

REPORT | September 2021

Tribal Child Welfare Systems' Experiences With Prenatal Exposure to Alcohol and Other Drugs

A Case Study

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Submitted to

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Administration for Children and Families
U.S. Department of Health and Human Services
Contract Number: HHSP233201500133I

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This project was funded by an Inter-Agency Agreement between the Administration for Children and Families and the Centers for Disease Control and Prevention (IAA# 19FED1916928DDB).

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Children's Bureau, the Administration for Children and Families, or the U.S. Department of Health and Human Services. This report and other reports sponsored by the Children's Bureau are available at www.acf.hhs.gov/cb.



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Acknowledgments

The study team wishes to thank the Red Lake Nation for their generous involvement in this report. Red Lake approved of the study through Tribal resolution, provided expert staff who closely collaborated with the research team in codeveloping the methodology and reviewing findings, and provided permission to publicly share the name of the agency and Tribe in the report. Without this involvement, this work would not have been possible. Specifically, the study team would like to thank Cheri Goodwin, Andrea Goodwin, and Amy RedCloud for their involvement. In addition, the team would like to thank each of the individuals who provided expert consultation for this report. Those individuals, listed in appendix B, generously shared their time and insights. This report is stronger for their involvement.

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Executive Summary

The prevalence of children with prenatal substance exposure (PSE) to alcohol and other drugs within child welfare (CW) populations is not well established.^{1,2} Such exposures can result in adverse birth outcomes as well as developmental, physical, behavioral, and cognitive effects. When it comes to detecting and intervening with children with PSEs, CW agencies are often challenged, and conditions such as Fetal Alcohol Spectrum Disorders (FASDs) may be frequently misdiagnosed and under-identified (Chasnoff et al., 2015).

The prevalence of PSE-related experiences (substance use patterns, substance use during pregnancy, prenatal exposures, and resulting conditions for children) within CW populations of Tribal communities is difficult to ascertain. There is a great deal of variation within and among American Indians and Alaska Native (AI/AN) populations, including geography, history, political jurisdiction, and social and cultural conditions. The confluence of higher poverty rates, less access to physical health and mental/behavioral health services—resulting in poorer health and mental health outcomes—as well as historical and continued trauma contributes to higher rates of misuse for many types of substances in some Tribal communities. An additional complicating factor in accurately assessing the occurrence of prenatal substance exposure in AI/AN populations is the level of variation in how frequently AI/AN caregivers come to the attention of CW systems across the 50 states. In Minnesota, for instance, 15 percent of AI/AN children can expect to experience a CW investigation before their first birthday (Edwards & Rocha Beardall, 2020). In California, more than half of AI/AN children experienced a child protective services investigation at some point before their 18th birthday (Putnam-Hornstein et al., 2021).

The unique policies and practices of Tribal CW programs are a strength in addressing these important public health concerns. The Indian Child Welfare Act (ICWA) guides policy and practice for AI/AN children and families and requires “active efforts” to prevent out-of-home placement, and in the event of a placement, to reunify children and their families. This legal guidance, coupled with an emphasis on family preservation, underpin important work done by Tribal CW programs to address PSE while remaining committed to preserving family and cultural ties (Earle, 2018).

¹ For purposes of this report, involvement in CW is defined broadly as any individual who has documented contact with CW services. This could involve those receiving adoption or foster care services as well as individuals with brief contact for support or other voluntary services.

² See appendix A for a glossary of terms and conditions appearing throughout this report.

In 2016, the Administration for Children and Families' Children's Bureau and Centers for Disease Control and Prevention engaged James Bell Associates and ICF to assist in conducting a study of prenatal alcohol and other exposures in CW, including an exploration of these issues in Tribal CW systems. Early in the project, the team sought Tribal partners who possess both a broad knowledge of Tribes and an expertise in research to formulate the aims of the Tribal study, listed below.

1. Within a single Tribe, understand Tribal CW policies and practices related to identifying, assessing/referring, and caring for children and families affected by PSE.
2. Identify strengths-based and promising practices among Tribal CW and allied systems as well as Tribal communities regarding children with PSEs and their families.
3. Explore Tribal needs related to these practices.
4. Identify potential recommendations for Tribes, local and federal CW agencies, and public health agencies.
5. Examine the current referral process for services as well as pathways for children and families to identify areas for improvement.

The team was guided by principles to co-create an effective evaluation (Tribal Evaluation Workgroup, 2013). Led by a Tribal researcher, the team first held multiple listening sessions with diverse Tribal stakeholders across the state of Minnesota in 2018 to understand issues related to PSE, to develop relationships with Tribes, and to inform the study. In 2019, the team engaged the *Ombimindwaa Gidinawemaaganinaadog* Red Lake Family and Children Services agency to co-develop a case study. After Tribal council and IRB approval, in 2020 the Tribal liaison and a team member conducted two data collection efforts: (1) a service process mapping activity; and (2) interviews with nine key informants.

Key Findings

Insights From Service Process Mapping

The service process mapping provided the team and Tribal CW agency with information on how children and families currently move through this agency's CW system when there are reports of possible PSE (see maps in appendix E). The mapping process shed light on service pathways for pregnant mothers and/or prenatally exposed infants, factors that affect processes, gaps, and areas for improvements. The takeaways were:

1. Currently, no validated assessment or decision-making tools are used by this agency to guide the intake process when there are reports of prenatal alcohol or other drug exposures.
2. The participants in the study were less aware of the relevant referral partners and the process to identify children affected by PSE (e.g., with resulting conditions from PSE, such as FASDs) than those processes for serving and supporting pregnant mothers.

3. The two most frequent points of referral for pregnant mothers who are using substances are (1) family preservation services (internal CW program referral); and (2) chemical dependency services (external agency referral) for supporting pregnant mothers.
4. Challenges that emerged included (1) struggles with maintaining and communicating processes consistently across agencies; and (2) because all births currently occur off-reservation, the Tribal programs must follow the lead of external agencies (e.g., hospital and law enforcement)—which perhaps delays the provision of strengths-based, cultural ways of approaching maternal substance use and PSE.

Themes From Key Informant Interviews

Selected themes in six areas emerging from the nine semi structured interviews are presented below (see report for full list).

1. Understanding of relevant needs and strengths of the Tribal community

- **Staff expressed a deep passion and commitment to supporting mothers struggling with substance use disorders** in Red Lake. Providers shared powerful examples of mothers recovering and maintaining or regaining custody of their children despite barriers.
- **Alcohol and polysubstance use were not perceived as common**; participants perceived heroin, methamphetamine, and opioids as the most frequent substances used by pregnant mothers.

2. Services for pregnant mothers and/or infants with prenatal substance exposures

- **There has been a helpful shift in practice within the Tribe's human services** to emphasize family preservation and relationship-based services. Services include relationship development and compassionate work with families, all of whom are perceived as “relatives” to those providing services; this is in line with the traditional community understanding of relationships reflected in the agency's new name “Uplifting Our Relatives.”
- **Tribal social workers take active measures to support pregnant women to maintain custody of their children** whenever safely possible. If a child is removed, the goal is to place the child with relatives while the mother is assisted to regain her health, so that she can safely parent. Extended family relatives have traditionally stepped in as caregivers. This established way of being is now supported by Tribal systems as best practice.
- **A range of substance abuse programs are available to pregnant mothers** to support them to safely stop or reduce usage. Red Lake CW seeks to provide voluntary services that include outpatient programs, medically assisted treatment options, and health care. Social workers can assist with issues related to housing, transportation, food resources, and other resources that pregnant women may need.
- **Most Tribal programs employ culture-based programming, including the use of traditional ceremonies, healers, and medicines**—e.g., teaching women how to smudge (burn) sage. These cultural practices can help reinforce for the pregnant woman a connection to her culture and develop a broader network of support for her and her family.

3. Facilitators to implementing services

- **Tribal Council and agency leadership was lauded for shifting the approach from a punitive response to PSE to a supportive, healing one** that draws on the culture and traditions of the people of Red Lake. A strengths-based approach was unanimously noted as being the best way to support individual recovery from substance use.
- All interviewees described a **dedication and hopefulness for success**. Most of them said they never give up on substance-using pregnant women—even if the woman herself is not ready to change. As one interviewee expressed, “We’ll be here when she is ready.”
- **The close-knit community is a source of pride and strength, but can also present challenges**, e.g., for those who want to recover but have a lot of people around them who are still using and can provide easy access to alcohol and other drugs.
- ***Ombimindwaa Gidinawemaaganinaadog*: Red Lake Family and Children Services is well regarded and seen as an effective support for pregnant women by partners**, including substance abuse providers, law enforcement, and the courts. With organizational shifts toward family support and preservation and away from child removal, women are more inclined to seek support if they know that they will not lose their child into the CW system.

4. Challenges to implementing services

- **Lack of consistent funding** means that some programs providing services through short-term grants can’t be sustained. For example, a partnership with the local hospital for supporting prenatal mothers no longer exists.
- **System barriers** such as lack of integrated services, inconsistent communication, absence of a centralized list of services for pregnant women with substance use, and challenges with confidentiality between programs can lead to inconsistent supports for women.
- **Lack of key services and resources on the reservation** (housing, birthing facilities, in-patient treatment, evaluation for children with suspected FASDs, screening and diagnosis, midwifery, doulas, etc.) means that supports aren’t easily accessible, and individuals must access programs outside of their community that may not be culturally supportive.
- **There is a lack of information and resources** to identify the short- and long-term effects of prenatal alcohol and drug exposures among children, and services for these children. However, information and services exist for pregnant caregivers who are using substances.

5. Recommendations for improved services

- **There are needs** to better monitor and serve pregnant caregivers with alcohol and drug use issues and children prenatally exposed to substances, **including (1) tools and resources to guide assessment of prenatal alcohol exposure** and understanding of effects (2) **improved data** on the number of affected families; (3) **centralized services** on the reservation; (4) **long-term treatment and aftercare programs with housing** on reservation; and (5) **training about PSE and the long-term effects** for Tribal leadership, community members, and service providers.
- Interviewees suggested **building on the many strengths that were identified to expand and improve services (such as a greater emphasis on alternative birthing services)**. One example is a midwifery program could be offered through the Tribal college.

