the Yelm Senior Center opens up again and can provide lunches.
 - Makah Tribe – Maureen Woods- The Health Home Program is going great. They are working with Olympic AAA and are looking for a way to increase their beneficiary numbers. They have finally figured out the billing and now they are getting there HH payment on time. They were able to take some of the reimbursement from Health Homes and hired a Veterans Service Officer. They have a MOA with the VA and are able to provide Veterans Services.
 - Lummi Nation – Nikki & Doralee. They have been working on getting their Senior Survey completed. They have been meeting with the Multidisciplinary Team and are working on a service model that will provide Medicaid and other services at a One-Stop-Shop. They need to develop a website where they can complete the application. They are almost ready to open. They have decided to take two beds from their Senior Facility and identify them as Assisted Living beds. They have a Health Homes meeting scheduled on August 19th with NWRC, HCA and ALTSA Tribal Affairs
 - American Indian Community Center – No Report
 - Fall Tribal Summit – Will be virtual this year. We are working with a virtual management vendor and the dates will be September 10th and 11th as scheduled. The Agenda should be out by the end of next week. There will be an opportunity for presenters to have a couple of rehearsals before going live.
- Aging & Disability Resource Center Outreach – American Indian Health Commission, Cindy Gamble, Lexie Bartunek, ALTSA. The AIHC/DSHS ALTSA contract is finalized and out for signature. Draft work plan is available in previous minutes.
- Consumer Directed Employer – Karen Fitzharris, ALTSA. The vendor, CDWA, is moving forward with opening services for IP's. The roll-out dates have been adjusted as a result of COVID-10. Six phases have been reduced to 2 phases and a pilot. The pilot will be in Lewis, Mason, Thurston Counties with a limited number of IPs (200). They will represent rural, urban, persons with English as a second language,

etc. to test the new technology and identify gaps and best practices. Phase 1 will include Lewis, Mason, Thurston, Pierce and Kitsap counties. Phase 2 will include the remaining counties in the state. PowerPoint attached. CDWA has requested input on improving cultural competence of newly hired staff in Washington State. Discussions with individual tribes will begin through the 7.01 planning meetings and at the upcoming summit.

- Adult Protective Services Check-In – Amanda Williams, ALTSA. A placement draft on financial exploitation was shared for feedback. Participants shared that the use of the word “spoiled” is not common in tribal communities, “giving” may be more useful. The concept of “how to help others without harming yourself” is more the concept needed. DSHS OIP will reach out to DBHR to find out if photos and other marketing materials recently developed can be shared to decrease duplication. It was shared that in one tribe, 75% of investigations are about financial exploitation and/or addiction issues.
- Caregiver/Kinship Care Updates – The new national toolkit was discussed and is attached. ALTSA staff is available to individual tribes interested in more discussion of caregiver/kinship services.
- Long-Term Care Foundation of WA annual impact report was shared (attached). The Foundation is available to assist with training costs for home care aides to work in adult family homes. Community trainers provide on-line training with limited classroom instruction due to COVID. The Foundation is also available to assist new AFH owners to learn the business aspects of running an AFH. Contact Bob LeRoy at Bob@ltcfwa.org

Developmental Disabilities Administration – Justin Chan

- DDA clients with tribal affiliation (self-identified) and receiving DDA services. See attached PDF document.
- DDA Budget Impacts: Will continue to update the Tribes on budget reduction discussions that impact DDA programs and services.
Furlough and possible office closures:
 - Monday, August 24, 2020,
 - Monday, September 28, 2020,
 - Monday, October 26, 2020,
 - Monday, November 16, 2020
- 2020 Community Summit: We successfully hosted ten sessions of the Community Summit Webinar Series from May 6 to June 24, 2020. 17 counties partnered with us to provide sponsorships and introduce the speakers for each session, along with a message from their community to the rest of the state. We had great participation, with hundreds of people from across the state, as well as from other states and countries joining each of the webinars. We featured many speakers who were scheduled to appear in Wenatchee, and other speakers who could speak to the needs of the moment and open up conversations and dialogs about the situation that individuals and the community currently find itself in. We were proud to have Governor Jay Inslee join us, as he gave a welcome message to the audience for the last session.
- Next 2021 Community Summit: A decision has been made for Community Summit 2021 – we will be doing another webinar series. The reasoning behind this decision is that whatever the situation is with the pandemic next June, the current state of affairs is going to have a far reaching financial impact. At this time there is a travel freeze, and the state and counties are currently working budget exercises to address

an expected down turn in funding. It is safe to assume the financial impact is going to extend into the next biennium, and would likely affect the ability of the state and counties to send staff and to sponsor scholarships. We need to be certain in how we can proceed, and given the many variables that we are not able to answer at this time, another virtual event seems to be the most logical way forward at this time. It is regrettable we won't be able to gather in person for the second year in a row. But the good news is we will be planning another virtual event to bring the message and programming of the Community Summit to the public. **We will soon be deciding on the budget and scope for the next Community Summit webinar series, and I anticipate that we will convene the committee for a virtual meeting in September to begin planning.** We invited all committee members to stay on board for another year, anticipating we would be planning an in-person conference. I continue to extend that invite as we plan another virtual event. I have heard from some committee members, and as we get closer to a September meeting I will reach out again to confirm your ability to continue participating on the committee.

- Click here to view [COVID-19 Updates](#)
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Behavioral Health Administration – Teva Weissman

- COVID-19 Updates: COVID-19 related delays in the construction of wards at Eastern and Western State are beginning to resolve. Eastern 1N3 and 3N3 wards have both completed construction and are beginning operations. Western’s E3 and E4 wards are resuming construction, with a construction completion estimated date of Sept. 21st and an operational open date in early October.

- BHA Liaison update: No update this month, but anticipating to have an answer from OFM by next month's meeting on the hiring freeze exemption.
- Trueblood Updates: Trueblood meeting schedule delays beginning to be resolved, with General Advisory Committee update scheduled to be held on 8/20 and Court status update on 8/24.
- Tulalip Tribal facility update. Tax bill passed last session (HB2803) as part of Governor's office level negotiation with Tulalip tribe which involves the construction of a 48 bed behavioral health facility on or near Tulalip tribal land, to be operated by the department. Meetings between the department and the Tulalip tribe regarding this facility are beginning 8/13.
- For any questions, requests, or comments please contact Teva Weissman at teva.weissman@dshs.wa.gov for more information.

Closing

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Transforming
Lives

Consumer Directed Employer

August 11, 2020



What is the CDE?

The Consumer Directed Employer (CDE) project will transfer the employer support responsibilities of Individual Providers (IPs) from DSHS and AAA case management staff to a contracted vendor. The contracted vendor is Consumer Direct Washington (CDWA).

What won't change

- Training requirements will remain the same for IPs
- Cumulative career hours/paid time off (PTO) will transfer
 - No need to cash out PTO, can be used in the future
- Case managers will still do the CARE assessments
- Case managers will still develop service plans with clients and complete authorizations

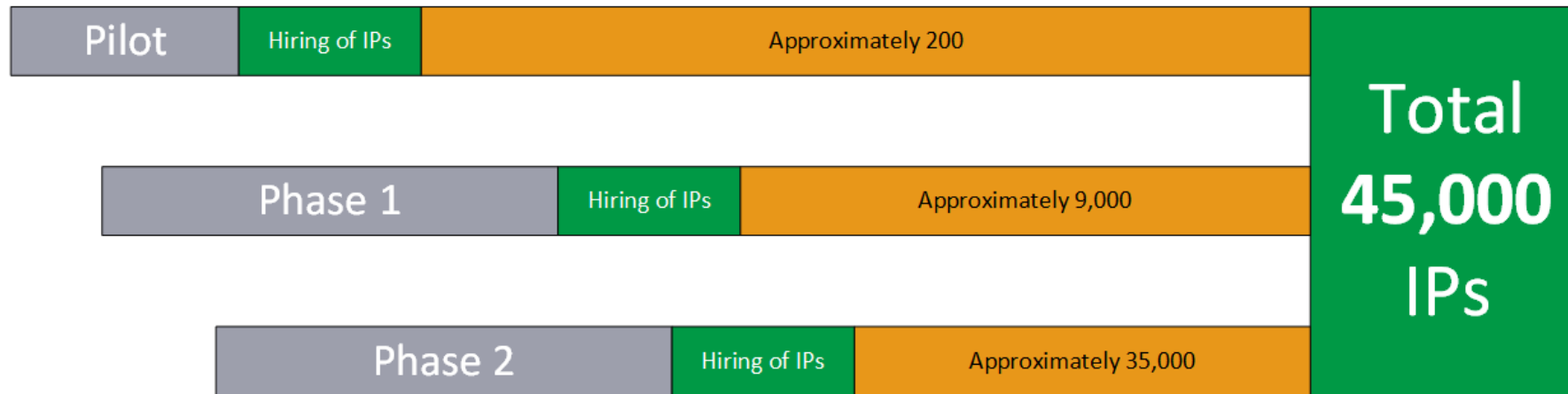
What won't change

- Clients will still select, schedule, and manage the work of their IP
- Clients may still select family members to be IPs
- Clients may still receive services from an IP (including nurse delegation if applicable) and a Home Care Agency
- IPs may work as an IP as well as a Home Care agency as long as they meet the eligibility criteria

What will change

- The CDE will be the legal employer of the IPs
- IPs will no longer contract with DSHS; they will be employees of the CDE
- The CDE will manage administrative elements like payroll, background checks, and tracking training
- IPs will need to complete employee paperwork prior to the transition

Revised Rollout Schedule



- COVID-19 and stay-at-home order caused delays in implementation
- Fewer phases means less confusion for IPs and clients
- Two-phase approach results in all IPs hired in 2021
- Shorter hiring period reduces the challenges of a long transition

Next webinars:

9/17/20 @ 3:00pm

10/20/20 @ 10:30am

11/19/20 @ 3:00pm

Please send any suggestions you have to improve the webinars to:

CDE@dshs.wa.gov

Stay Connected

Sign up for GovDelivery: Select *Consumer Directed Employer*

AL TSA -

<https://public.govdelivery.com/accounts/WADSHSAL TSA/subscriber/new>

DDA -

<https://public.govdelivery.com/accounts/WADSHSDDA/subscribers/new>

Visit the CDE website: <https://www.dshs.wa.gov/altsa/cde>

Transforming
Lives

Email the Project:

CDE@dshs.wa.gov

LET'S TALK ABOUT

Protecting Your Finances



Protect What's Yours

It's okay to spoil your family members. However, it should always be **your choice** and not an expectation.

Tips for Keeping Your Money Safe

- **Talk with trusted people.** Only discuss your finances with trusted family members. You don't have to discuss your financial status with your family if you don't want to.
- **Ration your gift giving.** It's fun to spoil kids and grandkids with endless presents. Make sure you're saving money to spend on yourself, too!
- **It's okay to say no.** Sometimes, our family members get used to our generosity. It's great to support family, but make sure you are also taking care of yourself.

Start the Conversation

Want to learn about trusted financial resources and how to start the conversation about your finances?

Contact _____

From: [Medicare](#)
To: [Bobba, Marietta \(DSHS/ALTSA\)](#)
Subject: Free masks for your Medicare Number? Don't fall for it.
Date: Wednesday, July 22, 2020 9:31:39 AM

medicare dot gov



Avoid COVID-19 scams

Have you gotten robocalls, text messages, or emails offering free face masks? Or maybe you've seen social media posts about free COVID-19 testing kits, "cures," or protective equipment?

Unfortunately scammers are using the COVID-19 pandemic to try to steal

your Medicare Number and personal information. **If anyone reaches out to get your Medicare Number or personal information in exchange for something, you can bet it's a scam.**

Prevent Medicare Fraud

Stop scams before they happen. [Watch this short video](#) and visit [Medicare.gov/fraud](https://www.Medicare.gov/fraud) for tips on preventing Medicare scams and fraud. **If you suspect fraud, call 1-800-MEDICARE to report it.**

Medicare fraud video, click to watch



Sincerely,

The Medicare Team

You can [update your preferences](#) or use our [1-click unsubscribe](#) to stop receiving messages from the Medicare Team.



This message is paid for by the U.S. Department of Health and Human Services. It was created and distributed by the Centers for Medicare & Medicaid Services. You're receiving this message because you signed up for email updates from the Medicare Team.

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2020

ANNUAL IMPACT REPORT



Long-Term Care Foundation

of Washington State

Introducing: The Long-Term Care Foundation

OUR FIRST SIX MONTHS

To our valued friends, colleagues, partners, and the adult family homes of Washington we are so honored to serve:

On behalf of our Board of Directors and staff, we are pleased to present our first Annual Impact Report. We hope you will find it an informative summary of our efforts and an affirmation of our commitment to inform, educate, and support adult family owners and staff across Washington State.

As you will see, this report covers not an entire year but our first six months in operation since we began our work in January 2020. Going forward, we will produce this report on August 1 of each year describing our accomplishments in the prior year, which for us, begins on July 1 and concludes on June 30.

This report highlights our priorities since January, including hiring staff, engaging our new Board of Directors, developing our initial operating budget as well as communication and strategic plans, launching a new website and Facebook page, initiating outreach to bargaining unit members and other stakeholders, contracting with our first two community instructors, and achieving all the deliverables in our vendor contract with the Department of Social and Health Services. The report concludes with a powerful message from Joe Stephens, a member of our Board, reminding us why we do this work.

The sudden impact and renewed spread of COVID-19 have changed and challenged all of us. The pandemic continues to deny us opportunities to interact in-person with adult family home owners and staff and requires us to be creative and flexible in our outreach and engagement of stakeholders.

Despite the limitations imposed by the virus, we are very pleased with how much we have accomplished in the last six months—and very aware of how much good, hard work lies ahead as we strive to become a relevant, valued, and trusted resource for those we serve. We are incredibly grateful to have you with us on this journey.

Onward together,

John Ficker
Board Chair

Bob Le Roy
Executive Director

OUR MISSION

The mission of The Long-Term Care Foundation (LTCF) is to improve and develop access to high-quality long-term care services through public awareness, community connections, and a well-supported long-term care workforce.

OUR PURPOSE

As required by Senate Bill 5672 , The Long-Term Care Foundation is the non-profit organization created to develop and manage the Adult Family Home Training Network (AFHTN) established by the exclusive bargaining representative of adult family homes designated under RCW 41.56.029 with the capacity to provide training, workforce development, and other services to adult family homes (AFH).

OUR FUNDING

Senate Bill 5672 further directs that the parties to the collective bargaining agreement—the Adult Family Home Council, Office of Financial Management, and Department of Social and Health Services (DSHS)—negotiate a Memorandum of Understanding to provide for contributions to the Adult Family Home Training Network. Pursuant to the terms of a Vendor Contract, the Department of Social and Health Services and The Long-Term Care Foundation will allocate funding to build the Adult Family Home Training Network through a portion of the negotiated training benefit outlined in the collective bargaining agreement.



Long-Term Care Foundation

of Washington State

OUR BOARD OF DIRECTORS

John Ficker

Board Chair

Executive Director, Adult Family Home Council

Patti Gray

Board Secretary

RN, Board Certified in Gerontology

Gene Nassen

Owner, Genteel Establishment

Anderson Jolly

Owner/Founder Ready Meds Pharmacy

Dorothy Schlimme

Owner, Dorothy's Angel Haven

Laura Vaillancourt

Licensed Mental Health Counselor

Joe Stephens

Owner, Green Meadows Care Home

OUR STAFF

Bob Le Roy

Executive Director

bob@ltcfwa.org

Jessica Griffin

Communication & Administration Specialist

jessica@ltcfwa.org

OUR FIRST STEPS

JANUARY – JUNE 2020

JAN

Convened Board of Directors

Hired staff

Executive Director (Bob Le Roy)

Communication & Administration Specialist (Jessica Griffin)

MAR

Developed operating budget

Created multi-platform communication plan

APR

Gathered input from stakeholders

Online survey

Conversations with training companies

MAY

Contracted with community instructors

Cornerstone Healthcare Training, LLC (Robin VanHying)

S&H Training Center (Sarah Lane, HCA)

JUN

Completed strategic plan, final report and achieved all deliverables in vendor contract

COMMUNICATIONS

We are all about *connection*. Connection between adult family homes and resources, caregivers and training instructors, the Adult Family Home Training Network and caregivers and more.

Here are some of the ways we are starting those connections:

Website

www.longtermcarefoundationwa.org

1,404
visits

Facebook

@LTCFWA

379
follows

365
likes

Monthly Emails

30
emails
sent

each sent
to 3,138
recipients

Webinars

7
webinars

845
attendees

Semi-Annual Online Surveys

411
responses

USPS Mailers

Events/Conferences

COVID-19 IMPACT

The sudden onset and renewed spread of COVID-19 have dramatically impacted adult family homes and LTCF in our development of AFHTN. Adult family home operators have been overwhelmed with challenges in responding to the virus, including daily changes to infection control guidance and reporting requirements as well as ongoing difficulties in acquiring personal protective equipment. For the Long-Term Care Foundation, the virus denied us one of our most effective means of communication and stakeholder engagement—in-person interaction with adult family home owners and staff. COVID-19 required us to be creative and flexible in delivering our messaging and gathering information. In lieu of in-person conversations, meetings, and conferences, we utilized webinars and an online survey.

Lessons Learned

Given the many challenges adult family owners continue to face related to COVID-19, we are very grateful to those who took the time to visit our website and Facebook page and attend our webinars. We realize that we must make every effort to provide information, education, and support of consistent relevance and value to our stakeholders in these distracting and disruptive times. While the webinars were an effective way of reaching stakeholders and generated some great questions in the Q & A sessions that followed our presentations, we will be exploring the use of other web-based applications to promote greater interaction with stakeholders. The online survey also proved to be an effective way of gathering input from stakeholders about their experiences, needs, challenges, and opportunities. Survey responses are informing our process of developing new and follow-up questions for future surveys as well as topics for future webinars and other trainings.

Looking Ahead

As we have no way of knowing what the future holds regarding COVID-19 response and recovery, unless and until we can resume in-person interaction, we will continue to emphasize interactive and conversational web-based applications in our outreach to and engagement of adult family home owners and staff.

OUR STRATEGIC PLAN

Our first Strategic Plan is a blueprint for how we intend to serve and support the long-term care workforce in adult family homes across Washington State. This three-year plan is framed by five Strategic Objectives:

Enhancing Effective Communications

Increasing awareness among our clients and stakeholders about the relevancy and value of the Long-Term Care Foundation and the Adult Family Home Training Network as resources for required training and workforce development requires the continued development and implementation of a multi-platform communications plan including the following elements: web presence, social media presence, regularly scheduled emails and webinars, periodic mailers, online surveys, meetings and conferences, and an annual impact report. Our messaging will inform stakeholders about events, resources, surveys, trainings, workforce development, and adult family home stories. It will be delivered to all bargaining unit members and other stakeholders.

Activating Meaningful Stakeholder Engagement

In order to optimize the benefits of The Long-Term Care Foundation and the Adult Family Home Training Network for the adult family home providers and staff we serve, we must continue to inform and solicit input from all our stakeholders, including tribal partners, and involve them in informing the process of delivering the required training and developing effective strategies for growing the caregiver workforce.

Delivering Required Training

Given our mandate from the Legislature and our contract with the Department of Social and Health Services, our top priority is delivering the training required for certification as a home care aide in a manner that is accessible, affordable, and specific to the needs of adult family home providers and staff.

Strengthening Workforce Development

Growing the long-term care workforce must be a priority if we are to meet current and projected needs for qualified, well-trained, well-supported caregivers in adult family homes. Elevating caregiving as a career opportunity will help mitigate the rampant turnover among adult family home caregiving staff.

Building Our Infrastructure

Growing the number and enhancing the roles of staff and volunteer leadership are essential to expanding the reach and impact of The Long-Term Care Foundation and the Adult Family Home Training Network. As the depth and breadth of our work grows, we must ensure that the Foundation, through the Network, has the resources to implement its mission, satisfy the terms of the new long-term contract with the Department of Social and Health Services, and—most importantly—deliver required training and related services to more adult family home owners and staff in more places.

