DATA NEEDS & OPPORTUNITIES TO BETTER UNDERSTAND & SUPPORT TRIBAL CHILDREN AND FAMILIES

GLADYS AMBROSE, MSW, LCSW

HISTORY OF CHILD FATALITY REVIEW TEAM

- Found a child in an ice chest that prompted the Nation to review the overall Child Welfare System.
- Created Partnership that included Public Safety, Education, Social Services, Public Defenders, Prosecutors, Department of Justice, Indian Health Services, Division of Health, and Chief Justice.
- Expanded our partnership beyond the Nation to include Casey Families, National Indian Child Welfare Association, Indian Health Services, National Center for the Review and Prevention of Child Deaths.
- Reviewed and revised the Children's Code, Policies and Procedures.

HISTORY OF CHILD FATALITY REVIEW TEAMS

- There is no existing tribal fatality review teams in Indian Country that operates independent of state or county teams.
- December 2014, Navajo Nation by tribal legislation created the Navajo Nation Child Fatality Review Team.
- The Navajo Nation spans across three states; Arizona, Utah and New Mexico.
- Geographically, Arizona covers the largest land base of the Navajo Nation.
- Review of Child Fatalities occur with established state or county teams.
- Review s are generally facilitated by an appointed county or state representative.

PURPOSE

- Recognize that all children are precious and sacred.
- Review child fatalities that occur within the territorial jurisdiction of the Navajo Nation.
- Review child fatalities of children up to the age of twenty one (21), different from the traditional birth to 17 years of age.
- Keeping Children Alive.
- Taking actions together to make children safer and healthier.

AUTHORITY

- Collection of Data
- Sharing of Data
- Restriction of Data sharing due to jurisdiction
- Ownership of the Data
- Benefactors of the Data
- State, Tribal and Federal Laws

OPPORTUNTIES

- Research and begin to understand tribal communities in each state .
- Recognize and honor the difference s of Tribes.
- Invite tribes to the table and began a dialog about taboos regarding death, cultural practice and beliefs.
- Understand the Tribal government structure.
- Recognize that all children are important regardless of ethnicity.
- Create an environment to foster a collaborative relationship.

QUESTIONS

THANK YOU

Navajo Epidemiology Center (NEC) Data Sources & Challenges

David Foley
NEC
Navajo Department of Health
3/25/15

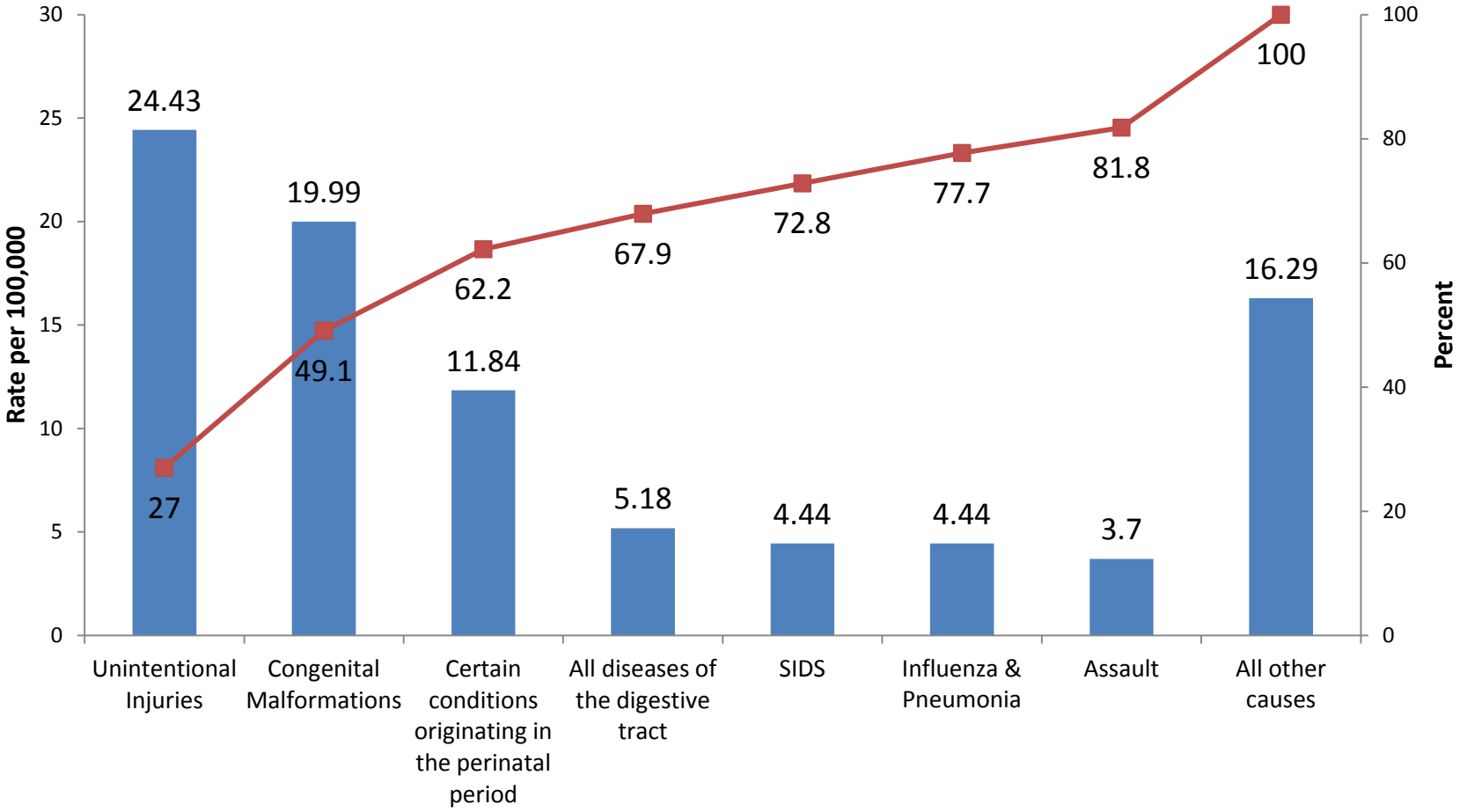
Navajo Nation Mortality Report

- Aggregated mortality data from 2006-2009
  - Includes data from Arizona and New Mexico
- Includes data from border towns
  - Approximately 46% of Navajo tribal members live outside the Navajo Nation
- Obtaining community of residence is challenging
- Tribal identification is frequently missing from death record

