Case Study of a Prevention-oriented, Strengths-based Approach to Services for Prenatal Substance Exposure in a Tribal Child Welfare Agency

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Little is known about prenatal substance exposure in Tribal communities, and in particular, ways in which Tribal child welfare agencies address these challenges. Beginning in 2019, the study team engaged the Ombimindwaa Gidinawemaaganinaadog Red Lake Family and Children Services agency to codevelop a case study. This case study included two data collection efforts: (1) a service process mapping activity; and (2) interviews with nine key informants. This case study describes an agency committed to an approach to service delivery that is grounded in cultural values and guided by a commitment to preserve American Indian families. Findings from this case study are specific to one northern Minnesota Tribal child welfare agency but have implications for other Tribal programs, policy-makers, and funders.

Note: *The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Children's Bureau of the Administration for Children and Families (HHS).*

The prevalence of children with prenatal substance exposure (PSE) to alcohol and other drugs within child welfare populations is not well established. Such exposures can result in adverse birth outcomes as well as developmental, physical, behavioral, and cognitive effects (Guille & Aujla, 2019). When it comes to detecting and intervening with children with PSEs, child welfare agencies are often challenged, and conditions such as fetal alcohol spectrum disorders (FASDs) may be frequently misdiagnosed and under-identified (Chasnoff et al., 2015). In some instances, individuals who are parenting and have themselves been exposed prenatally to alcohol or other substances come into contact with child welfare systems, creating a generational challenge for families and providers.

The extent of PSE within child welfare populations in Tribal communities is difficult to ascertain. There is a great deal of variation within and among American Indian and Alaska Native populations, including geography, history, political jurisdiction, and social and cultural conditions. The confluence of several social determinants of health including higher poverty rates, reduced access to physical health and mental/behavioral health services—resulting in poorer health and mental health outcomes—as well as historical and continued trauma, contributes to higher rates self-medication and misuse for many types of substances in some Tribal communities (Ye et al., 2020; Young & Joe, 2009). An additional complicating factor in accurately assessing the occurrence of PSE in American Indian and Alaska Native populations is the level of variation in how frequently American Indian and Alaska Native caregivers come to the attention of child welfare systems across the 50 states (Putnam-Hornstein et al., 2021; Edwards & Rocha Beardall, 2020).

Traditional practices and cultural strengths have the potential to inform the unique policies and practices of Tribal child welfare programs as they seek to address these important public health concerns. This orientation, including an emphasis on family preservation, underpins important work done by Tribal child welfare programs to address

PSE while remaining committed to preserving family and cultural ties (Earle, 2018; Russette et al., 2022).

In 2016, the Administration for Children and Families' Children's Bureau and Centers for Disease Control and Prevention engaged James Bell Associates and ICF to assist in conducting a study of prenatal alcohol and other exposures in child welfare, including an exploration of these issues in Tribal child welfare systems. Through listening sessions, the researchers worked closely with Tribal partners who possess both a broad knowledge of Tribes and an expertise in research to formulate the aims of the study, listed below.

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

To fully understand and appreciate the work in addressing PSE of Tribal child welfare programs, or even the work of the agency profiled in this case study, is much more than can be shared in one article. To fully understand this work requires having a holistic view, having place-based knowledge, working in relational-based ways with the agency and participants, and coming to collective understanding and documentation of the experiences of women with prenatal substance use. This can be challenging and

requires taking an oral story and translating it into words and concepts that are not used by participants but that speak to the larger audience (Kovach, 2015).

What follows is a description of one unique Tribal child welfare agency's approach to PSE prevention and support services with an eye toward the implications of the work for Tribal practitioners, funders, and policy-makers. This article concludes with a set of recommendations for supporting and improving the important work done by Tribal child welfare programs to address PSE. A note on terminology: in the case study below, the Tribal nation is referred to as *Red Lake Nation* and the child welfare agency is referred to as *Ombimindwaa Gidinawemaaganiidog* or *Ombimindwaa* for short.

Description of the Case: Red Lake Nation

Given the unique setting of this case study, and the diversity across Tribal communities and agencies, it is important to describe the specific context of this case. The Red Lake Nation is home to the federally recognized Red Lake Band of Chippewa and is the only "closed reservation" in Minnesota, meaning that the Tribal nation retains full authority for all matters within the reservation boundaries. Red Lake Nation is not bound by Public Law 280, which gives state authority over criminal matters on reservation (National Institute of Justice, 2008). On the Red Lake reservation, all land is held in common by the Tribe rather than allotted out to individuals and only Red Lake Nation and the federal government have civil and criminal jurisdiction within reservation boundaries. Red Lake Nation leaders make and enforce laws to govern activities on the reservation, including child welfare.