Conclusions

Through a collaborative research effort, *Ombimindwaa Gidinawemaaganinaadog “Uplifting Our Relatives”* (Red Lake Family and Children Services) provided a unique look into one Tribal Nation’s approach to serving families affected by PSE. While the program and Tribe are unique in approach, history, and current context, and caution is warranted in drawing conclusions from only one case study, the lessons learned through listening sessions, process mapping, and interviews can speak to considerations for Tribal CW programs and federal agencies and suggest areas for future exploration and study. See the report for full list of considerations.

Implications for Tribal Child Welfare Programs

Red Lake Nation is exercising Tribal sovereignty by creating a Tribally based program to serve its relatives through supportive services rather than child removal and punitive treatment of parents. Their work speaks to the importance of:

- **Tribal and Agency Leadership and Support.** Tribal agencies can mobilize Tribal leadership to change ways of practice within CW to a decolonized approach that builds on cultural values and strengths including changes to Tribal legal codes to support family preservation.
- **Clear and Consistent Practice Built on an Ethic of Family Preservation.** Tribal agencies can develop practices through active efforts with all families that include cultural approaches to healing. These practices include placing children with extended family when removal is necessary, with a central goal of provision of services to address substance misuse so that family reunification can occur as soon as possible. Another practice is to consider PSE cases specifically and collectively as a program and develop a practice map to clarify key touchpoints to identify and pathways for providing prevention and intervention services.
- **Supporting a Well-Trained and Skilled Tribal CW Workforce.** Tribal agencies can train Tribal staff to utilize a Tribal practice model of interacting and responding to families in need as one would assist a relative, including a “never give up” attitude of hope. They can ensure that training addresses issues of PSE, including how to recognize risk and effects on the child and how to sensitively explore substance use with families, and knowledge and implementation of Tribal resources to support children and families.
- **Building an Integrated System of Providers and Community Members.** This agency has created a work climate of treating colleagues as relatives and supporting one another based in cultural values and teachings. They recommend improving communication and the inclusion of all voices (including elders and others with lived experience), and to explore stronger collaboration between systems and potential referrals to public health, early childhood and early intervention, local hospitals, as well as other agencies to support families and children.

Implications for Federal Agencies

Study insights pointed to six ways for federal agencies to support Tribal Nations, recognizing that all Tribes are different and should be approached with humility and the spirit of partnership.

- Honor Tribal sovereignty and culture. Listen and respect the voices of Tribal Nations because they are most knowledgeable about their community needs, resources, and values.
- Insofar as possible, support and help fund Tribes to develop resources and implement processes and programs that are based in their traditional knowledge and wisdom. Tribes have ways to provide prenatal care and to care for the mother and child before and after birth that differ from Western traditions (e.g., Family Spirit home-visiting program).
- Engage in Tribally informed collaborative research to explore how to serve indigenous children and families who are affected by PSE. This effort should include traditional ways of seeing children who have been affected as sacred beings who have gifts to offer the community, rather than as children in need of services, and supporting mothers with doulas at birth.
- Support culturally appropriate training and tool development targeting Tribal service providers in identifying and supporting children who have been prenatally exposed to alcohol and other drugs.
- Support capacity building around data collection and use within Tribal CW programs. Participants noted a need for better data and to understand their existing data related to PSE.
- Consider collaborating with and investing in Tribes to further explore, develop, implement, and evaluate strategies that are described in the report in Implications for Tribal Child Welfare Programs and Opportunities for Red Lake Nation would be most effective.

I. Introduction

Background

The prevalence of children with prenatal substance exposure (PSE) to alcohol and other drugs within child welfare (CW) populations is not well established.^{3,4} Such exposures can result in adverse birth outcomes as well as developmental, physical, behavioral, and cognitive effects. Though prevalence estimates vary, substance use is a common issue in families involved in CW and can be indicative of substance use during pregnancy (Wulczyn et al., 2011; Young et al., 2007). In 2019, parental drug abuse was a factor for 34 percent of children removed from their home, and alcohol abuse was reported (perhaps under-reported) as an issue in families for 5 percent of children entering the foster care system (Children’s Bureau, 2020). The actual prevalence may be far higher. Reports indicate that caseworkers may fail to identify parents’ substance use disorders. When comparing caseworker detection of problematic substance use during the investigation phase of a CW case with parent self-disclosure of substance use in a national survey, researchers found discrepancies: 64 percent of parents who self-disclosed drug issues, and 82 percent of parents who self-reported alcohol issues were not identified by caseworkers (Seay, 2019).⁵

The high rates of drug and alcohol use in families may leave children at greater risk for PSE and resulting conditions such as Fetal Alcohol Spectrum Disorders (FASDs), which are reported more for children in the CW population than for those in the general population (Astley et al., 2002; Popova et al., 2019). When it comes to detecting and intervening with children with PSEs, CW agencies are often challenged, and conditions such as FASDs may be frequently misdiagnosed and under-identified (Chasnoff et al., 2015).

As is the case for the general CW population, the prevalence of PSE-related experiences (e.g., substance use patterns, substance use during pregnancy, prenatal exposures, and resulting

³ For purposes of this report, involvement in CW is defined broadly as any individual who has documented contact with CW services. This could involve those receiving adoption or foster care services as well as individuals with brief contact for support or other voluntary services.

⁴ See appendix A for a glossary of terms and conditions appearing throughout this report.

⁵ Note that many statistics on CW involvement and parental substance use derive from federally reported CW datasets such as the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). These datasets only include a subset of American Indian children served through CW systems. Many Tribal CW programs do not receive federal funding for their services and, as such, do not report in these systems. See: National Child Welfare Resource Center for Tribes. (2011). *Findings from the National Needs Assessment of American Indian/Alaska Native Child Welfare Programs*. Author.

conditions for children) within CW populations of Tribal communities is difficult to clearly ascertain. There is a great deal of variation within and among American Indians and Alaska Native (AI/AN) populations, as aggregated by geography, history, political jurisdiction, and social and cultural conditions. In addition, the confluence of higher poverty rates, less access to physical health and mental/behavioral health services—resulting in poorer health and mental health outcomes—as well as historical and continued trauma contributes to higher rates of misuse for many types of substances in some Tribal communities. According to the 2018 National Survey on Drug Use and Health (NSDUH), in aggregate analysis, Native Americans have the highest rates of alcohol, marijuana, cocaine, inhalant, and hallucinogen use disorders compared with rates of other ethnic groups, and the highest rates of substance dependence or abuse (Young & Joe, 2009). It is important to note, however, that AI/AN populations also abstain from alcohol at a higher rate than does any other group (Erikson, 2016).

Regarding substance use during pregnancy, one recent study in a rural Tribal Nation in the Central United States discovered that substance use rates were higher than national averages, finding 74.6 percent of women smoked during pregnancy and 35.4 percent of the women both smoked and consumed alcohol during pregnancy (Jorda et al., 2021). An additional complicating factor in accurately assessing the occurrence of prenatal substance use in AI/AN populations is the level of variation in how frequently AI/AN caregivers come to the attention of CW systems across the 50 states. Recent analysis of state CW data found that although AI/AN and White children have similar nationwide rates of “screened in” investigations,⁶ wide differences based on geography remain. In Minnesota, for instance, 15 percent of AI/AN children can expect to experience a CW investigation before their first birthday (Edwards & Rocha Beardall, 2020). In California, more than half of AI/AN children experienced a child protective services investigation at some point before their 18th birthday (Putnam-Hornstein et al., 2021).

Some studies report higher rates of children with an FASD in Tribal communities compared with the general population (Burd & Moffat, 1994; May et al., 2002). One recent study of the prevalence of FASDs in a reservation-based Tribal community estimated a prevalence rate of 4.1 percent (41 per 1,000 children) based on a sample of Tribal children aged 5–7 years old (Montag et al., 2019). Another study of racial differences in the prevalence of PSE in the general population of Washington state, based on an examination of birth records and diagnostic codes related to PSE, found Tribal children to have a higher prevalence of diagnosed PSE (Rebbe et al., 2019). In this study, the rate

⁶ Screening procedures vary based on state statutes. The act of “screening in” a report is a process by which CW workers determine if an allegation that resulted in a report to child protective services warrants a more in-depth assessment; this process does not mean that a report was substantiated.

of prenatal exposure to alcohol diagnosed at birth was 6.5 births per 1,000 children for Tribal and 0.8 births per 1,000 for White children.

The incidence and prevalence of exposure to opioids and resulting conditions such as Neonatal Abstinence Syndrome (NAS) among Tribal infants and children also is not well established. In the Rebbe et al. study, prevalence of prenatal exposure to amphetamines was five times greater for Tribal children than for White children and exposure to opioids was three times greater for Tribal children than for White children (Rebbe et al., 2019). Some Tribal leaders have reported NAS as a growing issue in their communities (U.S. Senate Committee on Indian Affairs, 2015).

Although rigorous data on the prevalence of prenatal exposure within Tribal communities remain elusive, what is clear is that the unique policies and practices of Tribal CW programs are a strength in addressing these important public health concerns. The Indian Child Welfare Act (ICWA) guides policy and practice for AI/AN children and families “[t]o protect the best interest of Indian Children and to promote the stability and security of Indian Tribes and families by the establishment of minimum federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture...” (25 U.S.C. 1902). ICWA requires “active efforts” to prevent out-of-home placement, and in the event of a placement, to reunify children and their families. This legal guidance, coupled with an emphasis on family preservation, underpin important work done by Tribal CW programs to address PSE while remaining committed to preserving family and cultural ties (Earle, 2018).

Overview of the Prenatal Alcohol and Other Drug Exposures in Child Welfare (PAODE-CW) Project

To better understand PSE of children who are in the CW system, in 2016, the Administration for Children and Families’ Children’s Bureau and Centers for Disease Control and Prevention (CDC) engaged James Bell Associates (JBA) and ICF International (ICF) to assist in conducting the Prenatal Alcohol and Other Drug Exposures in Child Welfare (PAODE-CW) project. The team was tasked with designing and executing descriptive research exploring CW systems’ response to PSE in state, local/county, and Tribal CW jurisdictions. The team conducted a mixed-method study in 22 CW agencies in 5 states, conducting interviews and surveys with CW staff and in a subgroup of agencies carrying out additional surveys with service providers, interviews and focus groups with caregivers, and case record reviews.

