



TIWAHE

Integrating Family, Community, and Tribal Services

REFLECTIONS AND EVALUATION OF A FIVE-YEAR PILOT DEMONSTRATION

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Whānau Tahī
Red Lake Nation

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EXECUTIVE SUMMARY

Five years ago, the Bureau of Indian Affairs (“BIA”) invited a cross-section of six American Indian and Alaska Native communities to participate in a five-year pilot of the Tiwahe Initiative. These six communities — Red Lake Nation, Fort Belknap Indian Community, Spirit Lake Nation, Ute Mountain Ute Tribe, Pascua Yaqui Tribe and the Association of Village Council Presidents (the “Pilot Communities”) — were given the opportunity and funding to assess their own needs and design their own models to improve the health, safety and wellbeing of families by implementing a coordinated service delivery model that would increase access to family and social services, create alternatives to incarceration, improve links to appropriate prevention, intervention and treatment opportunities, improve case management services, and improve partnerships among the available providers of services for tribal children and families.

This report presents an evaluation of the Pilot Communities’ participation in the Tiwahe Initiative. Based on a mixed-methods hybrid Indigenous research model in which the voices of the participants are central and honored and in which their ownership of the experience and process is encouraged and recognized, we followed a research protocol that included review of documents from each of the Pilot Communities and telephone and online individual and group interviews of more than 30 representatives of the Tribal communities, as well as representatives of the BIA and Whānau Tahī—the New Zealand-based organization whose framework for delivering social services to Indigenous Maori helped form the basis for the BIA’s theory of Tiwahe.¹ As well, we included on our writing team a cultural consultant whose

¹ The original research design included two in-person visits to each of the Pilot Communities. This design would have provided an opportunity to meet, build relationships, and gain trust, as well as to see the programs and activities in action. The existence of the COVID-19 pandemic rendered travel and the original plan untenable. As a result, the in-person meetings were replaced with phone and internet interviews. And we were not able to visit with or see any of the activities or programs in action.

expert advice ensured that our research and writing process and content appropriately honored and reflected the communities participating in the project.

In this report, we set the stage by providing a nuanced description of how the Pilot Communities understand Tiwahe, which means “Family” in the Dakota, Lakota and Nakota languages. All the Pilot Communities made clear that for them Tiwahe represents holistic support of their community members, a coming together of family to provide culturally infused, wrap-around services. We also provide a description of the BIA’s theory of change and their goals for Tiwahe. The story of each Pilot Community’s Tiwahe planning and implementation experience is communicated through both a descriptive analysis of the Community and an illustration of a few of the program models and activities that best highlight the purpose and results of their Tiwahe programs.

The Community descriptions make clear that while the Pilot Communities share certain experiences of history — including having been stripped of sovereignty, forced from their lands, families broken apart, and made dependent on US Government aid, in important ways they are all different from each other. They are independent nations and, in the case of AVCP, a non-profit organization supporting 56 Alaskan Native Tribes; they have their own languages, cultures and traditions, and they live in different environments and support themselves and their people differently. Despite these critical differences, we were able to glean certain shared experiences — ranging from their hopes and expectations for Tiwahe, to their planning processes, elements of support provided through Tiwahe, and the positive impacts of the integrated service delivery on youth and families obtaining services, staff providing services, and their communities as a whole.

In Tiwahe, for the first time in the history of tribal collaboration with the BIA, American Indian and Alaska Native (“AIAN”) communities were invited to do what they wanted to do. It is clear that being invited to identify their Tribal community needs and envision and create their own plans was an immediate positive outcome. The Pilot Communities all conveyed high expectations for how they could use this freedom to tackle their individual challenges —

from homelessness, to recidivism, substance abuse and domestic violence, to creating improved structures and organization to streamline the delivery of previously siloed services. They saw Tiwahe's objective of integrated services as being reflective of their holistic view of life and wellbeing, and they saw in the model the opportunity to "be indigenous" and practice "self-determination."

Our research into the individual and shared experiences of the Pilot Communities demonstrates that with the freedom and flexibility of Tiwahe, they were able to imagine and build structures and services in ways that reflected their thinking, their approaches, their traditions and their values. While the six Pilot Communities shared the common goals and purpose of the initiative, they were each free to choose their own methods, actions and outcomes and to integrate their culture to design culturally relevant and responsive supports for children and families. We also learned that the path to success was not always smooth, nor was it straight. The Pilot Communities experienced challenges right from the start and continued to do so throughout the years of implementation. They and we understand that some of the challenges are inherent to communities in remote and inhospitable locations, where the people manifest multiple, expected responses to generational trauma. By contrast, the participants' experiences taught us that some of the challenges are the result of a lack of or inconsistent support provided by the BIA. Despite these challenges, the Pilot Communities experienced success. The lessons learned hold promise for continued and improved success. If implemented, the recommendations suggest that the promise of Tiwahe can and should be shared with additional Tribes.

Through Tiwahe, the Pilot Communities were able to build on their cultural traditions to strengthen programs, processes, structures and individuals. Pilot Communities redesigned and decolonized models of care; successfully supported young people involved in the criminal justice system to learn about their history, culture and traditions rather than spending time incarcerated; and partnered with elders to build native language dictionaries and teach the language to community members. Many of these community members are developing connections and strength to overcome the difficult circumstances of living with the impacts of generational trauma and in remote and isolated

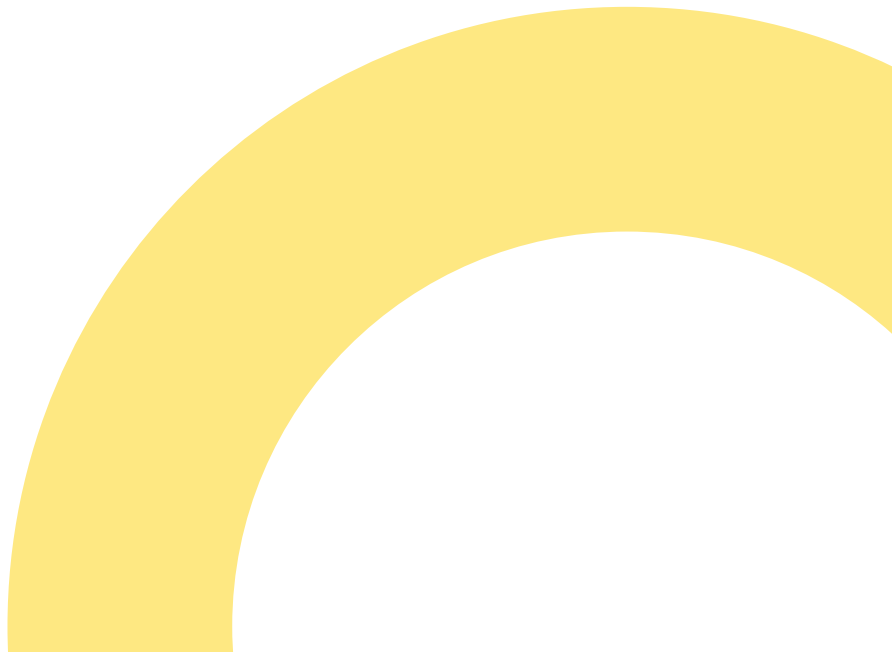
locations. We recommend that the self-determination encouraged by Tiwahe continue.

Planning for Tiwahe required important skills and experience on the part of the Pilot Communities' leadership, and it called for time and community input in order to be effective. Tiwahe is unlike other partnerships most of the Tribes have had with the BIA: tribal leadership, project leaders, service providers and community members need support to understand, implement and lead it. We recommend that the BIA provide financial and technical assistance to support this process. And we recommend that the Tribes be provided with capacity-building support so that they are ready to do the work of building Tiwahe and building the capacity of their workforces.

Project leaders, known in Tiwahe as Family Advocacy Coordinators ("FACs"), took the lead in helping tribal leadership, service providers and community members understand and support Tiwahe. We recommend that the BIA maintain a dedicated National Tiwahe Coordinator to engage with the FACs as a cohort and provide leadership development and support. We further recommend that the Tiwahe experience could be strengthened and the projects improved if FACs are supported to meet periodically and regularly learn from each other, to support each other, and to engage in formative evaluation.

One of the most exciting impacts of Tiwahe is the positive effects integrating services has had on community members who receive them, on the service providers and on the communities as a whole. The stories told in this report make clear that easier access to services, wraparound support and flexibility to meet individuals' needs benefit those whose challenges put them in harm's way. Sharing information about each other's work, seeing how much power there is in surrounding a family with care, and contributing to the wellbeing of those whose challenges were previously beyond the purview of individual service provider's programs enhances the usefulness, empathy and impact of service providers. We recommend Tiwahe continue to provide funding and encouragement to integrate services to improve outcomes for children and families, and that time be allowed for this development. We further recommend that funding and training for the implementation of client management systems be specifically included for all Tiwahe-participating Tribes.

Finally, the improvement to families' lives and wellbeing made possible as a result of Tiwahe are highlighted — from the impact a single additional staff member has made in the lives of children and their families, to how flexible use of funds has kept families together and safe, and how the ability to support court-involved youth with culturally infused classes taught by elders has kept them from continued criminal activity. We have seen and present preliminary evidence that these impacts save lives as well as money. We recommend that the Tiwahe initiative be continued and further extended so that additional tribal communities will have the opportunity to realize these benefits.





INTRODUCTION

For thousands of years, American Indians and Alaska Natives have lived lives of purpose, steeped in values, cultures, languages and beliefs handed down through generations. For more than 500 years they have also been subject to the ways, wars, diseases, and rules and regulations of colonizers. The result of this experience forced on communities of long history and rich culture is a diminished population, vast suffering and a culture of dependency. Five years ago, in an effort to empower the tribal communities and support them to design their own strategies to improve the health and wellbeing of their communities' families, the Bureau of Indian Affairs (BIA) invited a small number of the 574 federally-recognized American Indian and Alaska Native Tribes to participate in a five-year pilot of the Tiwahe Initiative.² In this, these Tribes saw an opportunity to create a restorative, values-based model of care based on a holistic view of each community member.

As evaluators, we looked forward to the rich experience of learning about the pilot communities and the work they have done as part of Tiwahe. We planned to not only look at their documents, gather data, and interview the project directors and service providers, but also to meet them in person, build trust, learn, and listen to their Tiwahe experiences and stories. We hoped to visit their communities, meet their families, and sit down and break bread with each participating community. Unfortunately, the COVID-19 pandemic kept us from making in-person visits, and we adjusted our methodologies to include conducting interviews and focus groups over the telephone and internet and reviewing documents provided by the Tribes. While we are cognizant of the fact that these methods are not adequate replacements for the breadth or

² Tiwahe Initiative also included a second funding component for all Tribes that operate Social Services and ICWA programs. For the first time in almost three decades, all of these Tribes received an 8% recurring base funding increase in their Social Services programs, as well as a 21% recurring base funding increase in their ICWA programs. The total recurring funding amount that this Tiwahe component has provided to Tribes across the country is about \$10 million annually.

WHAT MAKES TIWAHE DIFFERENT?

Tiwahe is different primarily in that it centers the Tribes' voices and choices, and it is based on their knowledge and understanding of their communities' needs.

depth of information we had hoped to have gathered, we believe that we have nonetheless gathered rich and useful information. And we have also learned about how every Tribe used the resources, learning and structures of Tiwahe to quickly pivot in response to COVID-19 to provide remote-based services and support for their community.

The Tiwahe Initiative differs from all the other grants and programs that are made available to Tribes in important ways which will be described in this report. But because it differs primarily in that it centers the Tribes' voices and choices and is based on their knowledge and understanding of their communities' needs, we have chosen to craft this evaluation report differently as well. In this report, the tribal communities' voices are honored, and wherever possible, we use their words. We use their words to describe what Tiwahe means; we use their descriptions of the models they have built; and we use their stories to illustrate the challenges they face, the successes they have seen, and the promise of Tiwahe. Throughout this report, we also recognize and honor Indigenous peoples' ancestral names, identities, histories and cultural knowledge, and we utilize American Indian/Alaska Native ("AIAN") or Indigenous interchangeably to refer to the original peoples of this land, including the Tiwahe pilot Tribes.

Section 1 describes the Tiwahe Initiative. Using the words of those who manage Tiwahe and the programs it supports throughout the Pilot Communities, this section describes what they understand Tiwahe to be and what it supports and enables in their communities. The section then takes a step back to describe how the BIA explains the purpose of Tiwahe, the needs it is meant to address and the theory upon which it draws. Within this section, we also describe the roles and responsibilities set out by the BIA for the Pilot Tribes and provide a timeline for the project from development through implementation.

Section 2 focuses on the Pilot Communities. It first provides background information on each, including the location and demographics of the communities and the service delivery structure that defines its relationship with the BIA for the provision of BIA-supported services. It then presents some of the challenges each Community faces to provide context for what comes next, a description of each Pilot Community's Tiwahe Initiative, with particular

emphasis on some of the services, structures, programs and results that best highlight realization of their Tiwahe goals.

Drawn primarily from hours of interviews with the Tiwahe Family Advocate Coordinators, Finance Directors, Program Managers and staff from programs supported with Tiwahe funds, Section 3 brings each of the Tiwahe experiences to life. It describes how Tiwahe is different from other programs and what the Tribes did as participants in the Tiwahe Pilot. It describes the planning process and how each Tribe made its choices with respect to how they used Tiwahe funding to help meet their needs. Because Tiwahe explicitly allows for what was for so long prohibited — the use of each Tribe’s culture and traditions in the programming meant to improve the health and wellbeing of community members — this section describes some of the myriad ways in which programming is enhanced, strengthened, and made relevant by the inclusion of culture, history and language. In addition to infusing their Tiwahe-related supports with their cultural traditions and learnings, Tiwahe encourages Tribes to integrate services to address children, family and adult needs in more holistic ways. Therefore, this section speaks to how the braiding of services is making a difference — to the community members needing services, to the community members providing services, and to the community itself. Stories that speak to the promise and success of the Tiwahe model in each one of the Pilot sites are highlighted in this section.

Section 4 braids together the documentation, theory and experience of the Pilot Communities to share our observations, draw lessons learned and make recommendations regarding the further development and continuation of Tiwahe. In so doing, it also follows the tradition common to many AIAN Tribes — using stories to breathe life into and give meaning to the experience.



SECTION I
**WHAT IS
TIWAHE?**



WHAT IS TIWAHE?



To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment.”

Ralph Waldo Emerson

We teach our children that words are powerful and that they matter. The truth of this assertion is clearly demonstrated in this section, where the words used by Tribal community members to describe Tiwahe not only speak to the present but also evoke the experiences of the past. When program directors speak about how Tiwahe represents “sovereignty,” we cannot help but remember that these communities have been stripped of the dignity of self-government and forcibly led down a path of dependency. When they speak about Tiwahe as creating and supporting family, we cannot help but remember that generations of families have been destroyed by deliberate policies designed to break them up. And when they talk about creating holistic models of care, we are reminded that traditional Native cultures center oneness and connection among all living things.



Tiwahe is “taking back who we are as a people.”

An evaluation participant

Although the BIA based Tiwahe on a program also built to support cultural traditions, the words they use to describe Tiwahe are different from those invoked by the Pilot Communities. Whānau Ora is a government policy and data-supported framework that has been used for 10 years to enable Indigenous Maori communities in New Zealand to define their needs, design their goals, and receive integrated social services. The Whānau Ora framework has been translated by the BIA to Tiwahe through words that are largely without a sense of history. They nonetheless speak to some of the same important concepts. They talk about Tiwahe as being “center[ed] on tribal communities” and highlight that Tribes should be creating a “culturally appropriate” approach to service delivery. And they speak of “interrelated problems” that should be addressed by “coordinated tribal service delivery models.” While there is no call to either history or tradition in these words, they nevertheless speak to community decision-making, to making use of each community’s cultural traditions, and to braiding services together to

**TRIBAL
SOVEREIGNTY
AND THE BIA:**

**An Evolving
Understanding**

The Bureau of Indian Affairs (BIA) is one of the oldest agencies in the United States Federal Government, established in 1824 under the then-Department of War and charged with negotiating government-to-government trade and treaties between Native Nations and the United States. Over time — and with a push from activists' takeover of the BIA during a surge of Native activism in the 1960s and 1970s — BIA's role and relationship to Tribal governments has evolved from one of oversight and restriction to increasing support for self-determination. The Tiwahe Pilot Initiative is the latest in a series of landmark legislative and administrative decisions that have loosened the relationship between BIA and Tribal governments.

effectively and efficiently serve the many needs of each child, each family, and each community member, ultimately leading to a healthier and stronger sovereign Nation.

THE PILOT COMMUNITIES

Until now, American Indian and Alaska Native (AIAN) communities have typically been told by the US government what they have to do and how they have to do it. They have not been given funding with an opportunity to look internally and decide how they can best support their own communities. Tiwahe presented a new approach: The Pilot Communities were given the opportunity to create and implement their own needs assessments and define what they wanted to do to strengthen families and support their neediest community members. This is an entirely new way of framing the relationship between the BIA and the Tribes, and a new way of operating. It is, in the words of one Director, “sovereignty and self-determination.” It is “being able to decide how we govern or implement things for our Tribes.” Tiwahe is “taking back who we are as a people.”

The participating communities understand that Tiwahe means family in the Lakota, Dakota and Nakoda languages — and they view participating in Tiwahe as enabling them to become family with those they serve. This means never giving up but rather doing whatever is necessary to build them up. One Family Advocacy Coordinator (“FAC”) described the way Tiwahe helps the tribal government to work as a family. She said that when something happens to a family member, everyone comes together to ask “how do we support you? How do we provide for you in this time of difficulty?” “Everyone comes to you to help,” she said, “That’s Tiwahe... We, as a government, are a family with the families we’re providing services to.” This way of looking at community is exemplified by another of the communities in which service providers refer to their clients as “relatives.” They have created an intergenerational model of care in which they provide integrated behavioral services in a way that is aligned with their childrearing culture and traditions. In addition to supporting self-determination and building a model of care based on family connection, Tiwahe recognizes that Tribal communities have rich cultures and traditions that can provide a sense of belonging, a connection to self, family and community, and a core of strength to those in need of support. For the first time since creating

1954

Responsibility for providing health services to AIAN communities transitioned from BIA to the now-Department of Health and Human Services.

1975

Indian Self-Determination and Education Assistance Act gave Tribes decision-making authority over funds and contracts with Federal agencies for social service delivery.

1978

American Indian Religious Freedom Act protected freedom to practice traditional religions among AIAN communities.

Indian Child Welfare

Act redressed the widespread removal of AIAN children from their homes and mandated Tribal involvement in decision-making about child welfare cases.

official policy to break down and destroy Native culture and families, in Tiwahe the BIA asked AIAN Tribes to use their culture to strengthen their communities. This momentous shift has not been lost on any of the FACs charged with directing their Tribes' Tiwahe programming or the managers of programs supported by Tiwahe. In Tiwahe, community members see a “commitment to the community, to family, to history, to culture, to language.”

The ways that culture is integrated into the programs supported by Tiwahe vary depending on the Tribe, its history and its traditions. However, many programs share participating in sweat lodge ceremonies, providing medicine bundles, smudging, cultivating and cooking with traditional foods, learning and performing drumming and sacred and ceremonial dances, participating in equine programs, and teaching and learning their tribal languages. The involvement of elders in the programs as teachers, native language speakers, story tellers and consistent supporters knowledgeable about the history, values and traditions of the tribal communities is powerful and an integral part of all Pilot Communities programming.

Living life and supporting each other holistically is a common way that Pilot Community members describe AIAN cultures. As well it reflects what they understand to be an important way in which Tiwahe and its emphasis on braiding services together is reflective of their culture.

THE BUREAU OF INDIAN AFFAIRS

The Bureau of Indian Affairs (“BIA”) defines Tiwahe as a five-year demonstration project to strengthen AIAN families and promote family stability in order to fortify tribal communities. It is the BIA's intention that through the implementation of Tiwahe, the Pilot Communities will support families through coordinated service delivery, integrate culture into services, support self-determination and self-governance, and create a model program for leading Indian Country.³ This program model is based in significant part on Whānau Ora, New Zealand's framework for providing social services and supports to the Maori. Like American Indians and Alaska Natives, Maori face a “disproportionate level of risk for adverse outcomes, as seen in lower standards of health, poorer educational outcomes, marginalization within society, intergenerational

³ The following documents were relied upon in this section:
Bighorn, S., Garcia, M. (n.d.). *Self-Governance Advisory Committee Tiwahe Presentation* [PowerPoint presentation]. Bureau of Indian Affairs.
Whānau Ora: Report of the Taskforce on Whānau-Centered Initiatives (p. 15, Rep.). (2020).

1994

Tribal Self-Governance

Act established a permanent program of Tribal Self-Governance, cementing existing compacts for the 95 Tribes already participating and allowing for expansion of self-governance to additional Tribes each year.

2015

Tiwahe Pilot Initiative

increased flexibility and autonomy in social service program allocations and tested integrated service delivery in six AIAN Pilot Communities.

unemployment and increased rates of offending.” In response to government recognition that outcomes for Maori were not improving because standard ways of delivering social and health services were not effective, a new Maori-centered model — Whānau Ora — was developed. Within this model, individual community members are supported by navigators who help them identify their specific needs and aspirations and identify and connect them with the full range of services. In addition, they connect clients to education providers and employment support to help them to achieve their personal and specific goals and enhance the wellbeing of the whole family and of the community. The Whānau Ora framework is accessed and implemented through technology that provides data reflecting the use of services and attainment of goals. All of the providers are charged with ensuring that services are delivered in such a way that they are aligned with and supportive of Maori culture. Whānau Ora was carefully planned, included extensive consultation with the Maori, and implemented through a well-planned transition to ensure that the Maori, the service providers, government funders and agencies were all prepared for implementation.

The BIA translated the theory of Whānau Ora to the challenges facing AIAN Communities through Tiwahe — describing its goals and objectives as being to improve the health, safety and wellbeing of families through implementation of a coordinated service delivery model among agencies and justice systems to:

1. Increase access to family and social services,
2. Create alternatives to incarceration via solution-focused sentencing options,
3. Improve links to appropriate prevention, intervention and treatment opportunities,
4. Improve case management services, and
5. Improve the overall partnerships among local, tribal, county, state and federal providers to improve access to services for tribal children, youth and families.

In the next sections, we provide evidence that each of these objectives was reached. Section 3 includes a brief discussion about this success.

In addition to providing enhanced access to improved services, behind Tiwahe was the recognition that many of the American Indian and Alaska Native Tribes were plagued with problems of poverty, substance abuse and domestic violence and that one of these problems could not be addressed without addressing the

TIWAHE TIMELINE

PHASE 1

FY2015

Tiwahe national planning, selection of initial pilot sites, and community planning.

Tiwahe provides across-the-board funding increases to all Tribes that operated social services and/or ICWA programming in FY 2014. Tiwahe Pilot Communities receive an additional funding bump for implementing integrated services.

FY2016

The first round of Pilot Communities — Red Lake Nation, AVCP, Spirit Lake Nation, and Ute Mountain Ute Tribe — begin implementing and tracking coordinated social services.

The Tiwahe National Coordinator is hired. Across-the-board and Tribal specific performance measures are established.

others. The intent — which was carried out by the BIA — was to start the Pilot with funds targeted to improving social services and Indian Child Welfare Act (“ICWA”) services and then later (in the second year) add funding focused on improvements to tribal courts, infrastructure (housing) and job placement and training. Each Pilot Community also received “implementation funds” which could be used flexibly to support the attainment of their Tiwahe visions.

In 2016, the BIA hired a National Tiwahe Coordinator to support the Pilot Communities. She brought wide-ranging skills and the ability to build strong relationships with the FACs and helped them to engage in planning, build community, obtain leadership support, and work successfully with the BIA. In 2017, she worked with the Family Advocacy Coordinators to create a set of performance measures that all the Pilot Communities report annually. The measures speak broadly to the structural goal of coordinating service delivery; the content goals of incorporating tribal culture, providing legal representation in child welfare cases, and supporting tribal courts; and the programmatic goal of focusing on child welfare. The performance measures are as follows:

1. Percent of Tribes coordinating services,
2. Individuals participating in services that incorporate tribal culture,
3. Tribal youth program participants,
4. Ratio of clients to social worker,
5. Number of child welfare cases with support from Guardians ad Litem, defenders and juvenile presenting attorneys,
6. Number of Tribal codes that authorize and require advocacy and legal representation for indigent parents and children,
7. Percent of Tribes submitting ICWA reports, and
8. Number of active village courts (AVCP only).