OUR PILOT PROGRAM

We are excited to announce plans to develop and launch a pilot program to provide financial support for tuition and time to complete the required training for new long-term care workers

We are currently working to create a framework and parameters of the pilot program, including eligibility requirements, selection criteria, selection process, and conditions for acceptance of a fixed training benefit. Based on the availability of funds and adult family homes' Medicaid occupancy, we hope to provide this training benefit to 25-50 long-term care workers working in adult family homes by June 30, 2021, as well as reimbursement to participating adult family homes for the cost of tuition and time for employees participating in the pilot program. We look forward to sharing more details about this program by October 1, 2020.

OUR NEW WORKFORCE DEVELOPMENT SPECIALIST

We're looking forward to adding to our team!

Our new ***Workforce Development Specialist*** will serve as the Long-Term Care Foundation's primary HR resource for adult family homes in Washington State. This position will play a key role in developing human resource best practice guidance, providing HR support and guidance to adult family home providers, and developing and launching our pilot program to provide financial support for tuition and time to complete the required training for new long-term care workers.



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Sarah Lane, HCA **Owner, Instructor** **S&H Training Center, Inc.**

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- Pass their state exam
- Be an outstanding employee

Sarah Lane is the owner and an instructor at S&H Training Center. She is a licensed Home Care Aide and has owned and operated an award-winning home agency for more than five years. With a staff of 40 caregivers, Sarah is well aware of the knowledge and skills employers are looking for in a good caregiver. Beyond the training classes, we also help our HCA students fill out their state applications, prepare for their state exams, and allow them practice time with the manikins to hone their hands-on skills. In addition, our Olympia location also serves as a state testing site. For more information call (360) 539-7423 or email sarah@sandhtraining.com us today! You can register on our website at: www.sandhtraining.com.



Robin VanHying **Cornerstone Healthcare Training, LLC**

Robin has over 30 years of experience as a geriatric nurse, she is a licensed nursing home and assisted living administrator, and has owned and operated an adult family home. Cornerstone Healthcare Training emerged from Robin's passion for caring for others and a dedication to providing quality, convenient and affordable training for caregivers.

Since its establishment in 2010, the team at Cornerstone Healthcare Training has supported and trained over 30,000+ healthcare professionals in Washington State.

Cornerstone continues to be a pioneer in online training for caregivers, providing virtual instructor-led and self-paced e-learning training programs. This includes Home Care Aide (HCA) Training, Nurse Delegation, Nurse Delegation Focus on Diabetes, Mental Health Specialty Training, Dementia Specialty Training, Adult Education and HIV/AIDS Training, among others.

All coursework through Cornerstone is done online with the exception of the skills practice portion of the Home Care Aide training program. The hands-on skills labs are offered in six regional locations across the state.

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Mission Moment

A Message from Joe Stephens, Long-Term Care Foundation Board Member and Adult Family Home Owner

At the time my caregiving “True North” was first illuminated in my heart, Sheryl and I had been adult family home owners for about four years. The silver lining we had when we opened our first home had begun to show the wear and tear of the realities of 24-7 responsibilities in caring for our residents and our staff. Some residents are just hard to work with. Some staff don’t care to work hard for the benefit of the residents. It is hard, frustrating work which sometimes negatively impacts my attitude toward residents.

One morning during my quiet time, I read the following:

“By wisdom a house is built, and through understanding it is established; through knowledge its rooms are filled with rare and beautiful treasures” Proverbs 24:3-4

Immediately I recognized how wonderfully this describes what we get to do as providers in our adult family homes. I call this my “compass” verse. Indeed our homes are built with wisdom. It requires understanding of the rules to stay open. With knowledge we find wonderful seniors to fill our rooms and true caregivers to work with us as we care for these rare and beautiful treasures who are our residents. Not only is this my “compass” verse, it is also my “Why” – why do I do what I do.

It is my compass verse because it brings my attitude back to true north when I’ve gotten off course. If my residents and staff are “rare and beautiful treasures” in God’s eyes, I had better care for them and treat them accordingly. It is my “why” and keeps me going when it has been particularly rough and challenging.

Caregiving is the hardest work I’ve ever done, yet is the most rewarding because it is exactly what I am called to do in this season of my life.

HOW WE GOT HERE

A special thanks to the Adult Family Home Council
for their work and support!



The Long-Term Care Foundation of Washington State (LTCF) will be working to operationalize an Adult Family Home Training Network (AFHTN) as prescribed in **Second Substitute Senate Bill 5672**, enacted during the 2019 Legislative Session. This bill was passed thanks to the tremendous efforts of the Adult Family Home Council, who work to improve the lives and well-being of vulnerable adults through the support of adult family homes.

To learn more/Become a member:

www.adultfamilyhomecouncil.org
info@adultfamilyhomecouncil.org
(360) 754-3329



TOOLKIT

AMERICAN INDIAN & ALASKA NATIVE GRANDFAMILIES:

HELPING CHILDREN THRIVE THROUGH
CONNECTION TO FAMILY AND CULTURAL IDENTITY

**generations
united**
Because we're stronger together®





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Toolkit Introduction

Both inside and outside the foster care system, American Indian and Alaska Native children are more likely to live in grandfamilies – families in which grandparents, other adult family members or close family friends are raising children with no parents in the home – than any other racial or ethnic group.¹

Over the last few decades, drug epidemics, natural disasters and other tragedies have both created grandfamilies and challenged existing ones. The COVID-19 pandemic is the latest crisis to have elevated the needs of these families, and in particular the needs of American Indian and Alaska Native families, who are being disproportionately

impacted by the pandemic. The rates of infection and death are staggering. For example, as of early May 2020 in the Navajo Nation, the mortality and infection rates are higher than the vast majority of states.²

This latest crisis is highlighting the challenges faced by American Indian and Alaska Native grandfamilies, including the complex service systems they must navigate as citizens of two nations – the United States and their sovereign tribe. Supports and services also vary depending on whether the children are in the legal custody of a child welfare system with their kin providing the care or whether they are not at all involved with that system.

Grandfamilies and Kinship Families: In this toolkit, we use the terms “grandfamilies” and “kinship families” interchangeably to mean families in which grandparents, other adult family members or close family friends are raising children with no parents in the home. These families can be either inside or outside the child welfare system, and the toolkit will distinguish the level of child welfare involvement where it is relevant.



Grandfamily Caregiver or Kin Caregiver: These terms are also used interchangeably in this toolkit. They are used to capture the spectrum of these caregiving relationships, which include close family friends, godparents and other adults who are not technically “related” to the child.

Alaska Native (AN): Any person who is a member of an Alaska Native tribe recognized by the federal government.

American Indian (AI): Any person who is a member of an American Indian tribe recognized by the federal government.

Helper: An individual who is known by the community as someone to rely on for help, counsel, advice, or ceremonial intervention in times of adversity.

Mainstream or Western: The culture of white individuals of European ancestry.

Native: This term encompasses all American Indian and Alaska Native people and is used interchangeably with both those terms.

This toolkit is designed to give resources and tips to child welfare agencies, other government agencies and nonprofit organizations, so they can better serve all American Indian and Alaska Native grandfamilies regardless of child welfare involvement. It will explore some of the unique strengths and challenges of these grandfamilies, which agencies and organizations need to recognize in order to provide culturally appropriate supportive services.

There is a long and proud tradition of kinship care in Native cultures. In almost all Native cultures, extended family kinship structures prevail. Cousins may refer to one another as brother and sister. Aunts and uncles may be called mom and dad. A grandmother's first cousin might be called uncle. Within this kinship structure, there are many potential caregivers and many natural supports. In this environment, a grandparent might be able to care for a child with special needs even if he or she is elderly. This can happen when the extended family is a nurturing network that shares the responsibility for child rearing.³

Over two hundred years of federal policies have threatened the existence of this natural kinship structure. The U.S. government has tried to exterminate and assimilate American Indians and Alaska Natives into white culture. The U.S. government has removed children from their Native families to place them with white families and forced children to attend mandatory boarding schools where the use of tribal language, religion, and cultural practices was banned. The effects of these efforts are felt today by all generations. Many Native peoples have unresolved grief called historical trauma.

This generational loss and trauma contribute to many of the factors that generally cause American Indian and Alaska Native grandfamilies to come together. Whether it be parental mental health issues, substance use, or unemployment, all of these factors are experienced in Native communities in much larger degrees than mainstream culture. Historical trauma and these causal factors all have an impact on the overrepresentation of American Indian and Alaska Native grandfamilies in the child welfare system.

Grandbabies are a whole new level of love. Being more mature brings a whole new perspective of what it means to be well and safe. My understanding of the importance of keeping kids connected to culture and connected to family is so much deeper. My father was raised by his grandparents who were a product of boarding schools. As a result, I wasn't raised as culturally connected to my Muscogee (Creek)/Cherokee heritage. I really tried to turn that around with my boys, and I continue that with my grandson. Kids who are connected with their culture will have better outcomes. They are the future of our tribal Nations.

Robyn Wind, GRAND Voice and citizen of Muscogee (Creek) Nation

This toolkit will provide the reader with some historical background, a review of the current data, and an overview of resources that helpers and Native grandfamilies might find useful in supporting their families. Throughout this toolkit, the authors will highlight various issues regarding cultural differences, including kinship patterns, concepts of family, identity, and belonging and the importance of a positive cultural identity. It will also note the diversity of experiences by different nations and tribes. Each tribe or nation's history is distinct based on region, history, and the degree of assimilation of its members. Historical trauma and distrust of helpers will vary based on this diversity. Relevant Native behaviors and values will be compared and contrasted with mainstream behaviors and values.

Language and communication patterns, for example, can impact helpers when the helper expects a family to simply answer a question and the Native family begins to tell a story. The toolkit attempts to address the most common circumstances in which mainstream helpers and Native families, especially elders, miss one another. Views of time, work, money, and spirituality are just a few examples.

With its content, the toolkit seeks to assist mainstream helpers in understanding Native grandfamilies, their historical and current context, and the service systems that may be helpful to them. In turn, the toolkit can also help Native grandfamilies better understand mainstream helpers and the complexity of the systems that exist to help them. The fundamental goal of this resource is to better understand, appreciate and serve Native grandfamilies.



Photo courtesy
of Robyn Wind.



Chapter 1

Overview of Culturally Appropriate Services

“Navigating the child welfare system...was really harrowing. I was placed in a position where I didn’t know where my grandkids were taken, I just knew they were in custody and that was the end of the story...When I arrived, I saw that they cut my grandson’s hair. He’s never had his hair cut since the day he was born. I was furious. I asked, “Why would you do that?” They answered, ‘It was in his eyes.’ They had no understanding of how culturally inappropriate it was to cut his hair...I knew they should be with me, so I brought up the Indian Child Welfare Act (ICWA).

Sonya Begay, GRAND Voice and citizen of Navajo Nation

Introduction

Culturally appropriate services are essential for supporting Native grandfamilies. A social worker providing culturally appropriate services would never have cut the hair of Ms. Begay’s grandson.

One saying from social work education is “start where the client is at.” This teaching holds true in every community in every culture. However, if one does not know the culture and how the culture shapes and influences the family’s behavior, knowing where to start is difficult. There are many terms that are used to describe working successfully in a culturally based way or across cultural boundaries. This toolkit relies on the concepts of “cultural competence” as described by Terry Cross in several articles and in *Towards a Culturally Competent System of Care*.⁴

These concepts as defined by Cross:

- **Culture:** The integrated pattern of human knowledge, belief, and behavior that depends upon a capacity for learning and transmitting knowledge to succeeding generations. The customary beliefs, social norms, and material traits of a racial, religious, or social group.
- **Cultural Competence:** The capacity to work effectively in the context of cultural differences.
- **Cultural Identity:** The degree of identification with one or more cultures.
- **Cultural Loss:** The feeling of grief and loss that comes from the passing out of existence of lifeways, language, healing practices, spiritual helpers, or the loss of people, land, resources, material traits, customs, social forms of a racial religious or social group.
- **Historical Trauma:** Emotions and dynamics that are evident when the oppressive experience

of a cultural group occurs repeatedly over several generations and/or is so traumatic and pervasive (e.g. genocide) that, as a people, it is impossible to resolve the trauma during the lifetime of those subjected to the trauma and the resulting social-emotional impact and dynamics are passed on to and experienced by future generations.

Culturally Appropriate Services⁵

In this model, helpers first need to understand that people are different and complex and that culture shapes human behavior along with many other factors. Culture influences behavior, it does not determine it. Those influences inform how to best help people from different cultures.

Second, the model teaches that self-awareness and humility are foundations of effective helping. If people do not understand how their culture shapes their behavior, it will be hard for them to see the influences at play on others. A helper cannot understand how culture operates in someone else's life if they have not looked inward to see how culture influences their own behavior, thinking, family structure, or problem solving.

Third, successful work in a cultural setting requires that the helper understand the dynamics between people and groups that are different. Racism, oppression, prejudice, bias, ethnocentrism, fear, or just plain misunderstanding each other are powerful influences on helping. These dynamics are at play in all cross-cultural interactions to various degrees and the helper must understand and compensate for negative influence where they can.

Fourth, the helper needs to learn as much about a culture as possible; but more importantly, the helper has to learn how culture functions in people's lives so that they can understand what influences are at play. Complexity is universal in human behavior. Understanding complexity is part of understanding how culture influences behavior.

Finally, a helper has to change their helping behavior to fit the context of the culture if they are to be successful. This is what sets "competence" apart from sensitivity, awareness, or anti-racism.

Competence is about having the skill to do something well. In this case, the skills to help someone from another culture.

Native Grandfamilies

Let's look at an example for Native culture and grandfamilies. In almost all Native cultures, extended family is seen as just as important as what the mainstream considers the nuclear family. A helper who does not know about this type of family structure may not recognize its value and may not know that a family meeting, for example, should include the whole nurturing network. Planning for the safe care of a child may look very different than the usual process and supporting the nurturing network will require knowledge and skills that fit the family. Culturally appropriate services are culturally competent services. Starting "where the client is," is made possible by knowing how that family interacts with their own cultural context.

Worldview Differences

Worldview differences are one of the greatest sources of differences between people of Indigenous culture and Western or mainstream Americans. American culture has a linear worldview. Most thinking is based in cause and effect. Linear thinking is time-oriented and tends to understand the world by breaking it down into smaller parts. Services and helping practices are in silos and coordination is a challenge. Knowledge and dominance over the earth are important, and individualism is valued. Experts and agencies are trusted as helpers.

Indigenous worldviews are relational, cyclic, and understand the world as based on complex patterns. Peoples with this worldview value wisdom, interdependence, and connectedness with place, culture, and kin. People may trust elders and healers more than agencies or experts. People speak more slowly and carefully, interrupt each other less, and communicate via story and metaphor versus back and forth question and answer. The helper may mistake these cultural patterns and influences as resistance or lack of interest in problem solving.⁶

Conclusion

Helpers are encouraged to remember that the key is not only being aware and sensitive but being able to adapt helping behavior to fit the cultural context

of the family. When Native families adjust to the mainstream culture, it's called "code switching."⁷ When helpers do it successfully, it is called "cultural competence."

Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native by the Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS Publication No. SMA08-4354. <https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>

Cultural Competence, The Encyclopedia of Social Work by Terry Cross, In T. Mizrahi & L.E. Davis, (Eds). , 20th Ed. Vol. 1, (pp. 487-49). New York: National Association of Social Workers and Oxford University Press, Inc. <https://oxfordre.com/socialwork>

Working with American Indian and Alaska Native Individuals, Couples, and Families: A Toolkit for Stakeholders by Terry Cross and Cross-Hemmer, A. L. National Resource Center for Healthy Marriage and Families, ICF International with funding from the United States Department of Health and Human Services, Administration for Children and Families. <https://www.healthymarriageandfamilies.org>



Photo courtesy
of Sonya Begay.



Chapter 2

Overview of Grandfamilies

Introduction

Approximately 2.7 million children in the United States live in grandfamilies or kinship families, meaning families in which grandparents, other adult family members or close family friends are raising children with no parents in the home.⁸ An additional 139,000 children, almost a third of all children in the foster care system, are in the legal custody of the system with their kin providing the care.⁹

American Indian and Alaska Native children are represented in grandfamilies in larger percentages than any other racial, cultural or ethnic group. While American Indian and Alaska Native children make up one percent of all children in the United States, they comprise over eight percent of all children in grandfamilies and two percent of all children in state foster care systems.¹⁰ National databases do not include American Indian and Alaska Native children in tribal foster care systems, but NICWA estimates that approximately 61 percent of American Indian and Alaska Native children in foster care are in state systems and 39 percent are in tribal systems.¹¹ With those percentages in mind, the overrepresentation of American Indian and Alaska Native children in grandfamilies is even more dramatic.

This overrepresentation in the foster care system is likely a result of the centuries-long shameful treatment of this community by the United States. Rather than allowing tribes to build on their many cultural strengths of extended family and informal support networks, the federal government has relocated American Indian and Alaska Native people from their traditional lands and resources, forced their assimilation through mandatory boarding schools and adoptions to white families, and banned the use of tribal language, religion, and cultural practices.¹²

In general, grandfamilies, whether inside or outside the foster care system, form because of parental substance use, incarceration, death, teenage pregnancy, poverty, mental illness, cognitive or physical disability, and employment outside the community. Many of these factors impact American Indians and Alaska Natives at higher rates than whites:

- **Parental mental health issues:** American Indian and Alaska Native parents are more likely to struggle with mental health issues and distress related to unresolved trauma. Among U.S. adults ages 18 and over who reported only one race, American Indians and Alaska Natives had the highest rate of serious psychological distress within the last year (30 percent), and the highest rate of a major depressive episode within the last year (12 percent).¹³
- **Parental substance use:** American Indian and Alaska Native parents are more likely to struggle with substance use. Eighteen percent of American Indian and Alaska Native adults needed treatment for an alcohol or illicit drug use problem in the past year compared to the national average of ten percent.¹⁴
- **Parental unemployment:** American Indian and Alaska Native children are more likely to live in families in which no parent has full-time, year-round employment than the national average. Forty-nine percent of American Indian and Alaska Native children are in homes where no parent has full-time, year-round employment compared to 25 percent of children in white homes.¹⁵

The dramatically disproportionate numbers of American Indian and Alaska Native children in kinship care do not even include the 7.9 million children in multigenerational households where grandparents and other relatives are the heads of

the household, and the child's parents may also be present in the home or use the home periodically.¹⁶ For some multigenerational households, every family member plays an important role. For other multigenerational families, the parents are not able to parent the child due to one or more of the many factors causing grandfamilies to form.

While the overrepresentation of American Indian and Alaska Native children in grandfamilies is likely a product of the many inequities this community continues to face, it is also a reflection of their cultural strengths and resilience.

Grandfamilies' Strengths

American Indian and Alaska Native grandfamilies have a long and proud cultural tradition of caring for extended family. This strength, along with many others, is well documented in research and shows that children thrive in grandfamilies. Decades of research comparing the outcomes of children in foster care with relatives to those in foster care with non-relatives demonstrate just how well children fare in kin care. Children in foster care with kin have more stable and safe childhoods with a greater likelihood of having a permanent home.¹⁷ About 36 percent of all children adopted from foster care are adopted by relatives and 11 percent of children who exit foster care, exit into guardianships.¹⁸ Moreover, children in foster care with kin are less likely to re-enter the foster care system after returning to birth parents.¹⁹ These children also experience fewer school changes, have better behavioral and mental health outcomes, and are more likely to report that they "always feel loved."²⁰ Children living with kin keep their connections to brothers, sisters, extended family and community and their cultural identity.²¹

Grandfamilies' Challenges

As with their many strengths, American Indian and Alaska Native grandfamilies also share challenges that are similar to other grandfamilies. However, unique injustices make their kinship caregiving that much more difficult.