Given both the lack of clear information on PSE and the opportunities for unique practice solutions in Tribal communities, a critical subcomponent of this project was a separate exploration of these issues in Tribal CW systems, using methods appropriate to a single Tribal culture and setting. The overarching goal of this case study was to identify current approaches and practices to identify and care for children with PSE and their families as well as to pinpoint those processes that may support positive outcomes for Tribal children and families. As a 2016 policy statement by the U.S. Department of Health and Human Services described: “In recent years, Tribal leaders and members in many communities have raised the concern of an increase in the number of infants born affected by alcohol and substance use,” and “there has been little research or guidance on these issues particularly tailored to building on the unique strengths and meeting the unique needs of Tribal communities” (U.S. Department of Health and Human Services, 2016).

PAODE-CW Tribal Case Study Aims

Early in the project, the team sought Tribal partners who possess both a broad knowledge of Tribes and an expertise in research. The PAODE-CW team collaborated to develop specific aims of the Tribal study component of the PAODE-CW project. These aims were:

1. Within a single Tribe, understand Tribal CW policies and practices related to identifying, assessing/referring, and caring for children and families affected by PSE.
2. Identify strengths-based and promising practices among Tribal CW and allied systems and Tribal communities regarding children with PSE and their families.
3. Explore Tribal needs related to these practices.
4. Identify potential recommendations for Tribes, local and federal CW agencies, and public health agencies.
5. Within a single Tribe, examine the current referral process for services as well as pathways for children and families to identify areas for improvement.

II. Case Study Design

The following two activities conducted early in the overall PAODE-CW project directly informed the design and methodology of the Tribal case study component.

Review of Literature on Research Issues in Working With Tribal Nations

The study team completed a focused review of literature examining historical and cultural issues of conducting research with Tribal populations; issues related to data access, ownership, and approval processes; as well as recommended practices for conducting research with Tribal Nations.

Consultation With Tribal Researchers and Stakeholders

The study team convened multiple groups of Tribal stakeholders and experts to inform the study design. Two virtual focus groups were held in March and April 2017 to gather input on conducting research with Tribal communities and on issues facing Tribes in addressing PSEs. The study team consulted an expert panel, including researchers with experience carrying out research and evaluation in Tribal contexts (see appendix B), to help develop the study design and methods. These expert consultants represented a breadth of knowledge in Tribal CW and early childhood research. Consultants and team members met for a two-day in-person planning meeting in August 2017. Research staff sought from this cadre of Tribal consultants guidance and input at the design phase as well as periodically during the study itself.

These planning activities resulted in a set of recommendations about the investigation's approach and principles to be followed. Outcomes from the planning meeting included a proposed study design, sampling criteria and recruitment strategies, as well as data collection methods.

Study Principles

The principles outlined in the Children's Bureau's *Roadmap for Co-Creating Collaborative and Effective Evaluation to Improve Tribal Child Welfare Programs* (Tribal Evaluation Workgroup, 2013) guided the study design and methods. This document and other discussions of Tribal research

ethics note that research involving Tribal communities should not merely describe or judge phenomena at a static point in time; the research must have clear benefits to the community and point to decisions for the future (LaFrance, 2004; Smith-Morris, 2007). Community-based participatory research has been used to promote inquiry that is fair and that benefits the Tribal community by integrating research with local capacity building (Cross et al., 2004). The consultants affirmed that the study must consider issues of building trust and relationships with Tribal nations to ensure a collaborative and effective partnership.

Study Design and Methodology

The study team and consultants determined that a **collaborative case study design**, with components adapted from community participatory approaches (Sahota, 2004; Tumiel-Berhalter et al., 2005), would be the most effective approach to meet the research aims. Principles and considerations for collaborative case study approaches were adopted and implemented for this case study (see box on next page). The consultants recommended that the design process include co-creation of qualitative data collection methods (e.g., semi structured interviews, focus groups, document review) to be conducted in person with diverse Tribal stakeholders. Measures were to be guided by the study aims but also focused on specific areas of interest for the participating Tribal community. The team recommended that study participants for data collection be identified by the Tribal communities themselves but should include Tribal CW directors, case workers, and other Tribal CW staff; Tribal staff affiliated with other Tribal departments and programs (e.g., behavioral health, Tribal court); and Tribal leaders (section IV: Case Study gives additional details about eventual study participants and measures). Given that the case study is limited in focus to one Tribal context, the information is not intended to be generalized beyond the specific setting.

Collaborative Case Study Principles and Considerations Applied in Tribal Case Study Design

- Prioritize Tribal involvement, contributions, and permission in all study activities.
- Engage Tribal leaders and staff in general discussions about their expectations and desired outcomes of the study.
- Recognize that to build trust as well as authentic and effective collaborative relationships, the study team and Tribal communities need to get to know one another—which requires time and effort.
- Emphasize sensitivity to culture and traditional values as well as consider definitions and expectations of behavior within each Tribal community.
- The study process is an opportunity for inquiry; information that is uncovered can be a tool to provide feedback and used to benefit the Tribal site(s).
- Ensure that the Tribal community maintains “ownership” of the data.
- Report findings back to Tribal representatives, ensure that the Tribe has the opportunity to review and provide feedback on reporting of results, and ensure Tribal involvement in all reports of findings.
- Be flexible about the timing of all study activities and remain open to changes in circumstances, time frames, and Tribal communities’ preferences.
- Recognize the privilege of working with the Tribal sites and foster respect, open-mindedness, and humility.

Site Recruitment

The study team and expert consultants determined that recruitment would be most effective by enlisting the support of Tribal researchers who have preexisting relationships with candidate Tribal communities (“sites”). The expert consultants recommended that Tribal consultants from among the design group be considered as potential sources of relationships that could facilitate introduction of the study to Tribal communities, conduct needed outreach and collaboration on Tribal site aims and methods, and lead data collection with Tribal sites.

The following factors were included as preferred criteria to select and rank candidate Tribal sites had:

- Existing relationships with the Tribal consultants
- Strong and stable CW infrastructure and capacity
- A sizable CW population
- A service delivery system that served children who were prenatally exposed to alcohol and other drugs and their families, with priority for Tribes that may be particularly affected by alcohol abuse

- Efforts already underway by Tribe to address prenatal substance exposures
- A program located within states on U.S. mainland (i.e., “lower 48”)
- Attainable Institutional Review Board (IRB)/Tribal research approval requirement processes and timing

The team identified an initial list of eight Tribal communities. Four of them were targeted for initial engagement, with the goal of recruiting two communities for participation in collaborative case studies. Two Tribal researchers with preexisting relationships with the four targeted communities were appointed to lead engagement and recruitment efforts in the role of Tribal consultant liaisons.

III. Study Engagement and Recruitment

Initial Recruitment

The Tribal consultant liaisons reached out to key contacts in the four selected Tribal communities (Tribal CW agency leaders) between January and July 2018. Per principles, early outreach discussions were open, authentic, and transparent; they included such topics as description of the study, the Tribe's potential interest in participating in the study, possible benefits of participation, and Tribal approval processes (including IRB) needed for the Tribe to participate.

Three of the four initially prioritized Tribal communities declined participation, mainly due to competing agency, Tribe priorities or other initiatives that precluded time-intensive collaboration with the study team. The fourth Tribal community expressed interest in learning more about the study and worked with the study team and one of the Tribal consultant liaisons to develop and submit a research application for Tribal approval. However, ultimately this Tribal community declined participation due to a community tragedy that occurred near the time of planned study initiation. In late 2019, this Tribal consultant liaison successfully engaged a fifth Tribal community from the region that had participated in listening sessions (see below) to participate in the collaborative case study.

Building Engagement Through Listening Sessions

One of the Tribal consultant liaisons, who has relationships and experience working with multiple Tribes in the Great Lakes region, next arranged for members of the study team to meet with existing cross-Tribe collaborative groups. The intent of these meetings was twofold: (1) to describe the study to build interest/motivation to participate; and (2) to hear from Tribal CW staff and other Tribal stakeholders about their interest around the topic of children with PSEs, their general approach, and experiences and needs in their communities. Two meetings were held, one in fall 2018 and another in spring 2019, with diverse Tribal stakeholders including Tribal council members, who frequently oversee and approve Tribal-wide priorities and changes to policy; Tribal CW agency directors and staff; state social service agency staff; and representatives from court and legal organizations including Tribal CW attorneys, judges, and court monitors.

Structured as “listening sessions,” the meetings had open-ended questions designed to elicit current processes as well as strengths-based and promising practices related to identifying and caring for children affected by PSE and their families; needs and challenges in this area also were discussed. The sessions explored perspectives on how to successfully engage Tribal communities in the proposed research. To ensure open and authentic engagement and the building of trusting relationships with the study team, these sessions were designated as *information gathering* activities and not as formal data collection.

Team members took high-level notes and summarized themes; they then shared these themes with the participating groups (see appendix C). Key themes from the listening sessions informed further recruitment strategies, the ensuing study activities, and implications and recommendations for future efforts.

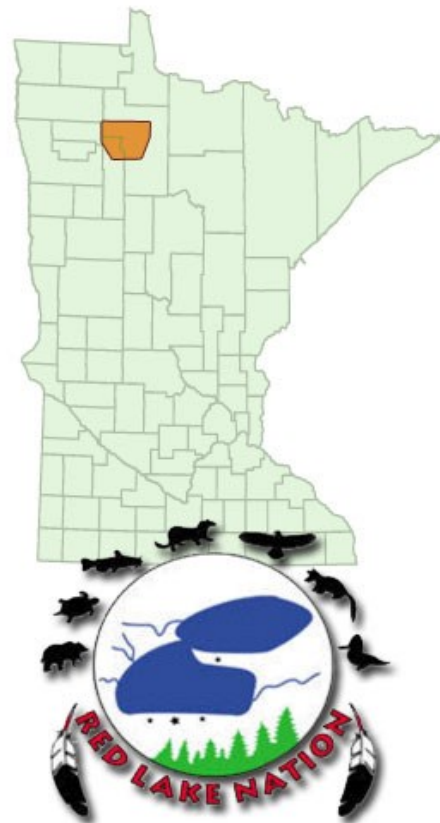
IV. Case Study

Overview of *Ombimindwaa Gidinawemaaganinaadog* “Uplifting Our Relatives” (Red Lake Family and Children Services)

The Red Lake Nation was an ideal partner in this case study for multiple reasons: (1) a long-standing relationship with the Tribal consultant liaison (Dr. Priscilla Day); (2) a human services program with a reputation for innovative practice; and (3) an expressed interest in knowing more about how their agency addresses challenges regarding children with prenatal alcohol and other drug exposures and their families. As would be true with a case study in any Tribal nation, the context is unique to the individual Tribe; that said, many of the challenges and opportunities noted by the Red Lake Nation are most likely shared by other Tribal communities.