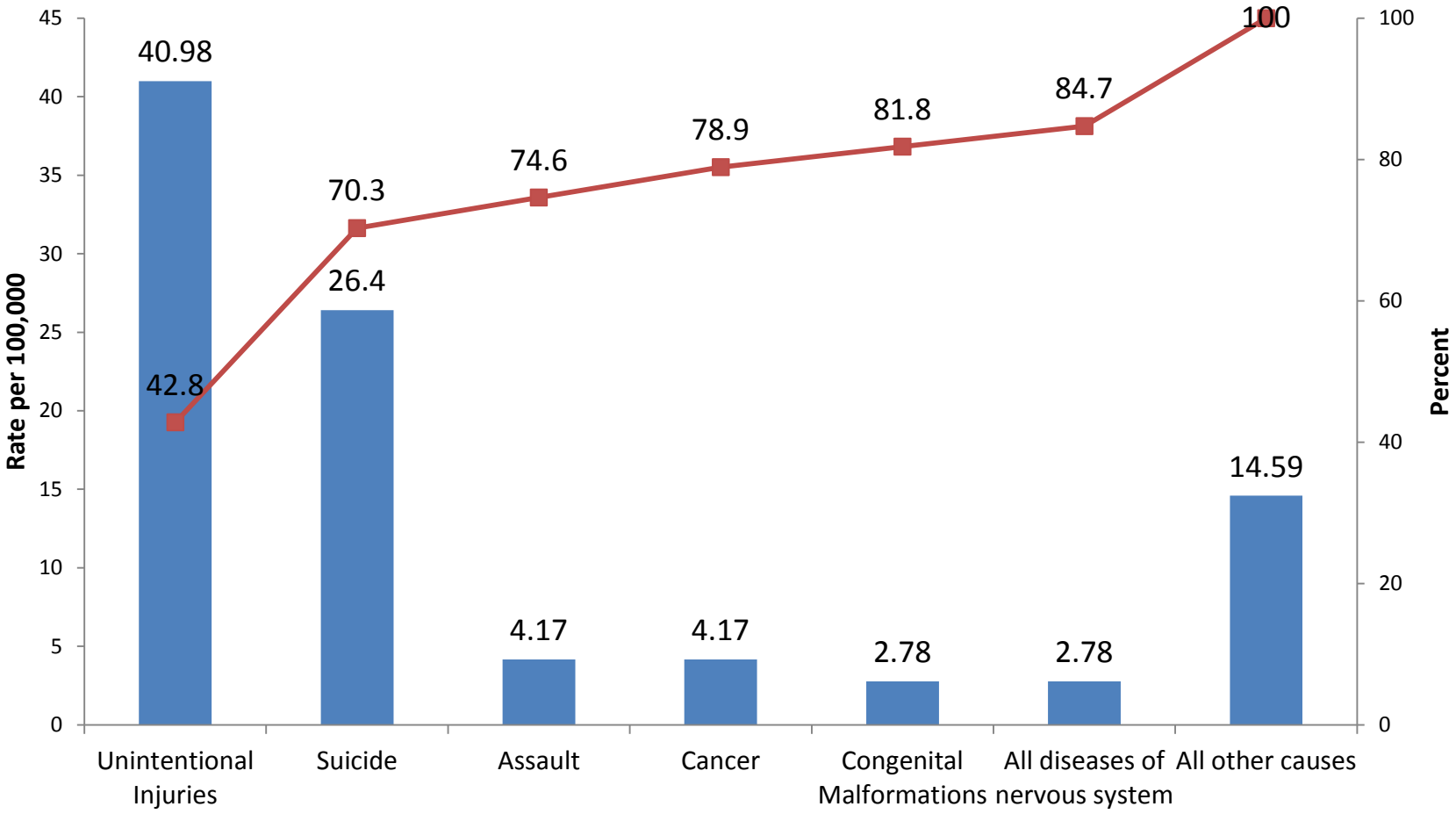
Navajo Nation Mortality Report

- Working on updating our Data Sharing Agreements (DSA) with State partners so we can update our report
  - Had been working for 18 months on one agreement that would satisfy all 3 states
  - Will now work on bilateral agreements with each State
- Primary concerns seem to be data security: electronic and physical
- Ideally, the Department of Health will develop its own Office of Vital Statistics and wont be reliant upon State DSA's