Child Trauma and Juvenile Justice: The children in grandfamilies are more likely than the general

population of children to have social, emotional, physical and behavioral challenges. This is often due to the many traumatic and difficult reasons parents are unable to raise their children. They have frequently been exposed to drugs or alcohol in utero and many of the children have special needs.²²

American Indian and Alaska Native children are more likely to have special needs than other children. American Indian and Alaska Native children are served by the Individuals with Disabilities Education Act (IDEA) at a higher percentage than any other group of children. Approximately 14 percent of American Indian and Alaska Native children received services under IDEA, compared to nine percent of the general student population.²³

In comparison to white youth, American Indian youth with behavioral or other challenges are much more likely to end up residing in juvenile justice facilities. For American Indian youth, 235 live in juvenile justice facilities per 100,000 youth, whereas the same rate for white youth is significantly less, at 83 youth per 100,000.²⁴ This racial disparity has been remarkably persistent. In every count since 1997, the rate of American Indian youth living in juvenile justice facilities has been more than twice as high as the rate for white youth.²⁵

Caregiver Stress: In addition to the children's trauma and greater likelihood of residing in a juvenile justice facility, kin caregivers may be stressed because they are caring for children at a time in their lives they did not expect to be, and they are often socially isolated from their peers.²⁶ They may feel a sense of shame and guilt about their own adult children who are unable to parent.²⁷

Grandfamily Poverty: Children in grandfamilies are more likely to be poor than other children. About 18.4 percent of children in the general population live in poverty, as compared to 30.5 percent of children whose grandparents are responsible for them and have no parent in the home.²⁸ This poverty data concerns the overall population of grandchildren whose grandparents are responsible for them. No specific federal poverty data exists for American Indian and Alaska Native grandchildren raised by grandparents.

Despite this lack of data, it is known that American Indian and Alaska Native children are more likely than other children to live in areas of high poverty. About 24 percent of American Indian and Alaska Native children live in areas of highly concentrated poverty, compared to the national average of 11 percent.²⁹

Limited Services and Supports: Despite heroically stepping up to raise children that they did not expect or plan to raise, kin caregivers often face challenges accessing critical services for the children. The degree of challenge frequently differs depending on whether or not the child is part of the child welfare system.

- **Children with kin in the child welfare system:** For those children in the child welfare system and living with kin, access to services and supports can be easier than for those not in the formal system. The state or tribe generally has legal custody of the children in kinship foster care, so caseworkers and judges can facilitate entry into services, like educational enrollment, and benefits such as nutrition assistance. However, the foster care system is not supporting the kin caregivers or the children as they should, despite relying on kin more than ever with a 10-percentage point increase in the last decade. The system often places children with kin as “kinship foster parents” without licensing them or providing the children in their care anywhere near the same level of assistance as children in non-relative foster care. Newly released data compiled and analyzed by *The Chronicle of Social Change* show that the number of children living in a home without a foster care maintenance payment increased by 32 percent between 2011 and 2017, from 81,838 to 108,426 children.³⁰ *The Chronicle* analysts believe these children are primarily, if not exclusively, in kinship foster care with grandparents, other relatives or close family friends who are not licensed as foster parents.³¹ If kin are fully licensed and the homes from which children are removed meet low-income guidelines, long-standing federal law requires that these children receive monthly foster care

maintenance payments and services.³² If fully licensed and income eligible, these children would also have a pathway to supported permanency through Guardianship Assistance Programs and adoption subsidies.

- **Children raised by kin outside the child welfare system:** Children raised by kin outside of the foster care system also face access and equity issues. A major factor impacting their access is that many of these children do not have a legal relationship, such as legal custody or guardianship, with their caregivers. They may lack such a relationship for many reasons. Often their caregivers may have difficulty finding an affordable lawyer or they may not want to go through the expense, delay, and trauma of suing the birth parents for such a relationship. Without a legal relationship to the children or a foster care placement of them, caregivers can have trouble enrolling the children in school, accessing special education services, consenting to vaccinations and health care, obtaining health insurance coverage, and finding affordable housing suitable for the children.

A legal relationship is not required under federal law to access the array of public benefits and income supports that may be available. However, access can be challenging for other reasons. For example, to obtain a Temporary Assistance for Needy Family (TANF) child-only grant, which is often the only source of potential ongoing support for the children, caregivers typically have to assign to the state or tribe their right to collect child support from the parents. Caregivers often do not want to pose another problem for the parents who are trying to re-parent or the caregivers may fear retaliation from the parents. The federal government allows states and tribes to waive that assignment for good cause, but few jurisdictions actually have a clear practice that allows caregivers to access that exemption. TANF and Medicaid for the child are often linked, so restricting access to one can impact the other. Other federal supports, like the Supplemental Nutrition Assistance Program (SNAP) or “food stamps,” require caregivers to share a lot of information, including their income. In many

cases, it may be retirement income that is too high to qualify for SNAP, even though the children are at risk of food insecurity. Grandfamilies in general, and American Indian and Alaska Native grandfamilies specifically, have often not been considered in the design and implementation of these supports, and consequently their unique needs are not met.

Conclusion

These challenges, in addition to grandfamilies' many strengths, must be considered when striving to

support the families. Because American Indian and Alaska Native kinship families are further impacted by their own unique set of strengths and challenges, this toolkit seeks to help agencies and organizations better understand and support them. To access general resources that may be helpful, please visit the websites listed below.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) is the national reporting system for children in foster care. Each year, a report is issued on the numbers of children in foster care, including those in foster care with relatives, and the numbers of children exiting the system to guardianships and adoptions. www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars



The Brookdale Foundation Group, Relatives As Parents (RAPP) is a national network of support groups and services for grandfamilies. www.brookdalefoundation.net/RAPP/rapp.html

www.grandfamilies.org is a comprehensive one-stop national website for publications, materials, and laws impacting grandfamilies both inside and outside the foster care system for all 50 states and the District of Columbia.

www.grandfactsheets.org has fact sheets for each state and the District of Columbia containing specific state information related to grandfamilies, including a comprehensive list of resources and services, including kinship navigator programs.

www.gu.org is Generations United's website containing resources and publications on grandfamilies, including Generations United's annual State of Grandfamilies reports.

The Kids Count project - The Annie E. Casey Foundation contains national and state level data on children in kinship care. By kinship care, they mean children outside of the formal foster care system being raised by grandparents, other family members and close family friends with no parents in the home. Children in kinship foster care are reported through AFCARS. <https://datacenter.kidscount.org/>

Racial Disproportionality and Disparity in Child Welfare Issue Brief by the Child Welfare Information Gateway. https://www.childwelfare.gov/pubpdfs/racial_disproportionality.pdf

The U.S. Census Bureau Data Website contains tables with the numbers of children in the United State and some of their demographic characteristics (Table S0901); the numbers of children and some of their characteristics who are raised by grandparents who are responsible for them (Table S1001), and the same information for these grandparents (Table S1002). The data on other relatives are limited, but the general number of "other relatives" responsible for children is available in Table S0901. Data.census.gov

Chapter 3

Impact of Family Separation on Family and Culture

Introduction

Cultural knowledge is a cornerstone of working successfully with Native peoples. Understanding the painful history is one essential aspect of understanding contemporary Native culture. Family systems, the legal system, and the challenging social conditions that most Native families face can be traced, in part, to the past. This chapter examines the influences of the past but also discusses the resilience of the culture and the strengths of families in the face of these challenges.

Historical Trauma

American Indian and Alaska Natives (AI/AN) endured over two hundred years of policies intended to exterminate, remove, or assimilate them. These policies brought a great deal of trauma to many tribes and Native peoples by attempting to determine how Native people should live. Many of these policies persist and the effects are felt today in unresolved grief called historical trauma. Today, unresolved grief and loss are handed down to the next generations through adverse childhood experiences or ACEs, which are traumatic events taking place in childhood that have negative effects on health and wellness in adulthood.³³ As grandfamilies or service providers, it is important to understand the history and the impacts of historical trauma on families today.

In the pre-colonial times, American Indian and Alaska Native tribes had their own government structures, individual cultures, and ways of being. With colonization came an era of removal and genocide. War, removal from traditional homelands, destruction of food sources, and disease killed nearly 10 million Native people.³⁴ This era was followed by forced assimilation to deal with the

“Indian problem.” The stated goal of the U.S. government was to “civilize” Natives.

Boarding Schools and Assimilation

During this time of assimilation, starting in the late 1870s, the U.S. government’s goal was to “kill the Indian, save the man.”³⁵ Military style boarding schools were created. Hundreds of thousands of Native children were forced to leave or taken from their homes and sent to these boarding schools. Children experienced harsh and punitive treatment. They were punished for speaking their language, practicing their religion, and participating in any cultural practices. Both physical and sexual abuse were widespread in the boarding schools. Generations of children grew up separated from their families who loved and cared for them.³⁶ Children who survived returned to homes where they did not know the basic skills to survive. This policy persisted through the 1970s affecting about half of all Native people alive today. Through removal of many generations of children from their families, parenting skills were diminished, and many experiences damaged their very ability to attach to others.

The U.S. government continued the efforts to assimilate Native people with the termination of federal recognition of hundreds of tribes in the 1950s. Under the Bureau of Indian Affairs (BIA) Relocation Programs, people were moved from reservations to cities. Those relocated to cities were given a brief training in a trade and then left on their own.³⁷

In yet another attempt at assimilation, the BIA partnered with the Child Welfare League of America to remove Native children from their homes again, this time placing them for adoption. This continued

into the 1970s as state and private agencies continued to remove Native children and place them outside of their homes. Eighty-five percent of these children were placed in non-Native homes.³⁸

Traditional ways of living for Native people were undermined by practices and policies that were in direct contrast with their ways of life. Children and youth were taught to be ashamed of their culture and shamed in to believing that their families' way of life was backward or primitive. Generations and generations of Native peoples experienced many different traumas that have affected whole communities and continue to have impacts today.

Impact of Trauma

The history of U.S. policies discussed above shaped not only families but also the relationships between tribes and states and the federal government. Many Native families today may not want to get help from helping systems because they do not trust them. Distrust is a survival strategy when you know the history of how negatively your people were treated by the federal and state governments. Historic distrust³⁹ may be a barrier to families seeking help, especially grandfamilies. Older caregivers who likely directly experienced boarding schools, relocations or adoptions by non-Native peoples may need support, but younger generations also feel the impact of these events and policies on their own lives.

The family's distrust in helping systems may also be seen from a helper's view as a sign of risk or resistance. The helper may see a family's caution as unwillingness to engage with the system and make inaccurate or negative assumptions about why.⁴⁰ Even families who did not have direct contact with destructive services and systems knew families that did. Knowing this history when entering a Native home can help the helper be prepared to work through this issue without making assumptions.

The impact of boarding schools on American Indians and Alaska Natives also damaged traditional roles of Native peoples. The role of men was especially damaged when they returned home and did not know how to do basic things like hunt for

their families, construct homes, prepare for seasonal changes, perform rituals or ceremonies, or govern.⁴¹ Women's roles were damaged when they did not learn to nurture, gather, grow, or prepare food, parent, or provide for family basics.

Children raised in the boarding schools grew up with their needs unmet. These children with unmet needs became parents with unmet needs. These generations of children raised without their parents and families became parents and grandparents themselves without the skills of how to be a parent according to their culture and traditions. It was not until the 1980s when the scope of boarding schools began to diminish.⁴²

The impact of boarding schools was deep and damaging, and for decades the relocation program and widespread adoptions of Native children to White families also hurt traditional Native roles and parenting. These continued attempts at assimilation left families separated from one another and from their culture.

Disproportionate Removals

The U.S. government continued its goal to assimilate Native people with the Indian Adoption Project of the 1950s-1960s. Native children were removed from their families, often by means of coercion, and placed in "good White families." This led to 25 to 35 percent of Native children being removed from their homes.⁴³ The Indian Child Welfare Act of 1978 (ICWA) was passed by Congress in response to this history of separation and family destruction.

The intent of ICWA has not entirely changed the biases that are built into child welfare system. ICWA has greatly improved the picture for Native families but disproportionate placement persists to this day. Nationally, American Indian and Alaska Native children are placed outside their homes about 3 times more often than all other children. In at least one state the rate is 12 times higher.⁴⁴

Systems that, for years, trained workers to remove Native children are not easily changed. Those biases against Native families remain because they are built into that system. Cultural differences are often

seen as reasons for removals today. For instance, multigenerational homes that mainstream standards view as overcrowded may come to the attention of a child welfare agency.

A child may be provided with love and support and have their basic needs met, yet the family could be at risk of their child/ren being removed.

Although ICWA was passed into law, the intent of ICWA is frequently missing from child welfare practice. ICWA is too often seen as “more work” by child welfare workers. Contrary to this attitude, ICWA remains judged by national standard-setting organizations as the gold standard of good social work practice. In fact, when ICWA is followed there are better outcomes for Native children. ICWA is discussed in detail in later chapters.

Acknowledgement of Historic and Current Discrimination

Helpers and workers who acknowledge the history and understand how current discrimination is a problem for Native families are taking an important first step towards practicing in a culturally competent way. Service providers who address their own beliefs about Native peoples can uncover where they may have gaps in their knowledge.⁴⁵

Stereotypes about Native people are not a thing of the past. And helpers should seek to understand that their views of Native peoples and culture may be based on stereotypes they picked up throughout their lives. Indian Country is extremely diverse and, while many tribal people share some values, culture can be very different from tribe to tribe.

While almost all tribal communities felt the effects of U.S. policies, many were able to maintain some—if not most—of their culture, language, and traditions. For decades, people practiced their culture in secret because Native spiritual practices were illegal under federal law. Practicing their ceremonies, continuing to eat traditional foods, and speaking their languages was not easy. Fortunately, much of the culture survived the worst attempts

of extermination. This resilience of tribal culture lives on today and, in fact, is thriving in many communities.

Movements to reclaim traditional culture have spread across Indian Country, as Native people know that the key to healing lies in the communities themselves. Tribal culture and traditions are valued as strengths that will keep families healthy and contribute to the overall well-being of tribal communities.

Helpers should also be aware that many tribes have a variety of different services, often rooted in tribal culture, that they offer their members and community. While each tribe’s capacity to provide services may differ, it is always a good idea to reach out to tribes as partners and resources.

Resilience

Some non-Natives believe that traditional Native culture is a thing of the past. Others believe that Native communities are so damaged that every family is dysfunctional. Neither is even close to the truth. Today, the majority of Native families are healthy and vibrant. Since healthy families are rarely in contact with service providers, it is easy for providers to get a negative picture based on their limited contacts with only those most negatively impacted by historical trauma, adverse childhood experiences, and challenging social conditions. Helpers and grandfamilies alike should remember that challenges are normal and serious problems can be overcome with help and support. Native families are resilient, especially when supported culturally. Grandfamilies are a prime example of these strengths.

Conclusion

A painful past can be handed down from generation to generation as unresolved grief and loss. This historical trauma can have a lasting intergenerational impact especially when transmitted generation after generation through adverse childhood experiences. Learning about this history will help service

providers better understand the people they serve. Fortunately, Native culture and Native families are resilient, and the strengths of both the culture and families have persisted over time despite a horrible past. Trauma is something that happens to people.

It does not define them. Service providers will be better helpers when they understand that today's Native grandfamilies are defined by their cultural and family strengths as well as the traumas of the past.

Boarding School Healing website has additional information on the boarding school era. <https://boardingschoolhealing.org/>

Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native by the Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS Publication No. SMA08-4354. <https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>

Healthy Native Youth website has more resources related to culturally based education and health information visit <https://www.healthynativeyouth.org/>

National Indian Child Welfare Association (NICWA) website has additional resources for Native families and services providers. <https://www.nicwa.org/families-service-providers/>



Chapter 4

Benefits and Strengths of Preserving and Restoring Cultural Identity

Introduction

The most important reason to provide culturally appropriate services is the Native child's need for a positive sense of self, or identity. This chapter discusses the importance of identity and the need to address two critical and related aspects of identity: first, the sense of self that comes with belonging to family, and second, the sense of self that comes with connectedness to culture. For Native grandfamilies, these are deeply intertwined concepts. Fortunately, identity is something grandfamilies can do something about if they understand why it is important and what they can do that is easy and practical.⁴⁶ This chapter is about being intentional in helping children build a positive view of who they are and where they belong.

What is Identity and Why is it Important?

Simply put, personal identity refers to the characteristics, traits, ideas, beliefs, and actions that people use to define who they are. Identity provides a sense of meaning, belonging, and personhood (knowing who you are as a unique individual).⁴⁷ It helps us understand ourselves in relation to others, including family, friends, neighbors, culture, and those beyond our immediate community. Personal identity helps us find our place in the world. It also provides a sense of continuity over time as it links our past, present, and anticipated future. How we view ourselves colors our understanding of virtually everything we experience. When we grow up with trauma, grief, loss, or social isolation, our identity can be impacted. Relationships with extended family and a sense of connectedness with culture, tribe, and ancestors are strong antidotes for adverse experiences.⁴⁸

Many Faces of Identity

Identity formation is a complex process. It is the process by which a child develops ideas and beliefs about their place in life. We all develop beliefs about our physical being, roles, and relationships. Although we work to fit different aspects of ourselves into one "self", we all have many intersections with the world around us that affect our identity. The views that the society around us holds about us can make the process confusing and difficult. For example, where society holds negative stereotypes or implicit bias about race or culture, a child can wonder if they fit in anywhere. Children in relative care can also be stereotyped negatively simply for their status. In an environment that can make negative judgements, grandfamilies can help their children by intentionally building a positive cultural and family identity.

One approach to building a positive identity is learning about culture, especially learning a tribal language. Research shows that a positive cultural identity is associated with more positive outcomes for youth. While Native cultures are diverse regionally, each tribe's language is unique to that group. Learning greetings, how to introduce yourself, and words for showing respect to elders are effective ways to develop the unique sense of connectedness to culture, place, ancestors, and kin.

Identity and Kinship Care

Identity for children in relative care requires that families actively work on developing positive cultural associations that emphasize that identity is influenced by many different factors.⁴⁹ Grandfamilies who support a positive identity are more likely to be proactive in the process of family formation. They talk about being a family and are inclusive of the child. Grandfamilies that

honor a child's birth parents and heritage create an open communicative environment in relation to placement issues. Openness and respect are more likely to foster positive self-esteem in the child. Children who have positive peer and school experiences in relation to placement issues are also more likely to feel positive about being in relative care.

Identity formation is important for all children and many things influence the process. When children struggle with identity because of what has happened to them, their mental health can suffer. Understanding how to overcome the challenges is very important.

Overcoming the Barriers

There are several barriers to forming a positive identity. Children who experience abuse or neglect, or who have witnessed violence or experienced fears related to parental substance use, may develop feelings of not being worthy very early in life. This is especially true if they have not been able to attach to caring adults when they are young. When children experience trauma and insecure attachments, caregivers need to fill the empty spaces with time, affection, understanding, patience, and consistency. Basically, this means building trust, following through, and understanding that negative behaviors most often come from fear and unresolved loss and grief. Grandfamilies need education, support, and preparation to do this well because it is emotionally demanding.

In addition to understanding the role trauma plays as a barrier to identity formation, Grandfamilies and the helpers who support them need to know that

relative care, guardianship, and adoption come with stigma, shame, and stereotypes.⁵⁰ In addition, there may be gaps in the information about the child's life before coming into care. Caregivers can help children feel positive about their care by showing that they are part of their extended family who want and love them. Grandfamilies can help fill in the gaps by teaching the child who they are related to and by teaching them what is polite or how respect is shown in their family. Teaching norms and values with simple expressions such as, "in this family we show respect to our ancestors," can be powerful ways to build identity. Including children in spiritual activities and ceremonies as are practiced in their tribe is another powerful way to contribute to a positive identity. Inclusion and connection build a sense of trust over time. That sense of belonging is life long and is the true meaning of permanency.

There are other barriers for Native American children in general—negative stereotypes, racial discrimination, micro-aggressions, and bullying. Micro-aggressions are insults or mean statements that may seem small but hurt as they add up over time. Native children experience these conditions in many areas along with a failure of schools to provide culturally sensitive curriculum. Racial bias and denial of the importance of culture is common, and in many places, there may be few positive role models available. Grandfamilies need to talk with their children about the negative attitudes in the world and engage in positive cultural socialization activities with their children.

The intentional building of positive cultural experience helps balance the negative impacts of growing up in a negative environment. Grandfamilies can help their children become more self-aware

On Chippewa Cree tribal lands in Montana, GRAND Voice Wilma Tyner and other grandfamilies are practicing their culture to respond to health challenges during the COVID-19 pandemic. The grandparents and grandchildren are building up their immune systems in a sweat lodge once a week, inhaling traditional medicinal herbs and flowers. As of late May 2020, the tribe has no cases of COVID-19 and feel blessed to have cultural awareness of these helpful remedies.

as Native people by teaching them about history, the sovereign status of tribal governments, and how their heritage is similar or different from other Native peoples.