Red Lake has developed significant infrastructures due to its political status as a closed reservation and its location in rural northern Minnesota on the border with Canada. Like all sovereign Tribes, Red Lake has Tribal governance that oversees programs designed to meet the needs of its citizens. Those structures include public works, a department of natural resources, a housing authority, planning and economic development, public health and Indian health services, a nursing home, Tribal law enforcement, Tribal schools and a Tribal college, and a host of human service programs, all of which serve Tribal citizens across the lifespan.

Map of Red Lake Nation
(image courtesy of [MN Indian Affairs Council](#))



Case Study Methods

Beginning in November 2019, the study team worked closely with representatives from *Ombimindwaa Gidinawemaaganinaadog*: Red Lake Family and Children Services to develop the case study. Team members and Tribal site representatives began by co-developing the research questions, working from the study aims noted above.

Case Study Design and Approvals

The case study was intended to be fully collaborative. In collaboration with the Tribe, researchers prepared all methods and measures, with such methods and measures designed to help address the key research questions and questions of interest to Tribal members. At the request of the two staff members who served as points of contact for the study, methods primarily addressed understanding PSE and services of use to pregnant mothers and infants/young children. Starting in February 2020, Tribal staff and study team members met both in person and virtually to refine instruments and methods as well as to gain an understanding of the Tribal site, the Tribal CW practices, and the context in which services were being delivered.

Prior to any study design activities, the Tribal CW director obtained Tribal Council approval for participation. An important part of approval is acknowledgment that the Tribe approves the methodology used; owns the raw, de-identified data from this study; and may use those data in any way it deems ethical and responsible according to Tribal law and precedent. The agreement also states that the study principal investigators and the sponsoring agencies will not unreasonably restrict the Tribe in an ethical use of its own property—the de-identified study data. Researchers submitted all study material and documents, including this report, to the Tribe for review and approval. The Tribal case study also was submitted to the PAODE-CW IRB of record for approval.

Methods and Instruments

The study team conducted two data collection efforts: (1) a service process mapping activity to collect data on service referrals, gaps, and needs; and (2) interviews with nine key informants to further shed light on practices and opportunities related to addressing PSE.

Service Process Mapping

To provide needed background and context for the study team and to respond to the additional study aim 5, a visual map of CW services and processes constituted the first data collection activity. Process mapping is used to identify current practices in the form of decision pathways, which depict key agencies and individuals and how their services are initiated or provided. Such maps can

illuminate key touchpoints where gaps or inconsistencies in service provision may reside (Heher & Chen, 2017; Langley et al., 2009).

The mapping process was completed through an in-person half-day meeting and three virtual meetings with the study team, three representatives of the Tribal CW agency, and a director of a key partner agency. The study team led participants through a structured series of questions designed to elicit the pathways and decision points for when pregnant mothers who are using substances come to the attention of the agency. The process maps (appendix E) describe the agency intake, voluntary services, referral partners, and (Tribal) court-ordered processes. Participants reviewed the maps and flagged the key areas for potential improvement (see intake map in appendix E for flagged areas).

Open-Ended Interviews

To address study aims 1 through 4 above, the study team conducted open-ended interviews with nine CW case workers and staff from partner agencies (e.g., behavioral health); two of these individuals also participated in process mapping activities. The Tribal consultant and team applied a semi structured interview guide that explored the following:

- Background Information about the interviewee
- Understanding of relevant needs and strengths of the Tribal community
- Services for pregnant mothers and/or prenatally exposed infants
- Facilitators and challenges to implementing services
- Recommendations for improved services
- Effect of COVID-19 on services for pregnant mothers and prenatally exposed children
- Any other additional information participants wanted to provide

The interview guide is presented in appendix D. Each question was designed to yield information that helped paint a picture of the context for identification of children at risk for prenatal exposures. In addition, questions about services provided to pregnant women who are using alcohol and/or other drugs were included. Interviewees could discuss gaps, challenges, and recommendations to improve services.

The study team determined sampling for the interviews in close consultation with the director of CW and her managers. Interviews took place between June and August 2020. Given the exploratory nature of the case study, nine individuals were deemed an adequate sample of service providers.

Methodological Note Regarding COVID-19 Pandemic

It is important to note that these interviews were completed during the COVID-19 pandemic in 2020. Red Lake Nation, as a closed reservation, closed its borders such that only Red Lake Tribal members could enter. Tribal law enforcement officers stopped all persons entering the reservation and requested proof of citizenship. Those who could not provide proof of citizenship were turned away. As the threat of the pandemic became clear in March 2020, Red Lake Nation, like many other areas, closed programs and businesses and allowed only essential staff to continue working. Many workers, including Tribal staff, were furloughed. Those who continued working did so virtually. These precautions had an effect on the method of the interviews (which were conducted virtually with collaboration video and audio software, instead of in person) and may have affected responses since practices and daily activities were being conducted virtually, which is atypical. The effect of this virtual engagement is discussed later in this report.

The nine interview participants included the following:

- Tribal CW case workers and other CW staff ($N = 4$); and
- Staff affiliated with other Tribal departments and programs ($N = 5$).

These Red Lake Nation-affiliated staff members represented a broad range of systems including law enforcement, court, public health, behavioral health, and substance abuse. Of the nine interview participants, seven were American Indian women and two were White staff members (one male and one female). All of the staff members interviewed were familiar with the context and services provided.

In addition to the pandemic, these data collection activities were conducted in a time of significant change for the agency.

- Recent changes in agency leadership in the Tribal CW program were leading to a shift in focus toward family preservation and family restoration and away from past emphases on child removal. These shifts in practice, led by the human services director and program staff and with support from the Tribal Council, are intended to lessen generational and community trauma over time.
- Recent reorganization of agency structures and practices of the Tribal CW program were transitioning child safety to a family wellness and community-based model. This effort included changing the name to reflect the community belief of “uplifting our relatives,” which became the

new name of the agency: *Ombimindwaa Gidinawemaaganinaadog* “Uplifting Our Relatives.” The agency was previously called Red Lake Family and Children Services.

Case Study Findings

Insights From Service Process Mapping

The service process mapping provided the study team and Tribal CW representatives with important insights into how children and families currently move through the Red Lake CW system when there are reports of possible PSE. The mapping process addressed aim 5 and shed light on the following:

- Current service pathways for pregnant mothers and/or prenatally exposed infants
- Gaps and barriers to implementing services

Tribal CW representatives identified factors that affect their processes and noted gaps and areas for potential improvement (see appendix E). By outlining key activities and decision points and by discussing how staff determine pathways and service referrals for these families, some key takeaway points became apparent:

- Currently, no validated assessment or decision-making tools are used to guide the intake process when there are reports of prenatal alcohol or other drug exposures.
- The participants in the study were less aware of the relevant referral partners and the process to identify children affected by PSE (e.g., with resulting conditions from PSE, such as FASDs) than those processes for serving and supporting pregnant mothers.
- The two most frequent points of referral for pregnant mothers who are using substances are (1) family preservation services (internal CW program referral); and (2) chemical dependency services (external agency referral) for supporting pregnant mothers.
- Tribal agency representatives expressed challenges with maintaining and communicating processes consistently across agencies for cases involving PSE.
- Because all births currently occur off-reservation, the Tribal CW agency and other relevant programs must follow the lead of external agencies (e.g., hospital and law enforcement)—which perhaps delays the provision of strengths-based, cultural ways of approaching maternal substance use and prenatal exposures.

These high-level insights then were further explored through the key informant interviews.

Themes From Key Informant Interviews

The nine key informants in this case study represented a diverse group of both CW staff and external partners within the Tribe. Each interview was recorded and transcribed. Two members of the study team independently coded the transcripts thematically, applying both a deductive (e.g.,

coding according to a priori constructs from study questions and objectives) and an inductive approach (e.g., identifying emergent themes newly generated from the data). Coding was then compared and discussed to develop a final list of themes that emerged from interviews with consensus from the two-person coding team. Theme categories are described below. Specific themes within categories reflect multiple mentions by informants (at least two different informants):

- Understanding of relevant needs and strengths of the Tribal community
- Services for pregnant mothers and/or prenatally exposed infants
- Facilitators to implementing services
- Challenges to implementing services
- Recommendations for improved services
- Effect of COVID-19 on services for pregnant mothers and prenatally exposed children

Understanding of Relevant Needs and Strengths of the Tribal Community

The interviewees had a deep knowledge about experiences of pregnant mothers in Red Lake. Also, because these interviewees represented different programs, the team was able to gain an overall system view of programs and needs.

“We adapt, adjust, and overcome. . . I would say, you know, the direction we’re moving in is extremely positive, and I think over the next couple of years, we’ll see far more successes than we will failures.” — Interviewee

Key Themes

- Staff expressed a deep personal passion and commitment to supporting mothers struggling with substance use disorders in Red Lake because they understand the importance of having healthy Tribal citizens.
- Providers shared powerful examples of mothers recovering from substance misuse and maintaining or regaining custody of their children despite barriers.
- All nine participants indicated that they think heroin, methamphetamine, and other opioids are the most frequent substances used by pregnant mothers. Although alcohol is used, participants perceived it to be far less prevalent than other drugs. One participant with firsthand access to toxicology reports supported this perception by noting, “[W]ith the moms that we’re seeing over the past, for sure, 2 to almost 3 years, I mean, it is almost always heroin, fentanyl, or some kind of opioid.” The potential for polysubstance use was not specifically raised in these interviews.