While these performance indicators are used by all the Pilot Communities and they share the common Tiwahe goals and purposes, the BIA recognized that each Pilot community would determine how it wanted to implement Tiwahe and would realize the outcomes in its own way. Therefore, the National Tiwahe Coordinator also supported each of the Pilot Communities to develop tribal-specific goals for Tiwahe. They are described in Section II herein.

PHASE 2

FY2017

The second round of Pilot Communities — Fort Belknap Indian Community and Pascua Yaqui Tribe — begin implementing and tracking coordinated social services.

FY2017-2020

All six Pilot Communities implement and report against approved Tiwahe plans.

PHASE 3

FY2019-2020

With reporting from the Pilot Communities, the Tiwahe framework is developed and the pilot evaluation is conducted.

Both the BIA and the Pilot Communities are expected to fulfill designated roles and responsibilities that, together, describe an initiative centered in the Pilot Communities with a light touch of both support and oversight from the BIA. Pilot Communities were expected to adopt a tribal resolution authorizing participation in Tiwahe; hire a Family Advocacy Coordinator; develop a tribally driven coordinated service delivery model and project plan; identify a standardized screening tool for assessing individual and/or family needs; and participate in Tiwahe Initiative meetings. The BIA was required to hire a National Tiwahe Coordinator; provide hands-on technical assistance and training; assist with policy and protocol development; procure a contract with a non-federal research and evaluation organization; and serve as the federal liaison and coordinate with local, tribal, federal and state partners and service providers.

The BIA described the five-year Pilot as having three phases: Phase 1 (FY 2015 and 2016) encompassed planning and development; Phase 2 (FY 2017 and 2018) focused on service delivery and implementation, and; Phase 3 (FY 2019) was directed toward reporting and enhancement. Phase I activities were carried out as planned: The first four sites were selected and invited to apply in FY 2015 and those four sites created Tiwahe plans; two additional sites were invited to apply in FY 2016. Also, in FY 2016 the National Tiwahe Coordinator was hired. By 2017, all six sites had Tribal government approved Tiwahe plans and were focused on Phase 2 activities of service delivery and implementation. Phase 3 activities have been in place from the time the Pilot communities began program implementation; the Pilot communities have focused continuously on program enhancement and have regularly reported their progress to the BIA through quarterly and annual reports.

TIWAHE PILOT COMMUNITY LOCATIONS

 Red Lake Nation

 Association of
Villiage Council
Presidents

 Spirit Lake Nation

 Ute Mountain
Ute Tribe

 Fort Belknap
Indian Community

 Pascua Yaqui Tribe





SECTION II

**THE PILOT
COMMUNITIES
AND THEIR
TIWAHE
INITIATIVES**



THE PILOT COMMUNITIES AND THEIR TIWAHE INITIATIVES



We are living in a time of prophecy, a time of definitions and decisions. We are the generation with responsibilities and the options to choose ‘The Path of Life’ for the future of our children.”

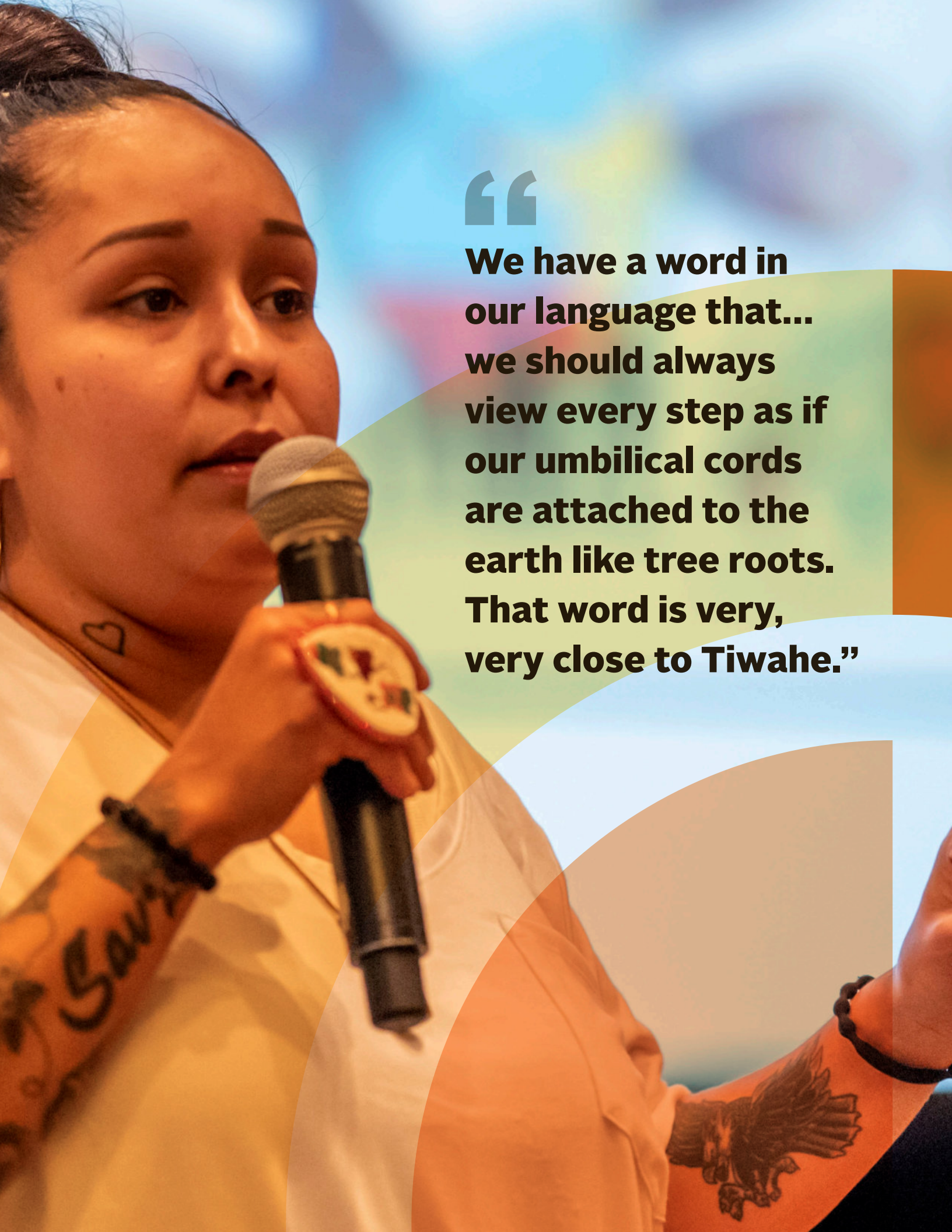
Oren Lyons, Onondaga

The six Pilot Communities began their Tiwahe journeys in two phases. The first four communities — Red Lake Band of Chippewa Indians (MN), Spirit Lake Tribe (ND), Ute Mountain Ute Tribe (CO), and the Association of Village Council Presidents, a non-profit which provides administrative services to 56 Tribes in 48 communities in the Yukon Kuskokwim Delta in Alaska — were invited to participate at the start of the Initiative in 2015. In selecting these four Pilot Communities, the BIA chose a cross-section of Tribes that represented all three of the BIA service delivery models and a tribal consortium. Two additional Tribes, Pascua Yaqui (AZ) and Fort Belknap Indian Community (MT), were invited to join Tiwahe in 2016.

There are both commonalities and important differences among the Pilot Communities’ Tiwahe Plans. They all centered, at least in part, on improvements to child welfare and on programming for children and youth to counter the challenging circumstances confronted by the younger generation. They also all identified and adopted screening tools to assess individual and family needs, strengthened case management to provide a wider range of services to needy families, and integrated culture into the programming they provide for both youth and adults. All six communities also share aspects of their history and the oppression they have faced at the hands of the United States and its government. Nevertheless, the unique cultures, traditions, challenges, staff, and priorities of these Pilot Communities led them to create unique Tiwahe designs, structures and programs. Based on the theory of Whānau Ora, the six Pilot communities having unique Tiwahe designs is expected and appropriate. This section explores each of the six Pilot Communities; their Tiwahe plans; and the models, programs and activities that have been supported by Tiwahe. The self-reported results achieved in reaching both the shared performance measures and their individual performance objectives are set forth in Appendix B.



SPOTLIGHT ON
**RED LAKE
NATION**



“

We have a word in our language that... we should always view every step as if our umbilical cords are attached to the earth like tree roots. That word is very, very close to Tiwahe.”



SPOTLIGHT ON RED LAKE NATION

Red Lake Nation joined the Tiwahe Initiative in 2015 as part of the first round of pilot sites. At the request of the BIA, Red Lake Nation serves as the fiscal agent for Tiwahe technical assistance and evaluation.

SOCIAL SERVICE DELIVERY MODEL

As a Self-Governing Tribe, Red Lake Nation plans and delivers self-determined social services and programs with funding from BIA block grants.

KEY TIWAHE PROGRAMS AND ACTIVITIES



SOCIAL SERVICES. Enacting a culturally infused, intergenerational family wellness model has led to support for children's mental health services and more than quadrupled the rate of family reunifications between 2017 and 2019.



ADULT REHABILITATIVE MENTAL HEALTH SERVICES. Red Lake Nation has developed a community-based mental health program that provides an opportunity for parents experiencing difficulty managing mental health symptoms to receive culturally infused services in their home or a community setting most comfortable to them.



TRIBAL COURTS. Tiwahe-supported Juvenile and Adult/Family Healing to Wellness Courts provide culturally relevant alternatives to detention for young people charged with using alcohol or drugs and adults involved in criminal justice with associated alcohol or substance abuse.



JOB PLACEMENT AND TRAINING. The Oshkiimaajitahdah Institute of Technology supports community members who are in the Temporary Assistance for Needy Families program into and through certification-based career training preparing them for employment.



We know that in order for any of us to be successful as service providers, relationship needs to be at the forefront.”

A Red Lake Nation Service Provider

SIGNATURE SUCCESS

Red Lake Nation used Tiwahe as a springboard to holistically confront the crisis of family separation in their communities. With Tiwahe resources and healing cultural practices, Red Lake Nation’s Ombimindwaa Gidinawemaaganinaadog (Social Services) reunited 182 Anishinaabe children with their families in 2019, compared to just 45 in 2017. As one leader explained, “[Tiwahe is] behavior modification within the agency, within the Tribe, within the other systems [to integrate services]. But the key is we have the support.”

The Red Lake Band of Chippewa Indians

ABOUT RED LAKE NATION

The Red Lake Band of Chippewa Indians (“Red Lake Nation”)⁴ has a large land base of 844,286 acres in Northern Minnesota, just over 150 miles from the Canadian border. There are approximately 15,000 enrolled members of Red Lake Nation; close to 7,100 live within the Nation’s boundaries and 7,900 reside off the Reservation. Red Lake Nation, which has a staff of 214, received \$12,636,141 in funding through Tiwahe over five years. Red Lake Nation was asked by the BIA to act as the fiscal agent for the Tribal Communities’ contract with Whānau Tahī, which funded the research and writing of this report. It has successfully fulfilled this additional task, both in terms of fiscal and organizational responsibility, without additional financial compensation for the substantial added work.

Red Lake Nation exercises full government authority and control over its land, subject only to the authority of the United States — the state courts and government have no jurisdiction in Red Lake Nation. Red Lake is a Sovereign Nation: It receives block funding from the BIA and, while the funding must be used for the stated purpose (i.e., law enforcement, housing, Tiwahe), within that limitation it has authority to set up sub-accounts and use the funding in less restrictive ways. This allows for a degree of flexibility and responsiveness not shared by Tribes that receive BIA funding under different service delivery

⁴ The following documents were relied upon in this section:
Testimony Of The Honorable Darrell G. Seki Sr., Chairman, Red Lake Band Of Chippewa Indians, May 16-17, 2017
FY 2017 Annual Tiwahe Performance Measures Narrative
Goodwin, C. (n.d.). *Tiwahe Success Stories* (Rep.). Red Lake Family and Children Services.
Healing to Wellness Court Notice of Award. (Rep.). (2015). Red Lake Nation.
Home of the Red Lake Band of Chippewa Indians. (2020, August 06). Retrieved from <http://www.redlakenation.org/>
Kingbird, A., Dudley, M., & Conner, D. (2015). *Red Lake Band of Chippewa Indians Tiwahe Initiative Plan* (Rep.). Red Lake Nation.
Red Lake Nation Tiwahe Initiative Return on Investment (Rep.). (2020). Red Lake Nation.
Red Lake Nation Tiwahe Initiative Strategic Plan (Rep.). (2020). Red Lake Nation.
Site Narrative Updates - Quarterly Report (Rep.). (n.d.). Red Lake Nation.
Tiwahe Annual Report Fiscal Year 2017 (Rep.). (2017). Bureau of Indian Affairs.
Uplifting Our Relatives Red Lake Nation Intergenerational Family Wellness Practice Model (Rep.). (n.d.) Red Lake Nation.



Red Lake leaders are committed to “purposeful collaboration and to build ever stronger and more successful teams across Red Lake by inclusion of the Red Lake community in each development phase of the Red Lake Tiwahe Initiative.”

An evaluation participant

structures. Red Lake Nation put its leadership for Tiwahe into the hands of an Advisory Board made up of leaders, all of whom were chosen because they “model integrity and have the skill set to develop a robust and inspiring vision of the future.” “Individually and collectively,” they “motivate people to achieve this vision, they are committed to managing its delivery through purposeful collaboration and to build ever stronger and more successful teams across Red Lake [Nation] by inclusion of the Red Lake communit(ies) in each development phase of the Red Lake [Nation] Tiwahe Initiative.”

Red Lake Nation leaders understood that to successfully plan and implement Tiwahe, it had to focus as much on capacity building as it did on program development and management. Therefore it used 2015 funding to hire its first FAC, who together with the Red Lake Nation Tiwahe Initiative Advisory Board identified and adopted eight core components of effective capacity building needed to ensure successful planning and implementation of the Red Lake Nation Tiwahe Initiative. These principles describe the building blocks and approach that characterize Tiwahe at Red Lake Nation: Comprehensive, customized, competence-based, timely, peer-connected, assessment-based, readiness-based, and contextualized through Anishinaabe culture and values.

Red Lake Nation has a young population — approximately 40% of enrolled tribal members are under the age of 18. Isolated and rural, Red Lake Nation suffers from high unemployment and its youth from poor educational attainment, a great deal of alcohol and substance abuse and — in the years leading up to Tiwahe — an alarmingly high rate of suicide and suicidal ideation. For many years, they have experienced excessively high numbers of children being removed from their homes. According to Red Lake Nation, despite the breadth of services they provide to support the physical and emotional wellbeing of community members, the Tribe has experienced a lack of effective coordination among programs, bureaucratic and regulatory obstacles and inconsistent and insufficient funding. They chose to use Tiwahe to examine existing services to address suicide and substance abuse prevention, as well as trauma and mental health. They determined that enhancements should include improved screening, improved access to family and social services, alternatives to incarceration, improved access to prevention, intervention, increased treatment opportunities, improved referral procedures, and case management services. Tiwahe allowed them to carry out all of these intentions in ways that make use of, teach, and support their traditional Ojibwe culture —

by reawakening the Seven Grandfather Teachings of love, honor, respect, truth, bravery, honest humility and wisdom, while acknowledging there are more values that are a part of Anishinaabe world views.

Red Lake Nation's Tiwahe vision is to enhance tribal programs that invest in children, youth and families while preserving Anishinaabe cultural values and traditions. They use a strength-based perspective that looks to build off the positive values and attributes of each community member rather than focus on remediating that which is challenging them. Their Tribal-specific Tiwahe goals are to empower and reunify families, reduce suicide and reduce substance abuse. The performance measures developed to identify and document achievement of their goals are as follows: Reductions in the number of juvenile suicides, in the number of substance-exposed newborns, and the number of opioid overdoses deaths and increases in the number of reunified families, and the number of Naloxone administrations by law enforcement and emergency medical services. The self-reported data regarding their achievement of these goals is included in Appendix B.

To realize these goals, Red Lake Nation's Tiwahe plan directed the FAC to work across all Red Lake Nation family systems programs to develop a coordinated systems delivery framework. It allocated the 2016 funding to strengthen Family and Children's Services infrastructure and programming; supported improved administration of the Indian Child Welfare Act (ICWA); built the capacity of the Red Lake Nation Tribal Court systems to implement new and enhanced services related to the health and wellbeing of youth, adults and families; and developed new Tribal Court codes, policies and procedures. In 2017, the BIA provided the Pilot Communities with additional funds to support employment and training and housing assistance, further enhancing the Tribes' ability to support the wellbeing of community members. Red Lake Nation used these funds to support their career training institute and improve housing for tribal members unable to procure or provide safe and secure homes.

TIWAHE INFRASTRUCTURE, PROGRAMS AND ACTIVITIES

The primary programs, activities and infrastructure supported with Tiwahe funding at Red Lake Nation highlighted in this report are the following:



Tiwahe enabled the opening of and supports the Children's Healing Center ("CHC"), which had been an empty building on the Red Lake Nation. With Tiwahe funding, the CHC has been able to provide outpatient services to improve children's mental health services to reduce suicide, promote traditional Anishinaabeg values, bring families together, and link community members with other family-based services to reduce substance abuse. In FY 2021, the Red Lake Nation will begin providing residential care to keep youth in the community. The CHC is on track to be licensed as a federally qualified residential program, which will provide youth a higher level of care without leaving their homeland. In addition to infusing cultural values and teaching into every service offered, Red Lake Nation has created a Tribal intergenerational family wellness practice model that, based on a traditional Anishinaabeg understanding of family and extended kinship, commits to a child welfare program, approaches, and administration designed to see the strengths in families, honor their culture and keep families together. In 2017, "Ombimindwaa Gidinawemaaganinaadog" (Family & Children's Services) reunified 45 children with their families; in 2018, 57 children were reunified; and in 2019, 182 children were reunified with their families through successful services provided to the whole family.

Red Lake Nation's rehabilitative services are also grounded in their Anishinaabeg understanding of health and wellness. Education is provided regarding the compounding impact of historical trauma and the resiliency of the Anishinaabeg, as well as cultural teachings relevant to Anishinaabemowin (the Ojibwe Language). Teachings regarding traditional medicines, rituals and ceremonies are part of treatment plans to manage mental health symptoms. Providers within the Red Lake Nation Adult Rehabilitative Mental Health Services (ARMHS) program recognize that the western medical approach to mental health treatment is often in conflict with their traditional Anishinaabe approach to helping those in need. The decolonization of services has allowed treatment plans to be developed and interventions to be provided within a traditional and holistic model of care.



TRIBAL COURTS

Tiwahe supported the operation of the Healing to Wellness Court and the Juvenile Healing to Wellness Court. With a Tiwahe-supported judge, both courts now serve as alternatives to incarceration and provide culturally appropriate forums to assist clients to address both underlying mental health and substance abuse issues that lead to incarceration and, often, the breakup of families. The Juvenile Healing to Wellness Court works out of the CHC and is dedicated to increasing the success of youth charged with underage drinking or illegal substance use. The objectives of the Healing to Wellness Juvenile Court are a decrease in alcohol/illegal substance use, a decrease in juvenile delinquency, an increase in the number of court-involved youth who complete alternatives to detention services, and a decrease in recidivism. The Healing to Wellness Juvenile Court team consists of a Judge, case manager, court coordinator, mental health practitioner, chemical dependency counselor, school liaison, law enforcement officer, family and children's services case manager, and a spiritual elder of the community. In the combined 2018/2019 calendar of the alternative courts, 42 cases were referred for alternative sentencing, deferring or suspending 2,550 days — 7 years — of jail time.



JOB PLACEMENT AND TRAINING

Tiwahe supports Red Lake Nation's Oshkiimaajitahdah Institute of Technology ("OIT"), a career training institute designed to combat the high unemployment among Red Lake Nation members, remove families from the Temporary Assistance to Needy Families (TANF) program and shift participants into the workforce. Through OIT, participants can enroll in nine programs, including certification-based programs in Welding I, Welding II, Certified Nursing Assistant, Commercial Driver's License, and Serve Safe (food services). In 2019, 32 people graduated from the Certified Nursing Assistant program; many are now employed at Red Lake Nation's nursing home and, as a result, they serve 20 additional seniors. In 2019, 12 OIT graduates had their TANF cases closed and they moved to employment; the funds saved as a result exceeded the Tiwahe investment on an annual basis.

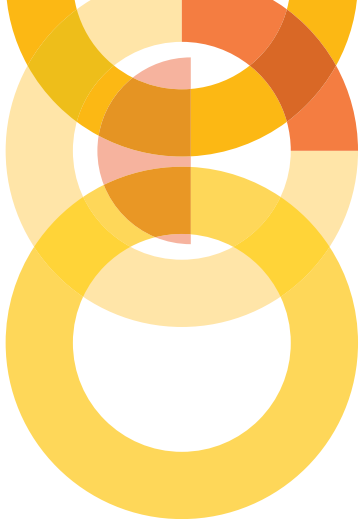


SPOTLIGHT ON
**ASSOCIATION
OF VILLAGE
COUNCIL
PRESIDENTS**



“

We know our own values. We know our own needs... We can do our parts to meet [BIA] expectations but give us some space to let it work for us. Let it fit us, don't let it fit you. That's what we're demonstrating: that we want to live our lives in a holistic way and still meet their requirements.”



SPOTLIGHT ON ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS (AVCP)

Association of Village Council Presidents is a Tribal Consortium that works in partnership to provide social and other services to 56 federally recognized Tribes across 48 villages in the Yukon Kuskokwim Delta in Alaska. AVCP joined the Tiwahe Initiative in 2015 as part of the first round of pilot sites.

SOCIAL SERVICE DELIVERY MODEL

As a Self-Governing Tribal Organization, AVCP plans and delivers self-determined social services and programs with funding from BIA block grants.

KEY TIWAHE PROGRAMS AND ACTIVITIES



COMMUNICATIONS DEPARTMENT. With Tiwahe support, AVCP created a brand-new communications department to plan and manage web, social, and radio communications and guide branding and promotions.



CHILD WELFARE PROGRAM. AVCP Tiwahe hired additional staff to provide supports and training for ICWA workers across their five sub-regions.



HEALTHY FAMILIES – QASGIQ. Through the Family Service Center, staff and community learn about traditional Yup'ik and Cup'ik values and regional history and share stories.



CLIENT MANAGEMENT TRACKING SYSTEM. To facilitate collaboration and communication, AVCP has begun phasing in the RightTrack client management system.



TRIBAL JUSTICE AND COURTS. The Tribal Justice Department works with regional Tribal Courts to provide technical assistance and support. This includes the development of Tribal Codes and forms, legal research, cross-referencing Tribal/State/Federal Law, professional development and providing legal support to tribal courts.



CAPACITY BUILDING AND COORDINATION/COLLABORATION.

AVCP is vested in building organizational and staff capacity to provide services in the Yukon Kuskokwim Delta and in creating opportunities for coordination and collaboration between programs, as well as Quality Improvement.

SIGNATURE SUCCESS

With COVID-19 starting to ripple across the country, AVCP's Healthy Families department turned to their communities' elders for help designing a series of virtual, culturally appropriate wellness workshops that would continue the successes already realized in six in-person workshops. With eight remote workshops now completed, "Healthy Families continues to strive to provide services to our participants, which are our families."

Association of Village Council Presidents

ABOUT AVCP

Unlike the other five Pilot Communities, the Association of Village Council Presidents ("AVCP")⁵ is not an Indian Tribe. AVCP is a nonprofit tribal consortium with over 450 employees that provides administrative support and services to 56 member Alaska Native Tribes spread over 48 communities in the Yukon Kuskokwim Delta in Southwestern Alaska. The area encompasses approximately 6.5 million acres over 55,000 square miles — an area approximately the same size as the entire state of Louisiana. Most of the communities were originally hunting and fishing camps and even today, with a few exceptions, most are reachable only by boat or small plane — outside of the five sub-regional hubs, there are no roads and very little connecting infrastructure among the communities. Almost every village is situated within or surrounded by the Yukon Delta National Wildlife Refuge. The climate is sub-arctic tundra and prone to high winds, heavy snow and rain, severe storms and

⁵ The following documents were relied upon in this section:
AVCP Public Law 102-477 Program 2017 Annual Narrative Report. AVCP Tiwahe Plan.
Yukon Kuskokwim Region Comprehensive Economic Development Strategy, 2018-2023.
Association of Village Council Presidents. (2020, August 11). Retrieved December 11, 2020, from [http://www.avcp.org/Association of Village Council Presidents Narrative \(Rep.\)](http://www.avcp.org/Association of Village Council Presidents Narrative (Rep.)). (2018). Association of Village Council Presidents.
Association of Village Council Presidents Narrative (Rep.). (2019). Association of Village Council Presidents.
Tiwahe Annual Report Fiscal Year 2017 (Rep.). (2017). Bureau of Indian Affairs.
2020 Tribal Justice Department Strategic Plan – Draft (Rep.). (2020). Association of Village Council Presidents.
2020 – AVCP Communications – Strategic Plan (Rep.). (2020). Association of Village Council Presidents.
2020 – Healthy Families – Strategic Plan (Rep.). (2020). Association of Village Council Presidents.
2020 – ICWA – Strategic Plan (Rep.). (2020). Association of Village Council Presidents.