Identity and Cultural Strengths

Too often people are familiar with the stereotypes about Native peoples, both positive and negative. The list of misunderstandings about Native peoples and tribes is long. Grandfamilies, and the people who support them, need to have a clear picture of common cultural strengths. The following examples highlight a few of those strengths.

Native cultures are full of natural support systems. Kinship networks, extended families, clans, and self-help groups all enable people to support one another. Social relations among friends are informal while dance groups or sports clubs are more formal. Culturally based groups like healing societies or ceremonial societies exist in many places.

Native people everywhere have a sense of shared community responsibility and turn to each other in times of need. In many places, trade and barter are important parts of community life. Physical

resources such as traditional foods—game meats, fish, edible plants and roots, etc.—are shared informally as well as ceremonially. Resources of the land and water are regarded as important and families learn to live in a respectful relationship with the environment where traditional teachings are held. Cultural pride gives Native people the strength to walk in different worlds and to live with curiosity and courage even when life is a challenge or when outsiders misjudge. The Indigenous knowledge children acquire through the intentional teaching of grandfamilies can be critical to developing the survival skills and resilience needed in the face of multiple challenges.

Conclusion

Forming a strong positive identity early is the best defense against identity confusion that can, later on, turn into acting out behavior. The stronger the child's identity, the more likely they are to overcome the barriers to positive outcomes. A positive identity does not have to be left to chance. Being intentional and active are the keys to building a healthy identity. Culture and kinship relationships are strong resources that grandfamilies can use to support their children.

Identity Formation in Adolescence by ACT for Youth Upstate Center of Excellence; A collaboration of Cornell University, University of Rochester, and the New York State Center for School Safety. http://www.actforyouth.net/resources/rf/rf_identityformation_1102.pdf

National Adoption Competency Mental Health Training Initiative offered by Center for Adoption Support and Education C.A.S.E. <https://adoptionssupport.org/nti/>



Chapter 5

Key Considerations for Providing Culturally Appropriate Services

The agency wouldn't release the kids to me at one point for the Mongolian blue spots on my granddaughter. They claimed her birth marks were bruises from physical abuse from me, and I had to get a doctor to verify that these birthmarks common to Native American infants were not bruises. We had to go to court for that. This was another instance where service providers caused more harm by prolonging the process unnecessarily. Tribal social service agencies know about these culturally specific norms for infants and children. Social workers need to be educated to provide culturally appropriate services, so people do not experience what happened to my grandkids and me.

Sonya Begay, GRAND Voice and Citizen of the Navajo Nation

Introduction

There are many things that set Native peoples apart from the mainstream society. History, political status, culture, place, laws, and services are all addressed in this toolkit. In this chapter, we summarize political status as well as a few critical elements of culture and place that can be very helpful to understanding how to work with American Indian and Alaska Native grandfamilies like Sonya Begay's.

Tribal Sovereignty and Child Welfare

In pre-colonial times, tribes governed themselves to make and enforce laws, conduct trade, recognize

marriages, determine child custody, and punish wrongs.⁵¹ Following the establishment of the United States and the inclusion of tribes in the constitution, tribes became "dependent domestic nations,"⁵² nations within a nation that retain the right to govern themselves.

Tribal governments in the United States, under their retained powers of self-governance, still provide child welfare services and decide custody matters regarding children. Today's tribal child welfare services exercise their pre-colonial powers. Those sovereign powers are recognized and enforced by the Indian Child Welfare Act (ICWA). Under ICWA

states have to recognize the authority of tribes over their own child welfare and work with them on a government-to-government basis.

The Indian Child Welfare Act does several very important things. As mentioned above it recognizes the tribe's rights regarding the safety and custody of their children. It also sets up rules that states and counties must follow when working with eligible Native families, for example, provisions for relative placement of Native children. Under ICWA, only enrolled tribal citizens or the biological children of enrolled citizens who are eligible to become citizens are covered. States must notify tribes of any custody proceeding. The tribe can come to court and offer testimony and evidence, and can even petition to transfer the case to tribal court. These policies are all based on the inherent sovereignty of tribes and the government-to-government relationship set up by the constitution and federal laws.⁵³ ICWA and other federal policies are discussed further in Chapter 8 of this toolkit.

Diversity Among Native Cultures, Nations, and People

Understanding the cultures of Native peoples in the United States can be challenging due to the vast diversity of experiences by different nations. That diversity comes from distinct regional variations, each tribe's or nation's history, and the degree of assimilation of its members. Every tribe has individuals who still adhere to the ancient traditions of their tribe, others who are quite assimilated, and every variation in between. Some speak their own language, and some languages have been lost. In addition to assimilation differences, Native peoples have historically intermarried with each other and with other races. Native people of any tribe can present or appear White, African American, Asian, Latinx, or any range of many differing Native. These differences can be seen in the same family and are often a source of confusion for helpers, including educators and health care providers.⁵⁴

One of the greatest sources of diversity is regional tribal differences. Because of media images,

most Americans associate Native culture with the stereotypical Plains Indians. In fact, as of this writing, there are 574 federally recognized tribes and fewer than 10 percent could be considered of the Plains culture. The Southwest is home to the Pueblo and desert cultures, the West is home to the Plateau and the Coastal cultures and Alaska is home to several distinct cultural groups. The physical traits, beliefs, traditional practices, and languages of the various groups are distinctly based on place, natural resources, climate, geography, and their historic relationships with each other and the timing of colonization.

Common Shared Indigenous Cultural Traits

Despite the vast diversity of cultures, nations, and individuals, there are several common characteristics or behaviors that are held by people from Indigenous cultures. In this section we are using the term "Indigenous" to refer to Native peoples collectively. Indigenous means belonging to a place or the original people of a place. The characteristics discussed below are related to being of cultures that are connected to the land and/or who are interdependent groups. While these characteristics appear differently today due to assimilation and the regional differences discussed above, it is useful to learn a few of the more common culturally based behaviors so as to not misjudge Native people. When a behavior in one culture means something different to another culture, that behavior may be considered rude, ignorant, or even evident of mental illness.⁵⁵

Communication

- People whose first language is an Indigenous language may have to translate mentally before responding in English. Many Indigenous languages have words of emotions and relationships that are hard to translate into English and people may struggle to express themselves.
- Most mainstream Americans speak quickly and directly. Indigenous people tend to speak more slowly and indirectly. They are likely to tell a

story in response to a question because context is as important as facts.

- Unlike many mainstream Americans, indigenous cultures find interrupting someone to be rude and usually defer to elders to speak first.
- Mainstream Americans tend to give advice and comment on what people should do, buy, read, or try. Indigenous people tend to see this as rude.
- Indigenous peoples tend to be modest and reserved with giving praise, whereas mainstream Americans often are less reserved in this respect.

Values

- **Respect for Elders** - Indigenous peoples tend to revere elders and treat them with respect, while mainstream Americans tend to treat elders as having little value. Indigenous elders are usually served first at any event and youth will nearly always fill a plate for an elder before themselves.
- **Facts versus Wisdom** - Mainstream American society tends to value facts, data, experts, and degrees. Indigenous cultures tend to value wisdom, patterns, cycles, and experience.⁵⁶ One culture focuses on breaking the world into its smallest parts to understand how things work, and the latter looks more holistically while observing complex relationships to understand how things work.
- **Time** - Mainstream American culture values clock time, punctuality, and efficiency. The expression “Time is money” sums up this perception. Indigenous cultures tend to understand time in terms of cycles and understand that things happen in their own time. For example, Native peoples know that you fish when the fish are running, you pick berries when the berries are ready, and you conduct ceremonies when the time is designated by the season or position of the stars. In reality, Indigenous people do value time, just in a different way than Mainstream Western society.
- **Family and Kinship Networks** - Several Native peoples have clan systems that track

relationships far more broadly than in American society. Clans do not intermarry, they often have specific roles in helping others in times of crisis, and they may support one another in times of loss and grief. Grandfamilies are common and may be permanent or temporary depending on the needs of the children and the cultural roles of grandparents or other relatives. Indigenous cultures tend to value and prioritize family and kinship networks above work obligations or service provider expectations. Whereas mainstream Americans will prioritize work commitments and appointments over non-emergency family needs, Indigenous cultures typically will not. For example, if a helper gets a last-minute appointment cancellation from a Native due to an extended family need, the helper should understand that priority.

It is easy to stereotype different cultures when we try to compare and contrast in the way that we have just done. Helpers should remember that these are things they might see. Knowing these are tendencies, not hard and fast rules, will help people approach cultural difference with curiosity and humility. It is important to know that each individual expresses cultural values, beliefs, behaviors, and manners differently in different situations. In addition, local communities may have customs, traditions, and etiquette that are particular to that area, such as a greeting or gesture. Curiosity and observation are the helper’s best tools for learning these things with respect and humility. It is also important to recognize that the painful collective past presents a real barrier to helping cross culturally.

Overcoming Historic Distrust

Trust must be earned when outsiders work with Native populations. In earlier chapters we discussed the painful past that led to historical trauma and unresolved grief. That past also led to historic distrust of helpers.⁵⁷ Native peoples expect to be treated badly by outsiders offering help. It is a survival strategy.⁵⁸ Native peoples tend to trust people who relate to them with respect

and dignity. Having degrees, titles, or a license to practice has little meaning if the helper does not also work to establish basic trust and credibility. Helpers earn trust by keeping confidentiality and sharing who they are as people and building a mutually respectful relationship. Active listening is key. Pay attention to the Native person's narrative and appreciate the person's expertise on their own experience. Few things will sour a helping relationship faster than the helper acting like the expert and discounting the Native person's perspective.

Conclusion

It is impossible in the scope of this brief toolkit to review all of the cultural differences that are important to the helper and to grandfamilies themselves. However, it is important to learn enough to be a good observer and to ask good questions. Cultural differences influence the dynamics between various peoples, but each of us has a choice of how we handle the differences and the dynamics that are normal when people from diverse cultures meet in a helping relationship. Successful work across cultures requires life-long learning and the willingness to embrace the complexity of cross-cultural helping.

Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native by the Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS Publication No. SMA08-4354. <https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>

TIP 59: Improving Cultural Competence/ SAMHSA Publications and Digital Products is a guide that helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations. <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>

Working with American Indian and Alaska Native Individuals, Couples, and Families: A Toolkit for Stakeholders by Terry Cross and Cross-Hemmer, A. L. National Resource Center for Healthy Marriage and Families, ICF International with funding from the United States Department of Health and Human Services, Administration for Children and Families. <https://www.healthymarriageandfamilies.org>



Chapter 6

Helpful Services

I was never offered culturally appropriate services. The only thing remotely culturally appropriate was counseling through the Muscogee (Creek) Nation, which I had to set up myself. I had to ask permission to take my grandson to ceremonial activities and answer rather humiliating questions about why it was appropriate for him to attend. At times, permission was denied. It was important for me to access tribal services every chance we got because they keep mom and dad and children connected to the tribe. Tribal service practitioners know what it's like to be Muscogee (Creek) or Native as opposed to someone coming from a different outlook and background. As a child welfare professional myself, that process opened my eyes to what other grandfamilies go through. It's got to be very confusing and frustrating.

Robyn Wind, GRAND Voice and citizen of Muscogee (Creek) Nation

Introduction

Knowing where to turn for help is not easy, even for Robyn Wind who knows the child welfare system well. The service systems that should respond to the needs of American Indian and Alaska Native families are complex and inconsistent. This chapter is intended to give Native grandfamilies and their service providers basic information and an idea of some of the services that may be available and how to access them.

Because of historic policy issues, service systems look different from state to state and from tribe to tribe within the same state.

Those who wish to learn more about how service systems work, how grandfamilies can access services, or how service providers can collaborate with tribes will have to learn through dialog with local tribal leaders and managers. Taking the initiative to set up a meeting and approaching tribal leaders and managers with curiosity and informed questions will usually be well received.

Federal Trust Responsibility

Tribes that entered treaties with the United States agreed to give up large expanses of land and natural resources in exchange for a commitment that the United States would provide for the health, education, and welfare of the tribal members for time immemorial. In some treaties, the language was “as long as the grass shall grow.” Additionally, the federal government agreed, in most treaties, to hold the tribe’s land in trust, provide protection to the tribe and stewardship of the natural resources. This arrangement is referred to as the federal trust responsibility. Like any “trustee,” the federal government is responsible for the competent management of resources on behalf of the tribes. Under this arrangement, the federal government is responsible for schools, health care, and the social service safety net for American Indians and Alaska Natives living on reservations or in designated service areas (commonly referred to as Indian Country). While all federal agencies have an obligation to fulfill the trust responsibility with tribes there are three federal agencies specifically designated to meet trust obligations: the Bureau of Indian Affairs (BIA), the Bureau of Indian Education (BIE), and the Indian Health Service (IHS). The first two are under the Department of the Interior. The latter is under the Department of Health and Human Services. However, these agencies can only fulfill their obligations to the extent that Congress appropriates funds for that purpose. Unfortunately, appropriations fall far short of need and the federal government has never competently fulfilled its trust responsibility.

In recent years, more and more legislation has created set-asides or direct funding for tribes under mainstream programs. This trend began with the War on Poverty, during which Indian tribes became eligible for community action funds and housing funds. Later, tribes gained access to childcare funding, Temporary Assistance to Needy Families, and child welfare funding, among others. Even with access to these programs, the funding formulas fall far short of the known needs. Funding disparities are well documented and most tribes are actively

seeking resources to meet the needs of their citizens.⁵⁹

When the BIA, BIE, or IHS directly provides the services, which is still the case in many locations, the employees are federal employees. If the tribe receives grants or contracts or fund services through their own resources, the employees are tribal employees and the programs are tribally administered. Additionally, many tribes are small or under-resourced to the point that they are not able to provide adequate services. Grandfamilies need to remember that Native Americans are citizens of the US, the state, and the county and are thus eligible for services in all jurisdictions. In fact, many BIA services are called services of last resort. That means the Native Americans in need must exhaust all other resources before the BIA will help. This is discussed in more detail below.

Citizenship and Eligibility

If the trust responsibility were upheld, then the service system would be fairly simple. If most American Indian and Alaska Native people lived in “Indian Country,” it would be less complicated. However, given layer after layer of federal policy and programs created over hundreds of years to divest the “Indian Problem,” it is anything but simple.

Beginning in 1924, when Indian people were made citizens of the United States by an act of Congress, American Indian and Alaska Native individuals became eligible for services in any off-reservation jurisdiction in the country. As citizens, American Indian and Alaska Native people are, supposedly, covered by Social Security and other government programs and are entitled to equal protection under the law. Theoretically, as residents of states, American Indian and Alaska Native people are eligible for all services for which any other resident of the state in the same circumstances is eligible, regardless of where they live. In practice, American Indians and Alaska Natives have been turned down for services in the state, county, and local service systems under the mistaken belief that they are the sole responsibility of the federal government. This pattern of discrimination has created a norm in

which American Indians and Alaska Natives believe they are not eligible and may not even try to get local or state safety net services.

Additionally, under Public Law 280 11 states assumed at least partial civil jurisdiction over Indian lands.⁶⁰ They are Alaska, California, Florida, Idaho, Iowa, Minnesota, Nebraska, Nevada, Oregon, Washington, and Wisconsin. In PL 280 states, the federal government agencies like the BIA or IHS provides services of last resort. Only after state resources are exhausted is the American Indian and Alaska Native person eligible for federal assistance. In these states, the state government is responsible for safety net services on and off the reservation, unless a) an individual tribe was exempt from PL 280 (which occurred in some state legislation, such as in Oregon where the Warm Springs reservation was exempted) or b) a tribe was restored to federal recognition after termination. In addition, there is a process by which a tribe can reassert its jurisdiction in a PL 280 state following a Supreme Court decision that found that PL 280 was a wrongful taking of an inherent tribal right. In partial PL 280 states, the state legislature took jurisdiction over some things and not others. Idaho is an example, where the state took jurisdiction only over the following: compulsory school attendance; juvenile delinquency and youth rehabilitation; dependent, neglected, and abused children; mental illness; domestic relations; and operation of motor vehicles on public roads. As a result of the complexity created by PL 280, many American Indian and Alaska Native people who need services fall between the cracks.

Many tribes and states in recent years have developed robust and positive relationships through state legislation, tribal-state agreements, and contractual arrangements. In these states, there are usually strong opportunities for collaboration with tribes and good examples of established relationships.

State services are predominantly located away from tribal communities, employ primarily non-Indians, and thus may not be culturally appropriate and make little contribution to the tribal economy overall.

Indian Self-Determination and Self-Governance

When official federal policy shifted from assimilation to self-determination in the 1970s, a new tribal service system emerged. Under the Indian Self-Determination and Education Assistance Act of 1975 (P.L.93-638⁶¹), a tribe may contract with the federal government for any service that would be provided under the federal trust responsibility. Because these arrangements are authorized under Public Law 93-638, these are known as 638 contracts. However, under these contracts, the federal government has oversight, determines the deliverables and budget, sometimes provides technical assistance, and monitors performance. If tribes fail to meet performance measures, the federal government can and does step in and run the program. Tribes can contract to run distinct programs and may take on some programs but not others.

In the 1990s, a shift toward even greater tribal control occurred with the enactment by Congress of the Tribal Self-Governance Act of 1994. Under self-governance, a tribe negotiates a compact. This is essentially a block grant. All trust responsibility functions are bundled into a package, and the tribal government decides how to allocate the resources to meet local needs. There is no technical assistance from the federal government. Tribes have greater autonomy but may agree to meet outcome measures instead of contract deliverables. In these scenarios, tribes are frequently augmenting the federal dollars with funding through state contracts or tribal-state agreements. They are also often allocating tribal revenue if it is available.

Both self-determination and self-governance tend to support communities more broadly than direct services from federal agencies. Employees are much more likely to be local, know and live in the community, and participate in building a local economy by spending payroll dollars locally.

Tribally Funded Programs

In the last 30 years, many tribes have developed successful economic enterprises. While gaming has been central to many, tribes have worked hard

to build diversified economies. For many, self-governance is central to an economic development strategy. Today, many tribes are providing health services under self-governance compacts with IHS. These tribes are collecting revenue from third-party payers such as private insurance, Medicaid, and Medicare, and some are serving individuals beyond the tribal population on a fee for service basis. Increasingly, tribal health services are the only or best source of health care for rural Americans living near Indian Country.

Many tribes are producing revenue from their enterprises and funneling that revenue back into capacity building by augmenting federal and state funding to enhance services and to heal and empower their citizens. They are creating not only jobs but entire economies.

While these situations are still emerging, these tribes are in a process of recovery from historical trauma and continue to need safety net services for many of their members.

Access to Federal Programs

The War on Poverty and the Self-Determination Era started a new chapter in the way that tribal governments funded various services. Starting with the U.S. Department of Housing and Urban Development (HUD), tribes gained access to programs that all other local and state governments could access. Many tribes now operate housing authorities that build and manage HUD housing. Head Start followed, and many tribes or tribal consortia operate their own Head Start Programs. Nearly every tribe in the nation has a childcare program since gaining access to the Child Care and Development Block Grants. Increasingly, tribes are running their own TANF programs, child support enforcement programs, employment, and child welfare programs using federal dollars that have become available to tribes through set-asides in mainstream program legislation. Most tribes have active planning departments that seek out discretionary funding from federal programs, states, and private funders.

While this is a growing trend, access does not mean entitlement. Tribes must build infrastructure, apply for, and be accountable for the resources that they receive. Often the amount of funding available is minimal and running a program is only feasible if other funding sources can be secured. Almost all federal funding for tribal governments is discretionary, meaning Congress must appropriate the funds each year. There is no guarantee that the funding will be available or how much might be appropriated. This contrasts with state governments who routinely receive entitlement funding in many program areas. Entitlement funding is guaranteed and does not require Congress to appropriate the funds each year.

Private Sector (charities, churches, and private education)

One little known gap in tribal services is the nonprofit sector. While churches fill some of this gap, there are few relationships with major providers of emergency services such as the Red Cross, food banks, emergency shelters, or transportation services. Few nonprofits exist or work in Indian Country.⁶²

What Does the Service System Look Like?