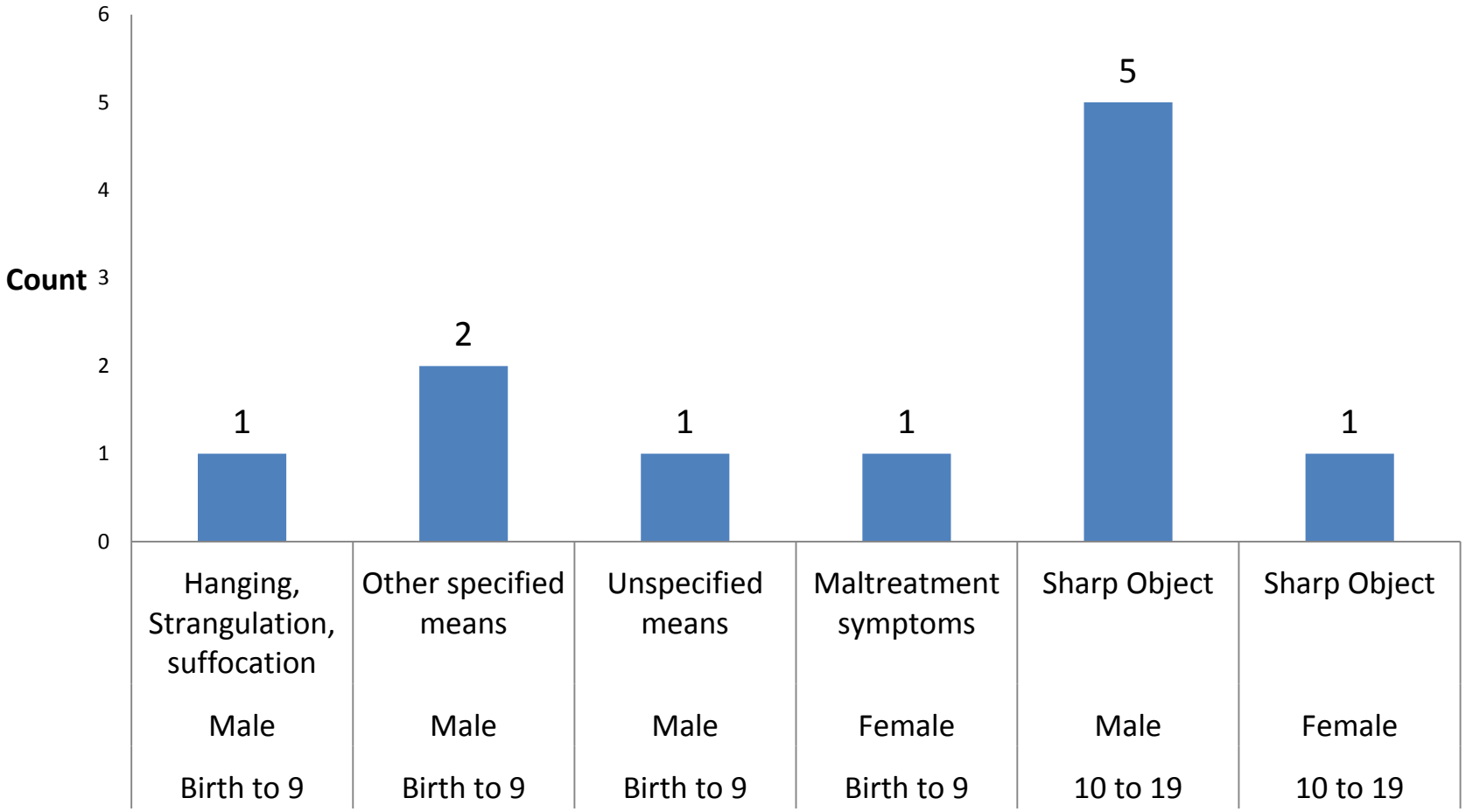
Leading Causes of Death, Birth through Age 9