The reservation boundaries of the Red Lake Nation are located in the northwest corner of Minnesota, a predominately rural area about 160 miles from the Canadian border. The land base of the reservation covers 1,259 square miles. Red Lake Nation is impacted by significant economic challenges. Between 35% and 50% of Red Lake's

population has low income, and the reservation has an unemployment rate of around 50%; the median household income on the reservation is $34,717 per year, which is about $23,000 less than the broader U.S. annual income (Federal Reserve Bank of Minneapolis, n.d.).

Alcohol and drug abuse, a legacy of colonization, continues to plague families and communities on the Red Lake Nation. Ongoing efforts to address these issues have remained a Tribal priority. On a state level, American Indian Minnesotans were 10 times as likely to die from a drug or alcohol overdose as White Minnesotans in 2021 (Minnesota Department of Human Services, 2022). In Minnesota, American Indians are 8.7 times more likely than White Minnesotans to be diagnosed with maternal opiate dependency or abuse during pregnancy. American Indian infants are 7.4 times more likely than White infants in Minnesota to be born with neonatal opioid withdrawal syndrome. Children in Minnesota are more likely to be removed due to parental drug abuse than other reasons, and American Indian children are 17 times more likely to be removed due to parental drug abuse. In an analysis of 103,127 children ages zero to three by the Minnesota Department of Human Services, those with a chemically dependent parent were 2.4 times more likely to be removed by child protection, and 1.5 times more likely to be removed due to opioid exposure. Red Lake, along with two other Tribal nations, were the most heavily impacted by the opioid crisis in Minnesota from 2012-2021 (Minnesota Department of Human Services, n.d.). In July 2017, the Red Lake Nation declared a "state of emergency" to address the opioid crisis (Smith, 2017).

Red Lake Tribal leadership have met these challenges head on by working to preserve the traditional system of governance while improving the quality of life for all Red Lake families and children—envisioning a future where families are healthy and Tribal systems support families to remain intact through culturally restorative practices (Ombimindwaa Gidinawemaaganiidog Practice Model, 2020). Although Red Lake Nation has always retained exclusive jurisdiction over child welfare matters, until recently the system was

fragmented, with various county child welfare agencies administering child welfare services to Red Lake Tribal members each in their own way, until 2019, when successful lobbying resulted in base funding to develop comprehensive services to self-govern child welfare and family matters for their Tribal members.

In 2018, a new Tribal child welfare director was hired to oversee the Red Lake Family and Child Services Program. The director, a Red Lake Tribal member and longtime employee of Red Lake Nation, transitioned from her work with elders to child welfare. With support from some staff and Tribal leaders, they became determined to restore health and well-being to the community members who had been harmed. Under new leadership, the agency was able to secure additional funding, hire additional staff, reorganize, and develop a intergenerational practice model based on the Anishinaabe traditional values of love, respect, courage, honesty, truth, humility, and wisdom, referred to as "the grandfather teachings." As an ever-present reminder, these words are painted on the wall as you enter the agency. The agency changed its name to reflect this paradigm shift. *Ombimindwaa* describes "to build up, to uplift" and *Gidinawemaaganinaadog* refers to *"our relatives"* in the Ojibwe language. It literally means "to uplift our relatives" (Ombimindwaa Gidinawemaaganiidog Practice Model, 2020).

The director and her staff began to implement restorative practices, provide decolonized training for staff and kinship care providers, hire cultural and first Ojibwe language speakers, and invite community healers to be part of agency efforts. The agency built a healing sweat lodge nearby for both staff and families to use for self-care and healing. Shortly after these efforts began, the agency was gifted a sacred pipe in a community ceremony. It took many generations of genocide to damage important family, cultural and social connections and it will take time to heal; however, Red Lake Nation is on this healing pathway. For Ombimindwaa Gidinawemaaganiidog, agency inclusion of Indigenous ways of living and being in practice is resulting in restorative balance in families and community (Ombimindwaa Gidinawemaaganiidog Practice Model, 2020). This work is well aligned with evidence that

culturally restorative practices like strengthening cultural identity, incorporating traditional healing, and engaging with the community in empowering ways improves untreated trauma and substance use disorders in Indigenous populations (Russette et al., 2022).