Tiwahe Healthy Families programs show AVCP community members how traditional 'teachings, values, and traditions are applied throughout the developmental process in order to live a healthy balanced adult life.' ”

An evaluation participant

extreme cold. Villages on or near the coast are tidally influenced and directly impacted by warming and rising seas. Villages situated along the upper river systems are on stable ground of folded, sedimentary rock.

The villages served by AVCP are within two census areas, Bethel and Kusilvak. In both, residents suffer from some of the lowest income and highest poverty rates in the country. While there is a cash economy providing support to many, most of the people in the communities continue to engage in some level of subsistence activity as a means of supplementing their household's food and financial resources. Self-harvesting food (hunting, fishing and berry gathering) and materials (firewood, fur, etc.) remain vital to the economies. Thirty-three percent of families in the Kusilvak Census Area and 24% in the Bethel Census live below the poverty level, a designation that is correlated with a greater likelihood of experiencing increased crime rates, substance abuse, and domestic violence. These challenges are prevalent throughout the AVCP region, and they are further burdened by the lack of sufficient police presence in many of the villages. In addition, there is a lack of housing in the area, a challenge exacerbated by the high costs of materials and construction. Community members throughout the AVCP region continue to speak their original languages (67% speak Yup'ik as well as English) and integrate their culture and values into daily life. There are approximately 25,000 Yup'ik, Cup'ik and Athabascan people living in the AVCP communities, half of whom are under the age of 21.

AVCP provides administrative support and community development, education, social services, culturally relevant programs and advocacy for the villagers and for most of the 56 Tribes.⁶ It is led by an Executive Board whose members are elected by the 56 member Tribes. AVCP, which has staff in 44 of the villages but has a fiduciary responsibility for and delivers service to all 48, divides the villages administratively into five sub-regions (services are delivered through four sub-regional hub villages and the City of Bethel, the regional hub which houses AVCP's headquarters). They deliver BIA-funded services and programs to the member Tribes through the self-governing service delivery model: AVCP receives block funding from the BIA and, while the funding must be

⁶ While AVCP has fiduciary oversight over all 56 of the Tribes, not all of them participate in all the AVCP services. Two Tribes are not compacted with AVCP, and these two Tribes receive their BIA funding independently and operate their own funded services. AVCP provides ICWA services to 39 Tribes and 17 receive administrative support for ICWA through the BIA's Anchorage office.

used for the stated purpose (i.e., law enforcement, housing, Tiwahe), within that limitation it has authority to set up sub-accounts and use the funding in less restrictive ways. AVCP, which received a total of \$14,272,934 in Tiwahe funding,⁷ used Tiwahe as a means of continuing work it had already undertaken — to organize, streamline and begin to “un-silo” the services it provides and engage in an organization-wide quality improvement initiative. For AVCP, Tiwahe is not a funding stream, it is a “holistic approach” consistent with the way they approach life; for AVCP, Tiwahe is for all the people, it is about and throughout the organization and reflected in the involvement of the full executive board.

Consistent with the plan to organize and streamline their work, AVCP’s original Tiwahe vision was to create a Family Service Center and Tribal Resource Center. The Family Service Center includes the Indian Child Welfare Act, Healthy Families, Head Start and Youth Services. And the organization, which previously included 26 separate programs, each with its own director, now has six divisions, each with a Division Director reporting to the Chief Program Officer. The six Divisions are as follows: Family Service Center, Workforce Development, Benefits, Community Services, Community Development, and Lands and Natural Resources. The reorganization, as well as the overall Tiwahe purpose of improving the health, safety and wellbeing of families by implementation of a coordinated service delivery model, are reflected in AVCP’s Tiwahe vision — to create a comprehensive approach that will implement an effective, efficient and coordinated service delivery model to improve access to family and social service programs. Their community specific Tiwahe goal is to move from decentralized silos with limited communication to a coordination of systems that is effective, efficient and organized. To realize this goal, AVCP planned to use funding from Tiwahe for improvements in infrastructure (technological and organizational) as well as for creating positions and investing in people, coordination and collaboration. One of the primary means of ensuring this coordination is through the employment of “navigators,” who have an in-depth understanding of all services available through the Family Resource Center division and serve as the point of entry for clients. The four performance measures that will identify and document the extent to which the goal is achieved are (1) the percent of sub-regions managing their own child welfare

⁷ This funding represents the total funds AVCP received through 2019 (2020 funds have not yet been provided), for both the Tiwahe Pilot and across-the-board Social Services and ICWA funding increases.

cases, (2) implementation of a client management tracking system, (3) implementation of a communications plan, and (4) percent of courts with children's codes. The self-reported data regarding their achievement of these goals are included in Appendix B.

TIWAHE INFRASTRUCTURE, PROGRAMS AND ACTIVITIES

The primary programs, activities and infrastructure supported with Tiwahe funding by AVCP highlighted in this report are as follows:



COMMUNICATIONS

AVCP relies on the support of the 56 Tribes and their community members to act as an effective service provider. Because of the enormous distance between and among villages and the lack of communications infrastructure in some of the villages, AVCP needs to engage in concerted efforts to ensure that the village residents and their leadership understand, access and welcome AVCP's resources, services, presence and support. Prior to Tiwahe, communication was limited. With the support of Tiwahe, AVCP created a Communications Department that has increased communication through social media, branded signage and publications; created regular newsletters for staff and for customers; produced a monthly radio show and redesigned AVCP's website. The Communications Department has also used these means of communication to focus on sharing information about Tiwahe and the benefits it delivers — including providing upgraded computers and enabling online applications for benefits.



CHILD WELFARE ENHANCEMENTS

Child welfare is of paramount importance throughout the villages supported by AVCP. AVCP has used Tiwahe as a means of enhancing the types and quality of services provided to minimize the number of families engaged with child welfare, maximize the number of children that are placed with immediate or extended family, and provide culturally relevant training and support to families engaged in child welfare and foster care services. The Child Welfare

Sub-Regionalization Project is designed to ensure that each of the sub-regions can manage child welfare cases at the sub-regional level so that community members can access child and family services regardless of their location. The design for this project includes the funding and hiring of a sub-regional manager to supervise, provide support and guidance to ICWA workers in each of the four sub-regional villages, as well as the hiring of a Family Intervention and Prevention Manager and Foster Care Manager. The child welfare initiative also involves AVCP in training both ICWA and TANF workers in the four sub-regional villages to implement its Structured Decision-Making model. In this model, the trained workers evaluate families to assess their risk of being engaged with the child welfare system and provide referrals for wrap-around services to those at highest risk to help support the families and keep the children at home with their families in their villages. From 2019 until 2020, 152 families were assessed through the Structured Decision-Making Model, 37 of which were determined to be at either high or extremely high risk for child welfare involvement. Those families were provided with wraparound support and 24 of those family cases were successfully closed out, avoiding involvement in the child welfare system.

AVCP supports the foster care program by participating in the Tribal-State Compact to perform relative searches to find family placements for children who have been removed from their homes. By adding another Tiwahe-funded position, AVCP has also been able to expand the work they do within the Tribal-State Compact to include safety evaluations and licensing assists. In addition, they also create and provide access to training and support to foster parents.



**HEALTHY FAMILIES
QASGIQ**

Healthy Families – Qasgiq is the guiding principle at AVCP and the foundation upon which the Family Service Center model is based. It provides a good understanding of the Yup’ik cycle of life and how the “teachings, values and traditions are applied throughout the developmental process in order to live a healthy balanced adult life.” Through Healthy Family – Qasgiq, participants learn about traditional Yup’ik/Cup’ik values and a brief history of the trauma in

the region. Traditional knowledge, stories, and personal experiences are shared among the group, which focuses on traditional prevention methods as well as solution-focused conversations around community and family issues. Through Tiwahe, AVCP committed to ensure that the training is provided to community members as well as all Family Service Center staff. Following the closures put in place as a result of the COVID-19 pandemic, Healthy Families successfully transitioned to providing workshops via remote learning and utilizing technology upgraded through Tiwahe.



CLIENT MANAGEMENT TRACKING SYSTEM

Meeting AVCP's Tiwahe goal of moving from decentralized silos with limited communication to a coordinated, effective and efficient system relies not only on individuals like the Navigators learning about AVCP's services and making referrals of families to a multitude of supportive programs, but also upon the use of a standardized screening tool to assess individuals and a tracking system that shares information among the service providers. Eventually, AVCP plans for the Family Service Center to be a "one stop for clients" seeking services, where they can complete one application rather than multiple applications and receive referrals to the additional services for which they are eligible. AVCP identified and purchased a standardized screening tool and has purchased RightTrack software as their client management tracking system. The TANF Department in AVCP's Education, Employment & Training Department and the Social Services Department are currently using the system, the ICWA Department is engaged in training on the software, and the program is being introduced to the Tribal Services and 477 departments.



SPOTLIGHT ON
**SPIRIT LAKE
NATION**



“

Everybody plays a role. Every program, the court systems, the jails, the social service scene...

All these different components are gonna have to work together to provide the best services for people, but especially the children.”



SPOTLIGHT ON SPIRIT LAKE NATION

Spirit Lake Nation joined the Tiwahe Initiative in 2015 as part of the first round of pilot sites.

SOCIAL SERVICE DELIVERY MODEL

As a Public Law 93-638 Contract Tribe, Spirit Lake Nation negotiates contracts with federal agencies for the delivery of social services and programs.

KEY TIWAHE PROGRAMS AND ACTIVITIES



SOCIAL SERVICES. Tribal leaders, elders and community members provide culturally informed supports for children and families through parenting classes, Talking Circles and new support facilities.



VICTIM ASSISTANCE. Tiwahe resources bolster the wrap-around resources and support available to victims of crimes, providing safe and supportive emergency housing and the practical needs that often go overlooked during a crisis.



TRIBAL COURTS. The courts are newly staffed with Tiwahe-funded presenting attorneys and guardians ad litem, both of whom advocate on behalf of both parents and children. The presence of these advocates reassures families about participation in the judicial process.

SIGNATURE SUCCESS

Service providers reflected that, “Tiwahe has funded vital positions with the Spirit Lake tribal court, as well as training for the positions. The positions have proved invaluable to the court and the community as a whole and have helped Spirit Lake make great strides towards promoting family stability and strengthening the Spirit Lake tribal community.” With additional staffing and a focus on culturally informed community healing, the Tribe has for the first time instituted a Children’s Code of laws related to child and family welfare.



We're getting more responsive care... The clients have more resources and they're receiving more empathy.”

A Spirit Lake Nation Leader

Spirit Lake Nation

ABOUT SPIRIT LAKE NATION

The Spirit Lake Reservation,⁸ located in East Central North Dakota, was established by Treaty between the United States and the Sisseton-Wahpeton Sioux Bands in 1867. The Spirit Lake Tribe has 7,256 enrolled members, of which just over 2,000 live on the Reservation. These Spirit Lake Tribe members include the Sisseton, Wahpeton and Cut-Head bands of Yanktonais, and they live within four distinct districts. The topography of the Reservation is consistent with the Northern Plains region, with both flat terrain and rolling hills, as well as wooded areas. While there are numerous small lakes on the Reservation as well as rivers, streams and associated wetlands, Devil's Lake — at 90,000 acres over 200 miles — is the largest body of water. The wooded areas and lakes provide opportunities for hunting and fishing, both for enrolled members and for tourists. The tribal administration is located in Fort Totten, which also houses the tribal college, Cankdeska Cikana Community College as well as several tribal and commercial entities, including schools, the Spirit Lake Casino & Resort and the Spirit Lake radio station, KABU 90.7. Spirit Lake's largely remote and significantly undeveloped land has a shortage of housing for tribal members. This also exacerbates the high rates of unemployment, shortage of activities for youth, and extensive alcohol and substance abuse and associated criminal activity.

The Spirit Lake Tribe uses the “638” contracting process to provide its members with US government-funded services. Under this process, the Tribe receives annual individual contracts to operate any federal program, function, service or activity in the same amount and designated for the same purposes as would otherwise be provided by the BIA. Using 638 contracts to fund the Tiwahe Initiative, Spirit Lake Tribe is required to submit an annual scope of work for each of the specified Tiwahe uses (i.e., social services, ICWA, recidivism reduction) to the regional BIA office for approval.

⁸ The following documents were relied upon in this section: Spirit Lake Victim Assistance & BIA Office of Justice Services Tiwahe Performance Measures – Victim Assistance Program
List of all Positions Hired with Tiwahe Funds (Rep.). (n.d.). Spirit Lake Nation.
SLT Tiwahe Scope of Work 2019-2020 (Rep.). (2019). Spirit Lake Nation.
Smith, D. (n.d.). *SLT Tribal Readiness Model* [PowerPoint slides]. Spirit Lake Nation.
Spirit Lake Nation. (n.d.). Retrieved from http://www.spiritlakenation.com/Spirit_Lake_Tribal_Social_Services_-_Tiwahe (Rep.). (2019). Spirit Lake Nation.
Spirit Lake Tribe's Tiwahe Initiative Addendums to Tiwahe Plan (Rep.). (n.d.). Spirit Lake Nation.
Spirit Lake Tribe's Tiwahe Initiative Plan (Rep.). (n.d.). Spirit Lake Nation.
Tiwahe Annual Report Fiscal Year 2017 (Rep.). (2017). Bureau of Indian Affairs.
Tiwahe Data Calls (Rep.). (2017). Spirit Lake Nation.

Spirit Lake has a large population of youth and, in the recent past, suffered from a high incidence of child sexual abuse as well as an inability to track and support children who were removed from their homes. In 2012, after jointly determining that Spirit Lake was not adequately protecting its children, the BIA took responsibility for managing the Tribe's child protection services. Tiwahe came at a time when Spirit Lake was in the process of planning to take back responsibility for child protection services from the BIA. As a result, their initial focus was on strengthening the infrastructure in order to transition full responsibility to the Spirit Lake Social Services Department. In June 2018, Spirit Lake reassumed control of their child protection services. They thus began their Tiwahe work by focusing on child protection services and social services; as additional funding was provided, they added housing and employment and job training to broaden the areas of wellbeing supported by Tiwahe. The Spirit Lake Tribe worked through Department leaders as well as the National Tiwahe Coordinator to assess their needs, define their goals and create their initial Tiwahe plan. Like all the Pilot Communities, the Spirit Lake Tiwahe plan was built on the twin goals of supporting families through coordinated service delivery and integrating culture into their services.

Spirit Lake's Tiwahe vision is to reunify and preserve families through tradition and culture and to give families hope and build trust so that community members feel comfortable to seek assistance. The Tribe's Tiwahe plan has three goals: Increase tribal self-sufficiency among Spirit Lake members, build families' self-confidence through cultural awareness and activities, and reduce homelessness on the Reservation. The following performance measures were developed to identify and document achievement of their goals: Reduction in the number of families dependent on General Assistance, increase in the number of families preserved or reunified by successful completion of a cultural program, and reduction in homelessness. The self-reported data regarding their achievement of these goals are included in Appendix B.

TIWAHE INFRASTRUCTURE, PROGRAMS AND ACTIVITIES

The primary programs, activities and infrastructure supported with Tiwahe funding at Spirit Lake highlighted in this report are the following:



Spirit Lake's Social Services program is centered on strengthening children, families and the community through the Dakota values of respect, wisdom, generosity, courage and fortitude, honesty, help, humility and compassion. Tribal leaders, elders and community members are actively involved in the delivery of culturally relevant and responsive services and support to children and families. They provide parenting classes that incorporate Dakota culture, as well as preventive youth cultural and leadership awareness workshops. In addition, they integrate Dakota culture and traditions to help the community heal within Talking Circles offered through the Victims Assistance Program and within the Recovery and Wellness Program that supports families to address trauma and concerns, especially upon returning from treatment for alcohol or substance abuse. The Tribal Social Services Department also built its physical infrastructure to allow for the integration of culture into service delivery: The new Tiwahe Visitation Center offers a space to conduct supervised visitations in a home-like atmosphere and plans have been made to remodel three modular units to function as family visiting and short-term emergency placement areas.

With funds provided by Tiwahe, the Social Services Department increased its staff to provide prevention services, intervention services and intensive case management. Now, instead of focusing solely on removing children from unsafe conditions, they are able to support families to keep children in their homes, reunify families where the children have previously been removed from the home, and support families when children are returned home.

Spirit Lake Tribal Social Services also partners with the prenatal substance abuse program to provide enhanced support to mothers whose children are born with prenatal exposure to drugs, alcohol or other illegal substances. To keep families together, Tiwahe connects the mothers to childcare resources and housing and provides transportation to doctor's appointments, WIC appointments and treatment.



VICTIM ASSISTANCE

The Spirit Lake Victim Assistance Program has been providing services to crime victims on the Spirit Lake Reservation for more than a decade. The Program provides emergency shelter, hotlines, crisis intervention, community education, victim advocacy, counseling, traditional medicines and healing and outreach. Tiwahe funds support the expansion of services provided by the Spirit Lake Victim Assistance Program. In addition to providing extended emergency assistance for domestic violence victims (and their children), they also provide transportation; purchase clothing, food, personal hygiene supplies and groceries for those in shelter; and provide cultural and hands-on activities designed to teach and support program participants. The Victim Assistance Program also obtained permission to go into local jails to counsel women about domestic violence and sexual assault; in addition, they conduct talking circles with the inmates. The Victim Assistance Program has held myriad programs and activities to support victimization education and the healing of traumatized victims, including an equine therapy program, domestic violence and sexual assault workshop, a day of prayer, a two-day Native American Sexual Assault training, traditional crafts workshops, and healing activities where information was shared about domestic violence, sexual assault, teen bullying, teen stalking, human trafficking, etc. In addition, the Victim Assistance Program held a community healing event in which nearly 250 community members participated, and they built a sweat lodge and hold monthly women's sweats, which are facilitated by one of the Tribe's elders.



JOB PLACEMENT AND TRAINING

Spirit Lake Tribe provides employment and life skills trainings, and case management to support families with an alcohol or substance abuse history and guide individuals to wellbreity and self-sufficiency. A Tiwahe Job Placement and Training case manager was hired to assist individuals stay on the path toward employment. In addition, a professional development facilitator was hired to deliver strength-based employment and life skills training programs.



TRIBAL COURTS

With the support of Tiwahe, the Spirit Lake Tribal Courts are now fully staffed. In addition to a Chief Tribal Judge (who has served for at least three years), there is now a case presenter, a defender to represent parents, and a guardian ad litem to represent the interests of the children. These licensed attorneys represent the parents and the child; the children's best interests are independently represented, and the attorneys guide the judge to reasoned decisions. As a result, many parents now believe that the Courts are not necessarily rubber-stamping decisions made by Social Services; they understand that they're not inevitably going to lose their children if they participate in the judicial process. In addition, Tiwahe supported the Spirit Lake Tribe to engage in social service process mapping and translated the delineation of the full child welfare judicial process to a new Children's Code — thereby ensuring that the correct and fully represented process will be reflected in tribal law.



SPOTLIGHT ON
**UTE MOUNTAIN
UTE TRIBE**



“

**Native for Native
is very important...
The Tribe is a family,
and it was great to
see all those Natives
working together.
And you can see
that they can build
something together,
and it can work,
but they have to be at
the table.”**



SPOTLIGHT ON UTE MOUNTAIN UTE TRIBE

Ute Mountain Ute Tribe joined the Tiwahe Initiative in 2015 as part of the first round of pilot sites.

SOCIAL SERVICE DELIVERY MODEL

As a Public Law 93-638 Contract Tribe, the Ute Mountain Ute Tribe negotiates contracts with federal agencies for the delivery of most social services and programs⁹

KEY TIWAHE PROGRAMS AND ACTIVITIES



HOUSING IMPROVEMENT. Tiwahe supported an intergenerational leadership advisory team for the Tribe's Housing Authority and renovations to community homes most in need.



YOUTH FILMS. The Youth Film Institute has produced two award-winning films and now integrates behavioral health into its culturally informed youth development model.



BEHAVIORAL HEALTH. The new Mógú-an Center serves as a one-stop facility providing integrated services including behavioral health, substance abuse prevention for youth and suicide prevention services.



CULTURAL PROGRAMMING. Tiwahe supports quarterly cultural celebrations for families and a language preservation program that will result in the first Ute dictionary.



FITNESS ZONE. The installation of new, Tiwahe-funded outdoor exercise equipment promotes traditional wellness approaches.

⁹ UMUT also receives some services directly from BIA and other federal agencies.

SIGNATURE SUCCESS

Ute Mountain Ute youth have taken the lead to write, produce, direct — and screen at national and international film festivals — a [series of short films](#). Following two original narrative films, the documentary *Tour de Ute – A Journey of Wellness* explores Tiwahe in Ute Mountain Ute Tribe and *Home Improvement Program* showcases welcome renovations to community homes.

Ute Mountain Ute Tribe

ABOUT UTE MOUNTAIN UTE TRIBE

The Ute Mountain Ute Tribe (“UMUT” or “Ute Mountain”)¹⁰ is a small Tribe of approximately 2,000 people living on the Ute Mountain Reservation, an area of approximately 600,000 acres located in the Four Corners, where Colorado, Utah, New Mexico and Arizona meet. The Reservation, which straddles three of those states, includes two villages in Colorado and Utah; encompasses mountains, stone monuments, deep chasms and red dirt desert mesas; and is dotted with ancient Anasazi ruins. The Reservation is a remote, rural area, one not served well by standard infrastructure or accessible to significant economic opportunities. The construction of irrigation systems and the resolution of disputed water rights have resulted in the delivery of water to Ute Mountain and has made both agriculture and ranching available on the UMUT Reservation. The UMUT contracts for most services and receives some services directly from the BIA.

At its start, Ute Mountain’s Tiwahe Initiative was led by a 24-member Advisory Board representing diverse sectors of the community, including youth, parents, education, religion, media, tribal government, business, chemical health and law enforcement. With support from a consultant, they developed UMUT’s Tiwahe Program, also known as “Tour de Ute – A Journey of Wellness.” The UMUT has a “young, growing and impoverished” population: The median age is 29 and nearly 40% of the tribal members are under the age of 20. Approximately 40% of residents have an income below the poverty level, and 17%

¹⁰ The following documents were relied upon in this section: Gomes, P. (Producer), & Skorodin, I. (Director). (2019). *Tiwahe Tour de Ute* [Video file]. Peoples of the Mesa Verde Region. (n.d.). Retrieved from <https://www.crowcanyon.org/index.php/40-classroom-resources/296-peoples-of-the-mesa-verde-region>
Plentyholes, J. (2019). *Ute Mountain Ute Tribe Tiwahe Program* (Rep.). Ute Mountain Ute Tribe.
Tiwahe Annual Report Fiscal Year 2017 (Rep.). (2017). Bureau of Indian Affairs.
Tour de Ute: A Journey of Wellness. (n.d.). Retrieved from <http://www.facebook.com/pg/TourDeUte/posts/>
Tour de Ute. (n.d.). Retrieved from <http://www.tourdeute.org/>
Ute Mountain CCD Colorado Demographics data. (n.d.). Retrieved from <http://www.towncharts.com/Colorado/Demographics/Ute-Mountain-CCD-CO-Demographics-data.html>
Ute Mountain Ute Tribe. (2019, March). *Tour de Ute – Journey of Wellness Tiwahe Initiative Family Matters* [Flyer].
Ute Mountain Ute Tribe Tiwahe Program 1st Quarterly Report (Rep.). (2020). Ute Mountain Ute Tribe.
Ute Mountain Ute Tribe Tiwahe Program 2nd Quarterly Report (Rep.). (2020). Ute Mountain Ute Tribe.

have income levels below 50% of the poverty level. In addition, there is a crisis of homelessness on the Ute Mountain Reservation. The responsive vision of Tour de Ute is to focus on this population and grow a new generation of Ute leaders by cultivating cultural values, self-sufficiency and commitment to family. They aim to do this through the achievement of three goals: Increasing youth leadership skill development, increasing multi-media career skill development among youth, and reducing homelessness among single parent families and veterans. The performance measures used to identify and document the extent to which they reach these goals include (1) the number of film screenings, number of audience members present, and social media views of films created by youth engaged in Tour de Ute's multi-media skill development and (2) the reduction in homelessness, number of families assisted, and number of identified homeless families. The self-reported data regarding their achievement of these goals are included in Appendix B.