Leading Causes of Death, Ages 10-19



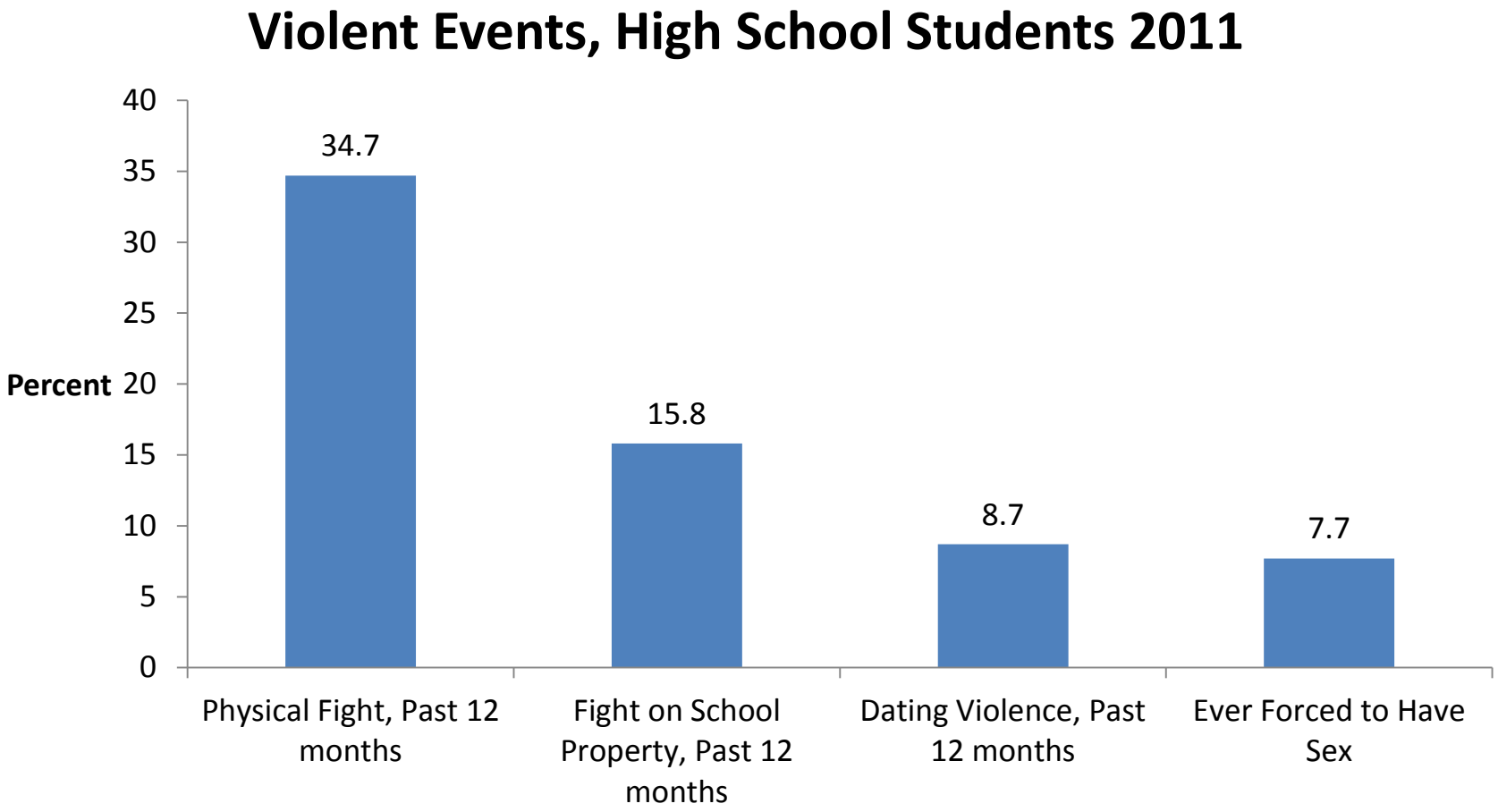
Means of Assault



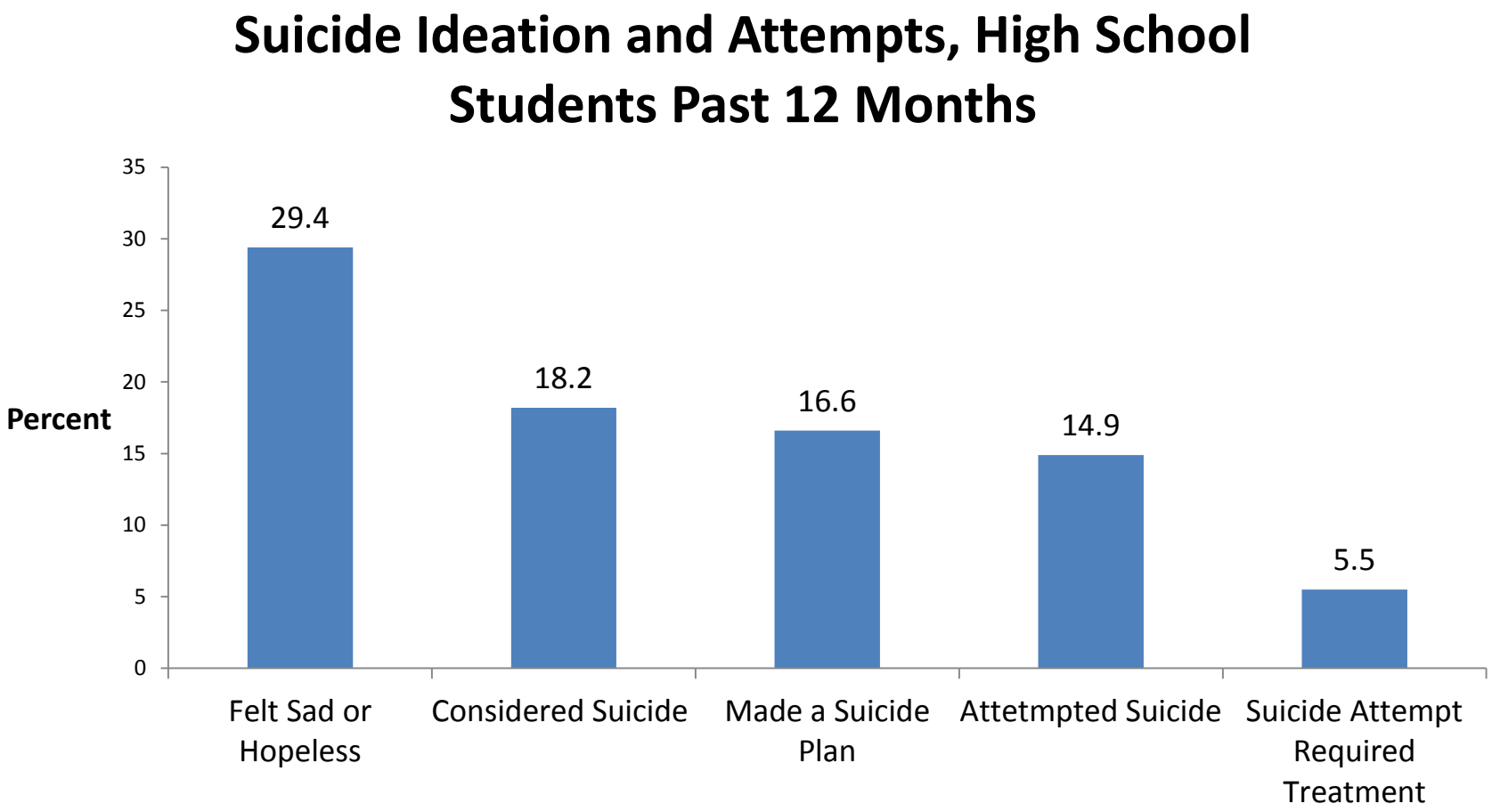
Survey Data

- Youth Risk Behavioral Surveillance System (YRBSS)
- All middle and high schools found within the Navajo Nation and its border towns are invited to participate
  - Provided that at least 50% of students are Native American
- We report aggregate data, but school administrators receive their own specific report
- Most recent data available from 2011
  - Survey conducted in 2014, and should have de-identified data returned in 2015