The realigning of Ombimindwaa's services is not just a response to recent challenges but a purposeful choice to address historical wrongs. Colonization and genocide changed Indigenous families and communities forever. The importation of colonial ways of being, that were in stark contrast to Indigenous ways of being, infiltrated across these lands leaving in its wake destruction of Tribal nations, communities, and families that had existed for millennia. The attempts at genocide and assimilation of Indigenous adults were not wholly successful so policy shifted to assimilation of children to "kill the Indian, save the man" by establishing Indian schools and mandatory boarding and residential schools. The lifelong traumas inflicted upon children and families lives on through substance use disorders, violence toward children and women, the ongoing removal of Indigenous children through child welfare and juvenile justice systems, mistrust of education systems, and adult incarcerations (Gameon & Skewes, 2021; Hamby et al., 2020).

The legacy of separation continues through funding mechanisms that force agencies to address collective community traumas through siloed approaches. Ombimindwaa seeks to repair these harms.

> Our focus is on Inter-generational Family wellness which includes physical, emotional, spiritual, mental, and cultural wellness. Our inter-generational approach addresses health and wellness for each family member that is inclusive to each hill of life (infancy, adolescence, adulthood, and elder hood). Our framework is person centered, trauma and resiliency focused, and is grounded in the Anishinaabe worldview, the Seven Grandfather teachings, National Association of Social Work (NASW) Code of Ethics, and cultural humility. (Ombimindwaa Gidinawemaaganiidog Brochure, 2020)

Examples of the changes made to practice include:

- Changing the agency name, Red Lake Family and Children Services, to "Ombimindwaa Gidinawemaaganinaadog – Uplifting Our Relatives."
- Shifting language from "client" to "relative."
- Using the term "community service provider" to refer to program staff.
- Shifting "foster parents" to "relative care community service providers."
- Shifting "investigation" to "response."
- Shifting "child protection case management" to "reunification service," with a goal of 100% reunification when removal is needed.

Ombimindwaa's work to create and follow an Anishinaabe culturally based program to serve its citizens (relatives) through supportive services rather than child removal and punitive treatment of parents would not be possible without systems that support that work. In Red Lake those include:

- ***Tribal and Agency Leadership and Support.*** Tribal agencies can mobilize Tribal leadership to change ways of practice within child welfare to a decolonized approach that builds on cultural values and strengths including changes to Tribal legal codes to support family preservation.
- ***Clear and Consistent Practice Built on an Ethic of Family Preservation.*** Tribal agencies can develop practices through active efforts with all families that include cultural approaches to healing. In Red Lake, the goal is 100% family preservation. Interventions that support families can greatly reduce child removal. When removal is necessary, the goal is to place children with extended family and support the parents to have

quick reunification. The central goal is provision of services to address substance misuse so that family reunification can occur as soon as possible. Another practice is to consider PSE cases specifically, and collectively as a program, to develop practice map to clarify key touchpoints to identify and pathways for providing prevention and intervention services.

- ***Supporting a Well-Trained and Skilled Tribal Child Welfare Workforce.*** Tribal agencies can train Tribal staff to utilize a Tribal practice model of interacting and responding to families in need as one would assist a relative, including a "never give up" attitude of hope. They can ensure that training addresses issues of PSE, including how to recognize risk and effects on the child and how to sensitively explore substance use with families, and knowledge and implementation of Tribal resources to support children and families.
- ***Building an Integrated System of Providers and Community Members.*** The Red Lake agency has created a work climate of treating colleagues as relatives and supporting one another based on cultural values and teachings. They recommend improving communication and the inclusion of all voices (including elders and others with lived experience). Another important element is to widen the circle and explore stronger collaboration between systems and other potential referral sources like public health, early childhood and early intervention, schools, local hospitals, and other agencies and groups that support families and children.

Case Study Methods

Led by a Tribal researcher with a deep, longstanding relationship with staff and leadership within the Red Lake Nation, the team engaged the Ombimindwaa Gidinawemaaganinaadog Red Lake Nation Family and Intergenerational Wellness. The case study included two data

collection efforts: (1) service process mapping with individuals from the Ombimindwaa program to visually depict service referrals, gaps, and needs; and (2) interviews with nine key informants to further shed light on practices and opportunities related to addressing PSE in the case community.