“From what I know, methamphetamine is, like, the number one and then heroin the second one because [users] usually will start with heroin, and it becomes too expensive and access prohibitive. So, meth has become the primary, then heroin, and then alcohol, whereas probably 10 years ago, alcohol was the biggest concern.” — Interviewee

Services for Pregnant Mothers and/or Prenatally Exposed Infants

As a result of the shift in practice within the Tribe’s human services (child welfare as well as behavioral health and other service providers) to emphasize family preservation and relationship-based services, staff members are successfully supporting pregnant women with services that mitigate risk and assist mothers to maintain or regain custody of their children. Successful services include relationship development and compassionate ways of working with families, all of whom are perceived as “relatives” to those providing services. This thinking is in line with the traditional community understanding of relationship, which is reflected in the agency’s new name “Uplifting Our Relatives.”

“And so I think through our actions and through our diversion of out-of-home placements and into family preservation . . . I think that family members and community members will . . . learn to trust us.” — Interviewee

Key Themes

- A range of substance abuse programs are available to pregnant mothers to support them to safely stop or reduce usage. These offerings include outpatient programs, medically assisted treatment options, and health care.
- Red Lake CW seeks to provide voluntary services, when possible, to pregnant women who use substances.
- Social workers can assist with issues related to housing, transportation, food resources, and other resources that pregnant women may need.

“How can we set up a system where the baby isn’t removed, but the baby and mom are placed in a way that we can ensure safety for that baby and that bonding can happen? . . . [W]rapping her around with services that are paying attention to her spiritually, emotionally, physically, I think, is how I would say let’s start to rethink about safety.” — Interviewee

- Tribal social workers take active measures to support pregnant women to maintain custody of their children whenever safely possible. If a child is removed, the goal is to place the child with relatives while the mother is assisted to regain her health, so that she can safely parent. Extended family relatives have traditionally stepped in as caregivers when parents need assistance. This established way of being is now supported by Tribal systems as best practice to retain the culture, identity, and health of children and communities.
- When women do encounter the court system, judges tend to encourage women to seek treatment. The goal is for the court to only use an involuntary civil commitment or “72-hour” as a last resort to and to shift from punitive ways of working with pregnant women, such as incarceration, to using a healing and wellness approach through referrals to Tribal programs.
- Most Tribal programs employ culture-based programming, including the use of traditional ceremonies, healers, and medicines. For example, teaching women how to smudge (burn) sage or to drink cedar tea. These cultural practices can help reinforce for the pregnant woman a connection to her culture and develop a broader network of support for her and her family.

“[W]e are focusing more on... our value system, the Seven Grandfather Teachings . . . incorporating our spirituality, our ceremony.” — Interviewee

Facilitators to Implementing Services

During the interviews, it became clear that the Red Lake Nation has significant strengths that it draws upon to provide holistic, supportive services to pregnant mothers who are struggling with substance abuse.

I think that we have a real strong leadership at the government level and then also at the, at our, organizational level. And so those, our leaders, are our strengths because they are supportive of working with mothers who are, you know, struggling with drug use in a more supportive, positive way—more of a strength-based way. And so, I think that allows for us to transform our work so that it isn't punitive and so that we're not disrupting those bonds and those family ties."

— Interviewee

Key Themes

- Tribal Council and agency leadership was noted as a critical strength that has shifted the approach from a punitive response to PSE to a supportive, healing one.
 - Every interviewee reported that the people of Red Lake and their culture and traditions are a source of strength and support that is drawn on in service delivery. The interviewees clearly saw the culturally centered, strengths-based approach as being the best way to support individual recovery from substance use.
-

"There is that strong sense of community or family, which I think is beautiful and wonderful." — Interviewee

- All interviewees spoke about their personal commitment and passion to serve Red Lake members and described a strong dedication and hopefulness for success. Most of them said they never give up on substance-using pregnant women—even if the woman herself is not ready to change. As one interviewee expressed, "We'll be here when she is ready."
- The close-knit community is a source of pride and strength noted by all interviewees. At the same time, this closeness can present challenges for those who want to recover but have a lot of people around them who are still using and can provide easy access to alcohol and other drugs.
- Interviewees noted that they felt *Ombimindwaa Gidinawemaaganinaadog*: Red Lake Family and Children Services is well regarded by partners, including substance abuse providers, law enforcement, and the courts, and is seen as an important and effective support for pregnant women. This is increasingly true with organizational shifts toward family support and preservation and away from child removal. One interviewee noted that women are more inclined to seek support if they know that they will not lose their child into the CW system.

“But I do think what makes the program successful is creating that community around these moms, getting them to buy-in, and a lot of time that’s not directly going up against their use. Just being able to take a different way kind of around the abuse or use.” — Interviewee

Challenges to Implementing Services

Interviewees shared many challenges to implementing services. Some discussed the geography—that Red Lake is very rural and removed from important resources and services. Like many rural and reservation agencies, Red Lake faces considerable challenges in hiring trained staff due to its location and lack of housing on the reservation, and so has had to creatively blend funding sources to develop and maintain services. Red Lake has secured multiple sources of financial support including grants, state and federal contracts, and the steadfast support of the Tribal Council.

“Transportation, housing, childcare—those are, like, the three big issues. You know, we live in a very rural area with high unemployment and high poverty. So, jobs, too, would be another issue—finding sustainable jobs that provide a living wage.” — Interviewee

Key Themes

- Lack of consistent funding means that most programs provide services through short-term grants, resulting in some important efforts not being sustained. One interviewee described a partnership with the local hospital for supporting prenatal mothers that no longer exists. Another interviewee external to the CW program noted that one important goal is “to have sufficient funding, and to not have funding pending and not come in, because [Red Lake has] had that. The funding was supposed to come in, it doesn’t come in, and you can’t pay the people, you can’t move forward.”
-

“Red Lake does not deliver any babies at Red Lake. And so that becomes an issue because then they can go to Bemidji for their prenatal care, and we don’t necessarily know whether they are substance abusing or not.” — Interviewee

- System barriers such as lack of integrated services, inconsistent communication, absence of a centralized list of services for pregnant women with substance use issues, and challenges with confidentiality between programs can lead to inconsistent supports for women.
- All Red Lake pregnant women deliver off the reservation because there is no medical facility for births. As a result, sometimes Tribal local programs don't know about a substance-exposed infant until after the birth, when they are contacted by the hospital or law enforcement.
- Lack of key services and resources (housing, birthing facilities, in-patient treatment, evaluation facilities for children with suspected FASDs, screening and diagnosis, midwifery, doulas, etc.) on the reservation means that many supports aren't easily accessible and that to use these services individuals must access programs outside of their culture and community that may not be culturally supportive. Inpatient and other kinds of treatment are provided off the reservation, and there is a lack of support for women leaving treatment when they return home to the reservation and transition to local Tribal supports that could help them stay sober.

“The challenges, I believe, are. . . the motivation and the desire from the mother herself to really work on her sobriety and her recovery. . . We can have all these wonderful resources and services, but if [the women are] not ready to receive them, then it’s gonna be. . . unsuccessful.” — Interviewee

- Six staff working directly with caregivers noted that no matter how effective services are, an individual must be receptive to receiving the support and “want to” heal. Those interviewed noted that persistence and nonjudgmental approaches on the part of service providers were key to building motivation.
- Information and services exist for pregnant caregivers who are using substances. However, there is a lack of information and resources to identify the short- and long-term effects of alcohol and drugs among children, and services for these children.

Conclusions and Recommendations for Improved Services

Interviewees generously offered recommendations for improving communication and services, some of which are described in appendix E. The key themes of their recommendations are below.

“We always know exactly what we’re doing within each of our organizations. . . but that’s not always communicated to the people who need the service. And so, I think. . . developing a more public communication loop. . . a spot where everyone knows if you want service in the community, you go here.” — Interviewee

Key Themes

- It is important to develop ways to encourage and support communication between systems and services providers, both on- and off-reservation, who are serving women within Red Lake.
- There is a need for improved data on the number of pregnant caregivers with alcohol and drug use issues and children exposed to substances.
- There is a need to develop centralized services for pregnant women with alcohol and other drug use issues on the reservation.

“It would be nice to have, like, a sober community or a sober neighborhood or even a sober apartment complex where these moms and these families can go to.”

— Interviewee

- Tribal agencies can work on enhancing timely and efficient identification of prenatally exposed infants and children as well as follow-up support systems to assist them into adulthood both at home and in the school system.
- There is a need for a long-term treatment and aftercare program with housing for mothers and children on reservation.
- Tribal leadership, community members, and service providers need training about PSE and the long-term effect of such exposure on children.
- Interviewees suggested building on the many strengths that were identified to expand and improve services. One interviewee suggested a greater emphasis on alternative birthing services, such as a midwifery program that could be offered through the Tribal college.

“I think the other thing is that we really need to make sure that our community understands how important it is to not be afraid to reach out for support and services when they are substance abusing and they become pregnant.” — Interviewee

Effect of COVID-19 on Services for Pregnant Mothers and Prenatally Exposed Children

The COVID-19 pandemic has affected Red Lake in much the same way as it has other communities. Although life on the reservation has inherent challenges, quick action taken by Tribal Leaders, the site’s geographic isolation, and the closed nature of this reservation community offered additional layers of protection from the pandemic.

“I see it’s much more fragmented with their service delivery right now. Siloed.”

— Interviewee

Key Themes

- All programs continued to provide some level of service. Some programs had reduced staff. Most providers were working from a distance when feasible. A few systems continued to engage in limited face-to-face services (for example, providing transportation to a mother and her newborn infant home from the hospital).
- All interviewees reported feeling like services were more fractured because of the pandemic, especially between systems.
- Three interviewees reported a need to communicate even more frequently during the pandemic which resulted in these individuals working more closely together. These individuals also noted that they had more time since they didn’t spend as much time traveling to see families; some programs felt that the pandemic had enhanced lines of communication and strengthened partnerships.
- Informants across programs noted that, overall, COVID-19 has had a negative effect on service availability for substance-using pregnant women, who experienced more isolation during lockdown than before the pandemic.