Sample YRBSS Data



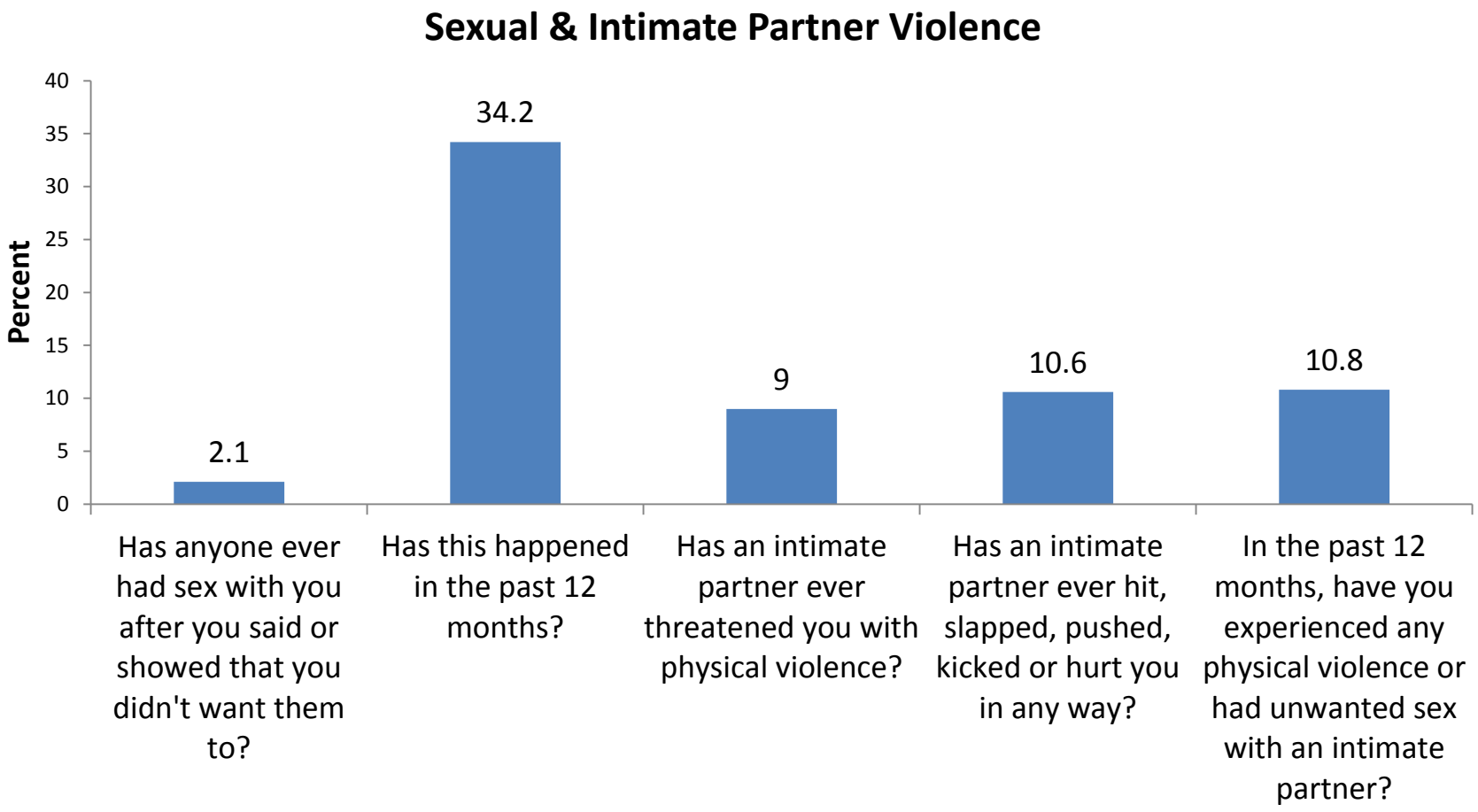
Sample YRBSS Data



Navajo Nation Health Survey (NNHS)

- In person survey conducted by the Navajo Epidemiology Center
  - Similar to the Behavioral Risk Factor Surveillance System (BRFSS)
  - Only includes adults 18+
- Phase 1 completed in the Chinle Agency in 2013
- Phase 2 has just begun in Shiprock Agency
- There is a module that includes questions regarding Sexual and Intimate Partner Violence
  - We establish # of children living in the household and may be able to estimate % of children exposed to this type of violence in the home
  - There is concern that these events may be under reported because of the manner in which questions were asked: respondents may have felt unsafe to answer honestly

NNHS Sample Data



Suicide Surveillance System

- Recently created in partnership with IHS staff
- Aims to collect as much data as possible surrounding all suicide attempts within the Navajo Nation
- Data analyzed will help develop prevention and post-vention strategies
- Challenges include sharing of sensitive data between law enforcement and NEC epidemiologist spearheading efforts

Additional Data Sources & Needs

- We have a data sharing agreement in place with IHS which will give us access to the Epi Data Mart & hospitalization data
  - Will exclude facilities found within the Navajo Nation that use alternative data systems
  - IHS uses Resource & Patient Management System (RPMS)
- We are waiting for training: HIPAA, data queries
- Future steps include establishing relationships & DSA's with 638 facilities

Next Steps

- Development of a Navajo specific Child Fatality Review Team
- Will allow us to go beyond baseline and prevalence data—link all data sources to tell the complete story
- This is in progress and has Council support

Best Practices and Barriers to Protection,
Twelve Years of Lessons in Montana

Best Practices

- Multidisciplinary teams that have mechanisms for accountability
- Child Advocacy Centers that have inter-agency sponsorship and stable funding
- Cross deputization and interagency mutual support and response

Best Practices

- Background checks and professional assessment of prospective placements
- Long term follow up and support to placement families including frequent home visits and training
- Adequate staffing for treatment and investigative programs

Barriers to Protection

- Child protection workers who are under-trained, underpaid, understaffed and repeatedly traumatized
- Federal and Tribal programs on reservations serving as a jobs program, not a family support service
- Child abuse and neglect are not a priority concern for the Indian Health Service

Barriers to Protection

- Federal and tribal programs on reservations that have no accountability
- No safe place on the reservation for parents to receive training and be in recovery with their children
- Chronic shortage of safe child placements and foster services

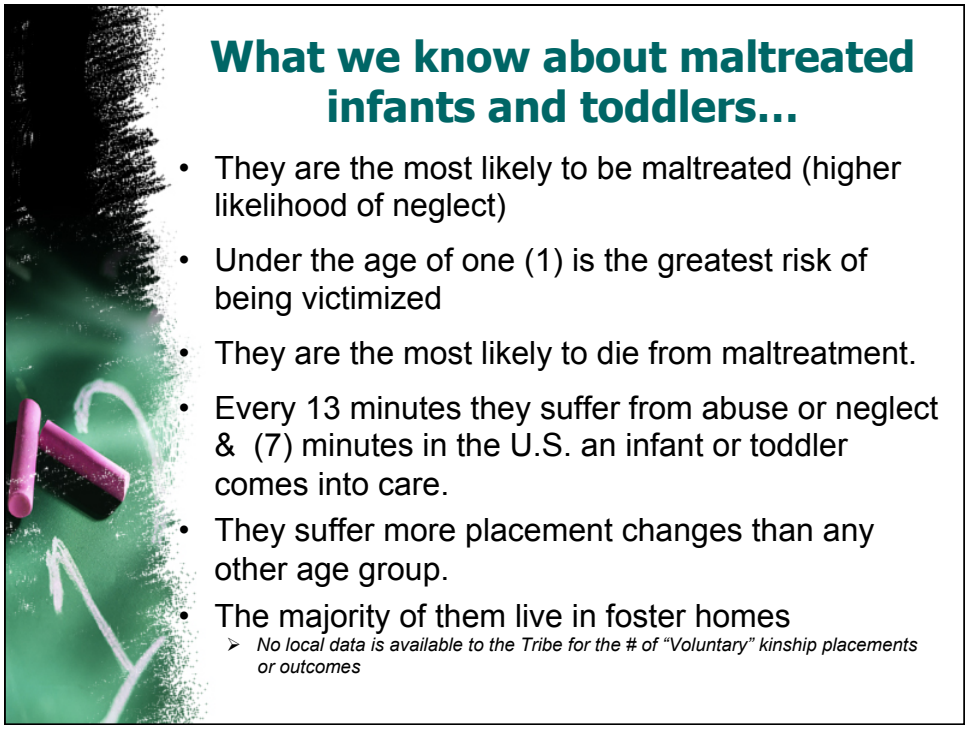
Improving Outcomes for Infants & Toddlers in Child Welfare:

ZERO TO THREE: Safe Babies Court Team Project

Tina Saunooke
ZERO TO THREE: Safe Babies Court Team Project
Coordinator – EBCI Public Health & Human Services

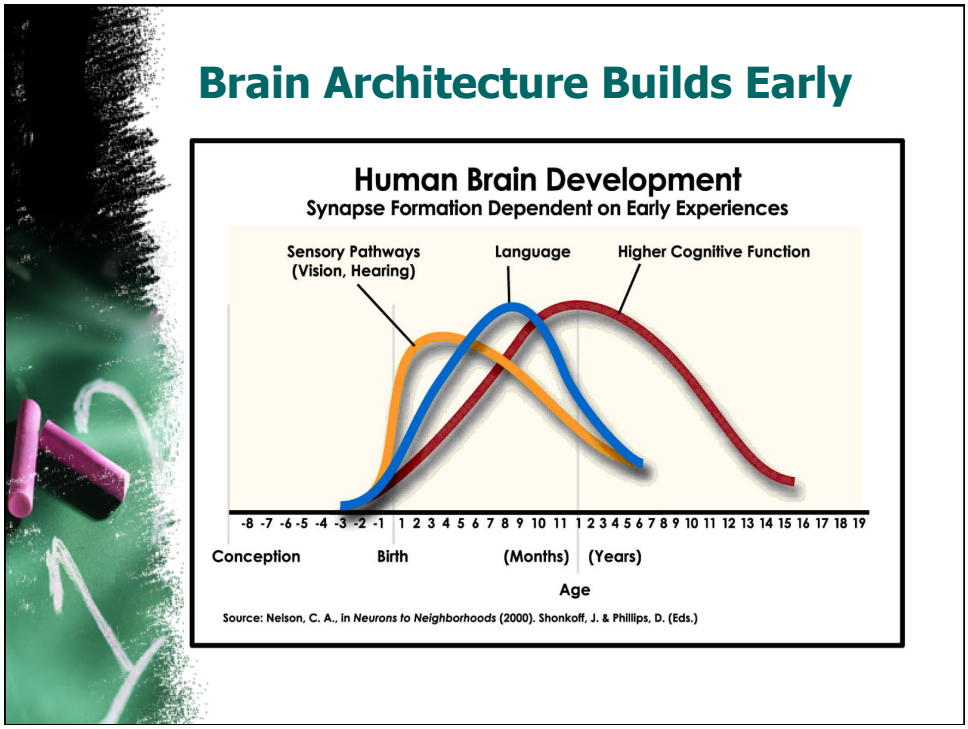
Infants are the most vulnerable group in the foster care system

… with respect to both their child welfare and developmental trajectories.



What we know about maltreated infants and toddlers…

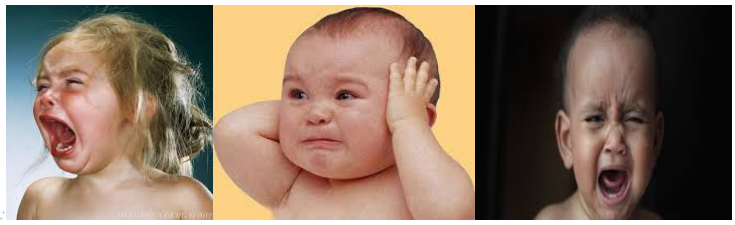
- They are the most likely to be maltreated (higher likelihood of neglect)
- Under the age of one (1) is the greatest risk of being victimized
- They are the most likely to die from maltreatment.
- Every 13 minutes they suffer from abuse or neglect & (7) minutes in the U.S. an infant or toddler comes into care.
- They suffer more placement changes than any other age group.
- The majority of them live in foster homes
  - *No local data is available to the Tribe for the # of "Voluntary" kinship placements or outcomes*



Brain Architecture Builds Early

Toxic Stress

Strong, frequent and/or prolonged activation of the body's stress-response system in the absence of stable adult support.



Signs & Symptoms of Toxic Stress

Re-experiencing trauma
- Flashbacks
- Nightmares
- Unprovoked aggression
- Prolonged tantrums
- Staring into space

Numbing
- Social withdrawal
- Regression/Loss of milestones

Increased arousal
- Attention problems
- Hyper vigilance
- Sleeping problems

Prolonged grief
- Crying, calling, searching
- Lethargy
- Disruption of biological rhythms
- Developmental regression
- Detachment
- Anxiety
- Depression
- Anti-social behavior

The Products of Toxic Stress

- Developmental Delays
- Language delays
- Cognitive Defects (executive functioning)
- Neurobehavioral deficits
- Attachment difficulties
- Self-regulation difficulties

Where we come in…

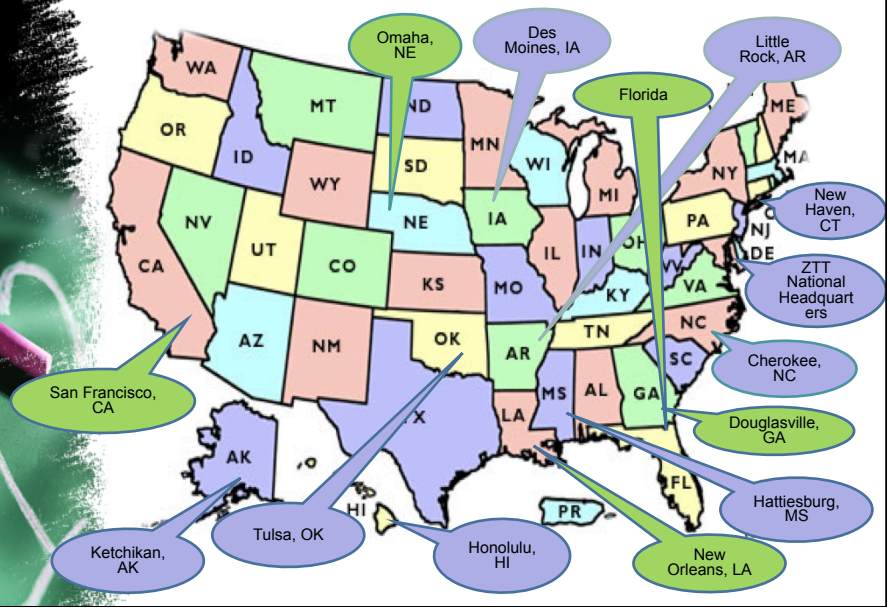
ZERO TO THREE is a national, non-profit organization that informs, trains and supports professionals, policy-makers, and parents in their efforts to improve the lives of infants and toddlers.