TIWAHE INFRASTRUCTURE, PROGRAMS AND ACTIVITIES

The primary programs, activities and infrastructure supported with Tiwahe funding at Ute Mountain are highlighted below.



TIWAHE HOUSING IMPROVEMENT PROJECT

There is significant homelessness on the UMUT Reservation. The lack of housing, as well as unsafe and overcrowded housing, has resulted in 200 families on a waiting list for housing, with 125 on the urgent list for housing. Tiwahe first responded to this challenge by funding a youth-led rural development initiative in which youth and elders formed an intergenerational leadership advisory team for the UMUT Housing Authority and engaged in a wide-ranging process including meetings, surveys, focus groups and interviews to identify priorities within the broadly acknowledged need for additional housing on the Reservation. One of the highest priorities identified by the advisory team was the need for housing for single parent families and veterans. Through Tiwahe, UMUT planned to provide temporary housing for eight families annually, and to connect families and veterans with tribal and other local resources. In addition, the Tiwahe Initiative has provided funding to

provide up to \$50,000 in renovations for five of the most distressed homes on the Reservation. In 2019, five families were identified, and their homes were renovated. Thus far in 2020, four more homes are being renovated.



UMUT's Tiwahe Initiative includes a Youth Film Institute — a series of workshops that teach youth to write, direct, perform and produce films and, in the process, supports them to develop improved communication skills, advocacy skills and vocational training for careers in film. Through this program, UMUT youth have produced two award-winning films on the subjects of poverty, homelessness, teen suicide, bullying, homophobia, domestic violence, alcoholism and substance abuse. While the films garnered critical acclaim, not all of the young people who participated in their production went on to success. Through Tiwahe, Behavioral Health now connects with the Youth Films project to ensure that those involved in the project are appropriately supported with necessary services. The program managers have shifted the topics of the films to focus less on the challenges faced by UMUT youth and more on the supports being made available to the community. Thus, the Youth Films project has more recently produced three films about Tiwahe — one focused on the full Tour de Ute initiative, another about the Fitness Zone, and a third showcasing the renovation of the home of a young couple struggling with homelessness.



Ute Mountain's Tiwahe Initiative provided funding to develop the Mógú-an Center, a new one-stop location for Tiwahe services, including behavioral health, substance abuse prevention for youth, and suicide prevention services. In 2019, UMUT purchased and set up seven mobile modular units to house Tiwahe and the behavioral health center. The Center is staffed by a full-time Behavioral Health counselor. In addition, there is a Community Resource Director who makes referrals, as appropriate, to Behavioral Health, Social Services, Public Works, the Recidivism Reduction Initiative and Victims' Assistance.



CULTURAL PROGRAMMING

Each year, UMUT's Tiwahe Initiative holds quarterly "Family Matters" cultural events in each of the two communities at which children, adults, and elders all have an opportunity to share foods, learn and engage in traditional arts, attend traditional singing and dancing activities, and exercise together. In addition, through Tiwahe, UMUT is working with community elders participating in the language preservation program to enhance the Ute dictionary (which may contain upwards of 10,000 words) and create a talking dictionary.



FITNESS ZONE

In an effort to improve the physical and mental health of UMUT community members, including rising rates of diabetes among both children and adults, Tour de Ute supported the building of the Fitness Zone Project, including four fitness exercise stations placed along the Tour de Ute hiking trail system. These exercise stations were placed in heavily used areas to encourage members to be active, socialize, and engage in exercise beyond the cardiopulmonary exercise naturally supported through the use of the hiking trails. The Fitness Zone Project was highlighted in a film made by UMUT youth through the Youth Film Institute.





SPOTLIGHT ON
**FORT
BELKNAP
INDIAN
COMMUNITY**



“

**Our community
is so closely
integrated together
in our interactions...
Our elders are our
knowledge keepers.
You value their input,
you honor them.”**



SPOTLIGHT ON FORT BELKNAP INDIAN COMMUNITY

Fort Belknap Indian Community joined the Tiwahe Initiative in 2016 as part of the second round of pilot sites.

SOCIAL SERVICE DELIVERY MODEL

As a Public Law 93-638 Contract Tribe, Fort Belknap negotiates contracts with federal agencies for the delivery of social services and programs.

KEY TIWAHE PROGRAMS AND ACTIVITIES



SOCIAL SERVICES. With Tiwahe support, Fort Belknap Indian Community has carried out a holistic campaign of enhancements to its victim and family support services. Culturally informed interventions by newly hired victim support, batterer's intervention, and family support specialists help prevent and respond to family crises.



TRIBAL COURTS. A new juvenile recidivism reduction initiative emphasizes traditional healing practices like equine therapy. The workshop series for youth serves as a diversion program within the justice system and forges supportive bonds — reinforced by culture — among community elders and youth.

SIGNATURE SUCCESS

Inspired by their vision “to provide wraparound services for the people of the Fort Belknap Indian Community so that they can become self-sufficient individuals,” Fort Belknap has deliberately used Tiwahe to build professional capacity among departments and staff. With 13 new staff roles and new approaches to training and management supported by Tiwahe, Fort Belknap has been able to infuse culture into social services and professionalize their workforce at the same time, including two Tiwahe staff now pursuing university degrees.



I wouldn't be anything without my family, and I think that that's the kind of sense that people get with Tiwahe as a program."

A Fort Belknap Service Provider

Fort Belknap Indian Community

ABOUT FORT BELKNAP INDIAN COMMUNITY

Fort Belknap Indian Reservation¹¹ is homeland to the Nakota and Aaniiih Tribes. The Reservation is located forty miles south of the Canadian border in north-central Montana. There are approximately 10,000 enrolled members (just over 4,000 Nakoda and almost 6,000 Aaniiih), of whom 4,200 reside on the Reservation. The Fort Belknap Indian Reservation, which encompasses 675,000 acres in an area of approximately 28 miles by 35 miles, is remote and rural. The land is mostly rolling plains and the main industry supported is agriculture, consisting of small cattle ranches, raising alfalfa hay for feed and larger dry land farms. Climate change and extreme weather, including both floods and fires, pose a threat to the land and residents of FBIC.

Over the past decade, farm and ranch ownership of Fort Belknap Indian Community ("Fort Belknap" or "FBIC") members has increased, and there have been efforts to introduce and mentor youth to prepare for work in the agricultural realm. More significant preparation for careers is available through the Aaniiih Nakoda College which provides certificate programs, associate degrees and a Bachelor of Science in Aaniiih Nakoda ecology. FBIC has received a total of \$9,269,746 in Tiwahe funding.

Fort Belknap uses the "638" contracting process to provide its members with US government-funded services. Under this process, they receive annual individual contracts to operate any federal program, function, service or activity in the same amount and designated for the same purposes as would otherwise be provided by the BIA. Using 638 contracts to fund the Tiwahe Initiative, Fort Belknap is required to submit an annual scope of work for each of the specified Tiwahe uses (i.e., social services, ICWA, recidivism reduction) to the regional BIA office for approval.

¹¹ The following documents were relied upon in this section: *Comprehensive Economic Development Strategies (CEDS)* (Rep.). (2017-2022). Fort Belknap Indian Community.
FBIC Tiwahe Initiative Statement of Work (Rep.). (2017). Fort Belknap Indian Community.
FBIC Tiwahe Initiative Statement of Work (Rep.). (2018). Fort Belknap Indian Community.
FBIC Tiwahe Initiative Statement of Work (Rep.). (2019). Fort Belknap Indian Community.
FBIC Tiwahe Initiative Statement of Work (Rep.). (2020). Fort Belknap Indian Community.
Fort Belknap Indian Community Tiwahe Plan (Rep.). (2017). Fort Belknap Indian Community.
Gone, S. (2017). *Fort Belknap Tiwahe Initiative Annual Report FY 2017* (Rep.). Fort Belknap Indian Community.
Gone, S. (2018). *Fort Belknap Tiwahe Initiative Annual Report FY 2018* (Rep.). Fort Belknap Indian Community.
Tiwahe Annual Report Fiscal Year 2017 (Rep.). (2017). Bureau of Indian Affairs.
Tiwahe Program Overview (Rep.). (n.d.). Fort Belknap Indian Community.



Fort Belknap's person-centered system of care "acknowledges each child and family's unique set of strengths and challenges and engages the family as a partner in developing and implementing service and court-ordered plans."

FBIC documentation

Fort Belknap was one of the two communities invited to participate in the Tiwahe Pilot in 2016, a year later than the initial four communities. Their Tiwahe planning process began with a series of community forums to inform the community, service providers and tribal programs about the initiative and the opportunity it presented to Fort Belknap. Then a Tiwahe Advisory Committee was assembled, and several meetings were held to identify needs and gaps in services. The National Tiwahe Coordinator supported the Advisory Committee and facilitated a five-day strategic planning session which resulted in the identification of needs and gaps in services and the development of FBIC's own goals and objectives. The needs identified focus on the young residents of FBIC (30% are under the age of 15) and the many economically impoverished residents — approximately 40% of the community members earn less than \$25,000 per year, a figure that is reflective of more than one quarter of the adult population being unemployed. The primary gap areas identified for attention through Tiwahe are reducing recidivism and improving Tribal Courts, Social Services and Law Enforcement.

The Fort Belknap Tiwahe plan begins by describing the context of challenges it faces, noting that the Reservation community's struggles have led to "a breakdown of families and increased the demands of the Tribe's child welfare and justice systems." These challenges are "further compounded because Fort Belknap communities also struggle with poverty and lack of adequate housing resulting in depressive living conditions for the majority of tribal residents." Tiwahe provided an opportunity for Fort Belknap to focus on enhancing services to address these challenges and on strengthening the capacity of the justice and social service systems to support families. Their careful gap analysis identified a need for "an integrated, strength-based, person-centered systemic model with a defined focus on efficient and coordinated services that emphasize the individual and family as a partner to health and wellbeing." A strength-based model is the opposite of the regularly implemented deficit-based approach, which focuses on what is wrong with the child or the family and creates a system that is punitive and stigmatizing. A person-centered system of care "acknowledges each child and family's unique set of strengths and challenges and engages the family as a partner in developing and implementing service and court-ordered plans." It is this system of care that underlies Fort Belknap's Tiwahe Mission to reduce child abuse and neglect, domestic violence, substance abuse, violent crime and suicides on the Fort Belknap Indian Reservation.

A core Tiwahe team participated in a performance metric strategic planning session at which they developed their vision, goals and performance metrics. Their vision is to provide wraparound services for the people of the Fort Belknap Indian Community so that they can become self-sufficient individuals. Their three community-specific goals are to increase the rate of family reunification; reduce the rate of substance abuse, child and family abuse, and child neglect; and preserve the future of the Aaniiih and Nakota people. The performance measures used to identify and document the extent to which they are reaching their goals are reduction in the instances of abuse of a child, assault of a family member, and abuse of an elder; reduction in juvenile recidivism rate; and reduction in reported Temporary Investigative Authority cases. The self-reported data regarding their achievement of these goals are included in Appendix B.

TIWAHE INFRASTRUCTURE, PROGRAMS AND ACTIVITIES

The primary programs, activities and infrastructure supported with Tiwahe funding at the Fort Belknap Indian Community highlighted in this report are as follows:



With the support of Tiwahe, Fort Belknap is rebuilding its Victim Assistance Program. They have hired a Domestic Violence Crime Advocate who maintains client contact with both victims and alleged abusers as their cases move through the justice system and engages in community outreach to promote positivity about law enforcement services and increase awareness about domestic violence. They also plan to renovate the Tribe's domestic violence shelter. Further implementing the family-centered system of care, Tiwahe funding allowed Fort Belknap to create a Batterer's Intervention Program, which provides programmatic services to develop and carry out a culturally relevant program that engages both victims and alleged perpetrators. They hired a Batterer Intervention Specialist to develop and implement culturally appropriate curriculum for the batterer's education class; organize, facilitate and conduct batterer education classes; monitor and coordinate follow-up for court-ordered

clients; and communicate with the tribal probation officer to help batterers link to support services, ensure that they complete the terms of the court-ordered batterer’s education class, and attend Tribal Court Hearings. This program is built on Fort Belknap’s recognition that engaging both victim and alleged perpetrator to “overcome historical trauma, abuse, and other concerns, is fundamental to developing and sustaining a healthier community.”

Under Temporary Investigative Authority, children can temporarily be removed from their homes while allegations of child abuse, neglect or abandonment are being investigated. One of Fort Belknap’s objectives is to reduce the high rate of re-occurring Temporary Investigative Authority cases. Through Tiwahe, they have hired a Family Intervention Specialist to provide in-home preventative and after-care services to families. The Family Intervention Specialist not only provides life skills training and makes connections with supports and resources to avoid out-of-home placements and keep families together; they also provide care, supports and referrals to resources once the family is reunified. The Family Intervention Specialist works closely with the Batterer’s Intervention Specialist, the Domestic Violence Crime Advocate, the Recidivism Reduction Initiative, the ICWA Specialist, the Guardian Ad Litem and law enforcement — providing wraparound services that support community members to become self-sufficient and families to remain intact. Since adding the Tiwahe-funded supports, the number of temporary removals has decreased from 41 in 2017, to 34 in 2018, and to 4 in 2019.



Tiwahe has supported Fort Belknap to create a juvenile Recidivism Reduction Initiative (RRI) that provides culturally infused alternative sentencing for juveniles involved in the juvenile justice system. A Program Manager, RRI Case Manager/ Intervention Specialist, and RRI Juvenile Probation Officer provide individual case management and monitoring services to juvenile offenders, most of whom are accused of substance abuse-related crimes. The eight classes that are designed to help RRI participants understand and access healthier ways to cope with their emotions include Youth Family Strengthening, Language Preservation Classes, Red Road Ahead: New Options to Anger Management on the Red Road, Red Road to Family Healing, and Trauma and Trauma Informed Care. In addition, participants engage in equine therapy and consistently partner with and learn from elders throughout the program. The RRI program provides wraparound service to juveniles as a preventative measure to reduce adult substance abuse offenses and to support the youth with mental health, substance abuse, education, traditional teachings, and family services. The RRI Program has consistently seen success in stemming youth recidivism. In calendar year 2017, 97% of court-involved youth recidivated; by 2018, only 24% did, compared to a national average of 50%.



SPOTLIGHT ON
**PASCUA
YAQUI
TRIBE**

“

What Tiwahe has meant is that we, as a government, are a family with the families that we're providing services to.”





SPOTLIGHT ON PASCUA YAQUI Tribe

Pascua Yaqui Tribe joined the Tiwahe Initiative in 2016 as part of the second round of pilot sites.

SOCIAL SERVICE DELIVERY MODEL

As a Public Law 93-638 Contract Tribe, Pascua Yaqui Tribe negotiates contracts with federal agencies for the delivery of social services and programs.

KEY TIWAHE PROGRAMS AND ACTIVITIES



ICWA SUPPORT AND FOSTER CARE PROGRAM. Pascua Yaqui Tiwahe hired additional staff members to increase support to Yaqui foster families and families involved in child welfare, speed up response times and enrollment determinations, and offer cultural resources to build families' resilience.



ATTENDANCE ACHIEVEMENT PROGRAM. This partnership between the Office of the Prosecutor and the Education Department provides wrap-around prevention and intervention services to families with school age children.



RECIDIVISM REDUCTION INITIATIVE. The Healing to Wellness Court provides an alternative to incarceration for adults and, newly with Tiwahe support, youth in the Yaqui community who are struggling with substance abuse.

SIGNATURE SUCCESS

When Tiwahe planning got underway, Pascua Yaqui Tribe was confronting a backlog of child welfare cases across far-flung communities in Arizona and beyond. Since hiring a new Tiwahe-funded senior enrollment research specialist, the Tribe can more quickly process enrollment verifications and applications and identify relatives for placement, minimizing the traumatic experience of separation for more Yaqui families. In a few short years, intervention time in child welfare cases has decreased from 10 days to three.



“Collaboration between departments is absolutely necessary, and being able to communicate with each other, and [having] a tracking system. Because without the data, we really don’t have anything to fall back on to show what is or is not working.”

A Pascua Yaqui Service Provider

Pascua Yaqui Tribe

ABOUT PASCUA YAQUI TRIBE

The Pascua Yaqui Tribe¹² is located on a 2,216-acre reservation southwest of Tucson and in seven off-reservation communities in Arizona, including several in and near Tucson (Pima County) and Guadalupe, which is close to Phoenix (Maricopa County). There are over 23,000 enrolled tribal members; one quarter, or 5,000 of them, live along with approximately 1,500 non-Native residents, on the Reservation. While the Pascua Yaqui have historically inhabited many parts of North America, for hundreds of years their geographic base was along the Rio Yaqui in Sonora, Mexico. Now most Yaqui live in urban or suburban areas and towns in Southern Arizona, and the community members speak Spanish, Yaqui and English. Almost 40% of the enrolled members of the Pascua Yaqui Tribe are under 18 years old, and 30% of households have income less than \$20,000. Nearly 40% of families and just over 40% of tribal members over 65 live in poverty. The extensiveness of youth and poverty have significant implications for the social and wellbeing indicators that challenge the Tribe. The Pascua Yaqui Tribe, which employs 1,044 people, received a total of \$10,585,504 in Tiwahe funding.

The Pascua Yaqui Tribe uses the “638” contracting process to provide its members with US government-funded services. Under this process, they receive annual individual contracts to operate any federal program, function, service or activity in the same amount and designated for the same purposes as would otherwise be provided by the BIA. Using 638 contracts to fund the Tiwahe Initiative, Pascua Yaqui is required to submit an annual scope of work for each of the specified Tiwahe uses (i.e., social services, ICWA, recidivism reduction) to the regional BIA office for approval.

¹² The following documents were relied upon in this section: Arizona Rural Policy Institute, W.A. Frankie College of Business, Northern Arizona University. (2010). Demographic Analysis of the Pascua Yaqui Tribe Using 2010 Census and 2010 American Community Survey Estimates (Rep.). PYT.
Pascua Yaqui Tiwahe Initiative Plan Addendum (Rep.). (n.d.). Pascua Yaqui Tribe.
Pascua Yaqui Tiwahe Initiative 2016 Plan (Rep.). (2016). Pascua Yaqui Tribe.
Pascua Yaqui Tribe CFPNB Resolution (Rep.). (2014). Pascua Yaqui Tribe.
Pascua Yaqui Tribe Narrative (Rep.). (2018). Pascua Yaqui Tribe.
Tiwahe Annual Report Fiscal Year 2017 (Rep.). (2017). Bureau of Indian Affairs.
Utteaka Nau Naawak Togetherness, Strong Roots (Rep.). (2016-2018). Pascua Yaqui Tribe.



Itom Yoemia is an approach to creating an “effective, efficient, and coordinated service delivery model to improve access to family and social service programs.”

Pascua Yaqui documentation

Pascua Yaqui was one of the two communities invited to participate in the Tiwahe Pilot in 2016, a year later than the initial four communities. After quickly developing its application and Tiwahe Plan, they put responsibility for refining the Plan and developing goals into the hands of the FAC and the Children and Families Provider Networking Board, a pre-existing body made up of 15 department leaders working together to coordinate efforts to improve outcomes for children and families. The Pascua Yaqui Tiwahe mission is to improve system coordination and integration of service delivery among Yaqui government agencies to Yaqui families in seven tribal priority areas: Family knowledge, health, participation in the community, engagement with culture, standards of living, relationships, and the natural environment. The Tribe sees Tiwahe — later renamed Itom Yoemia, which translates to “Our Family” in English — as a means of helping develop a comprehensive approach to creating an “effective, efficient and coordinated service delivery model to improve access to family and social service programs.” Their Tiwahe vision is to empower Yaqui families to be self-sufficient, healthy and culturally connected. And their two tribal-specific Tiwahe goals are to ensure that Yaqui children remain connected to Yaqui culture and to empower Yaqui families to achieve healthy self-sufficiency. The following performance measures are used to identify and document the extent to reach these goals: (1) the percent of truant children who maintained attendance in school with completion of the Attendance Achievement Program; (2) the percent of Yaqui foster children placed with licensed Yaqui foster families; and (3) the percent of General Assistance recipients returning to employment. The self-reported data regarding their achievement of these goals is included in Appendix B.

TIWAHE INFRASTRUCTURE, PROGRAMS AND ACTIVITIES

The primary programs, activities and infrastructure highlighted in this report and supported by Itom Yoemia are as follows:



ICWA SUPPORT AND FOSTER CARE PROGRAM

To achieve the Itom Yoemia goal of ensuring that Yaqui children remain connected to Yaqui culture, it is critical that more Yaqui children in foster care are housed with licensed Yaqui foster families. It is also vital that parents whose children are in out-of-home placements be permitted immediate and continuous visitation with their children. In addition, when families with potential connection to Pascua Yaqui are involved in child protective cases outside of the Tribal Court system, quick determinations of their ICWA eligibility can ensure that they have an opportunity to be housed by Pascua Yaqui Tribe members and raised knowing their culture and family. Itom Yoemia has supported all of these important objectives. A Foster Care Assistant was hired to recruit and increase the number of Yaqui foster families and to provide support and training to licensed and prospective Yaqui foster families. An additional Case Aide was hired, thereby doubling the number of Case Aides and helping Pascua Yaqui to decrease the length of time that parents had to wait before having visitation with their children following out-of-home placements from up to six months to a matter of days. Now the Tribe agrees to supervise visits so that they can be more frequent or convenient, and children can be with family members for cultural events. An Enrollment Specialist was hired, allowing quick determinations of whether Pascua Yaqui could intervene and seek family, kinship, or tribal and culturally appropriate placement for children actively involved in judicial proceedings and reducing the number of days to complete verification after receiving notice from 10–15 business days to 2–3 business days. Another ICWA attorney and legal assistant as well as an ICWA data clerk were hired, which allowed them to provide enhanced legal services in both Pima and Maricopa counties. In addition, a Cultural Resource Curator and Itom Yoemia Associate Instructor were hired for the Language and Culture department, which now provides additional cultural resources to staff and families and offers summer programming and year-round workshops in which ICWA children can and do participate.



ATTENDANCE ACHIEVEMENT PROGRAM

Truancy has implications for individuals and families, as well as for the future of the Yaqui nation. Based on an understanding that truancy is often the result of myriad challenges that exist within family systems, the Attendance Achievement Program (“AAP”) is designed to provide stabilizing programming to children in unstable environments. It is a partnership led by the Office of the Prosecutor and the Education Department that provides wrap-around services to families before they become involved in the justice system and to court-involved families with school age children. The program collaborates with Law Enforcement, Courts, Probation, as well as Sewa U’usim, the wrap-around behavioral health provider, and staff make referrals as appropriate to other Tribal and non-Tribal programs, including the Workforce Development and Language and Culture Departments and the Boys and Girls Club, to support the child and family. Once a referral is made to AAP, an Attendance Achievement Administrator conducts a detailed assessment of the family which is used to develop an individualized achievement plan for each member of the family. The plan is reviewed with the family, and step-by-step goals are set and monitored. Each year, AAP serves over 100 students through diversionary programming and community engagement activities; following the first full year in operation, the APP increased Yaqui attendance rate above the rate of other minority groups’ attendance in the Tucson schools for the first time ever. Of a recent sample of 20 APP students, school attendance rates increased by an average of 6% — which amounts to 11 more days in school — while the students were participating in the program, compared to before they joined APP.



RECIDIVISM REDUCTION PROGRAM

To tackle extensive alcohol and substance abuse — which has been identified as prevalent in criminal cases, especially in domestic violence — and develop a more collaborative, problem-solving approach to criminal justice, Pascua Yaqui has created and Itom Yoemia supports a Recidivism Reduction Initiative (“RRI”). The RRI program supports the Healing to Wellness Court, which provides an alternative to incarceration program for adult substance abuse offenders, as well as the development of a juvenile healing to wellness court for juvenile substance abuse offenders. Both programs are “braided with traditional Yaqui values” and use a combination of community resources, collaboration and culturally appropriate treatment to reduce criminal activity and recidivism. Healing to Wellness courts “help participants confront and challenge the conflict within” and — with the support of the Language and Culture Department and referrals from both the Centered Spirit Program (behavioral health) and Sewa U’usim (community-based cultural family support services) — integrate Yoeme tradition, knowledge, language, values and spiritual healing practices within the structure and accountability of the tribal justice system. The RRI program has led to a decrease in recidivism while connecting those in need with various tribal services supporting participants’ behavioral health needs. After six months in RRI, 72% of offenders did not have a new arrest and after 12 months in RRI, 66% of offenders did not have a new arrest.