V. Opportunities for *Ombimindwaa Gidinawemaaganinaadog* “*Uplifting Our Relatives*” (Red Lake Family and Children Services)

The research team and *Ombimindwaa Gidinawemaaganinaadog* plan to continue their collaboration by sharing case study findings with relevant community and agency partners and co-developing PSE-focused training or tools. Process mapping, interviews, and internal discussions of this case study brought to light several opportunities for serving pregnant women and children who have been prenatally exposed to substances at Red Lake Nation. Red Lake has an opportunity to do the following:

- Develop and implement processes and tools to support staff in exploring potential exposures and possible effects on children and families, ensuring identification and documentation of exposures at key points of service delivery including during intake processes.
- Develop a clearer understanding of supports for children who have been exposed prenatally to and affected by substances.
- Strengthen relationships with Red Lake Public Health and others who screen for substance exposure (both among women and children) and develop a process for referral to family as well as child supports that can be provided locally.
- Provide information and clear processes for off-reservation providers such as local hospitals for notifying Tribal service providers when substance use disorders are suspected. Further explore caregiver interventions that promote healing and decrease shame, stigma, and bias for those struggling with substance abuse.
- Continue to serve young mothers and pregnant women within Red Lake Nation instead of off-reservation.
 - One recently developed program that is being implemented is *Obaasheng Treatment Program*—an inpatient, on-reservation treatment facility that has agreed to enroll mothers and their babies to prevent separation.
 - Another key future partnership may be with the *Family Spirit* home visiting program, an evidence-based intervention focused on supporting first-time mothers. Family Spirit employs Native community members as paraprofessionals and is a program where Tribal elders and mothers bring prenatal and postnatal resources to new mothers to foster connections and support.

- Continue efforts to create a location and a strategy to provide families with a “one-stop shop” or more coordinated services for help with addiction and recovery with a continuum-of-care model. This approach could include a virtual hub for service integration.
- Update the Tribal legal code to include a family preservation section that clearly outlines a family-preservation approach for serving caregivers who are using alcohol or other substances. A workgroup is currently updating the code.
- Improve the program’s ability to understand the scope of prenatal alcohol and other drug exposure through clear and consistent data collection and reporting.
- Seek out intergenerational perspectives to incorporate advice or wisdom from elders about how to keep children safe, help families heal, and expand community connections.
- Continue and expand cross-disciplinary work to improve the development and implementation of strengths-based services that draw from culture and traditions.

VI. Discussion and Implications

Through a collaborative research effort, *Ombimindwaa Gidinawemaaganinaadog “Uplifting Our Relatives”* (Red Lake Family and Children Services) provided a unique look into one Tribal Nation’s approach to serving families affected by prenatal exposure to alcohol and other substances. Key informants within the Tribe’s CW program and community partners described services and identified needs and strengths of the program as well as recommendations for improving practice. While the program and Tribe are unique in approach, history, and current context, many of the insights shared by Red Lake reflected what was shared during the multi-Tribal listening sessions from Tribal stakeholders (appendix C). Caution is warranted in drawing broad conclusions from one case study in a single Tribe and generalizing to other Tribes. However, taken together, the lessons learned through listening sessions, the process mapping, and case study interviews warrant considerations for Tribal CW programs and federal agencies and suggest areas for future exploration and study.

Implications for Tribal Child Welfare Programs

Red Lake Nation is exercising Tribal sovereignty by creating a Tribally based program to serve its relatives through supportive services rather than child removal and punitive treatment of parents. The work at Red Lake Nation and insights from listening sessions speak to the importance of the following:

Tribal and Agency Leadership and Support

- Encourage support from Tribal leadership to change ways of practice within CW to a decolonized approach that builds on cultural values and strengths, including changes to Tribal legal codes to support family preservation.
- Mobilize commitment and tenacious leadership within the Tribal CW agency to make organizational changes and to assert Tribal sovereignty in serving families and children.

Clear and Consistent Practice Built on an Ethic of Family Preservation

- Develop policies and practices that support family preservation through active efforts with all families that include cultural approaches to healing.
- Place children with extended family when removal is necessary. A central goal of these placements should be provision of services to address substance misuse so that family reunification can occur as soon as possible.

- Consider PSE cases specifically as a program and develop a practice map to clarify key touchpoints for identification as well as pathways for providing prevention and intervention services for families, infants, and children.

Supporting a Well-Trained and Skilled Tribal CW Workforce

- Train Tribal staff members to understand and utilize a Tribal practice model of interacting and responding to families in need as one would assist a relative. This should include utilizing a “never give up” attitude of hope for all families.
- Invest in Tribal staff by supporting continued education through university degree programs and continuing education, especially Tribally informed training.
- Ensure that training addresses issues of PSE, including how to recognize risk and effects on the child and how to sensitively explore substance use with families. This effort may be particularly important for alcohol and polysubstance use involving alcohol, which can result in long-term neurobehavioral and physical effects on the child.
- Training also could build knowledge and implementation of Tribal resources to support children and families affected by alcohol exposures. Participants in listening sessions discussed that prenatal alcohol exposure or FASDs is frequently overlooked as a medical issue in CW decisions and early education screening for the purpose of providing supports to parents and children. For example, they noted that children in this region are entering kindergarten with alcohol and other drug exposures that have been not previously acknowledged or addressed.

Building an Integrated System of Providers and Community Members

- Create a work climate of treating colleagues as relatives and supporting one another based in cultural values and teachings.
- Improve communication and the inclusion of all voices (including elders and others with lived experience).
- Explore stronger collaboration between systems and potential referrals to public health, early childhood and early intervention, local hospitals, and other agencies to support families and children (e.g., cross-system collaboration with agencies devoted to CW, education, police, substance abuse, the courts, behavioral health, public health).

Implications for Federal Agencies

It is important to acknowledge that all Tribes are different in size, geography, and culture. There is no “one size fits all” when working with Tribal Nations. It is best practice to approach Tribes with humility and the spirit of being a responsive partner.

- Honor Tribal sovereignty and culture. Listen and respect the voices of Tribal Nations because they are most knowledgeable about their community needs, resources, and values.
- Insofar as possible, support Tribes to develop resources and implement processes and programs that are based in their traditional knowledge and wisdom, rather than requiring strict adherence to Western models.
 - Tribal stakeholders discussed how Tribes have ways to provide prenatal care and to care for the mother and child before and after birth that differ from Western traditions, and these Tribal ways could be fiscally supported, studied, and disseminated beyond Tribal Nations. Stakeholders mentioned examples such as the *Family Spirit* home-visiting program.
- Engage in Tribally informed collaborative research to explore how to serve indigenous children and families who are affected by PSE. This effort should include traditional ways of seeing children who have been affected as sacred beings who have gifts to offer the community, rather than as children in need of services.
 - Tribal stakeholders discussed the potential positive effect of having Tribal doulas present at birth to help to create cultural and historical ceremony and celebration of bringing a sacred being into the world, in particular for those mothers who may be struggling with substance use.
- Support training and tool development focused on supporting Tribal service providers in identifying and supporting children who have been prenatally exposed.
- Support capacity building around data collection and use within Tribal CW programs. Both within the case study and in listening sessions, participants noted a need for better data and to better understand the data they do have as they relate to PSE.
- Consider collaborating with and investing in Tribes to further explore, develop, implement, and evaluate strategies that are described above in Implications for Tribal Child Welfare Programs and Opportunities for Red Lake Nation. This ensures that such a collaboration also embodies the critical components of honoring Tribal sovereignty, respecting cultural and traditional wisdom, and approaching with cultural humility.

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VIII. Appendices

Appendix A. Glossary of Terms and Definitions

American Indian and Alaska Native (AI/AN): An individual who self-identifies as descending from any of the indigenous peoples of the United States.

AFCARS: The Adoption and Foster Care Analysis and Reporting System collects case-level information from state and tribal title IV-E agencies on all children in foster care and those who have been adopted with title IV-E agency involvement.⁷

Caregiver: Caregivers discussed in this report include foster parents, kinship caregivers, foster-to-adopt parents, and adoptive parents.

Case study: A research method focused on understanding a phenomenon through exploration of a single subject (individual, agency, concept, etc.). The goal of a case study is often depth of understanding, not generalizability.

Child welfare (CW): For purposes of this report, involvement in CW is defined broadly as any individual who has documented contact with CW services. This could involve those receiving adoption or foster care services as well as individuals with brief contact for support or other voluntary services.

Children involved with child welfare (CW): Children from families with an open CW case that may be receiving services in the home of their original families or may be placed out of home and under the custody of the CW system.

FASDs: Fetal alcohol spectrum disorders is an umbrella term that encompasses several diagnostic categories (not a clinical diagnosis itself) related to the adverse effects resulting from in utero exposure to alcohol, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related neurodevelopmental disorder (ARND), alcohol-related birth defects (ARBD), and finally, Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE), a mental

⁷ U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2021, May 24). *Data and research: AFCARS*. <https://www.acf.hhs.gov/cb/data-research/adoption-fostercare>

health diagnosis added to the American Psychiatric Association Diagnostic and Statistical Manual (5th edition) in 2013.⁸

Foster child: A child raised by someone who is not its biological or adoptive parent.

Indian Child Welfare Act (ICWA): Legislation passed in 1978 which guides policy and practice for AI/AN children and families “[t]o protect the best interest of Indian Children and to promote the stability and security of Indian Tribes and families by the establishment of minimum federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture...” (25 U.S.C. 1902). ICWA requires “active efforts” to prevent out-of-home placement, and in the event of a placement, to reunify children and their families.