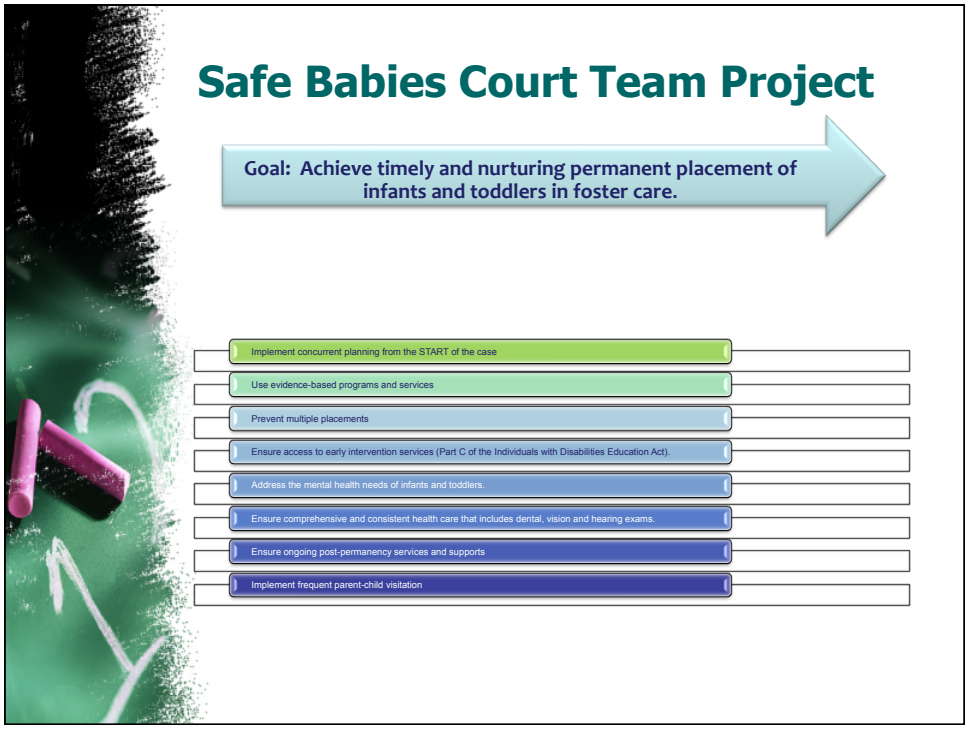
OUR MISSION is to help professionals, policy-makers, and parents promote the healthy development of infants and toddlers.

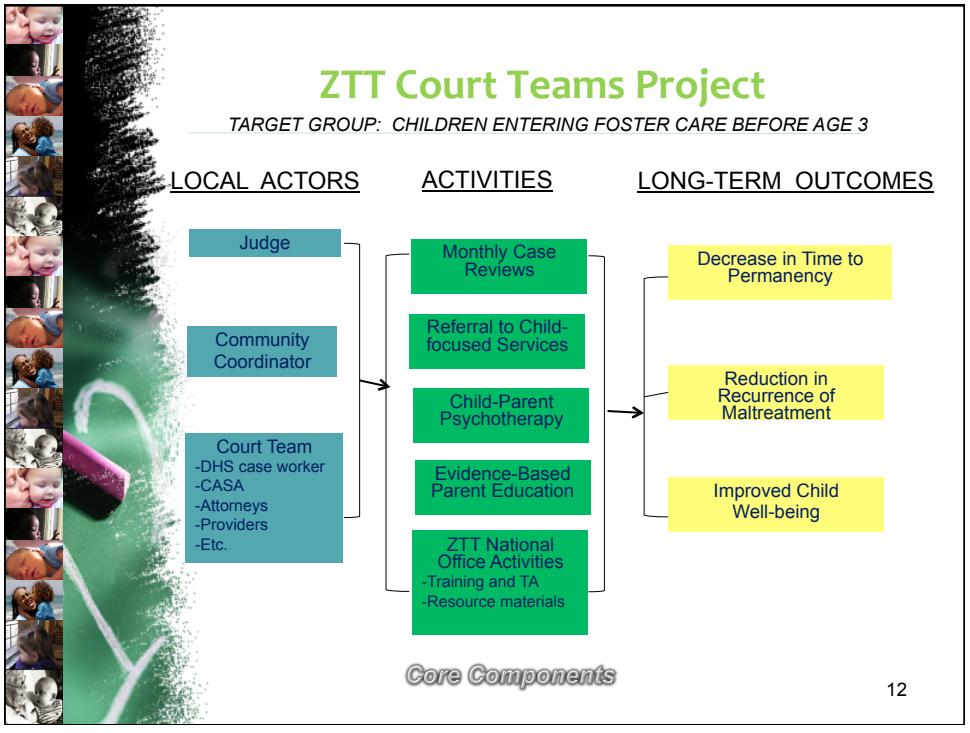
The Court Teams Strategy-Putting it all Together

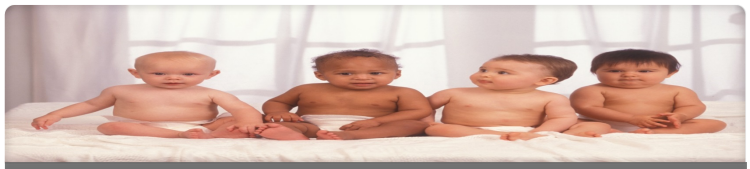
- Judicial Leadership
- Community Partners
- Stable Caregivers
- Enhanced and better coordinated services for infants, toddlers and families.