Throughout the study, the goal was to understand the practices, values, and perspectives of Red Lake staff and leadership. Prior to data collection, the study was granted approval from the Red Lake Tribal Council (elected leadership for the Nation). The majority of staff interviewed are Red Lake Tribal members and have a deep understanding of cultural and community practices. The research process placed an important value on reciprocity and the study team worked to ensure that the service process map and the final report was shared with other staff, the Tribal Council, funders, and the community. Agency leadership and staff are co-authors on publications to recognize their contributions.

The Red Lake Nation was an ideal partner in this case study for multiple reasons: (1) a long-standing relationship with the Red Lake child welfare director and the lead Tribal researcher and study team; (2) a human services program with a reputation for innovative practice; (3) an expressed interest in knowing more about how their agency addresses challenges regarding children with prenatal alcohol and other drug exposures and their families; and (4) a culturally restorative agency structure and practices.

At the request of the two staff members who served as points of contact for the study, methods primarily addressed understanding PSE and available services for mothers who are pregnant, infants, and young children. Tribal staff and study team members met both in person and virtually over multiple months to refine instruments and methods. This allowed the study team to gain a deeper understanding of the Tribal site, the Ombimindwaa practices, and the context in which services were being delivered.

Prior to any study design activities, the Ombimindwaa director obtained Tribal Council approval for participation. Researchers submitted all study material and documents, including this article and any

subsequent articles, to the Tribe for review and approval. The Tribal case study also was submitted to the study IRB of record for approval.

Prior to and during engagement with agency staff, the study team deepened their understanding of the program by reviewing materials such as brochures, information about referral agencies, and the agency practice model.

Service Process Mapping

To provide needed background for the study team and to respond to aim 5, listed above ("Examine the current referral process for services as well as pathways for children and families to identify areas for improvement"), Red Lake requested a visual map of their services and processes. The study team conducted a process mapping exercise with the child welfare program leadership to better understand and visually describe the step-by-step life of a case involving a mother who is pregnant. Process mapping is frequently used in Continuous Quality Improvement efforts to identify current practices, key agencies and individuals, and gaps or inconsistencies in service provision (Heher & Chen, 2017; Langley et al., 2009).

The mapping process was completed through an in-person half-day meeting and three virtual meetings with the study team, three representatives of Ombimindwaa, and a director of a key partner agency. The study team led participants through a structured series of questions designed to elicit the pathways and decision points for when mothers who are pregnant and who are using substances come to the attention of Ombimindwaa. The process maps describe the child welfare intake, voluntary services, referral partners, and court-ordered processes.[1] Participants reviewed the maps and identified key referral partners as well as areas of unclear or inconsistent practice. Following the mapping activity, the study team noted information that was also pertinent to

[1] The services process maps were included as Appendix E in a Children's Bureau brief and can be found here: https://www.acf.hhs.gov/sites/default/files/documents/cb/tribal-cw-systems-paode.pdf

study aims 1-4 above and documented areas for further exploration in the qualitative interviews.

Qualitative Interviews

To address study aims 1 through 4 above and to provide additional contextual and interpretive information to aim 5, the study team conducted open-ended interviews with nine individuals, including both Ombimindwaa caseworkers and staff from partner agencies (e.g., behavioral health); two of these individuals also participated in process mapping activities. The nine interviewees were chosen by the agency as participants who had knowledge, relevant experience, and a willingness to share information. The Tribal researcher and team applied a semi-structured interview guide that explored the following:

- Background information about the interviewee;
- Understanding of relevant needs and strengths of the Tribal community;
- Services for mothers who are pregnant and/or infants who are exposed prenatally;
- Facilitators and challenges to implementing services;
- Recommendations for improved services; and,
- Any other additional information participants wanted to provide.

Each question was designed to yield information that helped paint a picture of the context for identification of children at risk for prenatal exposures. In addition, questions about services provided to women who are pregnant and are using alcohol and/or other drugs were included. Interviewees could discuss gaps, challenges, and recommendations to improve services. Because of the timing of data collection, early in the COVID-19 pandemic, the study team added questions to explore the

effect of COVID-19 on services for mothers who are pregnant and children who have prenatal exposures.