In-home child welfare services: The target population for CW in home services is families who have come to the attention of the public CW agency because of alleged child maltreatment. In general, families receiving in-home services have an open case with the agency, whether the alleged maltreatment has been substantiated through an investigative process. The goals of in-home services are to stabilize the family and ensure the safety and well-being of the children in the home to prevent placement or re-entry into foster care.⁹

NAS: Neonatal abstinence syndrome is a result of the sudden discontinuation of fetal exposure to substances that were used or abused by the mother during pregnancy.¹⁰

NCANDS: The National Child Abuse and Neglect Data System is a voluntary data collection system that gathers information from all 50 states, the District of Columbia, and Puerto Rico about reports of child abuse and neglect. NCANDS was established in response to the Child Abuse Prevention and Treatment Act of 1988. The data are used to examine trends in child abuse and neglect across the country, and key findings are published in the Children’s Bureau’s Child Welfare Outcomes Reports to Congress and annual Child Maltreatment reports.¹¹

⁸ American Academy of Pediatrics, FASD Program. (n.d.) *Common Definitions*. Retrieved July 2, 2021 from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit/Pages/Common-Definitions.aspx>

⁹ D’Aunno, L.E., Boel-Studt, S., & Landsman, M.J. (2014). Evidence-based elements of child welfare in-home services,” *Journal of Family Strengths*, 14(1), 1-44. Available at: <https://digitalcommons.library.tmc.edu/jfs/vol14/iss1/3>

¹⁰ Kocherlakota P. (2014). *Neonatal abstinence syndrome*. NIH National Library of Medicine. Retrieved July 2, 2021 from <https://pubmed.ncbi.nlm.nih.gov/25070299/>

¹¹ U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. (2021, July 1). *Reporting systems: NCANDS*. <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>

Opioids: Opioids are a class of drugs used to reduce pain. Common types of prescription opioids are oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone. Heroin is an illegal opioid.¹²

PAE: Prenatal alcohol exposure occurs when a woman drinks any amount of alcohol while pregnant.

PSE: Prenatal substance exposure occurs when a woman uses drugs or drinks alcohol during pregnancy. Drugs may be prescription medications or illegal substances, and include nicotine, alcohol, marijuana, opioids, cocaine, and methamphetamine, among others. Although PSE could include the commonly used nicotine as well as other less common toxic substances, nicotine is not addressed in this report.

Tribal Council: The governing body of a tribal nation.

Tribe: For purposes of this report, a tribe is defined as one of the 574 federally recognized tribal nations in the United States. These nations hold a unique, sovereign status and relationship with the United States government¹³.

¹² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2021, March 16). *Opioid basics*. <https://www.cdc.gov/opioids/basics/index.html>

¹³ National Congress of American Indians (2020). *Tribal nations and the United States: An introduction*. Retrieved September 8, 2021 from: https://www.ncai.org/tribalnations/introduction/Indian_Country_101_Updated_February_2019.pdf

Appendix B. Tribal Expert Consultants and Tribal Stakeholders Who Informed the Study

Tribal Expert Consultants

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Cherokee

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Centers for American Indian and Alaska Native Health

Puneet Sahota, M.D., Ph.D.

Research Director

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Additional Stakeholders Who Contributed to the Tribal Study

Autumn Ambroday

Leech Lake Band of Ojibwe, member

Psychiatrist, White Earth Nation

Primary Physician, Urban Maternal Mitigation and Outreach Services

Kathy Deserly

Co-Director, Children's Bureau's Capacity Building Center for Tribes

Kimberly Fowler

Vice President, Technical Assistance and Research Center

National Council of Urban Indian Health

Marilyn Zimmerman

Director, National Native American Children's Trauma Center

Institute for Educational Research, University of Montana

Appendix C. Listening Sessions With Tribal Communities

The Tribal Consultant, Dr. Priscilla Day (member of Leech Lake Tribe and Professor of social work at the University of Minnesota, Duluth), convened two meetings on reservation sites with Tribal community leaders and service providers to participate in “listening sessions” with Children’s Bureau and study team representatives.

Nineteen participants attended a three-hour Tribal listening session in September 2018. Participants included representatives of five Tribal communities reflecting the following roles: Tribal council members and elders, Tribal child welfare agency directors and staff, ICWA managers, Tribal liaisons with state social service agencies, representatives from court and legal organizations including Tribal child welfare attorneys and judges.

Seven participants attended a 75-minute listening session in January 2019. The meeting was held with an advisory group to state social service agencies, which included representatives from multiple Tribes, program managers, and an urban health service organization. Two of the participants in this meeting also participated in the September 2018 listening session.

Dr. Priscilla Day facilitated each discussion. Open-ended questions were posed to elicit perceptions about current Tribal processes as well as strengths-based and promising practices related to identifying and caring for Tribal children and families affected by prenatal substance exposure (PSE). Needs and challenges in this area also were discussed. The sessions also explored perspectives on how to successfully engage Tribal communities in the proposed research focused on children with prenatal exposures and how to design the study to be of value to Tribes as well as the Children’s Bureau.

To ensure open and authentic engagement and the building of trusting relationships with the study team, these sessions were designated as information gathering and not as formal data collection. Notes from the meetings were organized into general topics that align with the open-ended discussion questions. These topics are listed below, each followed by examples of Tribal participants’ perceptions and observations (aggregated across participants) on the topic:

1. Critical issues in the State/Region related to substance misuse and Tribal child welfare

- Severe substance use related issues are increasing in Tribal communities in the State.
- Families may not be ready to admit substance use or PSE when working with child welfare for fear of child removal.
- Alcohol, including prenatal alcohol exposure or fetal alcohol spectrum disorder (FASD), is frequently overlooked as a medical issue in child welfare decisions and early education

screening for the purpose of providing supports to parents and children. For example, children are entering kindergarten with alcohol and other drug exposures that have been not previously acknowledged or addressed.

2. Tribal-State relationships regarding child welfare are complicated

- Good relationships between state child welfare systems and Tribes are important but the relationship is often complicated due to variety of issues including when states are noncompliant with the Indian Child Welfare Act (ICWA).¹⁴
- Definitions of child safety, permanency, and well-being are different for Tribes—Tribes should be able to define those based on Tribal values through the exercise of their sovereignty.
- State child welfare language to uphold “best interests of the child” is not followed when Tribal children are removed from families to non-native placements. The participants noted a growing evidence showing the lifetime trauma caused by child removal instead of family preservation.
- Disproportionality of Tribal children in State child welfare system is a significant concern.
- Tribes need to be supported by States in their work to keep Tribal children in the home while providing families resources and support.

3. Historical (intergenerational) trauma is important to understand when examining Tribal child welfare and substance misuse

- History of policies detrimental to Tribes and Tribal populations continues to resonate in Tribal communities.
- Need for acknowledgement of intergenerational and personal trauma by all systems serving Tribal children and families.
- One Tribal community member said, “We need real deep intergenerational healing...historically it is the bottom line for addiction.”
- The Truth, Healing and Reconciliation models can lead to healing.¹⁵

4. Tribal strengths and Tribal approaches to address PSE are often overlooked by outsiders

- Every Tribal Nation knows how to take care of themselves within their own communities but often lack resources.
- Tribes have their own teachings and ways that are passed down. For example, Tribes have ways to provide care for the mother and child before and after birth that are different from

¹⁴ See <https://Tribalinformationexchange.org/index.php/icwa/> and <https://Tribalinformationexchange.org/index.php/icwa/> for discussion of state non-compliance with ICWA and presentation of data addressing disproportionality of Tribal children in state child welfare systems.

¹⁵ A goal of the Truth and Reconciliation model is to give voice to Tribal people who have had experiences with state child welfare. See Maine Wabanaki-State Truth and Reconciliation Commission (Wikipedia): https://en.wikipedia.org/wiki/Maine_Wabanaki-State_Truth_and_Reconciliation_Commission

Western traditions. Traditional ways of knowing are carried from Tribal ancestors and should be given validity in service provision.

- Successful programs in Tribal communities are steeped in Tribal cultures. Culturally based programs are believed to work best.¹⁶ Participants mentioned programs and recent efforts as examples:
 - *Family Spirit* home-visiting mental health promotion and substance abuse prevention intervention for American Indian teenage mothers that employs Native community members as paraprofessionals
 - Tribal examples of collaborating across systems to create a center to address substance misuse among families (including pregnant and parenting mothers) applying cultural ways
 - Tribal doulas being present at birth and helping to create cultural and historical ceremony and celebration of bringing a sacred being into the world
 - Tribal Elders and mothers bringing baskets of prenatal and post-natal resources and products (e.g., diapers, food) to new mothers to fostering cultural connection and support
- Tribes have culturally specific teachings about ways to keep babies safe. Tribal Nations treat children as sacred beings and have many practices, teachings, and ceremonies to protect and nurture children to become the persons they are meant to be to fulfill their purpose on earth.
- Tribal teachings are there to promote healthy coping.
- Harm reduction methods could be helpful because currently parents who use substances are reluctant to seek prenatal care because they are concerned about losing their children to the child welfare system in which Tribal children are over-represented.
- Tribes have natural medicines that can be used instead of mainstream medications such as Ritalin, Prozac, Risperdal, etc. For example, some Tribes use cedar to make a healing tea or other natural medicines that can help to calm oneself, or they use smudging with sage to help center one's thoughts.
- Informal, community support systems are needed, beyond those offered by programs; "like support for using our traditional ceremonies and medicines."

5. Socioeconomic factors affect positive outcomes for children and families in Tribal communities

¹⁶ Although not specifically mentioned by participants, this linked report speaks to the importance of Tribal cultural teachings and ways in addressing prenatal substance exposure and presents program examples:

https://ncsacw.samhsa.gov/files/tapping_Tribal_wisdom_508.pdf. See also https://preventionsolutions.edc.org/sites/default/files/attachments/Culturally-Informed-Programs-to-Reduce-Substance-Misuse-and-Promote-Mental-Health-in-American-Indian-and-Alaska-Native-Populations_0.pdf

- Housing shortages continue to be a critical issue in Tribal communities and lack of housing can impede reunifications. Having stable housing is often a condition of family reunification and the lack of adequate housing on reservations continues to plague Tribal families.
- Lack of money affects access to food and good nutrition. Education about nutrition is needed as well as Tribal ways of “how to subsist and survive”. Food insecurity often is exacerbated on reservations. Colonization led to the disruption of traditional ways to hunt and gather food. Many reservations are “food deserts” with not only a lack of nutritional food options but also very high prices since food has to be transported to remote geographical locations.