It depends. Understanding the history, policies, and diverse service possibilities can help grandfamilies and service providers understand the potential complications in the system so that they can sort out strategies for effective support or collaborative efforts.

The services listed below are ones that some grandfamilies are likely to need at one point or another. The information is intended to help give direction to understand and access needed services. It is not a comprehensive list, but rather is intended to provide information on programs specifically helping the American Indian and Alaska Native communities and additional critical programs, such as Social Security, Medicare and Medicaid.

The services section begins with general information about kinship navigator programs

and tribal enrollment. Services are next organized alphabetically into the following categories:

- I. Child Welfare**
- II. Education**
- III. Financial Assistance and Income Supports**
- IV. Health and Nutrition Supports**
- V. Housing**
- VI. Legal and Crime Victim Assistance**
- VII. Other Supportive Services**

The services below do not exist universally, but it is always worth checking every possibility when needs arise.

Kinship Navigator Programs in General

Kinship navigator programs assist kinship caregivers in learning about, finding, and using programs

and services to meet the needs of the children they are raising and their own needs. They also promote effective partnerships among public and private agencies to ensure grandfamilies are served. Kinship navigator programs have existed for almost twenty years, and have been proven successful in connecting the families to the services and support they need. However, not enough jurisdictions have them. Since 2018, federal funds are available to all states, tribes, and territories interested in these programs, and ongoing federal reimbursement is possible for evidence-based kinship navigator programs, thanks to the Family First Prevention Services Act.

For more information, visit: <https://www.grandfamilies.org/Resources/Kinship-Navigator-Programs>

There are seven **tribal kinship navigator programs** in Washington that serve tribal kinship families. Tribal kinship navigators know the culture and practices of the tribe as well as the culturally appropriate services and resources that are available. These programs are able to respond to the needs of Native grandfamilies in ways that keep them connected to their tribal culture and traditions. Tribal navigator programs address the need to maintain these strong connections to culture as a way to enhance safety and stability for families.⁶³

For contact information, visit: <https://www.dshs.wa.gov/altsa/kinship-care-support-services>



Tribal Enrollment

American Indian and Alaska Native children can face barriers accessing tribal services if they are not enrolled in their tribe. Tribes establish membership criteria based on shared customs, traditions, language, and tribal blood. Defining tribal citizenship is a sovereign right retained by tribes, which means that only a tribe can determine who its members are. Tribal enrollment criteria are set forth in tribal constitutions, articles of incorporation, or ordinances. The criteria vary from tribe to tribe, so uniform membership requirements do not exist. Two common requirements for membership are lineal descentance from someone named on the tribe's base roll or relationship to a tribal member who descended from someone named on the base roll. (A "base roll" is the original list of members as designated in a tribal constitution or other document specifying enrollment criteria.) Other conditions such as tribal blood quantum, tribal residency, or continued contact with the tribe are common.

Grandfamilies may want to seek enrollment for the children they are raising. Tribal enrollment can be difficult for American Indian and Alaska Native children being raised in grandfamilies unless the children's parents are available to help during that process.

First, complete a genealogical search, document the child's ancestry, and determine the tribe with which the child is affiliated. Then contact the tribe directly to obtain the criteria for membership.

The [Tribal Leaders Directory](#) that is published by the Bureau of Indian Affairs lists all 574 federally recognized American Indian Tribes and Alaska Native governments. It also lists all the regions, agencies and offices within the BIA. While the BIA does not participate in determining eligibility for membership, they are a resource for finding contact information.

For more information, visit: <https://www.doi.gov/tribes/enrollment>

For the tribal leaders directory, visit: <https://www.bia.gov/tribal-leaders-directory>

The advice that I would give to grandfamilies is to access all the resources that the tribes have to offer. Not all tribes have a lot of resources, some don't have behavioral health or the capacity to run those types of programs, but they may have strong community programs such as support groups or other informal groups that can offer support. As a relative caregiver, remember what an important service you are doing, not only for your family, but also to the tribe and community as a whole. Children are the future of our tribes and we are giving them a strong base to build on.

Robyn Wind, GRAND Voice and citizen of Muscogee (Creek) Nation

I. Child Welfare

The Children's Bureau: The Children's Bureau, within the U.S. Department of Health and Human Services, Administration for Children and Families, provides matching funds to states, tribes, and communities to help them operate every aspect of their child welfare systems—from the prevention of child abuse and neglect to the support of permanent placements through adoption and subsidized guardianship.

For more information, visit: <https://www.acf.hhs.gov/cb/programs/state-tribal-funding>

Tribal Child Welfare and ICWA: The Indian Child Welfare Act of 1978 (ICWA) affirms the sovereignty of tribes in child welfare and recognizes a framework of tribal courts, codes, and programs. Beginning with ICWA, tribes began in earnest to reclaim their responsibility for the protection of tribal children. There are 574 Native American tribes and Native Alaskan villages recognized by the federal government. Today, over 80 percent of tribes in the United States provide child welfare services such as child protective (CPS), foster care, and adoption, which are similar to those offered in mainstream communities; it is almost certain that all tribes provide some form of child welfare services to their children, youth, and families. Often tribal child welfare programs also help youth who commit status offenses⁶⁴ such as problems related to truancy from school, under-age drinking, and incorrigibility. The tribal child welfare program may be able to help youth and their families secure needed services. Some only monitor state or county provided services under ICWA but most provide a range of services to citizens of their tribe. Tribal child welfare systems consist of a group of related service providers. Tribes, states, and the Federal government all have a role in supporting the delivery of services. Because of this complexity, it is helpful to contact a tribe directly to determine the nature and scope of its child welfare services.

For more information, visit: www.nicwa.org/

National and State Child Welfare Organizations and Agencies: Each state operates a child welfare agency, which are known by an array of names. They work to prevent child abuse and neglect, oversee foster care, and support permanent placements for children in foster care.

For a link to each state's child welfare agency website, and national organizations and other child welfare resources, visit: www.childwelfare.gov/organizations/

II. Education

Bureau of Indian Education (BIE): The Bureau of Indian Education (BIE) is charged with providing quality education opportunities from early childhood through adulthood in accordance with the federal trust responsibility. The BIE funds and operates a total of 183 elementary, secondary, and residential schools across 23 states. Currently housed within the Department of Interior, the BIE was originally located in the Bureau of Indian Affairs created by the Department of War in the mid-19th century. Since that time, the BIE has overseen the nation's legacy of Indian boarding schools and federally funded schools, which now serve approximately 8 percent of American Indian students.

BIE maintains a directory of schools and personnel available at: https://bie.edu/cs/groups/xbie/documents/site_assets/idc2-093308.pdf

For more information visit: <https://bie.edu/Schools/index.htm>

Center for Parent Information & Resources: A hub of information and products created for the network of Parent Centers serving families of children with disabilities. Early intervention and special education services are available to all children in the United States age birth to 18. To access a parent center, do not be discouraged by their name. "Parent" includes other adult family members.

To find a local parent center: <https://www.parentcenterhub.org/find-your-center/>

Child Care and Early Childhood Programs:

Currently, 268 tribal Child Care and Development Fund grants serve nearly all tribes. More than 30,000 children are served in these programs. The grants support both childcare and early childhood programs across Indian Country.

A list of tribal grants is available at ACF's website: www.acf.hhs.gov/occ/resource/ccdf-tribal-grantees-listed-by-state

Information about tribal childcare is also available from the National Indian Child Care Association: www.nicca.us/

Head Start: The US department of Health and Human Services, Administration for Children and Families Head Start Bureau serves American Indian/Alaska Native Children through Region XI. At the time of this writing, it provides funding to 153 tribal grantees in 27 states. Tribal Head Start serves more than 25,000 American Indian and Alaska Native children.

The National Indian Head Start Director's Association maintains a website with an interactive map showing the current tribal grantees: www.nihstda.org/aian-centers

Additional information is available from the Head Start Bureau at the Department of Health and Human Services: www.acf.hhs.gov/site_search/%22head%20start%20bureau%22%20+%20%22Region%20XI%22

Indian Education Programs in Public Schools

(Indian Education Formula Grant Programs): The US Department of Education program is designed to address the unique cultural, language, and education related academic needs of American Indian and Alaska Native students, including preschool children. The programs funded are meant to ensure that all students meet challenging state academic standards. The program is the Department's principal vehicle for addressing the needs of Indian children. A minimum of 10 Indian students enrolled in the local education agency (public school) is required for a school to apply for the funds. Grandfamilies can check with their school

to see if there is an Indian Education Office in the school and what services they offer.

For more information, visit: www2.ed.gov/programs/indianformula/index.html

State Indian Education Offices: Twenty-six states maintain Indian Education offices. These offices offer a range of services that may include administering scholarships, information, or curriculum development. The National Indian Education office maintains a directory of state Indian education offices.

To view the directory visit: <http://www.niea.org/get-involved/state-indian-education-offices/>

III. Financial Assistance and Income Supports

Bureau of Indian Affairs (BIA), Financial Assistance

& Social Services: BIA Financial Assistance and Social Services consist of direct funding and activities related to financial assistance, including general assistance, child assistance, burial assistance, emergency assistance, and adult care assistance as well as social services, including services to children, the elderly and families, and child and adult protection services. Not all tribal governments are eligible to receive these funds. Tribes where P.L. 280 is in effect are often not eligible to receive these funds.

The programs that provide assistance under BIA Financial Assistance and Social Services typically are available when AI/AN people have no access to or are not eligible for similar state programs, such as TANF. The services under this section are designed to be secondary in nature. They are also known as "last resort" services. They may be administered federally or by the tribe.

For more information, visit: <https://www.bia.gov/bia/ois/dhs/financial-assistance>

Low Income Home Energy Assistance Program

(LIHEAP): LIHEAP is a federal program designed to assist households with low incomes meet their

immediate home energy needs. There are three main ways tribal citizens may access help:

- Tribal households may apply at local Low-Income Home Energy Assistance Program (LIHEAP) offices to receive LIHEAP benefits from the state (if the tribe does not receive a direct grant from the federal government);
- Tribes may wish to be a contractor of the state LIHEAP Program and run the state program on their reservations (the tribe will need to negotiate this arrangement with the state);
- Tribes that are federally or state recognized may apply directly to the federal government to administer a tribal LIHEAP program and deliver LIHEAP benefits directly to their tribal households.

For more information, visit: <https://www.acf.hhs.gov/ocs/resource/liheap-fact-sheet-0>

Social Security: Children may be eligible for Social Security if their parent is collecting retirement or disability insurance benefits. If one of the child's parents has died and was fully insured when he or she died, children may be eligible for survivor's benefits. Kinship providers can apply for benefits on behalf of the child based on the work record of the child's parent. Grandchildren may also qualify based on their grandparents' (but not other kinship caregivers) work record.

For more information, visit: <https://www.ssa.gov/people/parents/>

Supplemental Security Income (SSI): SSI provides cash benefits to eligible adults and children with disabilities that seriously limit their activities.

To see if a caregiver or specific child may qualify, visit the disability planner on the Social Security Administration website: www.ssa.gov/planners/disability/

Tribal Temporary Assistance for Needy Families (TANF): Federally recognized Indian tribes can apply for funding to administer and operate their own TANF program. Currently, 284 federally recognized Tribes and Alaska Native Villages are

served by Tribal TANF programs. TANF gives flexibility to federally recognized Indian tribes in the design of welfare programs. Similar to states, they receive block grants to design and operate programs that accomplish one of the four purposes of the TANF program:

- Provide assistance to needy families so that children can be cared for in their own homes **or in the homes of relatives**
- Reduce the dependency of needy parents by promoting job preparation, work, and marriage
- Prevent and reduce the incidence of out-of-wedlock pregnancies
- Encourage the formation and maintenance of two-parent families

TANF is critical to supporting grandfamilies through both family and child-only grants. These monthly grants are often the only source of ongoing financial assistance for grandfamily caregivers to help meet the needs of children they did not plan or expect to raise.

For more information, visit: www.acf.hhs.gov/ofa/programs/tribal/tribal-tanf

For state TANF, Generations United has a fact sheet containing contact information for TANF in each state, which may be known by a different name depending on the state: www.gu.org/resources/grand-resources-tanf/

An extensive policy brief by Generations United explores the importance of the TANF program to grandfamilies and how states, tribes, and localities can make this vital program more accessible: www.gu.org/app/uploads/2018/05/Grandfamilies-Report-TANF-Assistance-Policy-Brief.pdf

IV. Health and Nutrition Supports

Center for American Indian Health: This center, at John Hopkins University, contains COVID-19 resources for tribal use.

To see the resources, visit: <http://caih.jhu.edu/news/covid19>

Grandfamilies Strengths: Children Thrive



Children in All Grandfamilies



7.9 million

Number of children who live with a relative who is the head of the household

2.7 million

Number of children who are being raised by a relative or close family friend and do not have a parent living in the household

139,004

Number of children in foster care being raised by relatives

American Indian and Alaska Native Children Disproportionately Live in Grandfamilies



Children in the U.S. who are American Indian and Alaska Native

1%

Children in grandfamilies who are American Indian and Alaska Native

8%

Children in foster care who are American Indian and Alaska Native

2%

Heightened Challenges for American Indian and Alaska Native Children in Grandfamilies



Child Poverty

About 24% of American Indian and Alaska Native children live in areas of highly concentrated poverty, compared to the national average of 11%



Special Needs

About 14% of American Indian and Alaska Native children received services under the Individuals with Disabilities Education Act (IDEA), compared to 9% of the general student population



Juvenile Justice

For American Indian youth, 235 live in juvenile justice facilities per 100,000 youth, whereas the same rate for white youth is significantly less, at 83 youth per 100,000.

American Indian and Alaska Native Parents Are More Impacted By Several Factors Causing Grandfamilies to Form



Parental Mental Health Issues

American Indians and Alaska Natives had the highest rate of serious psychological distress (30%), and the highest rate of a major depressive episode (12%) among adults in the U.S.



Parental Substance Use

18% of American Indian and Alaska Native adults needed treatment for an alcohol or illicit drug use problem compared to the national average of 10%



Parental Unemployment

49% of American Indian and Alaska Native children are in homes where no parent has full-time, year-round employment compared to 25% of children in white homes



COVID-19

Native Americans are disproportionately impacted by the pandemic. As of early May 2020, the mortality and infection rates in the Navajo Nation are higher than the vast majority of states

All the data points in these infographics are cited in the introduction or chapter 2 of this report.

Centers for Medicare & Medicaid Services: Health insurance coverage is available to eligible children being raised by grandparents and other relatives.

For additional information, visit: <https://www.insurekidsnow.gov/>

Indian Health Service (IHS): The Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for Native people. Actual services may be provided or funded by IHS through contracts or compacts with tribes or Native American organizations.

For more information about IHS, visit: <https://www.ihs.gov/aboutihs/overview/>

For information on finding health care, visit: <https://www.ihs.gov/findhealthcare/>

National Indian Health Board (NIHB): Because of the variety of ways that health services may be funded and because the federal government underfunds health care for AI/AN, the National Indian Health Board (NIHB) exists to provide information and advocacy on behalf of all tribal governments and AI/AN people in their efforts to provide quality health care. According to NIHB, throughout the United States, the IHS directly operates hospitals, health centers, school health centers, and health stations, and operates additional health care centers (including over a 150 Alaska Native village clinics) through contracts and compacts under the Indian Self-Determination and Education Assistance Act (P.L. 93.638).⁶⁵ Moreover, The IHS or tribes/tribal organizations also operate regional youth substance use treatment centers and the IHS provides funding for Indian health centers located in over 30 urban areas.

For more information visit: <https://www.nihb.org/>

Nutrition Supports

- **The National School Breakfast and Lunch** Programs provide free or low-cost meals to eligible students. The child's school teacher or principal should have an application.

- **The Summer Food Service Program (SFSP)** provides low-income children with nutritious meals when school is not in session. Free meals are provided to all children 18 years old and under at approved SFSP sites. visit www.whyhunger.org/findfood to locate sites using an online map.
- **The Supplemental Nutrition Assistance Program (SNAP)** formerly known as "Food Stamps" provides vital nutrition support. To find local offices, the state hotline, and each state's application, visit www.fns.usda.gov/snap/applicant_recipients/apply.htm
- The **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** is a public health nutrition program providing nutrition education, nutritious foods, breastfeeding support, and healthcare referrals for income-eligible women who are pregnant or post-partum, infants, and children up to age five. Relative care providers can contact their own tribe or state office regarding eligibility. Information is available at the following two websites: www.fns.usda.gov/wic/wic-eligibility-requirements and www.nwica.org/wic-basics#row-states

Mental Health and Substance Use Treatment and Prevention

- **Tribal behavioral health programs** – mental health and substance use treatment may be in separate tribal departments or be combined in a "behavioral health" program. Such programs are usually administered under the broader health department. See the section on accessing health services above.
- **Native Connections (Tribal Behavioral Health Grant Program)** is intended to reduce the impact of mental and substance use disorders, foster culturally responsive models that reduce and respond to the impact of trauma in AI/AN communities and allow AI/AN communities to facilitate collaboration among agencies to support youth as they transition into adulthood. It is expected that recipients will develop and implement an array of integrated services and supports to prevent suicide. Youth engagement is required. Grandfamilies can become involved

in these programs as participants but also as volunteers. <https://www.samhsa.gov/native-connections>

- **System of Care (SOC) Grants** – the purpose of this program is to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (SED), and their families. This program supports the implementation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI). While few tribes have these grants, those that do can offer good resources to grandfamilies. <https://www.samhsa.gov/about-us/who-we-are/offices-center/cmhs>

The Tribal Maternal, Infant, and Early Childhood

Home Visiting (MIECHV): The Affordable Care Act authorized grants to Indian tribes (or a consortium of Indian tribes), tribal organizations, or urban Indian organizations to conduct an early childhood home visiting program. The Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program strengthens tribal capacity to support and promote the health and well-being of American Indian and Alaska Native (AI/AN) families, expands the evidence base around home visiting in tribal communities, and supports cooperation and linkages between programs that serve Native children and their families. There is a total of 23 Tribal MIECHV Program awardees. Home visitors support care providers with information about child development, parenting, attachment, and other health and wellness services.

For more information visit: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

U.S. Department of Health and Human Services, Office of Minority Health:

The U.S. Department of Health and Human Services, Office of Minority Health improves the health of racial and ethnic minority populations through the development of health policies and programs.

For more information, visit: <https://minorityhealth.hhs.gov/>

V. Housing

Bureau of Indian Affairs (BIA) Housing

Improvement Program: Some tribal governments may operate the BIA Housing Improvement Program, which is offered through the U.S. Department of the Interior. This program provides funding for home improvement and renovation to address safety concerns and bring housing up to code for AI/AN people in tribal communities. The program also provides housing grants for replacement or new housing when other resources are not available (resource of last resort).

BIA Housing Improvement Program: <https://www.bia.gov/bia/ois/dhs/housing-improvement-program>

Generations United: Grandfamilies have many housing needs and challenges. Responses include almost twenty specially designed housing programs for grandfamilies with services on site, including one developed by the Confederated Tribes of Grand Ronde. Generations United has been working for twenty years on grandfamilies’ housing needs and they focused their 2019 State of Grandfamilies Report on these issues.

For information about grandfamilies’ housing needs and responses, including tribal housing issues and responses, visit: www.gu.org/resources/a-place-to-call-home-building-affordable-housing-for-grandfamilies/ and <https://www.grandfamilies.org/Topics/Housing>

The Confederated Tribes of Grand Ronde has three grandfamily units within their Ilip Tilixam Elder Housing complex. Each unit was built specifically for tribal elders who are raising their grandchildren, after recognizing this need in the Native community. Since they were built in 2012, the units have been very beneficial to the families in need of this type of assistance and continue to serve grandfamilies today.

The HUD funded housing units each have three bedrooms and two bathrooms with the capacity to house six to seven people. An outdoor play structure can be seen from inside of all the units, allowing grandparents to keep an eye on their grandchildren. Income-based rental rates mean that a low income grandfamily can pay zero to 20 percent of their income on rent. The tribe continues to make sure that their members know about this resource that is available to them. ^{66 67}

U.S. Department of Housing and Urban

Development (HUD): Grandfamilies may suddenly find that they do not have enough room in their homes to house everyone. Fortunately, some programs can help. Unfortunately, there may be waiting lists. Several types of help may be of interest.