Interviews took place between June and August 2020. Given the exploratory nature of the case study, nine individuals were deemed an adequate sample of service providers. The nine interview participants included the following:

- Ombimindwaa staff members ($N = 4$); and
- Staff affiliated with other Tribal departments and programs ($N = 5$).

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

Interviews were recorded and transcribed. Two members of the study team independently coded the transcripts thematically, applying both a deductive coding according to *a priori* constructs from study questions and objectives and an inductive approach (e.g., identifying emergent themes newly generated from the data). Coding was then compared and discussed to develop a final list of themes that emerged from interviews with consensus from the two-person coding team.

Results

Ombimindwaa has changed agency culture, structure, and practices to shift from a punitive system of serving mothers and children with PSE to one of support and family preservation. The comments that were shared tell a powerful story of transformative practice. Through engaging with leadership and staff, review of relevant agency materials, service process mapping, and key informant interviews, study participants shared important insights into how children and families currently

experience child welfare services; strengths and needs of the community; and facilitators, barriers, and recommendations for improvements to current services. Results of the case study interviews and service process mapping are summarized below in narrative with key takeaways italicized throughout.

As stated in the Ombimindwaa practice model, the agency seeks to "uplift our relatives" through culturally restorative practices rather child removal. This approach supports parents to safely parent and heal from past trauma. *Staff both within and outside the agency expressed a deep personal passion and commitment to supporting mothers struggling with substance use disorders.* These providers shared powerful examples of mothers recovering from substance misuse and maintaining or regaining custody of their children despite barriers. Interviewees remained hopeful despite noting significant challenges with historic trauma, poverty, social isolation, and lack of jobs and resources leading to drug and alcohol use. As one interviewee put it "we adapt, adjust, and overcome. . . the direction we're moving in is extremely positive, and I think over the next couple of years, we'll see far more successes than we will failures." These comments describe the impact of restorative cultural practices.

Interviewees described that their personal commitment and passion to serve Red Lake members means they will never give up on women who are pregnant and using substances—even if the woman herself is not ready to change currently. As one interviewee expressed, "We'll be here when she is ready." This is how you would treat a beloved relative who might be struggling.

When asked which substances were seen most frequently, all interviewees indicated that they think heroin, methamphetamine, and other opioids are the most frequent substances used by women who are pregnant. Although alcohol is used, participants perceived it to be far less prevalent than other drugs. One participant with firsthand access to toxicology reports supported this perception by noting, "[W]ith the moms that we're seeing over the past, for sure, two to almost three years, I mean, it is almost always heroin, fentanyl, or some kind of opioid."

It may be the case that alcohol use is routine enough for many individuals that it isn't reported. An important additional consideration that was not raised by interviewees but may be impacting service delivery is the generational way that PSE can impact families, as adults who were exposed in utero grow up to become parents themselves.

Even within this context of challenging narcotic use, Ombimindwaa is shifting the agency orientation and priority from involuntary services to voluntary services. *Interviewees expressed that the courts and social service providers are working toward a vision of shifting from punitive ways of working with women who are pregnant, such as incarceration, to using a healing and wellness approach.* Interviewees noted that these supports are occurring through a range of substance abuse programs that are available to mothers who are pregnant to support them to safely stop or reduce usage. These offerings include culturally tailored outpatient programs, medically assisted treatment options, and health care. Through process mapping, participants noted that the two most frequent points of referral for mothers who are pregnant and who are using substances were: (1) family preservation services (internal Ombimindwaa program referral); and (2) chemical dependency services (external agency referral). Interviewees were aware that Ombimindwaa practice is to provide voluntary services, when possible, to women who are pregnant and who use substances.

Ombimindwaa staff members take active measures to support women who are pregnant in maintaining custody of their children whenever safely possible. If it is not possible for a child to safely remain with their parents, the goal is to place the child with relatives while the mother is assisted to regain her health so that she can safely parent. Extended family relatives have traditionally stepped in as caregivers when parents need assistance. This established way of being was described as agency best practice because it serves to retain the culture, identity, and health of children and communities. This emphasis on voluntary services when possible was echoed by representatives from the judicial system. Tribal judges described encouraging women to

voluntarily seek treatment or, if needed, voluntarily place children in the care of safe relatives. The goal is for the court to only use an involuntary civil commitment or a "72-hour hold" as a last resort.