6. Tribal needs to further enhance Tribal child welfare approaches to support families affected by PSE

- Each Tribe has the knowledge and answers to address their community’s needs, but funds are often lacking for fiscal support to set up Tribal programs that address those needs.
- Tribes need good data systems and increased data capacity—without data systems. Tribes are challenged by the burden of tracking and reporting data required by grants and have less support for identifying data that they would find more meaningful.
- Federal and State dollars to develop innovation in cross system data systems with Tribes could fill a major need.

7. Suggestions for working with Tribes to develop collaborative study

- It is important to understand and respect Tribal sovereignty, which is the cornerstone of understanding Tribes’ relationship with federal and state governments.
- Research should be driven by tribally defined priorities.
- Tribal traditions and teachings related to exposure to prenatal alcohol and other drugs must be recognized and acknowledged in research.
- Demonstration and research projects are needed that further the work of documenting PSE and prenatal alcohol exposure Tribal practices across systems to highlight best practices and understand gaps.
- Presentations, publications, and other means of dissemination about best Tribal practices are needed.

Appendix D. Discussion Questions for Semi Structured Interviews

Background Information

1. Can you share how you are involved in the work of addressing prenatal substance exposure?

Probe for:

- Respondents' length of involvement
- Purpose of the service you provide

Understanding of Relevant Needs and Strengths of the Tribal Site Community

2. What are the most pressing needs facing the Red Lake community when it comes to prenatal substance exposure?

Probe for:

- Relevance to identification; treatment; prevention
 - Prevalence of particular substances (ask about alcohol if it isn't spontaneously mentioned)
3. What do you see as some of the most critical strengths of the Red Lake community that can be drawn on to address those needs?

Probe for:

- Key community or cultural values and their role in guiding relevant work
- Informal community resources available
- Relevant services

Services for Pregnant Mothers and/or Prenatally Exposed Infants

4. Can you describe the services your agency/department provides for pregnant mothers and/or prenatally exposed infants?

Probe for:

- Description of the process of how participants come to the program
- Description of participation in interviewee's program

- Role in identification of PSE
 - Types of substances (probe for alcohol)
 - Referral partners
 - Desired outcomes
5. [For non-CW staff] How would you describe your agency's relationship to the Tribal child welfare program

Probe for:

- Collaboration
 - Challenges
 - Opportunities for future partnership
6. [For CW staff] How would you describe your program's relationship with key partners in addressing prenatal substance exposure?

Probe for:

- Collaboration
- Challenges
- Opportunities for future partnership

Facilitators and Challenges to Implementing Services

7. What are some successes you have had addressing prenatal substance exposure?

Probe for:

- Individual successes and program successes
 - By type of substance if relevant
- Successes related to implementing program services

8. What are some challenges you have encountered in addressing prenatal substance exposure?

Probe for:

- Policies
- Funding/lack of resources
- Organization culture
- Communication
- Territorial/role confusion issues

- Documentation and monitoring of PSE and services
 - COVID-19 pandemic effects on service provision to address prenatal substance exposure
 - Changing community needs related to prenatal substance exposure due to COVID
9. Can you describe how your program collaborates with others in addressing prenatal substance exposure?

Probe for:

- What typically happens?
- How successful are these collaborations?
- Describe a successful collaboration
- Describe barriers to collaboration

Recommendations for Improved Services

10. What recommendations would you offer for improving services for pregnant mothers and prenatally exposed children?

Probe for:

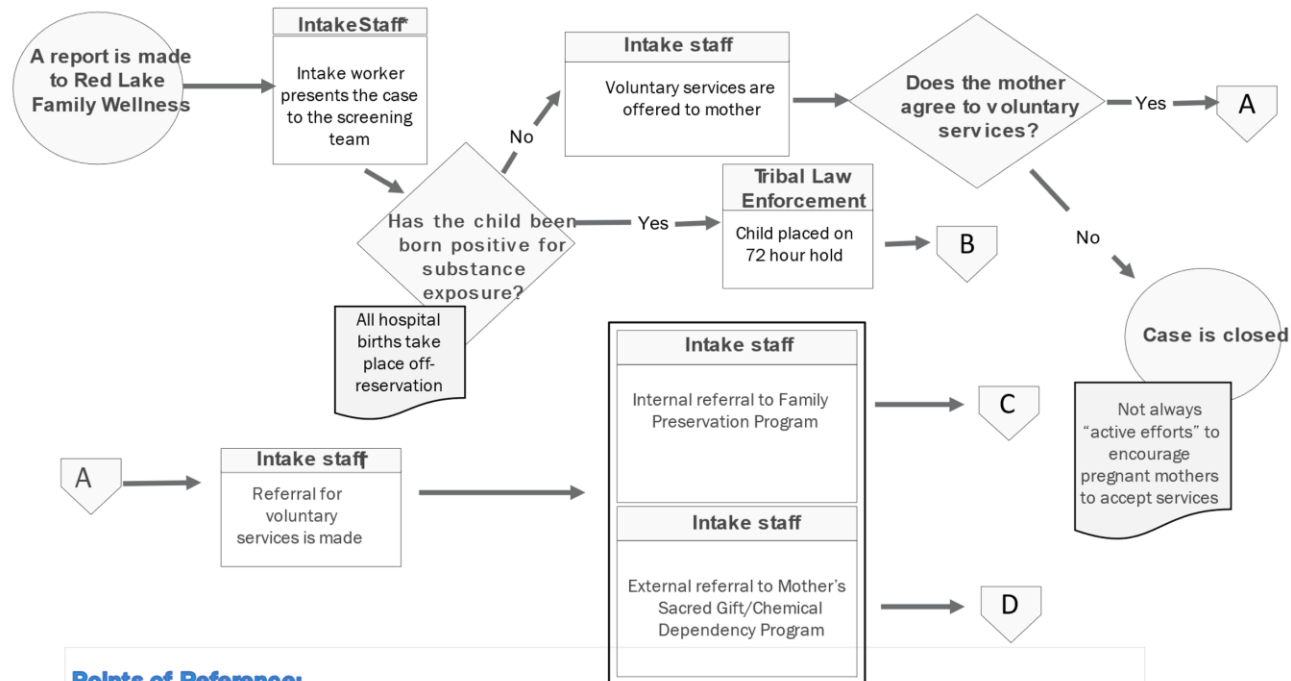
- Recommendations for their own agency
- Recommendations for the child welfare agency (if different; probe about identification of PSE and needs)
- Recommendations for the community
- Training, staffing, better collaboration, resources, policy, etc.

Additional Information

11. Anything else you would like to add?

Appendix E. Service Process Maps Demonstrating Pathways and Points of Intervention Related to Prenatal Substance Exposures

Intake Process



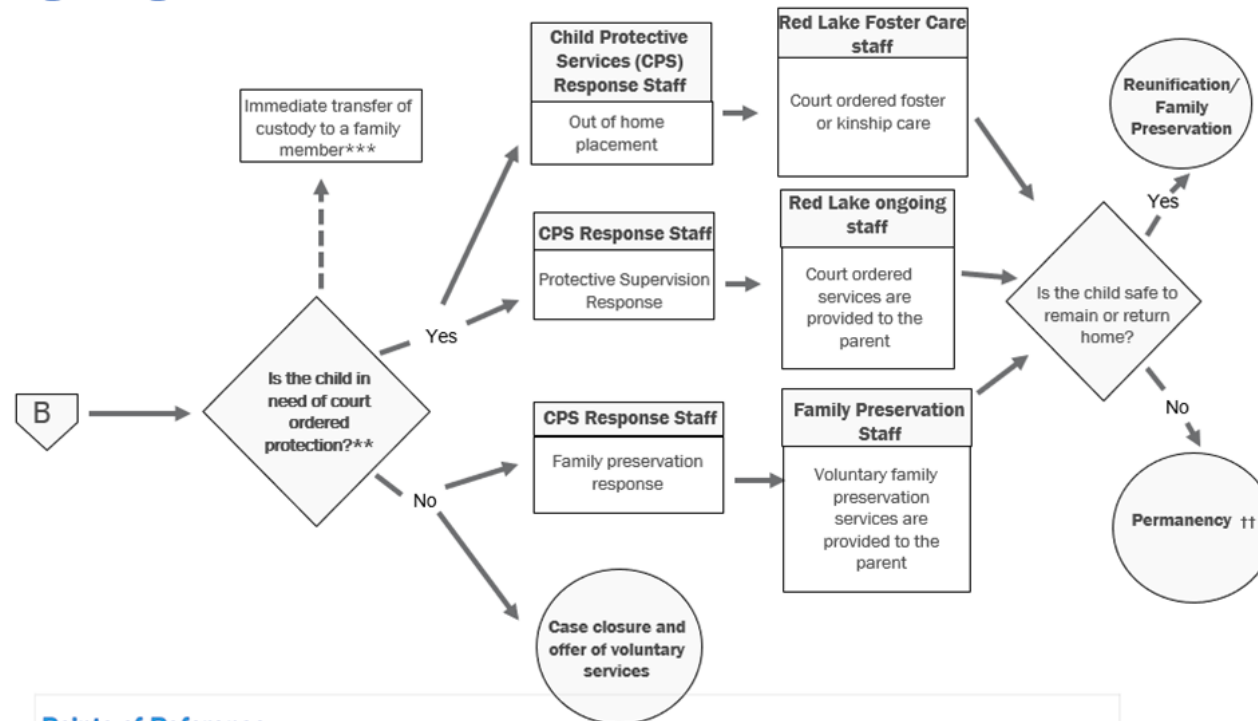
Points of Reference:

* All cases involving a pregnant mother are "screened out" for maltreatment because the child is not born

† Two voluntary referrals are always made but other potential referral partners include:

Red Lake Medication Assisted Recovery Services; First Steps to Healthy Babies; Gii-Waa-Din Treatment Center; Behavioral Health; Public Health Nursing; Juvenile Healing to Wellness Court; Family Spirit Home Visiting; CD Pregnant Women and Families Program

Ongoing Court Involvement



Points of Reference:

** Key decision point for services: What type of response is recommended at EPC (72 hour hold hearing); Key decision point for caregiver: How do they plea in admit/deny hearing (8 day hearing)?

*** Immediate transfer of custody involves little to no court involvement and requires permission from the mother

†† Family placements are sought in permanency cases

Voluntary Services Process