- **Tribal Housing and Urban Development (HUD)** housing is owned by tribal housing authorities. The funding comes from HUD. Local housing authorities set policies and submit plans for programs and services. Since each is different, it is necessary to contact the local housing authority for assistance. HUD maintains a directory on its website. https://www.hud.gov/program_offices/public_indian_housing/ih/codetalk/onap/map/nationalmap
- **Homeowner Programs** – Indian Home Loan Guarantee Program (Section 184⁶⁸) gives Native Americans access to sources of private mortgage financing by providing loan guarantees to lenders. Section 184 covers one-to-four family homes located in an Indian or Alaska Native area where the land may be tribal trust, allotted individual trust or fee simple. Of high importance to grandfamilies, 184 loans can be used, both on and off native lands, for new construction, rehabilitation, purchase of an existing home, or refinance. https://www.hud.gov/program_offices/public_indian_housing/ih/homeownership/184

- **Homebuyer Services** – Native Americans can obtain information and access homebuyer education and counseling programs that are critical components for homeownership. https://www.hud.gov/program_offices/housing/sfh.hcc

VI. Legal and Crime Victim Assistance

Family Violence Prevention Services: Over 100 tribes operate family violence prevention services often supporting these services with Family Violence Prevention Services Act grants. Services provided can include helping victims of domestic violence find safe shelter, community outreach and education, crisis counseling, victim advocacy, legal aid, transportation and support groups. Tribes with these funds often collaborate with state programs to help American Indian and Alaska Native victims both in and outside of tribal communities.

Family Violence Prevention Services Act Tribal Grants: www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/tribes www.acf.hhs.gov/sites/default/files/fysb/fvpsa_tribaldvservices_071818_508.pdf

Indian Law Clinics: Some law schools operate Indian Law Clinics designed to give law students legal experience regarding Native American law issues. Some examples include: [UCLA American](#)

[Indian Studies Center](#), [Southwest Indian Law Clinic](#), [Northern Plains Indian Law Center](#), and the [Great Lakes Indigenous Law Center](#).

Justia: General legal questions can be posted free on this website for attorneys to answer. Visit the Justia site to post a question. This site is not specific to Indian law so they may not be able to help in some cases.

For more information, visit: <https://www.justia.com>

Legal Aid: Native Americans may be able to receive free legal advice by contacting the Legal Aid organization in their state. Several regions also have Native specific legal aid offices.

For more information, visit: <https://www.lsc.gov/what-legal-aid/find-legal-aid>

Native American Disability Law Center: This organization provides free legal guidance and provides people with information regarding their disability rights. Some issues addressed include special education rights and child abuse and neglect.

For more information, visit: www.nativedisabilitylaw.org/

State Bar Association: Every state in the country has a State Bar, which is an organization that can provide information about attorneys and legal resources in the state. Some attorneys provide free services (called Pro bono services) for nonprofit organizations or people who cannot afford typical legal fees.

The American Bar Association website lists state bar associations: https://www.americanbar.org/groups/legal_services/flh-home/flh-bar-directories-and-lawyer-finders/

Much of the information in this legal assistance section is summarized and adapted from: <https://grantsfornativeamericans.org/free-legal-assistance-for-native-americans/>

Victim Assistance Program (VAP) - BIA: While not a legal service, victim assistance can be an important

resource for American Indian and Alaska Native crime victims who have been abused or neglected, who witness violence, or who experience illicit drug activities in their homes. Relative care providers may be able to receive help for children in their care.

The BIA Victim Assistance Program offers direct services to victims including crisis intervention, referrals, information for mental and emotional health and other types of specialized responses, emergency services, transportation, and follow up for additional assistance.

Information is available at: <https://www.bia.gov/bia/ojs/victim-assistance>

VII. Other Supportive Services

The Brookdale Foundation Group, Relatives As Parents Program (RAPP): The Brookdale Foundation Group has had a national network of support groups and services for Relatives As Parents (RAPP) since the 1990s. Its robust network offers extensive technical assistance to nonprofit organizations interested in providing supportive services for grandfamilies.

For more information, visit: www.brookdalefoundation.net/RAPP/rapp.html

Cooperative Extension Services in Indian Country: Currently, 44 tribes and/or tribal colleges operate cooperative extension services. In addition, several states have developed partnerships with tribes. Cooperative Extension is funded through the U.S. Department of Agriculture under a 1914 law supporting agricultural and rural living. While most people associate Cooperative Extension with 4-H, it also supports childcare, budgeting, nutrition, gardening, food storage, and youth and family support. Family strengths are encouraged, and positive youth development is a priority. Even where specific tribal programs are not in place, American Indian and Alaska Native families can benefit from Extension resources.

For more information, contact Indian Country Extension: <https://indiancountryextension.org/>

Native Americans and Aging Services: The Administration for Community Living (ACL) within the U.S. Department of Health and Human Services funds programs that support American Indians and Alaska Natives in the areas of nutrition, supportive services for older adults, and caregiver services. The nutrition and supportive services grants include congregate and home-delivered meals, information and referral, transportation, personal care, chores, health promotion, disease prevention, and other supportive services.

In 2000, the program expanded to include caregiver support services. Eligible tribal organizations receive grants in support of the delivery of home and community-based supportive services for their elders, including support for family and informal caregivers. The caregiver services grants include assisting families in caring for older relatives with chronic illness or disability and grandparents and other relatives age 55+ raising children.

Services can include:

- information to caregivers about available services;
- assistance to caregivers in gaining access to the services;
- individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy and in making decisions and solving problems relating to their caregiving roles;
- respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- supplemental services, on a limited basis, to complement the care provided by caregivers.

These categories are written in law to be flexible and respond to the needs of the caregivers in the area being served. The fifth category, supplemental services, is particularly broad and has been used for legal assistance and direct payments.

According to the ACL, tribal organizations often coordinate with other programs when providing

these services, including the Volunteers In Service To America (VISTA) program.⁶⁹

State aging departments receive similar funds, through the National Family Caregiver Support Program, to provide these same categories of services through their Area Agencies on Aging (AAAs) or nonprofit organizations with whom they contract. AAAs are not required to serve the grandfamilies population and may instead focus on other family caregivers, but many do provide an array of supportive services to grandfamilies.

For more information visit: Administration for Community Living <https://acl.gov/programs/services-native-americans-oaa-title-vi> and <https://acl.gov/programs/support-caregivers/national-family-caregiver-support-program>

National Resource Center for Native American Aging has a curriculum of care providers and an interactive map to locate services: <https://www.nrcnaa.org/about>

Respite: Whether it is Lifespan Respite or another program, the National Respite Locator Service can help you find services in your area. Many of these respite programs are aimed at providing respite to caregivers of older individuals, but many also serve grandfamilies.

To find a local program, visit <https://archrespite.org/respitelocator>

Spiritual Supports: Across Indian Country, fundamental supports in communities are the spiritual resources. These resources may be found in churches or traditional, ceremonial activities or both. Faith communities of all types exist in tribal communities and provide opportunities for social support, emergency assistance, coping with grief and loss, and access to healing practices.

Urban Indian Organizations: Cultural and Community Center: Urban Indian organizations that serve youth and families are a vital resource for grandfamilies in urban areas. These organizations provide cultural supports, but many go far beyond

cultural activities and provide a broad array of services. The National Urban Indian Family Coalition (NUIFC) is a membership organization that maintains a list of its 40 members on its website. One of the primary intentions of the NUIFC is to ensure access to traditionally excluded organizations and families and to focus attention on the needs of urban Indians.

For more information visit: <https://www.nuifu.org/members>

Additional Website Resources

www.grandfamilies.org – A comprehensive one-stop national website for publications, materials, and laws impacting grandfamilies both inside and outside the foster care system.

www.grandfactsheets.org - Fact sheets for each state and the District of Columbia containing specific state information related to grandfamilies, including a comprehensive list of resources and services, including kinship navigator programs.

www.gu.org – Generations United’s website containing resources and publications on grandfamilies, including Generations United’s annual State of Grandfamilies reports.

Conclusion

Service systems for Native Americans are complex, uneven, and somewhat different everywhere you go. It is very hard to give reliable information in such a complicated area. This is one reason that kinship navigators can be very helpful to American Indian and Alaska Native grandfamilies. Local knowledge is invaluable and sometimes that knowledge has to be combined with advocacy in order to access available services. This chapter will hopefully help grandfamilies, and the people who serve them, access support.



Chapter 7

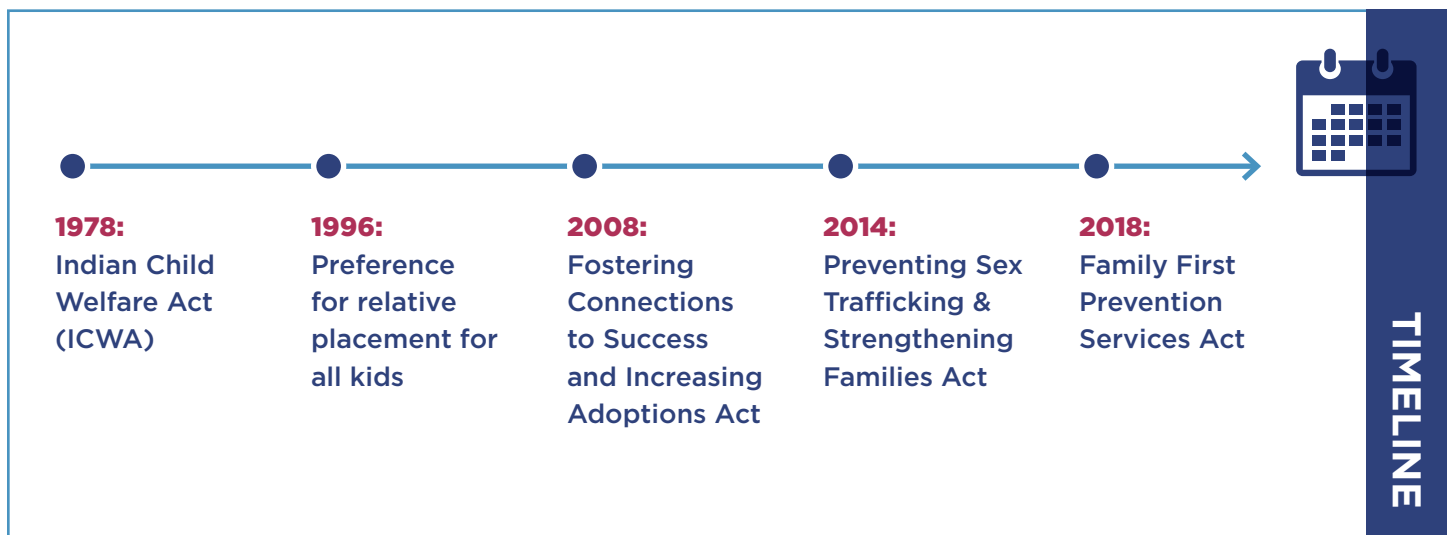
Federal Child Welfare Policies to Prioritize and Support Family and Tribal Connections for American Indian and Alaska Native Children

Introduction

The integrity of American Indian and Alaska Native families is directly related to their ability to practice their cultural ways of protecting children and supporting families and their ability to access necessary services and supports. This includes the ability to utilize extended family networks to help support and heal American Indian and Alaska Native children who have experienced trauma such as child abuse or neglect. The history of federal policies toward American Indian and Alaska Native people has challenged tribal communities' ability to use cultural practices that support children and families. Federal policies have relocated American Indian and Alaska Native people from their traditional lands and resources, forced assimilation that banned the use of tribal language, religion, and cultural practices, and disrupted tribal governance structures that diminished the ability of tribes to self-determine and govern their affairs.⁷⁰

The impacts on American Indian and Alaska Native families from these federal policies include:

- (1) historical trauma that has occurred over several generations and the residual effects for current generations,
- (2) gaps in access to tribal cultural knowledge and practices that help American Indian and Alaska Native people develop positive self-images and learn to parent,
- (3) forced dependency on federal and state services and programs that lack cultural knowledge and skills to effectively serve American Indian and Alaska Native people, and
- (4) inequitable distribution of federal resources that hampers tribal governments' efforts to establish effective services and programs for their communities.



While efforts to colonize American Indian and Alaska Native people have been pervasive through the last two hundred years, American Indian and Alaska Native people have continued to demonstrate their resilience in the face of these challenges and pursue policies, both in and outside of tribal communities, that address the wrongs of the past and decolonize their tribal governmental, community, and social structures.

Recent federal child welfare law makes a number of inroads in addressing these past wrongs to help ensure that American Indian and Alaska Native children remain with their tribe, community, and family.

The Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) was enacted into law in 1978 in response to the troubling practices of public and private child welfare agencies. At the time of enactment, unnecessary removal of large numbers of American Indian and Alaska Native children from their homes was commonplace. This frequently resulted in the placement of these children in non-family, non-Indian homes far from their tribal communities.

A study by the Association on American Indian Affairs conducted prior to the passage of ICWA sampled the states with the largest American Indian and Alaska Native populations. The study found that in the 1970s, 25-35 percent of American Indian and Alaska Native children nationwide were removed from their homes by the child welfare system.⁷¹ The same study found that 85 percent of these foster care placements were in non-Indian foster homes, and 90 percent of adoptions were to non-Indian parents.⁷² The disparity between the removal rates of American Indian and Alaska Native children and non-Indian children in several states was even more striking than the national average. For example, in South Dakota, the number of American Indian and Alaska Native children in foster care was 16 times the number for other children.⁷³ In Washington, the number of American Indian and Alaska Native children who were adopted out was 19 times that of other children.⁷⁴ The decision to

remove children from their families was often not based on perceived threat or harm to the child but lack of understanding or bias by state child welfare systems, private adoption systems, and courts of American Indian and Alaska Native child-rearing practices and culture.^{75,76}

The consequences of this high rate of removal and the bias toward American Indian and Alaska Native families were also cause for concern. Psychologists and other professionals testified before Congress that American Indian and Alaska Native children brought up in non-Indian homes suffered from a variety of adjustment and emotional disorders due to the removal and isolation from their families and culture.⁷⁷

After years of congressional hearings and a substantial record documenting these practices, Congress intervened and passed the Indian Child Welfare Act. ICWA created procedures that must be followed by public and private agencies. The law was designed to ensure additional protections for tribal children and families and to curb bias. It does this by replacing state practices that place American Indian and Alaska Native children outside their communities with “minimum federal standards” that strive to keep American Indian and Alaska Native children in their homes, families, and communities.⁷⁸ ICWA applies to American Indian and Alaska Native children and families who are in state child custody proceedings. It does not apply to tribal child custody proceedings where tribal law applies. ICWA strives to right the wrongs of the past and ensures that American Indian and Alaska Native children and families are treated fairly and equitably within state child welfare systems with consideration for their political and cultural differences. Some of ICWA's requirements:

- Require notice to the child's tribe and parents/Indian custodian regarding state foster care and termination of parental rights proceedings⁷⁹
- Allow the child's tribe to intervene in state child custody proceedings involving a child who is a member of or eligible for membership in a federally-recognized tribe⁸⁰
- Allow the child's tribe or parent(s)/Indian

custodian to petition a state court to transfer child custody proceedings to tribal court⁸¹

- Require active efforts to prevent the removal of American Indian and Alaska Native children from their families and provide rehabilitative services to families so children may be safely returned home after their removal⁸²
- Provide preferences and criteria for the placement of an American Indian and Alaska Native child in foster care, adoptive or institutional care⁸³
- Encourage agreements between states and tribes regarding the provision of child welfare services to American Indian and Alaska Native children and families and support state use of tribally licensed or approved foster care and adoptive homes by state child welfare agencies⁸⁴

It is important to note that ICWA does not apply to all children who racially identify as American Indian and Alaska Native. ICWA applies only to those children who are members of, or whose parents are members and are themselves eligible for membership in, a federally recognized tribe.⁸⁵ This is because “[t]he Supreme Court has recognized that Congress can treat [American Indian and Alaska Native people] differently from other racially distinct groups and not run afoul of traditional equal protection notions because of the unique relationship between tribes and the government.”⁸⁶ American Indian and Alaska Native

tribal governments are acknowledged as distinct political entities in the US Constitution, as well as hundreds of treaties, federal laws, and court cases. American Indian and Alaska Native children who are members of a federally recognized nation are therefore protected under ICWA, and other similar laws, due to their political status, not their racial identification.⁸⁷

ICWA’s protections for American Indian and Alaska Native children and families are recognized as best practice in child welfare for all children by 31 leading child welfare practice setting and advocacy organizations.⁸⁸ ICWA provisions support engagement with extended family members, emphasize placing children in their community whenever possible, nurture cultural connections, and provide a framework of structured decision-making. These provisions are all in alignment with principles of trauma-informed care and best social work practice. Following ICWA’s enactment in 1978, federal child welfare law and administrative policy have become increasingly more aligned with ICWA’s policy framework providing further evidence that ICWA is a model statute in child welfare.

In 2016, the Bureau of Indian Affairs published the first comprehensive regulations for state courts and revised guidelines for state courts and agencies on the implementation of ICWA.^{89,90} These new regulations and revised guidelines for ICWA were the first since the initial guidelines were published

It took weeks on end to get to court. When we did finally go to court, everyone there had an attorney except for me. They said that I would need to retain an attorney privately, and that was going to take so much money having to deal with the commonwealth and just the idea of finding a legal representative who knew about ICWA was overwhelming. I just couldn’t find anybody. I felt like I had such little communication during this time. The judge didn’t know anything about ICWA. The only attorney appointed in the courtroom didn’t know anything about ICWA. That put us in a situation where we had to come back for another session so people could know what was going on.

Sonya Begay, GRAND Voice and citizen of Navajo Nation

in 1979.⁹¹ While the new information provided much needed assistance to state agencies and courts, long time challenges to implementing ICWA have continued in many areas. Many state and private agency social workers, court judges, attorneys representing children and parents, Guardians Ad Litem and Court Appointed Special Advocates are not fully trained or knowledgeable in how ICWA works. In addition, state and private agency social workers are often not equipped to develop collaborative relationships with tribal agencies, which are necessary to implement ICWA's requirements effectively or address critical case management and service delivery issues within the unique political and cultural context of American Indian and Alaska Native children and families. Tribal social workers, attorneys, and family members often must help educate and guide state and private agency social workers and court personnel on how to implement ICWA correctly and on culturally appropriate methods for engaging American Indian and Alaska Native children, families, and tribes.

American Indian and Alaska Native grandfamily caregivers like Ms. Begay may find themselves in situations where state, private agencies, or courts are not familiar with ICWA's requirements or how to work effectively with the child's tribe. Many grandfamilies may not feel prepared for this additional work and may need assistance. However, resources for family members and other care givers are available. The child's tribe and the National Indian Child Welfare Association (www.nicwa.org) may be resources to provide assistance to help grandfamilies advocate for themselves and the children they are caring for. In many cases, the child's tribe may also have programs or services that can aid grandfamilies and may be able to help them secure the support they need to continue caring for relative children in state systems as well.

The next sections discuss other federal child welfare laws that contain protections and support for Native grandfamilies besides those contained within ICWA. The provisions in these laws complement ICWA protections and can improve supports for Native grandfamilies.

Fostering Connections to Success and Increasing Adoptions Act

In October 2008, The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) unanimously became federal law. It acknowledges the important role grandparents and other relatives play in the lives of children. Among the many ways it “fosters connections” to family, it requires that child welfare agencies identify and notify all adult relatives when a child is removed from their parents, and further requires that those agencies work to place siblings together.

The Fostering Connections Act also contains specific benefits for Native children and their grandfamilies. The Act authorizes tribal nations to become eligible to receive Title IV-E Foster Care and Adoption Assistance program funding directly from the federal government (now called the Title IV-E Foster Care, Prevention and Permanency program). This allows tribal nations to apply for and receive reimbursement for eligible services they provide such as foster care and adoption assistance payments, related case management, and training of care providers and child welfare staff. For the first time, all states, tribes and territories have the option to use funds through Title IV-E to finance guardianship assistance programs (GAP) that enable children in the care of grandparents and other relatives to exit foster care into permanent homes. Over 40 states and 14 tribes or tribal consortia have taken this option, as of spring 2020. This gives a permanency option to children for whom reunification with the parents or adoption is not appropriate. GAP is an option that responds to cultural considerations and changes in family dynamics that may not be appropriate or desirable for some kinship families.