SECTION III

**THE PILOT
COMMUNITIES'
COLLECTIVE
TIWAHE JOURNEYS**



THE PILOT COMMUNITIES' COLLECTIVE TIWAHE JOURNEYS



When we connect with our ancestors and put their wisdom into action, we are evolving our collective consciousness. We are transporting the ancient truths of our collective past and bringing them into our future. What we create out of those truths extends the wisdom of all those who have gone before us, and it provides a guide for all those who follow.”

Sherri Mitchell Weh'na Ha'mu Kwasset

Five years after the first meeting at which just three American Indian Tribes and the Association of Village Council Presidents were invited to participate in the Tiwahe Initiative, more than 80,000 American Indians and Alaska Natives are eligible to receive services in new ways. Some are meeting with case navigators who help them identify and access services that can help strengthen their families; others are learning about their culture, their Tribes' traditions and restorative justice as an alternative to spending time in jail. Families who were living in substandard housing are having their homes renovated; children who are temporarily removed from their homes are being placed with close relatives or newly-licensed foster parents on their home reservations; and young people are being trained as certified nursing assistants and entering employment at their Tribe's assisted living residence, which is keeping elders safe in their communities. Tiwahe has enabled all this and more by virtue of the fact that the Tribes were put in charge of designing their own solutions to the social welfare challenges they chose to address.

The programs, structures, models and activities that the Pilot Communities implemented to make these changes also realized the BIA's goals and objectives for Tiwahe. Through the hiring of additional staff, the creation of spaces where staff are accessible to each other and clients, and the use of client management systems, all of the Pilot Communities have increased access to family and social services. Through the design and implementation of culturally based recidivism reduction initiatives, they have created alternatives to incarceration. Through regular inter-departmental meetings, the addition of case workers and the first uses of client management systems, they have improved links to appropriate

TIWAHE AND BRAIDED SERVICES

BIA and the Pilot Communities alike used the term “braided services” to refer to the practice of applying multiple funding streams to integrated social service delivery, although they conceptualized the term slightly differently.

BIA emphasized that, “Tiwahe seeks to demonstrate the importance of service coordination between programs within tribal communities, including social services, law enforcement, tribal courts and job placement and training, so that critical services more effectively and responsively reach native families.”

prevention, intervention and treatment opportunities. Through the hiring and training of additional case workers and through improved communication between case workers and representatives of other Tribal services, they have improved case management services. And to at least some extent, through education, professional development, and the addition of staff that can work more closely with non-Tribal partners, they have improved partnerships to provide enhanced services to Tribal children, youth and families.

While each Pilot Community forged its own path, designed its own Tiwahe initiative, programs and activities, and used Tiwahe to support its own strategies for change, their journeys also share some elements. This section looks at the collective and shared Tiwahe journeys. It begins with a little history — providing a brief explanation of the reason the Pilot Tribes focused so much attention on their efforts to strengthen ICWA. It then looks at the start of the Initiative, exploring the hopes and expectations the Pilot Communities had about Tiwahe and discussing some of their first steps, including the planning processes they engaged in. It explores how Tiwahe is different from other BIA-funded programs and how those differences played out in implementation. The section also looks at the challenges experienced by the Pilot Communities — from delays in receiving funding, to lack of understanding, and competition among service providers. Lastly, the section delves into the impact braiding services — one of the key Tiwahe goals for the BIA and all the Pilot Communities — has had on clients, family members, and service providers in the community.

PRE-TIWAHE: INDIAN CHILD WELFARE ACT

There is a long history of US policy and state and local practice that has both sought and resulted in the destruction of American Indian and Alaska Native culture, ways of life, and families. For many years, US policy included forcibly removing American Indian and Alaska Native children from their families and sending them to boarding schools in which practicing their religion, speaking their native language, wearing traditional clothing and hair styles, and engaging in traditional cultural practices was not only forbidden but was severely punished or a death sentence. In addition to these policies of “assimilation,” thousands of youth were abused in these schools. More recently, American Indian and Native children have been removed from their homes and placed in foster care with families that are not members of their Tribes. Systems in place

TIWAHE AND BRAIDED SERVICES

Pilot Communities

described braided services as holistic services for the family. It means “one-stop shopping” where all the services are available under one roof, where all the service providers are working together toward a common goal and, together, surround a family with care. Tiwahe is “the hub of a wheel... All the spokes are connected to it, and it kind of comes back to that one place ... where the family resides.” Braiding services allows providers to “surround that family to support them.”

have determined American Indian and Alaska Native families live in ways that are different from the dominant European American culture and economic classifications, based on poverty and the effects of historical trauma. As a result, American Indian and Alaska Native children are disproportionately represented in foster care and raised apart from their families, their culture, and their traditions. In some of the Pilot Communities, states have removed children from their families at a rate more than ten times that of non-Native children.

Tiwahe recognized the reality of this crisis and included substantial funding to help the Pilot Communities improve their ability to use the Indian Child Welfare Act (“ICWA”) to keep families together. ICWA requires efforts to keep American Indian and Alaska Native families together, provide parent representation in court proceedings, and placement of children with relatives and in their communities when they can no longer safely remain with their parents. Throughout the Pilot Communities, they have used Tiwahe to hire researchers to make quicker determinations of whether a child is eligible for ICWA support, hired attorneys to represent the children and parents in court, hired case workers to support families and provide wraparound services to help keep children from being removed and to support families when their children are returned to their homes. They have directly attacked the eradication of family and culture by infusing their case management and family support with culturally based practices and have brought power to their efforts to reclaim their children, their families and their sovereignty.

HOPES AND EXPECTATIONS FOR TIWAHE

In Tiwahe, for the first time in the history of tribal collaboration with the BIA to fund and provide basic services, Native American and Alaska Native communities were invited to do what they wanted to do. Being invited to identify their Tribal community needs and envision and create their own plans was, for some, an immediate positive outcome. Getting a cross-section of service providers into one room and asking them to “dream as big as [they] wanted to dream” and to define what it would look like if they could have “everything they ever wanted for children and families” was its own important benefit. And all the Pilot Communities had high hopes and expectations. Some were all-encompassing: One saw Tiwahe as an opportunity to “enhance their programs... to become the best they can be and the most supportive and



Getting a cross-section of service providers into one room and asking them to “dream as big as [they] wanted to dream” about “everything they ever wanted for children and families” was its own important benefit.

An evaluation participant

productive for their clients.” Another spoke about how Tiwahe could support them to streamline services such that their community members would be able to make one application for services and benefits rather than ten separate applications. Others had more specific hopes or expectations, such as the Tribe that saw in Tiwahe support for the successful transition of their child protective services back from the BIA to tribal control. And another hoped that Tiwahe would help them tackle extensive homelessness and the lack of opportunities for youth on their Reservation.

For all the Pilot Communities, the translation of integrated service models to holistic approaches to supporting families was an exciting development. Many of the Tribes’ traditions approach healing holistically — giving attention to the body, mind and soul and caring for both physical and spiritual health. Therefore, more than seeing Tiwahe’s objective of integrated services as just a delivery model, they saw in this the opportunity to “be indigenous” and practice “self-determination.” Further supporting the idea that Tiwahe allowed them to practice self-determination and, thus, further expanding their hopes, was the fact that Tiwahe encouraged the funding of positions and programs to help community members learn about and connect with their tribal cultures, traditions and languages. For the first time, more than 40 years after the American Indian Religious Freedom Act of 1978 provided Native Americans the right to exercise their traditional religions and worship through ceremonial and traditional rites, Tiwahe Tribes were encouraged to integrate and use their traditions to support and heal their members. One Tribe talked about its hope that having a Tiwahe Culture Coordinator would demonstrate that once tribal members were exposed to their culture and community and have a sense of belonging to the community, they would have a sense of accountability to themselves and to their community. Another described that in Tiwahe they saw the commitment to community, to family, to history, to culture and to language as “taking back who [they] are as a people.”

TIWAHE PLANNING EXPERIENCES

While these hopes and expectations provided some of the context within which the Pilot Communities created their Tiwahe plans, the actual planning experiences differed among the six Pilot Communities in several important respects. While the first four Pilot Communities participated in a joint

WHAT MAKES TIWAHE DIFFERENT?

The Tiwahe Initiative differs in significant ways from other programs and grants the Pilot Communities have implemented, including being closely aligned with the way the Pilot Communities plan and live their lives. Tiwahe not only specifically allows for the integration of culture and language, but it also asks each Pilot Community to make its own plans for how they would improve the health and wellbeing of families in their communities by reducing poverty, substance abuse, domestic violence, and associated outcomes. The Communities were, in essence, being encouraged to engage in backward mapping — thus approaching the issues in way that is consistent with how they traditionally approach problem solving. As described by one of the FACs, “we think how we think in my indigenous world; we go from backwards to forward.”

introductory meeting in which Tiwahe was introduced to them by several different officials and offices of BIA and they had an opportunity to share information and learning, the two Pilot Communities that were invited into Tiwahe a year later received an abbreviated version of the introductory meeting.

Once introduced, planning was impacted by the size and capacity of the Pilot Communities, as well as the existence of infrastructure, timing, and support. In addition, the methods used and the people engaged in the process also impacted the communities' Tiwahe planning. The extent to which the Tribes sought input from the community and stakeholders differed substantially. One Tribe had only a few weeks to put together its plan and did not have the time to gather substantial community input. This Tribe did, however, have the involvement of the department heads making up the Children and Family Networking Board, which had as its purpose the development of collaborative and coordinated services for children. By contrast, another Tribe engaged youth and elders in the information-gathering and needs assessment that informed some of the key activities included in their Tiwahe initiative. In this Tribe, the youth and elders created a survey, interviewed community members and provided important input into their ultimate decision to focus their homelessness support on single parent households and veterans. Yet another Tribe, with the support and assistance of the National Tiwahe Coordinator, conducted several stakeholder meetings, creating a strengths-based think-tank-like process where they asked community members to think about how they could better serve families and provide wraparound services. They performed a gap analysis, asking everyone to think about what the various programs needed in order to be able to provide these services. The other Tribe that came in the second round also had the support of the National Tiwahe Coordinator to gather stakeholders and perform a gap analysis. She also supported the relevant departments to think about what programs that supported families and children were lacking and what would improve their lives. In addition, she helped the Tribe to organize three public forums to ask what community members thought was missing from the Tribal departments and whether they thought they would benefit from the addition of new positions identified in the stakeholder groups. Because one planning group member had a research background and saw value in having as much objective evidence as possible, she analyzed all of the Tribe's 638 contracts before creating the needs assessment and also developed a

WHAT MAKES TIWAHE DIFFERENT?

Tiwahe is also different because it is not actually a program at all: It is a community initiative. Unlike the individual programs that are planned to address specific needs, such as removing AIAN children from their homes, the Tiwahe initiative is the larger effort to improve AIAN communities' health and wellbeing. It is an approach that asks Tribes to think strategically about how they can “enhance programs to become the best they can be and be the most supportive for families.” As described by one FAC, it is the “hub of the wheel... it's how we surround and support families.” Tiwahe asks the Tribes to not only break down the silos that exist between programs and activities but to structure them in such a way that they help and enhance one another.

survey that allowed the planning committee to compare the referrals made for services with what community members believed the need for services to be. This survey helped to pinpoint needs and identify elements to include in the Tribe's Tiwahe Plan. AVCP, which is not a Tribe but a service provider for 56 Tribes, kept its planning process internal and then invested substantial time and energy in communicating broadly to all the Tribes and villages about Tiwahe — the services offered, the ease of access to those services, the infrastructure provided and the benefits community members could expect to see.

TIWAHE IMPLEMENTATION

In its implementation, Tiwahe is also different from typical BIA-funded programs and activities. As discussed above, Tiwahe provided the first BIA-sanctioned opportunity for Tribes to choose how they wanted to spend the allocated money. Being able to decide for themselves how they would implement the initiative was in itself an enormously different experience and it “changed their thought processes beyond being told what to do.” As well, Tiwahe brought a type of flexibility not previously enjoyed. Because the Pilot Communities received “implementation dollars” in addition to funds designated for specific purposes — i.e., ICWA, Tribal Courts, Housing, etc. — they each had a pool of funds and annual opportunities to re-prioritize as their needs changed.

And they were able to use funds in ways that went beyond the usual program restrictions. Perhaps the most obvious example of this is using federal funds to staff and include cultural and language services. The impact of this one change was enormous: Tribes were able to provide stipends to elders to work on a dictionary, hire a coordinator to teach classes and support children and adults to learn traditional arts and cooking, and create recidivism reduction programs in which youth learn about their history and culture and participate in equine therapy. It meant a Tribe's behavioral health program could build a community sweat lodge to be used for healing and hire elders to teach the younger generations about traditional medicines and healing. It meant having a mental health practitioner who focuses only on providing cultural teachings to both clients and non-Native providers. It meant building a behavioral health model around a philosophy of care based on “meeting the relative {client} exactly where they're at... physically, emotionally, mentally [and] spiritually.”



Tiwahe “changed our thought processes beyond being told what to do.”

An evaluation participant

This flexibility and ability to go beyond program restrictions also meant that a Tribe could use housing dollars to help young people and not only the elderly, who in some housing assistance programs were the only possible beneficiaries. In addition, it meant that they could provide food to the needy, and also provide food at meetings — something that is part of some Tribes’ traditions, but which is not an allowable expense for most federally-funded programs. It meant using funds to buy a trailer and truck so that Tribal members can drive to the nearest large city to pick up furniture for a needy family and allow them to reunify or stay together. The extra resources and flexibility meant that child welfare services could enhance services and work to both avoid child removals and ensure that those children who are temporarily removed are placed in homes with family members. In the different context of AVCP, it meant being able to provide ICWA and Tribal Justice services in each of the sub-regions of the Yukon Kuskokwim Delta so as to ensure families throughout the area have local access to advocacy, case management and the ability to keep their children within their communities. And it meant enhancing the TANF program so that instead of focusing on processing successful applications and “pushing out benefits,” they could focus on all the purposes of TANF (providing assistance to needy families; ending the dependence of needy parents by promoting job preparation, work and marriage; and preventing out-of-wedlock pregnancies) and add other components to support needy adults with access to resources on higher education, vocational rehabilitation and opportunities for professional development.

Central to Tiwahe is the idea that the Pilot Communities will develop coordinated models of care for children and families. It is the BIA’s hope, as well as the hope of the Pilot Communities, that at some point this care can be accessed and coordinated through electronic client management systems. However, systems that can deliver connected and seamless coordination are costly, require high quality internet connectivity, sophisticated hardware, software and licenses, and training. With few exceptions, the Tribes are not yet in a position to implement these systems. Nonetheless, they all are successfully weaving services together and making significant changes to the way services are provided and the way services are received. The partnerships they have developed, the way they share information within and among departments,



When service providers “start to work in a collaborative manner, they realize how much less work it is for them individually to take on the load for the entire family.”

An evaluation participant

the coming together to develop and implement policies, and the infusion of culture into services positively impacts both the clients and community members and the service providers.

Every one of the Pilot Communities told us that traditionally programs and services exist and function largely within silos. They have always been in competition with each other — for access to funds, for clients and for results. For the service providers to work together to break down these silos, requires both learning about and from each other and developing trust. It also requires that leaders be open to working in new ways. At least two Tribes described how those who worked in adult services used to see child protective services as focused on removing children from their homes and finding placements for them. It wasn't until staff from both adult and child protective services really learned about each other's work through regular meetings that adult services learned that most of child protective services' work is focused on in-home care and providing services and support to avoid child removals. In fact, it is the provision of additional resources to child welfare and social services through Tiwahe, and their braiding services — such as bringing in resources to clean, renovate, replace furniture, even finding a new home for a family in danger of losing their children due to inadequate or unsafe housing — that has enabled social services to conduct intense case management, provide resources and help families stay together. As frontline staff become aware of what's available in the community for the families they serve, they become more effective advocates for them. And often they develop better relationships with their clients as they provide culturally relevant and responsive services and provide enhanced wraparound support not only for the initial clients but for their families as well.

This type of braiding of services also opens the eyes of those who are exposed to communities and needs outside of their work experience and begins to change the way colleagues relate to each other. As one FAC explained, it is eye-opening for facilities and housing department employees newly involved in helping to create safe and secure home situations for foster families to see the reality of being a foster parent. It is inspiring for them to go out and see the hard work foster parents are doing every day. In addition, service providers see how all their work is directed to family wellbeing and when they



Tiwahe has built “a sense of collective responsibility.”

An evaluation participant

“start to work in a collaborative manner, they realize how much less work it is for them individually to take on the load for the entire family.” The extent of this shift can be powerful — not only do staff become more comfortable in reaching out to other departments and working with other programs that are supported by Tiwahe, but also the collaboration often extends to other programs available within and outside of the communities as well. Staff begin to use communication and collaboration to focus on making sure that they don’t let people fall between the cracks, regardless of which service providers can provide the needed support. When a program is responsible for a funding source or oversees a service, one program director explained that things can “get a little bit territorial.” However, as braiding services becomes the norm, the effect is to build “a sense of collective responsibility” that belongs to the Tribe and not to any one person or Department.

TIWAHE’S COMMUNITY IMPACT

The impact of braided services on clients, their families and community members is at least as powerful as it is on the service providers. There are the first order changes that are easiest to see: Clients have access to more resources aimed at supporting the wellbeing of their families and many can obtain the resources through “one-stop shopping” setups. Some families no longer have to complete multiple applications for services and benefits; clients in communities that have begun to use electronic client management systems only need to complete one application for multiple services. Without having to work through Indian Health Services, community members can walk into a tribal office to get mental health services and referrals to other programs and resources, including culturally infused services and opportunities for learning. In fact, because Tiwahe has enabled Tribes to provide training around culturally sensitive and culturally based services, some clients are experiencing culturally relevant and responsive services and care even from the non-Natives who work in the communities and are learning how to be sensitive to the tribal members. From service providers newly exposed to needy community members, to those who are beginning to learn more about the community and its needs, many clients are receiving more empathy.

FACs and Program Directors also reported that community members are experiencing more profound, second order changes as a result of the addition of resources and the braiding of services ushered in through Tiwahe. All the Pilot Communities are supporting and enhancing ICWA services as part of their Tiwahe initiatives. Some Communities have been able to provide these services through the hiring of additional case workers so that they can provide case management and referrals to additional resources that help keep families together and through hiring attorneys to represent parents and children in child welfare cases in court. In the past, there was a perception that social services acted by removing children from their families. Now, parents involved in social service cases receive many more services and sense that social services are there for them — not working against them but helping them to keep the family together. Similarly, if parents are willing to walk into court and participate in tribal court child welfare proceedings, they see that they have representation; they recognize that there is a licensed attorney who will present their case to the judge to make the best decision for the family. They see the guardian ad litem and understand that there is somebody there representing the child's best interests. In these circumstances, many parents are more willing to engage in the process of examining decisions regarding the care and placement of their children.

CHALLENGES IN TIWAHE PLANNING AND IMPLEMENTATION

While the Pilot Communities are undoubtedly experiencing powerful benefits from being part of Tiwahe — and, as one FAC said, “the idea is there and engraved” and she doesn't see it as going away — the journey has not always been smooth. The Tribes have experienced challenges along the way. For some, these began in the planning phase when they were given the opportunity and faced with the challenge of shifting to a stance of self-determination in which they were being asked to define both the challenges they wanted to address and their plans for doing so. Others have been challenged by a lack of understanding or by change in leadership that has withdrawn support for Tiwahe. Many have been challenged by having people in key positions who are not willing to change, and others by being unable to hire and retain employees in the all-important Tiwahe positions. Finally, there were instances in which the BIA has also been a source of difficulty for Tribes as they have attempted to successfully implement their Tiwahe initiatives.

For several Tribes, challenges in planning began from the outset with the unfamiliar idea of defining for themselves what their specific needs were and how they wanted to respond through Tiwahe. Understanding that it was up to them required a shift in understanding and a visioning process that was new and unfamiliar. One FAC explained that they simply didn't really believe it — that the BIA telling them to do whatever they wanted simply could not be true. An additional and related challenge in planning was the vagueness of Tiwahe. In addition to the fact that the second-round Tribes, especially, were given only an abbreviated introduction to Tiwahe and had a very short time to plan, there was an overall lack of clarity from the BIA. The Pilot Communities were challenged by not being provided with clear guidelines as to what it meant for them to participate in a pilot demonstration project. Despite the challenge posed by the lack of clarity and the unfamiliar freedom of engaging in the process of self-directed planning, the Tribes welcomed the opportunity to plan their Tiwahe initiatives.

Because the ideas behind Tiwahe were both new and not clearly defined, it meant that people struggled to understand it. Even now, some Tribes struggle with both community members and service providers not understanding the idea of Tiwahe being an initiative and a model of providing services rather than a program to distribute funds and support. The FAC at one Pilot Community talked about how she uses stories to make clear to the community how they are benefitting from Tiwahe — how it provided a client management system that distributes benefits more quickly, how they were able to procure new computers for the organization, and how they can provide services remotely as a result of the new computers. Another FAC noted that some of the service providers don't understand the connections they are trying to build between programs. Her response is to keep talking about it and providing continued explanations and also to explain how Tiwahe can potentially help with purchasing things they would otherwise be prohibited from funding. Despite managing a Tiwahe initiative for a Tribe in which many braided services are now being provided and culture is now broadly infused into program offerings, another FAC quietly admitted that it is only recently that she has come to understand what a coordinated service delivery model is.

Traditionally, most tribal services have existed and delivered care within silos. While all of the Pilot Communities are making progress in breaking down the silos, getting service providers to share information and collaborate with each other to better serve clients has been a significant challenge for many of the Pilot Communities. When combined with the lack of understanding of what Tiwahe and a coordinated service delivery is, the “silo mentality” in many places resulted both in fear of the unknown and in an unwillingness to change. The fear showed itself in program directors who were afraid that Tiwahe was a new program that would oversee them. And the unwillingness to change surfaced in long-time program directors with ingrained ideas of how to deliver services who refused to change and refused to work in collaboration with others.

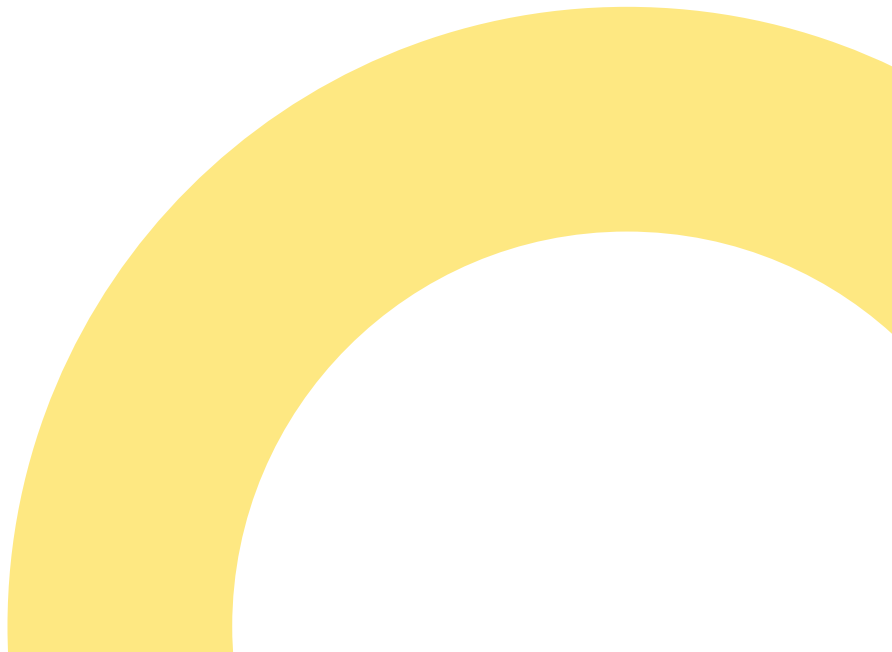
The movement to dismantle silos and build a completely new model to provide services and improve family wellbeing requires strong and sustained leadership. This means direction from a strong FAC with deep connections to the community and it means support from tribal leadership. While each Pilot Community joined Tiwahe under the leadership that was supportive of Tiwahe, frequent turnover of Tribal Council leadership may make it challenging to maintain engagement and support. Some of the Pilot Communities were in fact challenged by changes in leadership resulting in less support. While frequent leadership turnovers occur in many AIAN Tribes, and there is the very real possibility of programs and initiatives losing steam when such turnovers result in the election and appointment of leaders who are not as invested in the programs or initiatives, there are also strategies that can be used to counter the negative effects of leadership change. Even in the case of the most extreme example of the negative impact of leadership change among the Pilot Communities — where a new Chairman did not support Tiwahe and, because there was not yet an FAC in place and Tiwahe had been operating under the leadership of council members, much of the work essentially stopped — the task of reflecting changes in child welfare practices continued, and the new processes and procedures are now reflected in tribal law to be used regardless of who is in leadership.