The Safe Babies Court Teams




Safe Babies Court Team Project
Goal: Achieve timely and nurturing permanent placement of infants and toddlers in foster care.
Implement concurrent planning from the START of the case
Use evidence-based programs and services
Prevent multiple placements
Ensure access to early intervention services (Part C of the Individuals with Disabilities Education Act).
Address the mental health needs of infants and toddlers.
Ensure comprehensive and consistent health care that includes dental, vision and hearing exams.
Ensure ongoing post-permanency services and supports
Implement frequent parent-child visitation


ZTT Court Teams Project
TARGET GROUP: CHILDREN ENTERING FOSTER CARE BEFORE AGE 3
LOCAL ACTORS
ACTIVITIES
LONG-TERM OUTCOMES
Judge
Community Coordinator
Court Team
-DHS case worker
-CASA
-Attorneys
-Providers
-Etc.
Monthly Case Reviews
Referral to Child-focused Services
Child-Parent Psychotherapy
Evidence-Based Parent Education
ZTT National Office Activities
-Training and TA
-Resource materials
Decrease in Time to Permanency
Reduction in Recurrence of Maltreatment
Improved Child Well-being
Core Components
12



Some of the differences in SBCT Cases…

- Families are assigned a specially trained caseworker to help identify specific services for the individual family's needs.
- Families have community coordinators who will work to make sure the services offered are not cookie-cutter and address the needs of the target family.
- SBCT families have court hearings about every 6 weeks (instead of about every 3-4 months) to review their progress.
- SBCT families have monthly Family Team Meetings to help keep everyone on track.
- SBCT families visit for a minimum of 3 times a week and two of the three visits are outside of the DHS office in a family friendly location with a trained visit coach.
- SBCT families participate in special family therapy sessions (CPP/PCIT), once a week .
- There is a CASA assigned to EVERY Safe Babies Court Team Case. ☺

Some things never change….

Being apart of Safe Babies Court Team does not:

- Change the time frame for a case.
- Give parents a loop-hole for completing case plan services
- Provide parents with a "weapon" to use against DHS.
- Guarantee reunification with the biological parents.

The Time Commitment/ Investment with SBCT

- If you were naturally a party to the case your primary duties remain the same
- Court Reviews roughly every 6 weeks
- Family Team Meetings every 5 weeks (1 hour)
- Time to prepare any report if that is a part of your natural duties within your role in the case - every 6 weeks.

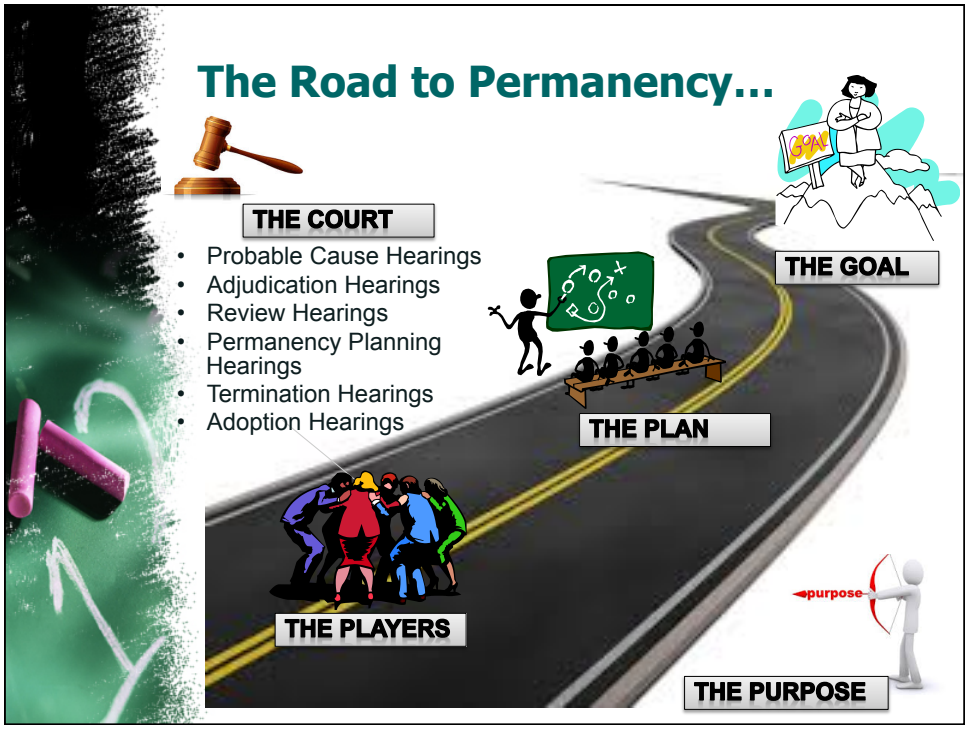
What having a SBCT case means for you…

• Parents typically disclose more background and current issues/ concerns in the Family Team Meetings than they do in one-on-one meetings with individuals or other parties to the case. All of their issues are addressed in the FTMs and a plan of action created.

• Short term goals are created for the parents in a strength-driven style that helps to keep them from feeling overwhelmed during the case and provides accountability for everyone involved.

• Additional services are offered for the family outside of what they would normally receive in a DHS case which provides the you with additional resources to offer moving forward with new cases while serving their current client's needs.

• There is a team approach so no one entity is working the case alone and that allows for additional supports and information to be used by all those working with families in care.



Days until Exit Foster Care, by Type of Exit

Type of Exit from Foster Care		ZTT (n=298)	NSCAW (n=511)	
Reunification	Median	309	547	*8 months faster on average*
	Mean	340	587	
Adoption	Median	464	764	*10 months faster on average*
	Mean	496	800	
Relative custodian	Median	351	450	*3-4 months faster on average*
	Mean	363	487	
Non-relative guardian	Median	481	878	*10-13 months faster on average*
	Mean	467	780	

Patterns hold when use propensity scores in a competing risks analysis

Babies Can't Wait!

SAFE BABIES COURT TEAMS:

Building Strong Families and Healthy Communities

Confronting Early Adversity

From the Producers of HELPING BABIES FROM THE BENCH:

Using The Science of Early Childhood Development in Court

Rubberball/Babies/Getty Images

Contact Information:

Eastern Band of Cherokee Indians • Public Health & Human Services

PUBLIC HEALTH & HUMAN SERVICES

Eastern Band of Cherokee Indians

Tina Saunooke–Coordinator
ZERO TO THREE: Safe Babies Court Team Project – Eastern Band of Cherokee Indians
tinasaun@nc-cherokee.com
(828) 359-6229 or (828) 736-6789