The Fostering Connections Act also extends eligibility to tribal nations to receive John H. Chafee Foster Care Independence Program (Chafee) funds directly or through an agreement with a state. Chafee funds support youth aging out of the foster care system and transitioning into adulthood. These funds help older youth who are leaving the

foster care system and do not have a permanent placement. The program supports assistance with education, housing, employment, financial management, and mental health. Chafee has been a program that benefits historically underserved Native youth who had been in foster care, especially those living in tribal areas.

The law also established additional technical assistance for tribal nations to enhance their child welfare programs.

For Native grandfamilies, the Fostering Connections Act provides new supports and resources to help them care for relative children. Some Native grandfamilies may find their tribe has Chafee funding for youth aging out of the foster care system and transitioning into adulthood, or Title IV-E funding to help provide foster care or relative guardianship services. In other cases, the new requirements for state child welfare systems under the Fostering Connections Act will provide additional support for ICWA's protections for Native children and families, such as notifying adult relatives when their relative children have been removed from their parents. Providing more emphasis and resources on the needs of grandfamilies is a good fit for tribal families and communities that highly value extended families as critical sources for the care and healing of Native children.

Preventing Sex Trafficking and Strengthening Families Act

This 2014 Act makes a number of reforms to child welfare law, including calling for the implementation of a "reasonable and prudent parent" standard that allows caregivers to make daily decisions for children in their care, so children in foster care can have typical growing-up experiences. Thoughtful and culturally appropriate implementation of this standard helps children remain better connected to their communities by allowing them to take part in cultural activities, sleepovers, and the like without getting the approval of the child welfare agency.

This law also builds on the Fostering Connections Act, by containing an important provision allowing "successor guardians" to be named in the GAP agreement. If named, the successor is able to step into the guardian's shoes upon their death and continue to receive the monthly assistance for the care of the child. Unlike the original guardian, the successor does not have to be related to the child or be a licensed foster parent. Until this reform, a child who was receiving Title IV-E guardianship assistance would lose eligibility and revert to the foster care system when their guardian passed away or was otherwise unable to care for them.

Family First Prevention Services Act

The Family First Prevention Services Act (Family First) became federal law in February 2018. Family First is a landmark child welfare law that aligns with the principle that children do best in families. For the first time, Family First allows federal child welfare funding to be used to prevent children from entering foster care by providing evidence-based services and programs to parents, children and kinship caregivers. The law also provides for ongoing federal reimbursement for evidence-based kinship navigator programs that link caregivers and children to services and support.

The Family First Act has potential benefits for Native children, parents, and caregivers who are either in tribal or state child welfare systems. For Native children in tribal child welfare systems, the availability of prevention services under the law will depend upon whether the tribe is approved to operate the Title IV-E Foster Care, Prevention, and Permanency Program. If the child's tribe is approved to operate the Title IV-E program directly from the federal government, they will have additional funding and latitude to provide culturally-based services to eligible children, parents, and caregivers. The federal guidance allows tribes that operate the Title IV-E program directly to define what trauma-informed services are for their community and the appropriate culturally-based prevention services that reflect the unique needs and context of the community. This provides tribes in this category

additional flexibility to define what services will best serve the community and they will not be subject to more restrictive evidence-based requirements for prevention services that apply to states.

For Native children, parents, and caregivers that are either in a tribal child welfare system where the tribe is not operating a Title IV-E program directly or are in a state child welfare system, the more restrictive evidence-based requirements for what prevention services can be funded will apply. Prevention services can still be available to Native children, parents, and caregivers in these situations, but the list of approved prevention services will likely be narrower and less likely to be designed specifically for Native populations. Tribes and states can still use other federal, state, or tribal funds to support prevention services, such as culturally-based services, that are not approved under Title IV-E.

Parents and grandfamilies should not be denied prevention services simply because the appropriate services they need are not currently eligible under the Title IV-E program. Furthermore, grandfamilies should not feel they have to accept services that are not culturally appropriate, especially if they have concerns that the prevention services being offered will either be ineffective or possibly harmful. ICWA requirements may be helpful in this situation. ICWA requires that state agencies must make active efforts to provide services that can prevent the removal of Native children from their homes and help reunify them with their parents or relative caregivers after removal. Prevention services are often used to meet ICWA's active efforts requirements. As discussed in the federal regulations for the Indian Child Welfare Act (25 CFR § 23.2) active efforts should include the following:

- Identifying, notifying, and inviting representatives of the Indian child's tribe to participate in providing support and services to the Indian child's family and in family team

meetings, permanency planning, and resolution of placement issues;

- Offering and employing all available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's tribe;
- Identifying community resources including housing, financial, transportation, mental health, substance use, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources; and
- Considering alternative ways to address the needs of the Indian child's parents and, where appropriate, the family, if the optimum services do not exist or are not available.

These criteria for what constitute active efforts can assist Native grandfamilies as they advocate for prevention services to help support relative children in their care and for efforts to strengthen birth parents of Native children, so children may be safely returned to parents' homes when appropriate.

In addition to prevention services, the Family First Act provides for ongoing federal reimbursement for all evidence-based kinship navigator programs. Kinship navigator programs are critical to linking caregivers to services and supports that they and the children they raise need. While no program, as of spring 2020, has yet been found by the federal government to meet these evidence-based standards, three separate pots of federal money have been appropriated to help states and tribes develop, enhance or evaluate a kinship navigator program and work towards the ongoing federal reimbursement. Currently, ten tribes have received grants to operate kinship navigator programs in their communities and several of the states that received grants coordinate their activities with tribes in their area.⁹²



RESOURCES ON THE INDIAN CHILD WELFARE ACT

- **ICWA Online Training** – NICWA provides an online training course that provides basic information on the requirements of ICWA and tips on how to implement the requirements in practice. The ICWA Online Training is designed for social workers, attorneys, family members, and students. The training uses non-legal language to make the training more accessible and is designed so the participant can go at their own pace. Simulated case examples are used to help guide the participants learning and provide more real-life examples of how ICWA may be applied. You can find more information about the training at <https://www.nicwa.org/online-icwa-course/>.
- NICWA also offers other types of training, such as *Cross Cultural Skills in Indian Child Welfare* and *Positive Indian Parenting*. You can find a description of many of these trainings at <https://www.nicwa.org/training-institutes/> and how to request or participate in a training.
- **NICWA Publications** – NICWA's website at www.nicwa.org contains publications geared toward child welfare and family members. Examples of publications are (1) *How to Find Free and Low Cost Legal Services*, (2) *The Indian Child Welfare Act: A Family's Guide*, (3) *Frequently Asked Questions*, (4) *List of Designated Tribal ICWA Agents* (contacts for tribal child welfare programs), (5) *A Family's Guide to the Child Welfare System*, and (6) *Tracing Native Ancestry: A Guide to Responding to Inquiries*. NICWA publications also include policy and practice issues in child welfare.

RESOURCES ON THE FOSTERING CONNECTIONS ACT

- *Detailed Summary of the Fostering Connections to Success and Increasing Adoption Act AND Short Summary of the Fostering Connections to Success and Increasing Adoption Act*, in addition to other resources. www.grandfamilies.org/Resources/Federal-Laws/Fostering-Connections

RESOURCES ON THE STRENGTHENING FAMILIES ACT

- *Implementing the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) to Benefit Children and Youth*, in addition to other resources. www.grandfamilies.org/Resources/Federal-Laws/Strengthening-Families

RESOURCES ON THE FAMILY FIRST ACT

- **The Family First Messaging Toolkit** -This toolkit by the Annie E. Casey Foundation is designed to help child welfare leaders and advocates talk about how the Family First Act can improve outcomes for children and families. The toolkit offers talking points on the benefits of the law and tips for media interviews. <https://familyfirstact.org/resources/communication-toolkit>



- **Implementing the Family First Prevention Services Act: Technical Guide** - Created by the Children's Defense Fund in partnership with the American Academy of Pediatrics, ChildFocus, FosterClub, Generations United, Juvenile Law Center, and NICWA. The guide is a question-and-answer-style resource containing commonly asked questions about the many important provisions in Family First. www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/implementing-the-family-first-prevention-services-act/
- **New Opportunities for Kinship Families: Action Steps to Implement the Family First Prevention Services Act in our Community and Leveraging the Family First Prevention Services Act to Improve Use of Title IV-E GAP** - Two publications addressing the Family First Act, developed by the ABA Center on Children and the Law, Children's Defense Fund, Generations United, with support from Casey Family Programs - www.grandfamilies.org/Publications
- **Model Family Foster Home Licensing Standards** - Resources concerning the licensing of relatives as foster parents, including links to the NARA and National Model Family Foster Home Licensing Standards. www.grandfamilies.org/Resources/Foster-Care-Licensing
- **Title IV-E Prevention Services Clearinghouse** - contains a list of prevention services and programs, and kinship navigator programs that they have reviewed for inclusion, along with their rating of promising, supported, well-supported or currently does not meet criteria for evidence-based standards. <https://preventionservices.abtsites.com/>
- **Additional resources on Family First** available at www.grandfamilies.org/Resources/Federal-Laws/Family-First



Chapter 8

Advocacy

Introduction

Advocacy means supporting a cause or issue to bring about change and help others. You are an advocate when you support a cause or speak in favor of an issue. Anyone can be an advocate. You do not have to be an expert. Your personal experience is invaluable. It may be your experience as a member of kinship family and/or your experience as a professional serving kinship families. The challenge is how to get your issues heard.

For advocacy to be effective, it is important to learn how to identify issues of concern and issues that can prevent your advocacy efforts from being successful. Change is more likely to occur if individual or community needs are expressed in a clear way to the people or organizations that make decisions.⁹³ Later, after issues of concern have been identified and communicated, you will need to engage in a process to identify potential solutions.

The why, what, who, where, when, and how of advocacy:

In advocacy, it is important to know:

- Why your voice matters
- What you want to achieve or change
- Who you need to educate or ask for support
- Where to get helpful information and resources to make your case
- When and how to advocate

Why does your voice matter?

- Your experiences are valuable and can be used to improve things! No one knows as much about your lived and/or professional experience.
- You know when something is or is not working. If you do not tell people who have the authority to make decisions about a situation that you

are unhappy with, they will assume everything is all right or possibly make changes that do not address your concerns or may make things worse.

- You have ideas on how to make things better! By speaking out, you may find that you are not alone.

What do you want to achieve or change?

Advocacy is aimed at bringing change. Advocacy challenges services, systems, and the broader community to respond genuinely to meet the needs of people. Effective advocacy will inevitably empower people in their everyday lives.

Advocacy and promoting the needs of your community can:

- Open doors to participation
- Right the wrongs of the past and present
- Change the balance of power
- Address injustice
- Improve services
- Alter attitudes and values⁹⁴

Question: What do I/we want to achieve/change for American Indian/Alaska Native grandfamilies?

Whom should you educate or ask for support?

Whom to educate is determined by first discovering how aware the public in your community is about grandfamilies. Right now, there are probably a few people in your community who know the challenges that grandfamilies face. Few people know how to do something about it. Public awareness, then, is creating an environment for educating the members of your community about the needs of grandfamilies. Once people are aware of the challenges and want to address them, they can work together to make reform.

Key audiences:

- Advocates determine who needs to become aware
- People who can bring change are leaders
- Leaders can be informal, formal, appointed, or inherited
- Specific key leaders who may need to become aware include:
 - » Media
 - » Tribal leaders, including tribal councils
 - » Federal lawmakers
 - » State and local legislators
 - » Judges/court systems
 - » Federal, state and local government agencies and their leaders - e.g., aging services, child welfare, education, health care, housing and income support
 - » Community-based organizations and leaders
 - » Faith-based organizations and leaders
 - » Universities and others in the research community
 - » Foundations and other funding sources
 - » Additional influencers- consider who are other major voices in your community. Law enforcement? The business community?

In order to communicate your message to key audiences, your first step must be to build trusted relationships with that audience. When the audience is new, how do you go about building those relationships?

Building Relationships:

- Work your existing connections to be introduced to new audiences.
- Present yourself as a resource to that new audience.
- Be responsive and helpful. If you do not have what you need on hand, never guess or invent. Those actions will lose your credibility. It is much better to follow-up later with the correct piece of information.
- Affirm the positive and emphasize points of commonality.
- Confront and manage conflicting opinions.

- Use honey, rather than vinegar, in conveying your points.
- Manage unresponsive relationships through persistence and strategic approaches, which can include leveraging media attention.

Media: Probably the single most important audience for any advocacy work is the media. Public policy reform requires getting broad attention from the communities most affected and stories that stir policymakers and decisionmakers.

Media relations can be described as interactions with editors, reporters, and journalists, and it is a strategy that many organizations and people use to advance their cause.

Making a Pitch and Responding to Reporters:

- When you make a pitch for a story, do it by email and then follow up with a phone call. Include why the story is timely and relevant. Try to make a connection to other current events - e.g., the opioid epidemic, the COVID-19 crisis.
- When a reporter calls you, interview them:
 - » Find out their purpose and deadline.
 - » Ask to take 30 minutes to gather information and call them back.
 - » Get the correct spelling of their name, phone number, and media organization they represent.
 - » Call the reporter back—honor your commitment.
 - » Try to have all information on hand.
 - » Ensure you follow-up as promised.

Being a Resource to the Media:

- Introduce yourself to target media.
- Develop a sense of the kind of stories that interest your contacts.
- Make yourself readily available and follow-up promptly.
- Be dependable.
- Share helpful resources.
- Contact the reporter and/or submit a letter to the editor to correct stereotypes or misinformation.

How Social Media Can Elevate your Profile for Traditional Media:

- Most reporters are now required to be on social media for work.
- You can use social media, especially platforms like Twitter and LinkedIn, to highlight the work you are doing and connect with other people.
- You can find reporters' Twitter profiles linked in many articles and retweet, like, or tweet at them.
- Often reporters and editors will have the direct messages open to everyone or their emails in their bios to easily connect with them.

Once positive media stories are in your community, advocacy for policy or programmatic reform is much easier. The key audiences will be aware and open to hearing your advocacy.

Federal, State and Local Policymakers: Like working with the media, many of the same principles apply to federal, state and local policymakers. These leaders and their staff are often on tight deadlines, and one of the most effective things you can do is be seen as a helpful resource to them. Be readily available and follow-up promptly. Many federal and state staff to policymakers have “go to” local program leaders, caregivers and families whom they rely on for direct, practical feedback. Become one of those experts. They need to hear from the people who live these experiences and work directly with grandfamilies. You do not need to ask policymakers for specific public policy or program changes, rather you can let them know what works and does not work in the communities they represent.

When approaching a U.S. Representative or Senator's office, remember that they each have local offices nearer to where you live or work. You do not have to directly approach the Washington, DC office if you do not want to, as staff in the local offices will share your stories, strengths and challenges with their “boss.” You can reach out to the local or DC office in the way you feel most comfortable – phone call, email or in-person. If you set up a meeting, do not feel short changed if the Member of Congress

does not meet directly with you as they rely heavily on their staff. Be prepared for your meeting with short talking points you want to address and leave them with a way to contact you, along with any written information you wish to share. Do not hesitate to reach out to the Member of Congress' “scheduler” to invite the Member to an important community event where many caregivers will be present and can share their stories. Policymakers love these stories and rely heavily on them when advocating for reform.

Your governor, large city mayor, relevant federal and state child welfare, aging, child welfare, education, health, housing and income support leaders operate in much the same way as federal policymakers. However, other state and local policymakers, including state legislators and mayors, city and county council members representing smaller cities and rural areas, often have few, if any, staff. Do not let that stop you from approaching these policymakers in a way that is comfortable to you.

Contact information for many federal, state and local leaders can be found in the resource section of this chapter.

Remember you are an expert and you have great value in the advocacy process.

Tribal Leaders: Similar to federal, state and local policymakers, tribal leaders are government officials. They set policies, pass laws, approve a budget, approve applications for grants and contracts, and decide what programs and services the tribe will operate. Understanding their role will help in approaching them during advocacy work.

Being an elected tribal official is one of the most demanding jobs in the country. A tribal leader has to know something about a vast array of topics from governance and natural resources to fiscal policy and human services. They have to be concerned about their citizens, the sovereignty of the tribal government and the integrity of their services. It is a big job that can be overwhelming. In order for tribal leaders to make good decisions they need good information. That is where advocates come in.

Advocates who approach tribal councils as helpful resources rather than upset constituents will usually be received positively.

Learn when the tribe's budget cycle is. When department heads are submitting their budget requests make sure that you have made your concerns clear to the department head. Let them know the needs by giving facts about the role of grandfamilies and the services that will help the tribe better serve its children. Send a letter to the department head and copy the tribal council. That way when the time comes for the council to consider the department budget request your ask will not be a surprise. If your request is in the department budget request, send a letter of thanks and copy the tribal council. If it is not, send your request to the tribal council and copy the department head. Ask for a chance to testify or to get on the tribal council agenda.

Always stay informed about resources that the tribe may be able to apply for at the state or federal level. When funding announcements are published send them to the tribal planning office, the department head, and the tribal council urging them to apply and emphasizing the application deadline. Whenever possible, offer to help. You might offer to be an advisor, to write a support letter, or to review and comment on proposal drafts. Being part of organizations like Generations United and NICWA can help you be informed about funding opportunities.

Always vote in tribal elections. Becoming an elected tribal official is a democratic process. If your community has candidate forums, go and present your case. If not, you might be able to organize one. Regardless of whether you go to a forum or just have a one-on-one conversation, ask candidates how they intend to support grandfamilies. When candidates ask for your support, ask for theirs.

Finally, do not forget to thank tribal leaders and to always be the best resource you can be for good information. When you learn something new, have a success in your family, or get attention or resources for your cause, send a letter of thanks. Better yet, get on the tribal council agenda, take five minutes to say thanks and perhaps give a token of your appreciation to members of the council. Tribal leaders hear complaints nearly every day. They are seldom thanked, given good news or clear information and data that they can rely on. Establishing and maintaining positive relationships will go a long way toward gaining support for grandfamilies.

Where do you get helpful information and resources to make your case?

Knowing where to get information to share with key audiences to make advocacy points is critical. We hope this toolkit and its resources provide you with those sources of information. Remember that you are an expert either as a professional serving the families and/or as a member of a kinship family.

One of the most important resources is lived experience. If you do not have that experience yourself, you have ready access to it. Grandfamilies themselves are vitally important to making reform. Knowing specific law or putting forth detailed policy change is not as important as understanding the community's needs, strengths, and ideas of what will help. Sharing personal stories from grandfamilies will move the dial of reform.





SHARING YOUR PERSONAL STORY

While this chapter of the toolkit also generally applies to grandfamily-members who act as advocates, the following is exclusively tailored to grandfamily-members who share their own personal lived experiences as part of their powerful advocacy.

Sharing your life experience and your strengths and challenges is the single most effective way to make change. Policymakers want to hear directly from you, the grandfamily members. Your stories are the ones they repeat to the media and other policymakers when trying to achieve reform. So, how do you do this effectively and safely?

When sharing your story to make public policy or program reform, you must do it strategically. “Strategic Sharing” is a concept on which Casey Family Programs has written and trained. It essentially means making strategic choices about how to tell our life stories so that our voices can be heard, our message is effective, and our well-being is protected. Although focused on those who have had involvement with the child welfare system, the principles of “strategic sharing” are equally applicable to children and families outside the system.

As a family member who is about to engage in advocacy work, you should first consider a few questions and then develop rough talking points about what you want to cover:

What is the purpose of sharing your personal story?

What do you want the audience to take away?

Which parts of your story do you not want to share? Protect yourself from what may harm you emotionally.

This last point is very important. You do not have to share everything. Prepare yourself for how to answer questions that you do not want to answer. The most difficult kind of public speaking is the kind you are about to embark on. Sharing your story takes courage, strength and preparation. Remember your objective - *“I am doing this because I want to help others like me.”*

All advocates - whether a grandfamily-caregiver, an adult raised by a grandfamily-caregiver, a youth in a grandfamily-member’s care or a birth parent – should consider that your story is also the story of other members of your family. Be mindful of how much you share about other family members and, if possible, ask their permission and feedback on what you plan to share.