Hiring and maintaining the staff needed to deliver services is another challenge for most of the Pilot Communities. Most of the Pilot Communities are rural, remote, and short of housing. They exist far from cities and struggle to

recruit outsiders to the Reservation communities. In some cases, Tribes even have trouble hiring FACs, which leaves the entire Tiwahe initiative in a very vulnerable position. The challenge of not being able to recruit is compounded by the fact that while the only response is to hire tribal members, employing tribal members may be challenging. In many of these communities, many tribal members do not demonstrate experience, capacity or willingness to stay in the jobs. Particularly because the social service jobs are stressful and there is frequent burnout and high turnover, many Tribes cannot keep the Tiwahe positions staffed. In one instance, where the Tribe has not been able to hire a guardian ad litem, presenting attorney or defense attorney, this not only stymies their plans for enhanced ICWA services, but it also means that they cannot succeed based on the across-the-board performance metrics, which are based on those positions being staffed. In the case of this Tribe, their success in meeting their individual Tiwahe goals has been notable, but in the metrics applicable to the whole project they do not appear to be having success.

Another way the remote locations of the Pilot Communities has challenged the implementation of their Tiwahe is the lack of technology and communications infrastructure. There are villages among those supported by AVCP that are not only physically inaccessible to each other, but do not have reliable internet connections needed to communicate with AVCP or access its services. This challenge impacts the ability of Tribes to build and use case management systems that can communicate with clients and with each other. In one of the Tribes that is using a case management system, a program leader who spoke passionately about the value of seeking more communication between and among departments to be able to surround clients with care shared spoke about how they struggle with unreliable service on their Reservation. She compared their inability to build an effective electronic client management system with the system that is part of Whānau Ora. In New Zealand, they have a system where clients can use an app to set up appointments and interact with and access service providers, she said. By contrast, on her Reservation they have Wi-Fi and phone issues that make such a system “the ultimate dream.” “How,” she asked, “are we ever going to do that?” Finally, some of the challenges in implementation were caused by the BIA, both national and regional. Just as inconsistent leadership at the tribal level made it difficult for some Tribes to sustain their initiatives, the 2016 change of administration at the

national level resulted in changes to personnel at the BIA and delays in funding allocations to all of the Tribes. In addition, a 2018 Office of the Inspector General evaluation found that across the board, recurring Tiwahe funds were not distributed accurately. The administrative reorganization and the attendant delays, in addition to the inaccuracies in funding (although unrelated to the Pilot implementation component of Tiwahe), led to a tremendous feeling of insecurity on the part of Pilot Communities and to challenges in contracting and programming. Those funding delays further impacted the challenges with their relationship with the BIA, when the National Tiwahe Coordinator who had provided significant support, information and advocacy for the Tribes resigned from her position. The Tribes were left without support, without connection, without an understanding of changes that might impact them, and without advice regarding how best to advocate for themselves within the BIA. In addition, not all of the regional BIA offices supported the Tribes in their Tiwahe initiatives. While most monitored the Tiwahe contracts with the light touch appropriate for an initiative that is meant to provide a great deal of freedom and flexibility to the Tribes, at least one regional BIA office made it difficult for the Tribe in its region to get approval for expenditures aligned with and supportive of their Tiwahe initiative.





SECTION IV

**OBSERVATIONS AND
RECOMMENDATIONS**



Tiwahe pilot communities saw great opportunity in being able to build systems of care that recognize, teach, and empower their communities

In Red Lake Nation, fewer children are being placed in 72-hour protective holds compared to 2017:

185 to 20

In Fort Belknap Indian Community, the youth recidivism rate falls far below the national average of 50% at only:

24%

OBSERVATIONS AND RECOMMENDATIONS

Listen to the wind, it talks.

Listen to the silence, it speaks.

Listen to your heart, it knows.

Native American Proverb

The conversations we had with representatives of the Pilot Communities, the interviews we conducted with them and with representatives of the BIA and Whānau Tahi, and the many documents we reviewed have provided multiple lenses from which we have been able to make observations and draw lessons learned about Tiwahe. It is clear that while the Pilot Communities share certain aspects of history, culture, beliefs and trauma, each of them is unique. Each has its own strengths, its own needs, its own challenges and its own ways forward. And while none of them had previously been given federal funds with the opportunity to develop their own responses to the strengths and challenges facing their Tribes, we have observed that they have risen to the occasion. In the relatively short four to five years of the Tiwahe pilot, we have seen the many different ways the Tribes are already collaborating to offer coordinated services. And we have heard how they are identifying their challenges, planning around them and problem solving to continue moving forward, while supporting the wellbeing of their children and families. In this section we synthesize those observations into five categories: The power of providing resources to support self-determination; the need for building tribal capacity and readiness; the importance of ensuring support for Tiwahe planning and implementation; the impact of additional funding and investment; and the power of integration. From our observations in each of these areas, we then draw conclusions and share our learning in the form of recommendations for the further and continued development of Tiwahe.

In Tiwahe, the Pilot Communities were invited to design their own models to improve the health, safety and wellbeing of families by implementing a coordinated service delivery model that would increase access to family and social services, create alternatives to incarceration, improve links to appropriate prevention, intervention and treatment opportunities, improve case



We took culture and put [the Adult Rehabilitative Mental Services] program into it.”

An evaluation participant

management services and improve partnerships among the available providers of services for tribal children and families. What was unique and powerful about this invitation was that while the Tribes shared the common goals and purpose of the initiative, they were each free to choose their own methods, actions and outcomes and to integrate their culture to design culturally relevant and responsive supports for children and families. We see in these two design and implementation parameters the practice of self-determination.

SELF-DETERMINATION

In existing models for funding social services out of BIA, Tiwahe Pilot Communities told us, American Indian Tribes and Alaska Native communities have been conditioned to being told what they have to do to access and use federal funding; for many, it was initially difficult to grasp that in planning for Tiwahe they could decide what they wanted to do, how they wanted to do it, and what their goals for the work would be. More than just challenging Tribes to understand that the choices were theirs, engaging in planning where Tribes were tasked with assessing their own needs and designing their own paths, where there were no requirements to meet and no specific hoops to jump through was itself an unfamiliar framework and task that called for skills that some of the Tribes had not had an opportunity to exercise. Nonetheless, every Pilot Community was pleased and felt validated by the recognition that, although they share certain characteristics, each of them is unique and uniquely suited to addressing their own community's particular needs.

The Pilot Communities were all excited that they could infuse the models, programs and activities they designed with their own cultures and traditions. They all know the challenges their families face and appreciate that both the challenges and the systems of care they have been using until now are, to a significant extent, the result of the oppression and trauma caused by being forcibly detached from their own culture and traditions. Thus, they saw great opportunity in being able to build systems of care that recognize, teach and empower their communities. The ability to design Tiwahe initiatives in ways that reflect American Indian and Alaska Native culture and tradition unleashed creative and powerful ideas throughout the Pilot Communities and led to marked success in meeting the objectives associated with improved health and wellbeing of children and families.



**We turned the
regular program
on its head.”**

An evaluation participant

At the start of Tiwahe, the Red Lake Nation faced a crisis in child welfare: with 780 children in out-of-home placement, they were suffering from the highest rate in the state, if not the United States. The new Director of Ombimindwaa Gidinawemaaganinaadog began her work by building relationships with families to try to understand what issues were challenging them and how they could work together to tackle them. Taking advantage of Tiwahe’s focus on using each Tribe’s culture and traditions as part of the improvement process, at Red Lake Nation they began to build an intergenerational model of care based on reclaiming their culture and using it as a basis for building healthy relationships and healthy families. Critically, culture and viewing family dynamics from the perspective of traditional childrearing and family practices became the foundation of their mental health and child welfare services. The driving force of this transformation was to shift away from the westernized child welfare system toward a holistic strength-based approach. To reflect this change in practice, the name Red Lake Nation’s Family and Children’s Services was changed to Ombimindwaa Gidinawemaaganinaadog, an Ojibwe word that translates to “Uplifting our Relatives.”

At Red Lake Nation, all of community-based mental health services, including adult rehabilitative services, clinical care and child welfare, use an electronic medical record that functions as a coordinated, intergenerational case management system. When there is a relative receiving rehabilitative mental health services, each service provider has access to see what services they’re being provided, what mental health services they’re eligible for and what kind of child welfare services they are receiving, whether it is case management or family preservation. Services are coordinated so that families can be surrounded by care. There is further collaboration in that ARMHS connects with children in need through a partnership with the schools and their health staff regularly attends the wellness court, where they take referrals and work intimately with relatives, especially youth, who have been brought to court for alcohol or drug-related infractions. In every case, the service and support they provide is grounded in culture — and in their effort to decolonize mental health and child welfare services. Both anecdotal evidence from those involved in care and hard data confirm that the coordinated care and the cultural model of



Tiwahe allowed for a service delivery model that is “holistic, that’s inclusive of approaches that work best for our community members.”

An evaluation participant

care is working at Red Lake. Since the start of Tiwahe, the number of youths reunited with their families has increased and the number of children in 72-hour protective holds has decreased over four years from 185, to 135, to 65, to just 20 in the first nine months of 2020.

At Fort Belknap Indian Community, where challenges in breaking down the silos that hinder successful collaboration are beginning to ease, a cultural coordinator is available to work with every social service client and culture has become the basis of a hugely successful Recidivism Reduction Initiative (“RRI”). The RRI works with youthful offenders who choose to engage in the program as an alternative to incarceration. Those that participate engage in a culturally infused program of classes and work with a social worker as well as tribal elders, who teach by sharing stories, values and teaching language through the following classes: The Red Road Ahead (a corrective thinking class); New Options to Anger Management on the Red Road; Red Road to Family Healing (a class for youth and their families); Trauma and Trauma-Informed Care; Social Skills; Protecting our Mother Earth; Making Healthy Choices; and Native American Strong and Capable. There is also an equine therapy program which builds trust, responsibility, love and care for the participating youth. The RRI program also engages in preventative services — welcoming at-risk youth to participate in the RRI cultural programming as well. Since the RRI program began in 2017, approximately 90 youth have participated; currently, 21 youth are actively engaged in the program. The program is working — in fact, it has surpassed FBIC’s expectations. Truancy has decreased and recidivism has decreased to 24%, a level that is far below the national average of 50%.

Another example of the creative power resulting from the infusion of culture and tradition into programming is the Attendance Achievement Program (“AAP”) at Pascua Yaqui. The AAP is a restorative-based program operated in partnership by the Education Department and the Office of the Prosecutor to improve attendance for students cited for truancy and truancy-related offenses. While the program nominally focuses on attendance, it is an effort to support youth and their families in a process of long-term change and to enhance the overall quality of life. Recognizing that this kind of effort is much bigger than education, AAP is run in collaboration with several departments, including Sewa

U'usim (a wraparound service provider) and makes referrals to the Workforce Development and Language and Culture Departments. The AAP begins with the understanding that schooling is surrounded by a history of trauma and is therefore based on solutions that are grounded in an understanding of the interrelated dynamics that lead to absences. Rather than responding to truancy with the Western approach of a home visit followed by a citation and potential court involvement, at Pascua Yaqui, the AAP “turned the regular program on its head.” While the program focuses on youth, each case begins by inviting the whole family to participate in a meeting designed to inquire into every aspect of their life, to understand the family dynamics and other issues that may be impacting the student's not regularly attending school. The discussion delves into everything from school, to sleeping, eating, physical and mental health, home security, clothing and employment. After looking at each family's strengths and challenges, reviewing what services they're eligible for and using, as well as those not being used, a caseworker is assigned, and together they design a family plan. The plan is broken down into small goals and chunks which they follow up on monthly. The staff works closely with participating families to follow through with referrals and monitor changes in attendance and school performance.

With the freedom to assess their own needs and design responsive models and programming, Pilot Communities were able to imagine and build structures and services in ways that also reflected their thinking, their approaches and their values. Just as Red Lake Nation designed and implemented the intergenerational, culturally based model of care that reflected and honored the Tribe's approach to childcare and family wellbeing, AVCP used Tiwahe to build an entire service delivery model that reflects their holistic view of community life. For AVCP, as a service provider interacting with many Tribes, the process of delivering service is as important as the service itself. Therefore, they took the time necessary for the staff to own the vision — and then it could encompass everything at AVCP, from the board and partners they work with, to decision-making and information sharing, to the programs and activities they built and enhanced. AVCP explained that “Western culture gave [them] programs in boxes” and they, as a people, are more holistic. That led them to

TIWAHE RECOMMENDATION

Continue to support and promote self-determination and reliance on traditional culture in the design of structures, programs, and activities.

reorganize AVCP and move away from its previous structure in which each of their 26 programs had its own director to a streamlined structure of just six divisions, each of which is inclusive of those programs that are related to and supportive of each other. Now there is a monthly directors meeting, which is an opportunity for sharing information and to create partnerships. There is a communications department that helps them share information with the Tribes and villages and that supports all the departments to learn more about each other and the services they provide. And more and more departments are connecting and sharing information through a new client management tracking system — also provided through Tiwahe — again surrounding clients with care and treating them body, mind and spirit. We can see that, in Tiwahe, AVCP was able to develop a model of service delivery that's "holistic, that's inclusive of approaches that work best for [their] community members," and that is successful because it is aligned with the way they conduct their lives "in a holistic manner."

Even where Tribes have struggled with understanding, with breaking down silos, and in building a Tiwahe model, there is a sense of optimism and excitement around the self-determination Tiwahe encourages. And there is power in that optimism. Based on the creativity it has unleashed, based on the success the culturally infused structures and programming have experienced, and based on the absolute sense of ownership and excitement with which all those we interviewed expressed, we recommend that the self-determination encouraged by Tiwahe should continue. The recognition that each and every Tribe is different from all others is important and should be relied upon in encouraging Tribes to engage in the design of structures, programs and activities that reflect their needs and are built based on their own culture and traditions.

READINESS AND CAPACITY FOR LEADING CHANGE

The extent to which the Pilot Communities experienced success in building and implementing their Tiwahe models and programs was impacted by their readiness and capacity for leading change. Aspects of readiness and capacity that affected their success include both systems and people, including tribal governance and the relationship they enjoyed with the BIA for service delivery; their ability to attract, hire and retain staff; and the work readiness of tribal

TIWAHE RECOMMENDATION

Where needed, provide technical assistance specifically related to financial management.

members. These, in turn, are reflective of both the size of the Tribe, the location of the Reservation, the Tribe's wealth and their experience and relationship with the BIA. While Tribes differ in their readiness and capacity for engaging in an initiative like Tiwahe, with adequate support — some directed to individuals and others directed at the Tribes and the systems they are supported by — it appears likely that all can participate and benefit from their active involvement.

In selecting the six Pilot Communities, the BIA purposefully chose Tribes participating in the three different BIA service delivery models. Thus, the Tribes began their journeys along a continuum of experience in self-governance. Regardless of the service delivery model, all the Pilot Tribes had systems for managing the finances and contracting process for Tiwahe. However, Tribes receiving Section 638 contracts and practicing self-governance had more managerial and financial experience to manage the Tiwahe contracting processes. Tribes that receive direct services from the BIA may have had less of an opportunity to manage their contracts in a way that provides support for the type of self-determination expected by Tiwahe. The BIA should make technical or mentoring assistance available to those Tribes that lack experience or expertise in the financial management necessary for effectively managing their Tiwahe involvement.

Other aspects of Tribes' relationships with the BIA also impacted readiness and capacity. It is crucial that Tribal leadership be able to advocate for Tiwahe. When an individual Tribe has that ability, it can be very helpful. Even when that is not possible, however, participating Tribes can benefit from the relationships enjoyed by other Tribes. For example, one Tribe's Chairman and executive leaders enjoyed broad knowledge of and a relationship with the BIA; their advocacy on behalf of their own Tribe and the Tiwahe Pilot Communities enhanced their individual and collective ability to plan a successful initiative, access funds and ultimately obtain responses from the BIA to their questions and needs for information.

Tribes' readiness and capacity are also impacted by the extent to which their Reservations are in remote areas where it is challenging to recruit, attract and retain staff. Further affecting their capacity in this area is the housing situation

TIWAHE RECOMMENDATION

The BIA should provide technical assistance and capacity building support around staff and career development.

on and near the Reservations. This is particularly evident in the experience of Ute Mountain, Spirit Lake and Fort Belknap. All three are located in remote areas; all have severe housing shortages and poor infrastructure, and all were hampered by their inability to hire for crucial Tiwahe positions — in some instances, even the FAC. In the case of Fort Belknap, they experienced an inability to hire guardians ad litem, presenting attorneys and public defenders, which meant that they were unable to achieve success against the across-the-board performance measures. In AVCP, which included hiring sub-regional ICWA Supervisors as part of its Tiwahe model, their remote Alaska location has thus far kept them from being able to meet the goal of having ICWA supports in each of the sub-regions. In Ute Mountain, a Tribe with only 2,000 members, most of whom are under the age of 18, challenges in recruiting staff from the Tribe and to the Reservation meant beginning the project without a FAC; and until recently, without a leader in place, they have continued to struggle with getting others to understand and buy into the idea of a coordinated service delivery model. By contrast, while Pascua Yaqui also has challenges recruiting and retaining employees, it is an urban Tribe, sitting just outside of Tucson, and the area has ample housing, access to infrastructure, higher education and a workforce. They entered Tiwahe in the second round, but with staff and leaders prepared for the work.

Even when they have Tiwahe-related positions filled, Tribes' capacity for change is affected by the readiness of their workforce. The result of generations of trauma, family destruction, and lack of opportunity, one FAC said, plays out in a population of tribal members without role models for sustained and successful employment. Even Red Lake Nation, a self-governing Tribe with a sophisticated understanding of governance and the ability to recruit employees to its workforce despite its remote location suffers from this challenge. One of their directors explained that the people they are serving are “so far away from the starting line.... We're trying to at least get them up to the starting line in regard to a job, employment, a career.” For Red Lake Nation, the issue was so important, and so limiting, that they initially focused their Tiwahe plan on capacity building – starting with the identification of eight core components of effective capacity building needed to ensure successful

EIGHT COMPONENTS OF CAPACITY BUILDING ADOPTED BY RED LAKE NATION:

It should be comprehensive, customized, competence-based, timely, peer-connected, assessment-based, readiness-based, and contextualized through the Tribe's values. Within this framework is an opportunity for grassroots and externally supported education, mentorship, apprenticeship and training.

planning and implementation of the Red Lake Nation's Tiwahe Initiative. At Fort Belknap, a hard-to-staff Reservation in central Montana, the challenge of tribal members not knowing how to sustain employment and succeed in their jobs is exacerbated by supervisors not knowing how to lead successfully. As part of her management of Tiwahe, the FAC at Fort Belknap has begun mentoring other leaders and supporting the social services supervisors to lead in such a way that fewer employees burn out and leave their positions.

Although Tribes differed in their readiness and their capacity to lead successful Tiwahe initiatives, with the right support it appears all are experiencing success. There is little Tribes can do about the fact that their Reservations are located in remote areas that are hard to recruit to. Therefore, it is important that Tribes whose capacity and readiness are thus limited be given capacity-building support. The BIA should provide financial support for technical assistance designed to help build up the Council's and staff understanding of what it will take to plan and implement a successful Tiwahe initiative. And while it takes time, it is recommended that they provide additional support aimed at capacity building to support the further development of the Tribes' workforces. Building on the idea that the Pilot Communities can support each other, the capacity-building efforts could be based on the eight components of capacity adopted by Red Lake Nation: It should be comprehensive, customized, competence-based, timely, peer-connected, assessment-based, readiness-based, and contextualized through the Tribe's values. Within this framework is an opportunity for grassroots and externally supported education, mentorship, apprenticeship and training.

THE NEED FOR SUPPORT IN PLANNING AND IMPLEMENTATION

In order that all participating Tribes be ready and have capacity to engage in Tiwahe, they must be provided with support in both the planning and implementation of Tiwahe. The FACs made very clear how important it is for them, and for the success of Tiwahe, that the Tribal Council support the initiative. And their planning experiences made clear that they need the support of the community and service providers — especially since Tiwahe is unlike past grants and programs and envisions a new model for service delivery. As one of the national consultants noted, "Tiwahe needs to be a tribal-wide thing..."

When the FAC is already an embedded community leader, “people are automatically more engaged... more willing to come together.”

because the way this impacts the Tribe is across the board.” The other support that is crucial is for the FACs themselves. Leadership of a tribal or organization-wide initiative that encompasses community, service providers, systems and leadership is an enormous task, and one for which most FACs are unprepared.

The FACs themselves, the National Coordinator, the Principal Consultant for Whānau Tahī, and program directors and staff all recognized the importance of having a strong leader in the FAC position. Being an FAC is “about team building and breaking down barriers.” The FACs “build...the fibers that link them all together.” In addition to exercising the leadership necessary to lead planning and coordinate across a whole Tribe or organization, program leaders noted that it was important that the FAC be a “meta-leader” in the community, someone already looked up to and who has the potential to engage the whole community in the change initiative. When the FAC is such a community leader, “people are automatically more engaged... more willing to come together.” Where FACs have been drawn from outside the Tribe, they have struggled. Taking the time needed to find the right leader is as important as having a leader. The need for careful selection of strong Tiwahe leaders who can lead multi-pronged initiatives that require the support of the full tribal community is evident.

Once a strong FAC is selected, it is crucial that they receive support. FACs are often responsible for leading the planning of their Tribes’ Tiwahe initiative and then, once planned, they are responsible for working with and maintaining the engagement of the tribal council, leading the service providers to understand the new models of care and develop comfort in collaborating with their colleagues to braid and provide integrated services, and obtaining the support of community members and stakeholders. In Tiwahe, there is a powerful and effective model for providing this support to FACs in the form of the National Tiwahe Coordinator. In addition, several of the FACs commented on how much they benefitted from engaging in the discussions and interviews that were part of the evaluation process. They noted that being asked to reflect on their work, their challenges and their success pushed them to think differently about what they were doing and how they could continue to improve the work. This points to the importance of providing the opportunity for formative evaluation — both

TIWAHE RECOMMENDATION

Allow sites at least six months to plan for Tiwahe.

Provide technical assistance on strategic planning during the planning phase.

Encourage or require community engagement in Tiwahe planning.

for the support it can provide to the FACs in their on-the-ground leadership of Tiwahe and for the documentation that could be shared with those who might learn from their experience.

The Pilot Communities were both energized and challenged by the planning processes they engaged in. Their challenges began with their lack of experience with needs assessments and gap analyses. Then, once needs were determined and plans designed, most needed support to design performance objectives to aim for and measure to gauge success. Again, the lack of experience made this planning piece a challenge for FACs and Tiwahe plan designers. Those Tribes that began in the second round were also challenged by the lack of time in which to create their Tiwahe plans. Some were able to include service providers in the planning, but each service provider created its own wish-list or plan for improvement. Several of the Pilot Communities are still challenged by lack of buy-in from service providers and community members.

While there is significant power in people being wed to not changing and in not accepting new ways of organizing or providing services, there is also power in effective planning of change processes that might ameliorate some of the stubborn refusal to change. In addition, more time for planning will allow for those service providers who are excited about the possibility of change to come together to think more deeply about surrounding families with care. More time also will help those whose planning is centered in one service area or another — often the area in which the FAC's experience was focused — and who may miss out on the opportunity to plan as broadly for all the services that would come to be part of Tiwahe. As noted by one of the FACs, service providers, community members, tribal leaders and program leads all have different opinions when it comes to defining needs and designing solutions. In order to learn from everyone and have the opportunity to get buy-in from them, they must be included in the planning process. Given the importance of including broad community involvement in the planning process, significant time is necessary and will help greatly to strengthen the community's understanding and welcoming of the changes being brought about by participating in Tiwahe. It is recommended that Tribes be given at least six months for planning and that they be strongly encouraged to include significant community involvement from the outset of their Tiwahe planning process.

As a new and all-encompassing initiative, we have seen that Tiwahe succeeds best when it has the support of and advocacy from Tribal leaders. Some of the Tribal Communities were led to Tiwahe by their chairman or council; others had FACs who recognized the need for leadership support right from the start and invested time and energy in working to get it. In addition to helping council members understand and see the benefit of Tiwahe, FACs can support the success of Tiwahe when they are knowledgeable about strategies to sustain initiatives beyond changes in leadership. They can, like Spirit Lake and Pascua Yaqui, include in their Tiwahe plans the codification of changes supported by the initiatives. They can, like Ute Mountain, make the benefits public and publicized. They can spread responsibility for implementation and leadership of Tiwahe broadly. Or they can, like AVCP, include in their planning significant effort to engage and obtain the support of their Executive Board so that the board members would advocate on their behalf to the full board that represents the 56 Tribes and 48 villages. The design of these and other strategies to obtain leadership support and sustain Tiwahe is a task that falls to the FACs and one for which they may need support. It is recommended that FACs be supported to learn about and engage in practices designed to build leadership support and sustain the initiative beyond leadership change.