For caregivers and parents speaking about children, remember that the information you may be sharing about the children you are raising could follow them. If developmentally appropriate, discuss it with them beforehand to make sure it is alright with them.



In very general terms, when sharing your story, you will want to discuss:

- The very basics of why you are raising your grandchildren or other kin children; why you were raised in relative care; and/or why you were not able to raise your own children
- How the situation impacted you and your family
- Challenges you have faced
- Services or programs that helped
- Services or programs that would have helped
- How the family is doing now

You do not need to ask for specific public policy or program changes, rather you should let your audience know what would have helped so they can develop solutions with your invaluable input. You are not expected to be a public policy expert, you are an expert in your family. That expertise is truly yours and yours alone. It is invaluable.



SOCIAL MEDIA, STORYTELLING, AND LIVED EXPERIENCE

A specific way to engage tribal youth is through social media. Social media is an invaluable tool in tribal youth engagement in advocacy for grandfamilies. While there are unique considerations regarding youth privacy—not to mention trying to keep pace with new platforms—grandfamily advocates can harness the instant nature of communicating via social media to keep youth and families informed and engaged.

While not synonymous with social marketing, encouraging youth social media can help with social marketing efforts. Further, having youth develop their own video content or tweets about their stories and lived experience in grandfamilies can go far in lessening stigma associated with experience in relative placements. Ownership of storytelling also signals that youth are not merely tokens in advocacy but truly valued to signal what is needed in their own care. This emphasis on valuing lived experience is essential to connecting with Native youth.

The type of social media platforms you use and how they are used should reflect community values and be accessible to the greatest number of youth and families. Pay attention to tribal or agency policies regarding the use of social media for youth in out of home care and care providers and be willing to accommodate different types of users and platforms they use. Social media is powerful and persuasive so be careful about how you message. Do not be afraid to ask questions about the strategies being used in social media to advance your advocacy.

When and how should you advocate?

Advocates start by asking a few important questions:

- What are the barriers (things that make it harder to communicate with others or advocate for change) and benefits (incentives) to your audience thinking, feeling, or acting on your issue?
- What changes in attitude and behavior do you want to motivate in your audience to meet your goal?
- Based on what you know about what your audience needs to hear to think, feel, or act, what are the three most compelling sentences you could use to motivate the audience? (These are your messages or talking points.)

An advocate has vision to see beyond the problem and can give this vision away to others (letting others take ownership and responsibility for pursuing change). Creating a feeling of ownership with allies will make or break a grassroots advocacy effort.

Successful advocates must:

- Respect the community
- Respect the traditions of the tribe
- Not blame, shame or negatively criticize the community
- Be able to enlist the help of others
- Know the struggle of grandfamilies and translate that for others

Successful advocates should:

- Know the community history and beliefs
- Create an atmosphere of mutual learning
- Have patience
- Be good listeners

- Carry the vision for a better future
- Identify mutual values
- Develop an outline of the issues you are seeking to change—create the vision
- Add key supporters like yourself
- Identify and network with community resources (programs, people, funders, etc.)
- Define the challenges of grandfamilies and how to decrease them
- Determine objectives:
 - » Plan
 - » Identify what success is and evaluate results
 - » Refocus on new goals when ready
- Count on change:
 - » Be flexible—it will take time
 - » Take care of self
 - » Know that building longevity takes perseverance
 - » Regroup as needed
 - » Praise allies who help and celebrate success
- Follow-through:
 - » Leave a legacy for others to learn from
 - » Recognize the efforts of all
 - » Know that there will be new advocates and new challenges
 - » Remember that grassroots advocacy is from the people - let the people decide how to use what was learned

Conclusion

By considering and implementing the five advocacy steps in this chapter, and effectively and thoughtfully leveraging the powerful stories of grandfamilies themselves, you will make change. It may take time, but it will eventually happen.



Boulder Advocacy, a program of the Alliance for Justice. This organization provides nonprofits with the knowledge they need to become confident advocates. They offer webinars, trainings, resources and one-on-one technical assistance to nonprofit organizations. <https://bolderadvocacy.org/> or 1-866-NP-LOBBY.

Designing Health Communication Campaigns: What Works? Thomas E. Backer, Everett M. Rogers, Pradeep Sopory, Sage Publications, Newbury Park, CA, 1992.

Examples of Child Welfare and Aging Advocacy Toolkits:

- **North American Council on Adoptable Children. Adoption Assistance Advocacy Toolkit**
This resource outlines a plan of action to advocate for adoption subsidies. It provides guidelines for talking to legislators in person, over the phone, and through the mail as well as holding events and building coalitions. The toolkit is divided into sections on *Responding to a Proposed Cut* and *Planning for the Future* so advocacy efforts can be short- and long-term. It includes factual talking points, as well as emotional testimonies from families that show the personal impact of receiving help. <https://www.nacac.org/wp-content/uploads/2017/04/advocacytoolkit.pdf>
- **Kentucky Youth Advocates. Family First Act Communications and Advocacy Toolkit**
This toolkit provides an overview of the Family First Act, describes how it will affect each specific community, and provides tips for communicating its purpose and impact to others. Specific sections show how to tailor messaging to different audiences such as legislators and child welfare agencies and how to highlight Family First's connections to the opioid crisis and kinship care. It has sample social media posts and hashtags that can be customized for different stakeholders to use. <https://kyyouth.org/family-first/>
- **Foster Coalition. Be a Foster Care Social Advocate**
While this is not a full advocacy toolkit, it is a detailed list of ready-to-use social media posts that advocates can share. Most posts include links to other resources with statistics and testimonies. <http://www.fostercoalition.com/be-a-social-advocate-for-foster-care>
- **National Council on Aging. Advocacy Toolkit: Recess 2020**
One of NCOA's many toolkits, this resource provides guidance on effectively contacting legislators during House and Senate recesses. It includes a list of 5 ways to connect with lawmakers with links to guides on hosting site visits or attending town halls. The toolkit outlines talking points on key pieces of legislation and a sample thank you letter to send after a visit. <https://www.ncoa.org/public-policy-action/advocacy-toolkit/toolkits-by-topic/advocacy-toolkit-recess-2020/>

Find your Governor. The National Governors Association has contact information for each governor: www.nga.org/governors/addresses/

Find your Mayor. The U.S. Conference on Mayors has contact information for many mayors around the country. www.usmayors.org/mayors/



Find your State Legislator. The Library of Congress has a clickable map with links to each state legislature's website. On those sites, you should be able to locate contact information for your legislator. www.congress.gov/state-legislature-websites

Find your U.S. Representative and U.S. Senators. To find the U.S. Representative who represents where you live or the location of the program where you work, type your zip code into the box on this website www.house.gov/representatives/find-your-representative. It will give you the contact information you need. The same information is available for the two Senators representing your state at www.senate.gov/general/contact_information/senators_cfm.cfm

Hands-on Social Marketing: A Step-by-Step Guide by Nedra Kline Weinreich, Sage Publications. <https://sk.sagepub.com/books/hands-on-social-marketing-2e>

Generations United's GRAND Voices Network. This national network of kinship caregiver advocates raises their voices in support of all grandfamilies around the country. The network is supported by Casey Family Programs and the W.K. Kellogg Foundation. The W.K. Kellogg Foundation invested funds specifically to elevate and strengthen the voices of American Indian, Alaska Native, and African American grandfamilies as part of the network. Generations United is working on this initiative in partnership with the [National Indian Child Welfare Association \(NICWA\)](http://www.nicwa.org) and [A Second Chance, Inc. \(ASCI\)](http://www.asci.org). GRAND Voices has 70 current members in 44 states, the District of Columbia and 11 tribes. To see the members, visit www.gu.org/explore-our-topics/grandfamilies/grand-network/.

Promoting Health in Multicultural Populations: A Handbook for Practitioners by Robert M. Huff and Michael V. Kline, Sage Publications. <https://us.sagepub.com/en-us/nam/health-promotion-in-multicultural-populations/book237727>

Strategic Sharing guide by Casey Family programs and Foster Care Alumni of America. http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/StrategicSharing.pdf



Recommendations

The recommendations in this section are intended as suggestions for reforms that will support American Indian and Alaska Native grandfamilies.

The recommendations fall into three categories:

- Practices that agencies and organizations can implement immediately
- Policies and practices that American Indian and Alaska Native grandfamilies and advocates who work on their behalf can encourage policymakers to implement
- Data collection recommendations for agencies and advocates

Some of these recommendations may not fit the needs of your community and tribe. Always let your own local needs, as informed by the grandfamilies themselves, guide any effective advocacy and reform work.

Generations United and its national partners will also pursue these recommendations as they aim to support a broad array of American Indian and Alaska Native grandfamilies throughout the country.

Practice Recommendations for Child Welfare and Other Service Providers:

- **Authentically engage American Indian and Alaska Native kinship caregivers, birth parents, and young people** in the design and implementation of services that impact them. Ensure they are engaged early and prior to critical decisions being made. This includes hiring and training caregivers, birth parents, and youth to provide services and supports to peers.
- **Conduct an interagency, community-wide assessment using data as recommended below to identify racial disparities in serving all families, including grandfamilies.** As part of the assessment, consult with tribal nations and Indian nonprofit organizations to consider and address the practices and policies that could contribute to the racial disparities.
- **Create and implement an interagency, community-wide plan with the help of tribal nations and Indian nonprofit organizations to address racial disparities and their causes as identified in the assessment.**
- **Provide training and tools for staff to identify and address their own implicit and explicit racial biases.** Work with tribal nations and Indian non-profit organizations to provide this training and tools.
- **Provide comprehensive training and written information on ICWA's requirements to state and private child welfare workers, supervisors and program managers, and relevant legal stakeholders.**
- **Hire and train ICWA liaisons at the state levels to ensure ICWA cases are well- managed and coordinated, and court proceedings follow ICWA's requirements.**
- **Ensure that services are based in tribal cultural beliefs, teachings, customs, and traditions of the child and grandfamily's tribe and are aligned with trauma-informed care** for American Indian and Alaska Native grandfamilies.
- **Use proven tools that are culturally based or adapted to provide training and direction to child welfare workers so they can better serve American Indian and Alaska Native grandfamilies.** Train front-line helpers on the importance of extended familial connections and access to tribal culture as protective factors for American Indian and Alaska Native children.
- **Expand access and availability of child welfare services within American Indian and Alaska Native communities.** Community-based services should be accessible, tailored to the needs of children and families, and incorporate tribal culture.

- **Develop lists of culturally competent American Indian and Alaska Native therapists, counselors, and other service providers** so agencies and organizations can readily refer families to them.
- **Advocate that child welfare agencies be required to ask and report on whether adult relatives are members or eligible for membership in an American Indian or Alaska Native tribe as part of the process of identifying and notifying relatives** when children are removed from their parents. These questions will assist in determining early in the process if the child is an Indian child as defined under ICWA.
- **Implement fully the reasonable and prudent parent standard** established by the Preventing Sex Trafficking and Strengthening Families Act and raise cultural identity and tribal affiliation during court and case planning. Ensure that the child's cultural and religious traditions are honored, and the child's tribe is included in any case planning or permanency decisions.
- **Organize support groups for caregivers in American Indian and Alaska Native communities** and ensure that they are led by peers who have first-hand experience with the caregivers' strengths and challenges.
- **Establish robust tribal kinship navigator programs** that link American Indian and Alaska Native caregivers and the children they raise whether inside or outside the foster care system with much-needed culturally appropriate services. Federal funding now exists for these kinship navigator programs, but many tribes and states are struggling to develop programs that meet the criteria for ongoing funding.
- **Provide prevention services and post-permanency supports to American Indian and Alaska Native** grandfamilies by leveraging Title IV-E federal funding available through the Family First Prevention Services Act. Both tribes and states are eligible for the funding.
- **Do not deny prevention services to American Indian and Alaska Native grandfamilies**

simply because the appropriate services they need are not currently eligible under the Title IV-E program. If the child being cared for is in a state child welfare system and ICWA applies, active efforts are required to prevent removal and/or prevent the breakup of the family. Active efforts require agencies to provide culturally appropriate services whenever possible and engage the child's tribe in case planning. Also, **do not require American Indian and Alaska Native caregivers, birth parents, and children to accept services that are not culturally appropriate**, especially if they have concerns that the prevention services being offered will either be ineffective or possibly harmful.

- **License more relatives as foster parents** by addressing barriers in state licensing standards; providing tailored training to grandfamilies; using federal authority to grant variances and waive non-safety related licensing standards for relatives; and providing needed items such as beds or fire extinguishers.
- **Use inclusive language and images in outreach materials.** Do not limit materials to "parents" when other caregivers are included too. Use images of American Indian and Alaska Native grandfamilies in materials and reach out through trusted tribal leaders.

Policy and Practice Recommendations for Advocates:

- **Hold the child welfare agency accountable to implement the practice recommendations above.** Ask if the agency has been accredited through a standard setting body and inquire how the accreditation incorporates the practice recommendations above. If the child in care is involved in a state child welfare system, ask how the agency is meeting ICWA requirements and incorporating the practice recommendations.
- **Advocate for tribal inclusion in the Social Services Block Grant.** This federal block grant provides funding for a range of services including child welfare and senior services. Tribal governments receive disproportionately lower amounts of funding for these types of

services than do states. Less funding impacts the ability of tribal grandfamilies to receive culturally appropriate services.

- **Work to ensure that the Title IV-E Prevention Services Clearinghouse includes a tribal kinship navigator model** that serves grandfamilies regardless of child welfare involvement.
- **Advocate that evaluations for prevention services, post-permanency supports, and kinship navigator programs consider American Indian and Alaska Native culture and needs.**
- **Encourage the Title IV-E Clearinghouse to take these cultural considerations into account** when reviewing services and supports and determining whether they meet evidence-based standards. While culturally based prevention programs and services are preferred, ask the state child welfare agency and federal agency with oversight of the Clearinghouse to make cultural adaptations of mainstream prevention services eligible for reimbursement.
- **Ask the federal agency with oversight of the Family First Prevention Services Act to extend the application of cultural guidance for tribes directly funded to operate Title IV-E to tribes operating Title IV-E through an agreement with a state.** This will expand the number of tribes that can access funding for prevention services for grandfamilies and others.
- **Educate the ten states that have not yet taken the federal option to offer a Guardianship Assistance Program (GAP)** about the many benefits of doing so, including its importance as a permanency path for American Indian and Alaska Native children for whom adoption and reunification with their parents are not options. Tribes that operate Title IV-E through an agreement with a state can only offer GAP if the state does. As of May 2020, the ten states without GAP are Arizona, Georgia, Kansas, Kentucky, Ohio, Mississippi, North Dakota, South Carolina, Utah, and Wyoming.
- **Advocate to improve access to tribal and state Temporary Assistance for Needy Family (TANF) child-only grants and to increase their**

dollar amounts so grandfamily caregivers can better meet the needs of the children they did not plan or expect to raise. Access may be improved through simplified TANF child-only application forms; more community outreach and education; and use of the good cause exemption allowing caregivers not to assign child support collection to the state.

Data Collection Recommendations for Agencies and Advocates:

- **To ensure proper ICWA implementation, develop a more detailed understanding of the trends in out-of-home placement and barriers to permanency for American Indian and Alaska Native children.** Collect and compile the following information for each child:
 - » Were active efforts made to prevent removal of the child from their parents and to determine the child's tribal affiliation?
 - » What percentage of Native children exit the child welfare system to their birth parents or a relative?
 - » When was the child's tribe first contacted by the state/county?
 - » Did the child's tribe receive legal notice of all child custody proceedings? Did notices contain the required information?
 - » Was placement in foster care made in compliance with ICWA's order of placement preferences: (1) relative (Native or non-Native); (2) home licensed or specified by child's tribe; (3) an Indian foster home licensed by the state/county; and (4) a group care or institution approved by the child's tribe?
 - » What active efforts were made to promote reunification of the child with their birth parents or relatives? Did those efforts meet ICWA active efforts requirements? Was the child's tribe engaged in making decisions about what services should be provided?
 - » Is placement a pre-adoptive placement with an Indian or non-Indian family?
 - » Was transfer to tribal court petitioned from state court? What is the status of the petition (approved or denied)?

- » Are ICWA termination of parental rights legal requirements met using the evidentiary standard of beyond a reasonable doubt? Legal requirements include provision of active efforts to the parents to prevent the breakup of the family; expert witness testimony on the needs of the Indian child; and a finding that continued custody of the child by the parent will result in serious physical or emotional damage to the child.
- **Collect more data on grandfamilies who are not involved with the child welfare system**, including data on their race and tribal affiliation, to inform services and supports. Currently, only limited data exist. The U.S. Census Bureau collects data on grandparents who self-identify as responsible for grandchildren. Similar data are available for the grandchildren of grandparents who are responsible for them. Both data sets include a broad racial breakdown, but do not include racial or tribal affiliation information within categories such as poverty and disability. This data is critical to informing services and supports and identifying disparities based on race and tribal affiliation. Absolutely no demographic data are publicly available for other relatives, such as aunts or uncles, or the children they raise.
- **Collect additional data on children in foster care with relatives and determine the following for each category:**
- **Children who are diverted from the child welfare system** - many state child welfare agencies are removing children from homes, finding relatives or kin, and then diverting those children with little or no supports. No federal data are collected from states or tribes on these children. Agencies “divert,” despite the fact that they have placement and care responsibility. We need to capture these large numbers of diverted children to better understand this population, and whether they

eventually enter foster care. Disparities will likely emerge when we identify the race and tribal affiliation of these children who are not supported by the system.

- » **Children who exit foster care to guardianship or adoption** – AFCARS data exist on the percentage of children exiting foster care who achieve these permanency goals, but not on their race or tribal affiliation. Information on race and tribal affiliation will inform policy and program responses to possible disparities.
- » **Children who are reunified with their parents** – AFCARS data are reported for this category, but it is not reported by race or tribal affiliation. Again, information on race and tribal affiliation will inform policy and program responses to possible disparities.
- » **Children who are in the legal custody of the child welfare system with unlicensed kin and receive no foster care maintenance payments** – AFCARS does not report how many children are with unlicensed kin or their race or tribal affiliation. Disparities will likely emerge when we identify the race and tribal affiliation of these children who are not supported by the system.
 - * **Note:** tribal affiliation denotes a political status a person has as a citizen of a federally recognized tribe. Racial classification is different and not synonymous with tribal affiliation.
- » **Analyze the racial data of grandfamilies both inside and outside the foster care systems to inform the assessment and plan noted above to address racial inequities.**



For over twenty years, **Generations United's National Center on Grandfamilies** has been a leading voice for families headed by grandparents, other relatives and close family friends. Through the Center, Generations United leads an advisory group of organizations, caregivers and youth that sets the national agenda to advance public will in support of these families. Center staff conduct federal advocacy, provide technical assistance to state-level practitioners and advocates, and train grandfamilies to advocate for themselves. The Center raises awareness about the strengths and needs of the families through media outreach, weekly communications and awareness-raising events. It offers a broad range of guides, fact sheets and tools for grandfamilies, which cover issues from educational and health care access to financial and legal supports and can be found at www.gu.org and www.grandfamilies.org.

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www.gu.org

The **National Indian Child Welfare Association (NICWA)** works to support the safety, health, and spiritual strength of American Indian and Alaska Native children along the broad continuum of their lives. It supports tribes in building the capacity to prevent child abuse and neglect through positive systems change at the state, federal, and tribal levels. NICWA is the most comprehensive source of information on American Indian and Alaska Native child welfare. NICWA is a private, nonprofit, membership organization based in Portland, Oregon. Its members include tribes, individuals—both Native and non-Native—and private organizations from around the United States concerned with Native child and family issues. Together, its partners, board, and staff work to protect Native children and keep them connected to their family, community, and culture.

www.nicwa.org



NICWA
National Indian Child Welfare Association
Protecting Our Children • Preserving Our Culture

www.nicwa.org



Pottery figure of the legend of the Story Teller, also called Singing Mother. Photo by Greg Betts.

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Endnotes

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