FACs are also challenged by the fact that Tiwahe demands a willingness to change on the part of service providers, to break down the silos, share information and wrap families in collaboratively provided services. Where program directors have accepted this change, they have played the role of catalyzing change throughout their departments. But where they have “stuck their heads in the sand” and refused to consider changing, those working under them have no opportunity to engage in change either. Leading the program and department directors to change is a challenging task for the FACs and one for which capacity building support should be provided.

FACs praised the BIA's National Tiwahe Coordinator, who for two years provided them with this critical support and leadership development. She helped and mentored them to conduct gap analyses and needs assessments, create community forums, facilitate cross-department planning, and create relevant and measurable performance objectives and generate ideas

TIWAHE RECOMMENDATION

Provide leadership development training to Tiwahe FACs as a cohort and opportunities for peer-to-peer learning about successful practices.

Create a structure for mentoring partnerships among experienced and novice FACs.

Provide technical assistance on sustainability planning.

for their Tiwahe initiatives. And in the implementation phase, she translated the BIA's needs into actionable items for the Tribes, connected them with each other when they could learn from each other, and advocated for them with the BIA. The National Tiwahe Coordinator met with the Tribes individually and also met regularly with the FACs as a group, helping them to engage with and obtain support from their tribal councils and with their service providers and community stakeholders. All the FACs found great value in the individual and group meetings; they appreciated the support they got from the Coordinator and from each other. They expressed the great loss they experienced when she left her position and they were left without dedicated support from within the BIA. Even those FACs who come to the job with experience and ready to undertake the wide-ranging responsibilities of leading Tiwahe are, to a certain extent, leaders without authority. It is recommended that they be treated as a cohort and be given leadership development. It is recommended that the BIA always have dedicated staff in the form of a National Tiwahe Coordinator who can play this leadership role.

The meetings with the National Tiwahe Coordinator also played an important role in helping FACs to develop as leaders within their own group. It has become clear that Tribes with more capacity and readiness to structure and lead their Tiwahe initiatives can also serve as mentors for their colleagues who have less experience and can benefit from additional support. It is recommended that any expansion of Tiwahe be inclusive of a structure in which those with more experience and/or more capacity be of service and support to those with less. This is a role that at least one of the current Pilot Community FACs is more than ready for, one that speaks to the power of this initiative for the growth and self-development of the participating Native Tribes, and one we look forward to:



I believe with the future of Tiwahe that we're going to continue to make huge strides and be a leader in the Indian nation... that we can do marvelous things together... This is our blueprint, and this is where you can be as well. And we'll be there to support you all, every step of the way."

RETURN ON TIWAHE INVESTMENT

In 2019, Tiwahe allowed
Red Lake Nation to realize
cost savings of over:

\$8 million

And an ROI ratio of:

3.2 to 1

THE IMPACT OF FUNDING AND INVESTMENT

Though it may appear obvious, the impact of providing tens of millions of dollars in new and additional funding was significant. Having access to these funds enabled the Pilot Communities to make extensive and far-reaching changes in the services they deliver and the support they provide to children and families. As important, preliminary review conducted by just one Tribe demonstrates that the return on investment for their Tiwahe funds is positive: The return exceeds a rate of \$3.00 in return for every \$1.00 invested. While the success stories shared throughout this report demonstrate the change that was made possible through Tiwahe, a few put the impact into high relief and demonstrate the impact of those dollars in the Pilot Communities.

To support improvements in child welfare, one Tribe used Tiwahe dollars to hire new staff, enabling them to provide prevention services as well as intervention and after-care services. This meant that they could support families to keep their children from being removed from the home and support them when their children are returned home after temporary placements. The additional staff also meant that this Tribe had the ability to pay close attention and know where all the children in the system were at all times. Using relatively small amounts of Tiwahe funding, one Pilot Community has been able to tackle their challenge of inadequate housing on the Reservation. Having done significant community research to identify a need, they set up an application process and each year are supporting up to five families to renovate and improve both the comfort and safety of their homes.

Two other Pilot Communities have had great success in using Tiwahe dollars to support their job training programs. One used some of their Tiwahe dollars to build their own lab for their Certified Nursing Assistant (“CNA”) job training program. Whereas in the past, participants were only able to access the nearest lab at inconvenient and challenging hours, with the creation of their own lab participants had ready access and the ability to improve their training experience. Since building the lab, the CNA program has a 95% certification rate. The value of this investment is increased through the fact that those CNAs can obtain employment at the Tribe’s nursing home, which now can provide safe and secure homes for many of the Tribe’s elders. The value of the

investment has recently increased again by the transition of the lab from CNA preparation to serving as critical COVID-19 support for the community.

Another used Tiwahe funding to bolster the Native American Career & Technical Education scholarships: In 2019, they provided nine tribal members with tuition assistance to attend health care training. Every one of the nine completed their training. While three chose to continue their education to pursue advanced health care credentials, five were employed after they completed their training at an average wage of \$13.25 an hour, 20% above minimum wage.

While the most purposeful and beneficial results from Tiwahe are the improvements in wellbeing of children and families, the financial return is also noteworthy. Red Lake Nation performed and shared a preliminary analysis of the return on investment of the \$2,512,283 they received in 2019 Tiwahe funds. While preliminary and limited at this time to exploring the impact of the Tiwahe dollars for this one Tribe, the results are significant and suggest that Tiwahe funding more than pays for itself financially as well as in delivering improved health and wellbeing. Red Lake Nation examined the savings derived from its use of all their Tiwahe funds in 2019, finding that in total, the cost savings below amounted to \$8,035,443, for a return on investment of 3.2 to 1.

- Cost savings from the prevention of youth suicides by the multi-program approach and school counselor time focused on the prevention of suicide and development of safety plans: \$5,430,712
- Cost savings from the use of Narcan to reverse opioid overdoses: \$312,000
- Cost savings from the reduction in foster care placements by reunifying 182 children with their families: \$1,747,200
- Cost savings from Alternative Court jail sentences: \$180,831
- Cost savings from hospital and ongoing treatment care for babies born to previously drug-addicted mothers: \$91,100
- Cost savings from transitioning TANF clients into employment: \$273,600

TIWAHE RECOMMENDATION

Provide dedicated funding for procurement, infrastructure, start-up, and staff training for an integrated client management platform.

Based on the positive impacts to the health and wellbeing of children and families and the preliminary results of the ROI analysis, it is recommended that the Tiwahe initiative be continued and further extended so that additional tribal communities will have the opportunity to realize all of these benefits.

THE POWER OF INTEGRATION

The final set of observations focuses on what turns out to be the astuteness of the goal and model for Tiwahe itself — the enormous power there is in integration. This power is evident not only in the braiding and collaboration of services, but also in the integration of Pilot Communities working together. While each of the Pilot Communities began and ended its Tiwahe journey at a different place, every one of them benefitted from the development of coordinating and integrating services. Those providing services grew in knowledge and greatly appreciated the results of making services more easily and more comprehensively available. Those receiving services were able to access them more easily, access additional services and connect more strongly with their culture. The net result of both service providers and service users benefitting from the integration is a strengthened and empowered community.

Three of the Pilot Communities came to Tiwahe at a point when they had already not only “hit walls” with service providers “coming up against the ends of their silos” but also realized that they needed to break the silos down to be able to serve families. For these communities, Tiwahe came at a perfect time. These Tribes were already feeling stymied by the silo structure and mentality and the understanding that it limited their ability to surround a family with care. And while they believe they would eventually have found ways to chip away at the silos, they recognize it would have taken much longer. Grateful for the opportunity, one of these FACs explained that they are “light years ahead of where [they] would have been if [they] hadn't had Tiwahe.” The timing was also right for AVCP, which understood that with Tiwahe it could completely restructure its service delivery model and engage the whole staff in the process of holistic decision-making for the benefit of their Tribes' families. For some of the other Tribes, where the silo mentality was still more entrenched and there wasn't yet a movement to break away from it, Tiwahe helped to jump-start the integration: The funding “opened a lot of people's heart,” one FAC explained.



**We became one
with Tiwahe.
We collaborate
together, and we have
to work together to
make this work...
We became family to
make this work.”**

An evaluation participant

She noted that the possibility of accessing significant additional funds made people more willing to work together and now, in case management meetings including representatives of several different departments and services, they are working well together and “breaking the silos down.”

For these service providers, Tiwahe meaning “family” has come to life: “One of the beautiful things that Tiwahe represents” a service provider explained, is “something [we] believe in, which is family. Every Department has the same goals — making the community better, safer, healthier.” “We became one with Tiwahe,” another Department leader explained. “We collaborate together, and we have to work together to make this work... We had to become family to make this work.” With the sharing of information, the breaking down of silos and the integration of services, frontline staff became aware of what services are available to the families. They were thus empowered to communicate better and more clearly with families, to prepare them for what they can expect in dealing with other service providers. So, too, when service providers understand more about the services available, they become more comfortable reaching out to and working with other programs. In some cases, they reach out not just to the tribal providers participating in Tiwahe, but it also “bleeds over into all the programs that are available” on the Reservation.

The coordination among service providers and integration of services translates to easier access to increased, improved, more effective and culturally responsive support for families. In some cases, they benefit from “one-stop shopping” where all the behavioral health and other Tiwahe-supported services share a building. In others, a cultural coordinator is available to supplement and support all the Tiwahe-supported social services and the clients need not make an independent effort to seek the support. In yet others, clients are receiving more empathy and more effective support from service providers who gain a much broader understanding of the challenges they face and have learned to respond by calling on strengths rather than relying on punishment.

By integrating newly available and newly funded services, Spirit Lake Social Services Department was able to provide case management that can respond to a potentially unsafe home situation by providing cleaning supplies and

**PASCUA YAQUI
SUCCEEDED IN
INTEGRATED
JOB TRAINING
SERVICES FOR
NEEDY FAMILIES**

81%

of participants completed
job training and gained
new job readiness skills

thereby keep a child from being removed from their family. They also saw social services collaborating with victims services to get a mom away from her abusive partner and place her in a safe setting where she is able to keep her children with her. AVCP was able to provide intensive wraparound services to 37 families receiving TANF support and deemed at high risk for engagement with child welfare and successfully close out 27 of those cases. Pascua Yaqui succeeded in integrated job training services with high need families who do not receive TANF services: of the 21 enrolled in the program, 17 completed it and 2 began employment, thereby successfully supporting 81% of participants with job readiness skills. In addition, case management, adult services, job training, the community college and the Tribe's construction company all work together to push people forward to success.

At Red Lake Nation, a woman referred for mental health services turned out to be in danger of losing her children because of her inability to provide a safe home. Tiwahe's integrated services model and the FAC's ability to be a "gap filler" resulted in providing not only mental health services, but also a new home, new furniture and new appliances, and kept her from having her children taken from her. At Ute Mountain, community members no longer have to go to or through Indian Health Services to get access to behavioral health programs and resources. They can now walk into one building and access services, referrals, and support, including behavioral health, suicide prevention, and cultural support.

And at Fort Belknap, the family intervention specialist supports programs and departments to share information to ensure that they are "not letting people fall between the cracks." When she sees parents struggling to maintain their children because they don't have a bed for the child, she secures the bed and then returns to Social Services to let them know that she was able to assist the family so that they're in compliance with their plan to create a safe environment for the children. The integration of services is further highlighted in their Tribal Court's RRI program. The youth participating in this program are wrapped in services provided by the Courts, Language and Culture, Behavioral Health and Education Departments, and the results show it is working.

TIWAHE RECOMMENDATION

Recognize successes
among the Tiwahe
Pilot Communities.

Acknowledge and allow for
the time required to fully
implement and realize the
successes of integrated
service delivery.

Continue funding and
support for integrated
service delivery.

The Pilot Communities recognize that integration is, and will be, further enhanced when they have client management systems that allow service providers to share information broadly. Currently, the use of these systems is limited by lack of infrastructure; expense; and the need for hardware, software, licenses, and training. Although the FACs and most of the program leaders in the Pilot Communities see the value of the potential, and they look forward to being able to provide enhanced wrap-around services that will be enabled when communication and referrals between and among departments can be made, most are not yet at a point where they can build or use these systems. The lack of technological infrastructure in some of the Communities means they cannot make use of such a system, and they are also quite expensive. If Tiwahe requires that these systems be used, every Tribe should be provided with sufficient funds to purchase the software, obtain all the necessary licenses, build the infrastructure and provide training and access to all.

Tiwahe is being shown not only as a way to successfully break down silos, but also a way of potentially “breaking down barriers between nations” and strengthening the community of Tribal Nations. All the FACs confirmed that they found value in coming together to learn, to share, to problem-solve. They similarly confirmed that to maintain Tiwahe, all of the Pilot Communities need to advocate for Tiwahe with the BIA and Congress. Through their collaboration, they have grown to be comfortable working together toward this common goal. In the words of one of the Pilot Communities program directors, “I’m hoping that when you finish this report that other tribal nations will have guidance” on how to implement Tiwahe and use the funds to support their communities. Those who have participated in the Tiwahe Pilot have demonstrated the power of self-determination. Now they stand ready to support each other and the tribal nations that will follow them. We recommend that there be support for collaboration among the FACs whose working relationships are helping to strengthen the collective Tiwahe and greater American Indian and Alaska Native community.

The integration of services unleashed by Tiwahe is powerfully and positively impacting all members of the communities participating in the Tiwahe Pilot. The Tiwahe Pilot Communities have all seen success in a very short amount

of time. We and they recognize that it takes time to lead the kind of change that Tiwahe entails and we recommend that this be recognized, that Tiwahe continue to provide funding and encouragement to integrate services to improve outcomes for children and families, and that time be given for this development.

CONCLUSION

Five years ago, when the BIA introduced the Tiwahe initiative, it presented a long-desired opportunity to the Pilot Communities. It provided funding and invited them to design their own paths forward toward improved health and wellbeing. In partnership with Red Lake Nation and the Tiwahe Pilot Tribes, the BIA also decided that it would enter into a contract to obtain an independent evaluation of the initiative. This report provides that evaluation. In these pages, we have provided both the Pilot Communities' and the BIA's understanding of Tiwahe, we have painted pictures of the Pilot Communities and their Tiwahe plans, we have drawn out experiences that they have shared in their collective Tiwahe journeys, and we have shared our observations and lessons learned and offered recommendations. We have done this while cognizant of the fact that traditional research and evaluation has historically "subjected" Indigenous peoples, thereby legitimizing racist beliefs, policies, practices and power relationships. In an effort to avoid this practice, we have attempted to create and use a design that implemented aspects of Indigenous research methodologies. We have recognized throughout the process that the Pilot Communities maintain ownership of their collective knowledge and their experiences, and we invited them to share ownership of the process with us. We have written this report and made our evaluation through a process in which we sought their participation, highlighted their missions and shared their voices.

In these pages, we have documented the Pilot Communities' diligent efforts to make their assessments, define their needs, design their paths, and implement their plans. We have recorded how they worked with categorical aid to improve child welfare, foster care services, and tribal courts; reduce recidivism and improve job training and placement; provide mental health and case

management services to those who need care; and increase the availability of safe and secure housing. We have learned that they introduced the use of screening tools to identify community members' needs and heard about how they worked with the flexibility inherent to Tiwahe to try to make sure that no one fell through the cracks. Through interviews and documentation, we learned how they designed programs, processes, models and procedures to break down the silos that have traditionally separated service providers and moved toward integration. They reflected improved policies in tribal codes. They infused their culture into services and models of care. Through their actions, they have exceeded the BIA's goals and objectives for Tiwahe. And they have had success.

We have spent months exploring the experiences these six Pilot Communities have in common, and we have drawn both lessons learned and recommendations from them. We have seen how they have experienced success, despite the very real challenges presented by their circumstances and by inconsistent and, at times, minimal efforts to support and build the capacity of their communities and leaders. It is our conclusion that with support to work better, resources to fund the work, and "permission" to infuse their culture and tradition into the practice, their success could be even greater. From this study we can envision the possibility of further rounds of Tiwahe in which the recommendations drawn from the experience of the Pilot Communities strengthen the program; build the capacity of participating Tribes; enhance the ability to integrate services and care; and improve the wellbeing of children, families and communities throughout Indian Country.

All the Pilot Communities engaged a wide variety of community members in their Tiwahe planning efforts. And all created wide-ranging Tiwahe plans. Some, but not all the Pilot Communities received strong support from the National Tiwahe Coordinator in the planning process. With the support of an AIAN National Tiwahe Coordinator, every Tribe participating in Tiwahe would be able to conduct a gap analysis, bring together stakeholders from the community to engage in a needs assessment and provide feedback, and create a tribal-wide Tiwahe plan, complete with performance objectives and strategies designed to create a sustainable program. With such support, the FACs would be prepared to work closely with tribal leadership and with service providers,

to build both a shared understanding of Tiwahe and the capacity of their tribal workforces. With the support of the National Tiwahe Coordinator, the FACs of Tiwahe communities could, from the very start, come together as a cohort and experience the benefit of shared learning, leadership development and mutual support. Together, they could help each other and build their individual and collective capacity as leaders within their communities. They and their Tribal leaders could advocate not just for their individual Tribes but for the community of Tribes participating in Tiwahe. By providing the FACs with the sustained, dedicated support of a highly skilled National Tiwahe Coordinator, every participating Tribe could begin their Tiwahe journey in a state of enhanced readiness and lead their community to improved implementation and results.

We have learned that the Pilot Communities share a belief in the connection among living things, in the importance of family, in a holistic approach to life. They also share a high incidence of poverty, substance and alcohol abuse, children in foster care and domestic violence. Through hours of interviews with tribal leaders, FACs, program leads and national supporters, we have seen and heard how they have each been able to build on their cultural traditions and beliefs, as well as their unique strengths, cultures and approaches to tackle these inter-related challenges. The creativity unleashed by the infusion of culture into the supports they have created for their communities' children and families is both exciting and powerful. Through culturally rich and relevant programming and efforts to decolonize the systems providing care, youth and adults are connecting to their history, their families and their communities. And the Tribes report that many are embracing their culture and developing a sense of pride that can help to overcome the difficult circumstances of living with the impacts of generational trauma, and in remote and isolated locations. The excitement that the Pilot Communities experienced based on the success of the models, programs and activities they built around their unique cultures and traditions holds great promise for the future of these and all communities that can support culturally infused programming.

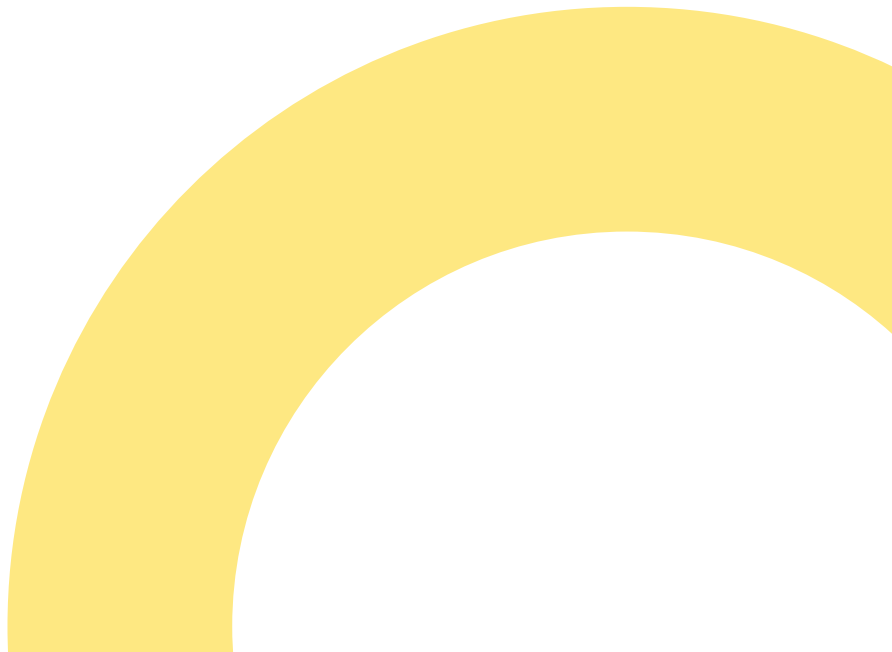
Much of the power of Tiwahe comes from its founding premises — that the problems of poverty, domestic violence, substance abuse and crime are interrelated and that one cannot be solved without addressing the others.

The positive effects that integrating services has had on community members who receive them, as well as on the service providers and the communities as a whole has been made clear. Easier access, wraparound support and flexibility to meet individuals' needs all benefit those whose challenges put them in harm's way. Sharing information about each other's work, seeing how much power there is in surrounding a family with care, and contributing to the wellbeing of those whose challenges were previously beyond the purview of individual service provider's programs has been shown to enhance the usefulness, empathy and impact of service providers.

The effectiveness of integration of services beyond individual departments is undoubtedly enhanced when electronic client management systems are used. Both the Pilot Communities that are beginning to use such systems and those that dream of them recognize the value in sharing information, wrapping families in services, and both setting and monitoring goals for those on the way to improved lives. However, the lack of technological infrastructure, the need for training, and limited financial means — even with support provided by Tiwahe — have thus far kept most of the Pilot Communities from reaching this goal. If Tiwahe Communities were provided with the financial means to purchase hardware, software, licenses and training, they could provide even stronger and more tightly braided services to improve the lives of the children and families they serve.

In addition to integrating services to provide wraparound care to families experiencing the confluence of the many interrelated challenges experienced by many AIAN families, Tiwahe has succeeded because it allows for flexibility. We have seen and documented how it has allowed Tribes to provide services and supports that would otherwise have been prohibited but which now keep families together. We have seen how it has not only allowed but also supported FACs as program leads to function as gap-fillers that can meet families where they are and provide whatever supports they need, regardless of the service they came looking for. This ability to keep families from falling between the cracks could save and enhance lives throughout AIAN communities.

Finally, we have seen and provided evidence of the value of the Tiwahe investments in the Pilot Communities. The impact of having a single additional staff member has made a tremendous difference in the lives of children and their families; the impact of flexible uses of funds has kept families together and safe; and the ability to support court-involved youth with culturally infused classes taught by elders has kept them from continued criminal activity. We have also shared preliminary evidence that these impacts save not only lives but money as well. Based on everything we have seen and described in this report, we strongly believe that continued research and analysis will demonstrate that the investment in Tiwahe is reaping rewards in human wellbeing well beyond its costs. For hundreds of years, the US Government has put its power and money into destroying the culture and lives of American Indians and Alaska Natives; with Tiwahe, it can further enhance the possibility of reversing this course and investing in a healthier future.





APPENDICES



APPENDIX A: EVALUATION METHODOLOGY

The Tiwahe Pilot Evaluation is a qualitative, descriptive study intended to document the progress and outcomes to date of the Tiwahe Pilot Initiative, a five-year demonstration project of the Bureau of Indian Affairs (BIA). The Tiwahe Pilot Initiative, as framed by BIA, set out to demonstrate the viability of culturally informed, self-determined, integrated social service delivery models across six American Indian and Alaska Native communities.

COLLABORATIVE EVALUATION PLANNING

Respecting the collaborative spirit of Tiwahe and recognizing that understanding the unique context of each Pilot Community would be crucial to the evaluation, the research team held a series of informal “virtual visits” with the Pilot Communities’ respective FACs, Tribal Council members, and leaders and staff involved in the initial Tiwahe planning. The virtual visits allowed the evaluation team and Pilot Community representatives to discuss questions about Tribal governance structures and Tiwahe’s positioning within them, Tribal history with BIA and social service delivery models, and background on community needs and priorities.

These informal conversations, in turn, informed the evaluation team’s development of the full evaluation protocol and evaluation questions, a set of interview and focus group questionnaires, and requests for document review. Next, the evaluation team engaged a “cultural content advisor” — an educator not affiliated with Tiwahe who is an expert on language, culture, and literacy and an enrolled member of the one of the Pilot Tribes — to review and recommend culturally relevant and appropriate improvements to the evaluation protocol, questionnaires, and recruitment materials.

INTERVIEW & FOCUS GROUP PARTICIPANTS

6

Tiwahe FACs, former FACs, and assistant FACs

5

Finance managers

12

Program managers and staff

7

Current and former Tribal Council members

4

National Tiwahe administrators and support providers

EVALUATION QUESTIONS

Informed by the virtual visits, the Tiwahe vision put forward by BIA, and the Tiwahe performance metrics established by BIA and the six Pilot Communities in 2017, this study sought to address the following evaluation questions:

1. How did the Tiwahe Initiative's integrated services model influence Tiwahe grantees' planning processes?
 - a. What were challenges and successes in the collaborative planning process?
2. How did the Tiwahe Initiative's integrated services model influence Tiwahe grantees' implementation of social services?
 - a. What were challenges and successes in the collaborative implementation process?
3. How did the Tiwahe Initiative's integrated services model influence clients' participation in social services and what were the outcomes for participants?

PARTICIPANTS

The evaluation study called for a purposive sample of leaders and staff directly involved in the planning and implementation of Tiwahe in the six Pilot Communities, as well as the BIA administrators and staff who supported the initiative, and external technical assistance providers. In each of the six Pilot Communities, evaluators sought to conduct individual interviews or small focus group discussions with the FAC, managers of Tiwahe-supported programs, finance managers, and in some cases Tribal Council. The evaluation team identified a list of potential interview participants in collaboration with the pilot sites' respective FACs and the former Tiwahe National Coordinator; next, we shared a recruitment flyer by email to invite potential respondents to participate. In the end, evaluators collected qualitative data from 34 interview and focus group participants across the six Pilot Communities and supporting organizations.

ETHICAL CONSIDERATIONS. FHI 360's Institutional Review Board representatives, the Protection of Human Subjects Committee, completed a thorough ethics review of the overall evaluation protocol, recruitment materials, consent forms, questionnaires and all other communications to participants related to this evaluation. The committee determined that the study represented minimal risk to participants but made specific recommendations for responding to participants' potential concerns.

Given the history of exploitation of Indigenous communities in academic research, the Protection of Human Subjects Committee was especially concerned with ensuring that this evaluation respected local norms, received review and approval by the appropriate Tribal authorities, and made clear to respondents the voluntary nature of their participation. The evaluation team responded to these concerns by documenting Tribal Councils' approval of the evaluation in formal letters of support to BIA or Tribal Resolutions; revising consent forms to include additional detail, in plain language, about voluntary participation, confidentiality, and ownership of data; and incorporating reviews by the cultural content advisor, as described above.

The evaluation promised participants confidentiality about their individual responses. Consequently, the findings reported here do not identify participants by name or other detail. Participants and potential participants were free to decline to participate or answer any individual question, or to leave the evaluation study at any time.

DATA COLLECTION

The evaluation methodology initially called for two on-site visits to each of the six Pilot Communities, during which the evaluation team would hold in-person interviews and focus group discussions, observe Tiwahe programming in action, and capture photos and community members' perspectives. The COVID-19 pandemic and resulting transition to remote work prompted the move to a fully virtual data collection process. The evaluation team relied on password-protected Zoom video conference sessions to mimic the rhythms of in-person interviews and focus group discussions as the primary mode of data collection.

INTERVIEW AND FOCUS GROUP QUESTIONNAIRES. The instruments for semi-structured individual interviews and focus group discussions followed the evaluation questions, asking participants about resources and planning processes for Tiwahe, overall and at each site; the implementation of a coordinated service delivery model; and perceptions of outcomes for social services clients and their communities. Additionally, National Tiwahe administrators and support providers were asked about the impetus for Tiwahe, overall planning and implementation and perceived outcomes across the Pilot Communities.

The virtual data collection methods employed for this evaluation study included:

INDIVIDUAL INTERVIEWS. FACs, finance managers, and national administrators and support providers participated in individual video interviews with one or more members of the evaluation team. As the lynchpins of Tiwahe in their respective communities, FACs participated in two interviews: for two hours at the start of data collection and again for one hour towards the end to allow for clarifications and follow-up questions. The remaining respondents participated in only one interview, for one to two hours depending on their role. With participants' permission, the audio portion only of interviews was recorded and transcribed to ensure accuracy in analysis and reporting.

FOCUS GROUP DISCUSSIONS. Small groups of program managers and staff who worked closely together on a single Tiwahe program, as well as Tribal Council members, participated in two-hour focus groups via video. The Pilot Community FACs also participated in one two-hour focus group discussion to reflect collectively on challenges and progress in Tiwahe implementation nationally. Like the interviews, focus group audio was recorded and transcribed with participants' permission.

Neither transcripts nor recordings were or will be shared outside of the evaluation team. All recordings will be deleted at the conclusion of this evaluation.

DESK REVIEW. To supplement and provide context for the primary qualitative data collected for this study, the evaluation team requested and reviewed a comprehensive set of Tiwahe-related documentation from the six Pilot Communities. Documentation reviewed for this evaluation included, where available and not limited to:

- **Tiwahe Plans:** The initial action plans submitted by pilot sites for approval and funding and annual updates thereto. In some cases, sites also submitted work plans for individual Tiwahe programs or staff roles.
- **Annual Reports:** Progress reports submitted to the Tiwahe National Coordinator documenting major activities and progress for the year, including updates on the overall and individual performance metrics.

- **Job Descriptions and Organizational Charts:** Information about the organizational structure of Tiwahe within each Pilot Community and staff roles supported by Tiwahe.
- **Fliers, Brochures, and other Promotional Materials:** Communications to community members and clients about Tiwahe services and activities.
- **Financial Reporting:** Budgets, expenditure reporting and return on investment analyses.
- **Films, websites and social media:** Links to Tiwahe-supported multi-media products.
- **Publicly available background information:** Reports, presentations and websites referenced for background and context on the Pilot Communities, the BIA, and the development of the Tiwahe Pilot Initiative.

DATA ANALYSES

The evaluation team reviewed interview and focus group transcripts and documentation against the evaluation questions, generating key findings by thematic content analysis. The team sought to surface findings both within and across Pilot Communities to explore convergence and divergence in perceptions about the progress and effectiveness of the Tiwahe Pilot Initiative. Evaluators verified preliminary themes by coding transcripts in the NVivo qualitative analysis software package.

The quantitative data points reported here are sourced from documentation or self-report rather than unique data collected and analyzed expressly for this study.

REPORTING AND REVIEW OF FINDINGS

Pilot Community FACs, and additional members of their respective communities at their request, reviewed the draft findings in this report prior to publication. The evaluation team asked community reviewers to read for factual accuracy and appropriate representation. The Pilot Community FACs participated in a final, two-hour group discussion to share their feedback on the draft report collectively and make recommendations for improvement to the evaluation

team. Community review led to the inclusion of additional programmatic information in the report; the corrections, additions, and revisions requested in the community review process are reflected in this report's final form.

LIMITATIONS OF THIS EVALUATION STUDY

As a pilot initiative, and a novel approach for social service delivery models among BIA and the Pilot Communities, previous research on Tiwahe-like initiatives is largely absent from the literature. The premises underlying Tiwahe bring together disparate bodies of research and activism on, for example, self-determination among Native Nations and the effectiveness of integrated healthcare delivery. This evaluation therefore rests largely on the primary qualitative data collected for this study.

Further, because self-determination was built into the Tiwahe model and because the Pilot Communities represent diverse regions, cultures, and ways of thinking and doing, each of the Pilot Communities pursued related but unique priorities in unique ways. This specificity, while an intentional strength of the Tiwahe model, also limited the extent to which activities and outcomes were comparable across Pilot Communities.

Finally, like all qualitative studies, the findings reported here are based on the perceptions of interview and focus group respondents. The findings may not represent the opinions of other members of the Tiwahe Pilot Communities and supporting organizations.





APPENDIX B: TIWAHE PILOT INITIATIVE PERFORMANCE METRICS

The data presented here were self-reported by Tiwahe Pilot Communities and checked and cleaned by Whānau Tahī. Metrics are grouped into three key areas for reporting: 1) Tiwahe performance; 2) social services; and 3) Tribal court services.

ACROSS-THE-BOARD PERFORMANCE METRICS

TIWAHE PERFORMANCE

TABLE 1: Number of Tribes in the Tiwahe Initiative

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--|---------|---------|---------|---------|---------|---------|
| Number of pilot communities participating in the initiative | 4 | 4 | 6 | 6 | 6 | 6 |

TABLE 2: Service Coordination

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|-------------------------|-----------|------------|-------------|-------------|-------------|-------------|
| AVCP | N/A | 100 | 100 | 100 | 100 | 100 |
| FBIC | N/A | N/A | 100 | 100 | 100 | 100 |
| PYT | N/A | N/A | 100 | 100 | 100 | 100 |
| RLN | N/A | 100 | 100 | 100 | 100 | 100 |
| SLT | N/A | 83 | 100 | 100 | 100 | 100 |
| UMUT | N/A | 83 | 100 | 100 | 100 | 100 |
| TOTAL PERCENTAGE | 0% | 50% | 100% | 100% | 100% | 100% |

N/A: Not applicable; service coordination as part of pilot implementation commenced in 2015 for the first round of pilot sites. FBIC and PYT joined the pilot in 2016.

TABLE 3: Number of Individuals Participating in Services that Incorporate Cultural Values

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------|------------|------------|------------|--------------|--------------|--------------|
| AVCP | 231 | 231 | 155 | 244 | 208 | 78 |
| FBIC | 0 | 19 | 66 | 66 | 70 | 277 |
| PYT | * | * | * | 496 | 304 | 1,345 |
| RLN | * | 227 | 533 | 513 | 1,569 | 1,644 |
| SLT | * | * | * | * | 50 | 50 |
| UMUT | * | * | * | * | 215 | 1,908 |
| TOTAL | 231 | 477 | 754 | 1,319 | 2,416 | 3,658 |

*Not Tracked

TABLE 4: Tribal Youth Program Participants

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| AVCP | 2,499 | 1,885 | 2,575 | 3,584 | 5,039 | 4,701 |
| FBIC | 0 | 0 | 146 | 136 | 92 | 277 |
| PYT | * | * | * | 420 | 437 | 552 |
| RLN | * | 394 | 438 | 530 | 594 | 639 |
| SLT | * | * | * | * | 50 | 50 |
| UMUT | * | * | * | * | 96 | 312 |
| TOTAL | 2,499 | 2,279 | 3,159 | 4,670 | 6,308 | 6,531 |

*Not Tracked

SOCIAL SERVICES

TABLE 5: Number of Social Services Clients

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------|------------|-------------|-------------|-------------|-------------|-------------|
| AVCP | 292 | 403 | 414 | 527 | 385 | 284 |
| FBIC | 171 | 151 | 161 | 65 | 185 | 235 |
| PYT | 203 | 226 | 219 | 212 | 253 | 192 |
| RLN | ** | 721 | 806 | 959 | 859 | 1481 |
| SLT | N/A | N/A | N/A | * | * | 188 |
| UMUT | ** | ** | ** | ** | ** | ** |
| TOTAL | 666 | 1501 | 1600 | 1763 | 1682 | 2380 |

N/A: Not applicable; BIA Operated Social Services until SLT assumed operations in 2016.

* Not Tracked from 2017–2019 due to SLT managing the transition of Social Services.

** Not Tracked

TABLE 6: Number of Social Workers

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------|-----------|-----------|-----------|-----------|-----------|------------|
| AVCP | 3 | 3 | 4 | 34 | 34 | 34 |
| FBIC | 6 | 6 | 10 | 12 | 12 | 12 |
| PYT | 7 | 7 | 7 | 7 | 7 | 8 |
| RLN | ** | 22 | 28 | 34 | 37 | 39 |
| SLT | N/A | N/A | N/A | * | * | 8 |
| UMUT | ** | ** | ** | ** | ** | ** |
| TOTAL | 16 | 38 | 49 | 87 | 90 | 101 |

N/A: Not applicable; BIA Operated Social Services until SLT assumed operations in 2016.

* Not Tracked from 2017–2019 due to SLT managing the transition of Social Services.

** Not Tracked

TABLE 7: Ratio of Clients to Social Workers

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| AVCP | 97.3 | 134.3 | 103.5 | 15.5 | 11.3 | 8.4 |
| FBIC | 28.5 | 25.2 | 16.1 | 5.4 | 15.4 | 19.6 |
| PYT | 29.0 | 32.3 | 31.3 | 30.3 | 36.1 | 24.0 |
| RLN | ** | 32.8 | 28.8 | 28.2 | 23.2 | 38 |
| SLT | N/A | N/A | N/A | * | * | 23.5 |
| UMUT | ** | ** | ** | ** | ** | ** |
| TOTAL AVERAGE | 51.6 | 56.1 | 44.9 | 19.9 | 21.5 | 22.7 |

N/A: Not applicable; BIA Operated Social Services until SLT assumed operations in 2016.

* Not Tracked from 2017–2019 due to SLT managing the transition of Social Services.

** Not Tracked

TRIBAL COURTS

TABLE 8: Number of Social Workers

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| AVCP | 100 | 100 | 100 | 100 | 100 | 100 |
| FBIC | 100 | 100 | 100 | 100 | 100 | 100 |
| PYT | 100 | 100 | 100 | 100 | 100 | 100 |
| RLN | 100 | 100 | 100 | 100 | 100 | 100 |
| SLT | 100 | 100 | 100 | 100 | 100 | 100 |
| UMUT | 100 | 100 | 100 | 100 | 100 | 100 |
| TOTAL PERCENTAGE | 100% | 100% | 100% | 100% | 100% | 100% |

TABLE 9: Total Number of Active Child Welfare Cases

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|---|-----------|------------|------------|------------|------------|------------|
| AVCP | 0 | 0 | 0 | 200 | 385 | 284 |
| FBIC | 1 | 7 | 9 | 14 | 15 | 25 |
| PYT | 29 | 51 | 55 | 50 | 39 | 45 |
| RLN | 0 | 135 | 106 | 103 | 231 | 71 |
| SLT | N/A | N/A | N/A | N/A | 46 | 188 |
| UMUT | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A |
| TOTAL ACTIVE CHILD WELFARE CASES | 30 | 193 | 170 | 367 | 716 | 613 |

N/A: Not applicable; BIA Operated Social Services until SLT assumed operations in 2016.

* Not Tracked from 2017–2019 due to SLT managing the transition of Social Services.

** Not Tracked

TABLE 10: Child Welfare Cases with a Guardian Ad Litem (GAL), Child Advocate (CASA), or Children’s Attorney (CA)

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------------|----------|----------|----------|------------|------------|------------|
| AVCP | 0 | 0 | 0 | 200 | 385 | 284 |
| FBIC | 1 | 7 | 9 | 14 | 15 | 0 |
| PYT | 0 | 0 | 0 | 0 | 0 | 0 |
| RLN | 0 | 0 | 0 | 103 | 42 | 14 |
| SLT | N/A | N/A | N/A | N/A | N/A | N/A |
| UMUT | N/A | N/A | N/A | N/A | N/A | N/A |
| TOTAL CASES | 1 | 7 | 9 | 317 | 442 | 298 |

PERCENTAGE WITH GAL, CASA, OR CA

| | | | | | | |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| AVCP | 0.0% | 0.0% | 0.0% | 100.0% | 100.0% | 100.0% |
| FBIC | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% |
| PYT | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| RLN | 0.0% | 0.0% | 0.0% | 100.0% | 37.5% | 19.7% |
| SLT | N/A | N/A | N/A | N/A | N/A | N/A |
| UMUT | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A |
| AVERAGE PERCENTAGE | 25.0% | 25.0% | 25.0% | 75.0% | 54.5% | 29.9% |

N/A: Not applicable; SLT Did not have a consistent FAC in place
 *N/A: Not applicable; BIA Operates Tribal Courts on behalf of Tribe

TABLE 11: Child Welfare Cases with a Defender/Advocate

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------------|----------|----------|----------|------------|------------|------------|
| AVCP | 0 | 0 | 0 | 200 | 385 | 284 |
| FBIC | 0 | 0 | 0 | 0 | 0 | 0 |
| PYT | 0 | 0 | 0 | 0 | 0 | 0 |
| RLN | 0 | 0 | 0 | 103 | 153 | 71 |
| SLT | N/A | N/A | N/A | N/A | N/A | N/A |
| UMUT | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A |
| TOTAL CASES | 0 | 0 | 0 | 303 | 538 | 355 |

PERCENTAGE WITH DEFENDER/ADVOCATE

| | | | | | | |
|---------------------------|-------------|-------------|-------------|--------------|--------------|--------------|
| AVCP | | | | 100.0% | 100.0% | 100.0% |
| FBIC | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| PYT | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| RLN | 0.0% | 0.0% | 0.0% | 100.0% | 66.2% | 100.0% |
| SLT | N/A | N/A | N/A | N/A | N/A | N/A |
| UMUT | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A |
| AVERAGE PERCENTAGE | 0.0% | 0.0% | 0.0% | 50.0% | 41.6% | 50.0% |

N/A: Not applicable; SLT Did not have a consistent FAC in place
 * N/A: Not applicable; BIA Operates Tribal Courts on behalf of Tribe

TABLE 12: Child Welfare Cases with a Presenting Officer Assigned

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------------|-----------|-----------|-----------|------------|------------|------------|
| AVCP | 0 | 0 | 0 | 200 | 385 | 284 |
| FBIC | 0 | 0 | 0 | 0 | 0 | 9 |
| PYT | 29 | 51 | 55 | 50 | 39 | 45 |
| RLN | 0 | 0 | 0 | 103 | 231 | 71 |
| SLT | N/A | N/A | N/A | N/A | N/A | N/A |
| UMUT | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A |
| TOTAL CASES | 29 | 51 | 55 | 353 | 655 | 409 |

PERCENTAGE WITH A PRESENTING OFFICER ASSIGNED

| | | | | | | |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| AVCP | | | | 100.0% | 100.0% | 100.0% |
| FBIC | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 36.0% |
| PYT | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| RLN | 0.0% | 0.0% | 0.0% | 100.0% | 100.0% | 100.0% |
| SLT | N/A | N/A | N/A | N/A | N/A | N/A |
| UMUT | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A |
| AVERAGE PERCENTAGE | 33.3% | 33.3% | 33.3% | 75.0% | 75.0% | 84.0% |

N/A: Not applicable; SLT Did not have a consistent FAC in place
 * N/A: Not applicable; BIA Operates Tribal Courts on behalf of Tribe

TABLE 13: Tribes Require Tribal Codes that Authorize and Require Advocacy and Legal Representation for Indigent Parents and Children

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|-------------------------|------------|------------|------------|------------|------------|------------|
| AVCP | No | No | No | No | No | No |
| FBIC | Yes | Yes | Yes | Yes | Yes | Yes |
| PYT | No | No | No | No | No | Yes |
| RLN | No | No | Yes | Yes | Yes | Yes |
| SLT | N/A | N/A | N/A | N/A | N/A | N/A |
| UMUT | *N/A | *N/A | *N/A | *N/A | *N/A | *N/A |
| TOTAL PERCENTAGE | 17% | 17% | 33% | 33% | 33% | 50% |

N/A: Not applicable; SLT Did not have a consistent FAC in place
 * N/A: Not applicable; BIA Operates Tribal Courts on behalf of Tribe

TABLE 14: Alaska Tribal Courts (AVCP Only)

| | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--|------------|------------|------------|------------|------------|------------|
| Number of Active Courts | 9 | 9 | 10 | 19 | 35 | 40 |
| Number of Active Villages in AVCP | 56 | 56 | 56 | 56 | 56 | 56 |
| TOTAL PERCENTAGE TRIBAL COURTS IN OPERATION | 16% | 16% | 18% | 34% | 63% | 71% |

TRIBAL SPECIFIC PERFORMANCE METRICS

TABLE 15: Spirit Lake Tribe Specific Performance Metrics

| Tiwahe Goals | Name of Program(s) | Tribal Specific Performance Metric | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--|---------------------------------------|--|---------|---------|---------|---------|---------|---------|
| SPIRIT LAKE Tribe | | | | | | | | |
| 1. Increase tribal self-sufficiency among Spirit Lake members | Spirit Lake 477 Employment & Training | # of families no longer receiving General Assistance | No | No | No | No | No | No |
| 2. Build families' self-confidence through cultural awareness and activities | All Child & Family Service Program | # of families successfully complete a cultural program | Yes | Yes | Yes | Yes | Yes | Yes |
| 3. Reduce homelessness on the reservation | Spirit Lake Homeless Shelter | # of families placed in housing | No | No | No | No | No | Yes |

TABLE 16: Ute Mount Ute Tribe Specific Performance Metrics

| Tiwahe Goals | Name of Program(s) | Tribal Specific Performance Metric | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--|--------------------|--------------------------------------|---------|---------|---------|-----------|-----------|-------------|
| UTE MOUNT UTE Tribe | | | | | | | | |
| 1. Increase Youth Leadership | Tour de Ute | # of Film Screenings | | | 0 | 4 | 9 | 7 |
| | | # Audience Members Present | | | 0 | 650 | 1,370 | 2,000 |
| 2. Increase Multi-Media Career skill development among youth | | # Social Media Views | | | 0 | 5 million | 5 million | 5.5 million |
| | | # of Families identified as homeless | | | 32 | 125 | 125 | 125 |
| 3. Reduce Homelessness among single parent families and veterans | | # of Families Assisted | | | 0 | 0 | 6 | 15 |
| | | % Reduction in Homelessness | | | 0 | 0 | 4.8% | 12% |

TABLE 17: Pascua Yaqui Tribe Specific Performance Metrics

| Tiwahe Goals | Name of Program(s) | Tribal Specific Performance Metric | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|---|--|--|---------|---------|---------|---------|---------|---------|
| PASCUA YAQUI Tribe | | | | | | | | |
| 1. Ensure that Yaqui children remain connected to Yaqui culture | AAP | % Yaqui Children maintained attendance in school | | | 62% | 62% | 67% | 48% |
| | Utteaka Nau Naawak (ICWA) & Tribal Social Services | % Yaqui foster children placed with licensed Yaqui foster families | | | 62% | 62% | 50.4% | 46.4% |
| 2. Empower Yaqui families to achieve healthy self-sufficiency | Pascua Yaqui Adult Social Services Program | % General Assistance (GA) recipients return to employment | | | 11% | 11% | 16% | 28% |

TABLE 18: Fort Belknap Specific Performance Metrics

| Tiwahe Goals | Name of Program(s) | Tribal Specific Performance Metric | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--|--|---|---------|---------|---------|---------|---------|---------|
| FORT BELKNAP INDIAN COMMUNITY | | | | | | | | |
| 1. Increase the rate of family reunification | FBIC Social Services | Reduce # of Temporary Investigative Authority cases | | | 9 | 41 | 34 | 4 |
| 2. Reduce the rate of substance abuse, child and family abuse, and child neglect | FBIC Tribal Court and Social Services Coordination | Reduce # of cases of Child Abuse, Assault of Family Member or Abuse of an Elder | | | 138 | 160 | 130 | 77 |
| 3. Preserve the future of the Aaniiih and Nakota people | FBIC Tiwahe Program | % Reduction in Juvenile Recidivism Rate | | | 82% | 97% | 84% | 64% |

TABLE 19: AVCP Specific Performance Metrics

| Tiwahe Goals | Name of Program(s) | Tribal Specific Performance Metric | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|---|--|---|---------|---------|---------|---------|---------|---------|
| AVCP | | | | | | | | |
| 1. To move from decentralized silos with limited communication to a coordinated system that is effective, efficient and organized | AVCP Strategic Plan for the Consortium | Increase % Sub-Regions can manage their own ICWA cases | | | 0% | 0% | 100% | 100% |
| | | # of Tribes | | | 0 | 0 | 4 | 8 |
| | | # of Supervisors / Sub Regions | | | 0 | 0 | 1 | 2 |
| | | % of Staff Trained to deliver SDM (assessment) | | | 0 | 0 | 100% | 100% |
| | | % of Staff trained to deliver Healthy Families Programs | | | 0 | 0 | 100% | 100% |
| | | % of Staff completed orientation | | | 0 | 0 | 100% | 100% |
| | | # of System Modules implemented | | | 0 | 0 | 1 | 2 |
| | | (Client Tracking System) | | | No | No | Yes | Yes |

TABLE 20: Red Lake Nation Specific Performance Metrics

| Tiwahe Goals | Name of Program(s) | Tribal Specific Performance Metric | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|---------------------------------|------------------------------------|---------------------------------------|---------|---------|--------------|---------|---------|---------|
| RED LAKE NATION | | | | | | | | |
| 1. Empower and reunify families | Ombimindwaa Gidinawemaag aninaadog | Increase # of families reunified | | | *Not Tracked | 104 | 100 | * |
| | | Reduce # of babies born positive | | | 36 | 19 | 20 | * |
| 2. Reduce Substance Abuse | | Reduce # of Opioid overdose death | | | 2 | 1 | 0 | * |
| | | Increase # of Naloxone Administration | | | 54 | 33 | 35 | * |
| 3. Reduce Suicide | RLN Youth Suicide Taskforce | Reduce # of Suicides | | | 0 | 1 | 0 | * |

* Not Available at the time of this reporting

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