With this shift to voluntary services also comes a shifted emphasis from Western approaches to healing and recovery to Anishinaabe healing traditions. Every interviewee reported that the people of Red Lake and their culture and traditions are a source of strength and support that is drawn on in service delivery. *The interviewees clearly saw the culturally centered, strengths-based approach as being the best way to support individual recovery from substance use.* Through both interviews and process mapping, participants noted that most Tribal programs employ culture-based programming, including the use of traditional ceremonies, healers, and medicines—for example, providing sage and cedar and teaching women how to smudge (burn) sage or to drink cedar tea. Both practices are culturally restorative ways to center oneself and balance emotions. These cultural practices help to develop a broader network of support and a connection to culture for the woman who is pregnant and her family.

Interviewees both within Ombimindwaa and outside the agency have seen support for these changes. *Community and program leadership support has been critical in addressing PSE.* The Tribal Council and Ombimindwaa leadership were noted as a critical strength that has shifted the approach from a punitive response to PSE to a supportive, healing one. The close-knit community is a source of pride and strength noted by all interviewees. Interviewees felt that Ombimindwaa is embraced by the community and well regarded by partners, including substance abuse providers, law enforcement, and the courts. The program is seen as an important and effective support for women who are pregnant. This is increasingly true with organizational shifts toward family support and preservation and away from child removal. One interviewee noted that women are more inclined to seek support if they know that they will not lose their child to the child welfare system. Another described community and agency support by stating,

"I think that we have a real strong leadership at the government level and then also at the organizational level. And so those, our leaders, are our strengths because they are supportive of working with mothers who are struggling with drug use in a more supportive, positive way—more of a strength-based way."

A significant shift to practice is not done seamlessly and Ombimindwaa has faced challenges in consistent implementation of services. The process mapping activity revealed that at the time of study, no validated assessment or decision-making tools were used to guide the intake process when there were reports of prenatal alcohol or other drug exposures. Interviewees also expressed concerns with consistency of service provision, noting a lack of integrated services, inconsistent communication, absence of a centralized list of services for women who are pregnant and who have substance use issues, and challenges with confidentiality between programs that led to inconsistent supports for women. In both interviews and process mapping, participants noted that they were less aware of the relevant referral partners and the process to identify children affected by PSE (e.g., with resulting conditions from PSE, such as FASDs) than those processes for serving and supporting mothers who are pregnant. These are some of the challenges that leadership and staff are committed to improving.

Systemic challenges such as availability of resources also impacted consistency of services and alignment between the frequency and duration of services and identified needs. Interviewees noted that lack of consistent funding meant that most programs provide services through short-term grants, resulting in some important efforts not being sustained—which can impact long-term trust in individual providers and programs. One interviewee described a partnership with the local hospital for supporting women who are pregnant that no longer exists. Another interviewee external to the child welfare program noted that one important goal is "to have sufficient funding, and to not have funding pending and not come in, because [Red Lake has] had that. The funding was supposed to come in, it doesn't come in,

and you can't pay the people, you can't move forward." It should be noted that Ombimindwaa as an agency has consistent funding through a state agreement that some other agencies do not have. Even with steady streams of funding, it is still inadequate to meet the needs across all systems.

While Red Lake Nation has worked to build their internal capacity, they are still in a rural, high-unemployment area. *Lack of key services and resources* (housing, birthing facilities, inpatient treatment, evaluation facilities for children with suspected FASDs, screening and diagnosis, midwifery, doulas, etc.) on the reservation means that many supports are not easily accessible and that to use these services, individuals must access programs outside of their culture and community that may not be culturally supportive. Most notably, all Red Lake women who are pregnant deliver off the reservation because there is no medical facility for births. Most of the prenatal substance exposure reports and 72-hour holds come from the off-reservation hospital. Sometimes Tribal programs do not know about an infant with substance exposure until after the birth, when they are contacted by the hospital or law enforcement. By this time, there is usually a 72-hour hold and the infant may have gone into non-relative foster care. When this happens, Ombimindwaa staff seek reunification or relative care placement. Individuals who participated in the process-mapping component of the study noted that this creates a situation in which Ombimindwaa and other relevant programs must follow the lead of external agencies (e.g., hospital and law enforcement)—which perhaps delays the provision of strengths-based, culturally grounded ways of approaching maternal substance use and prenatal exposures. These infant removals often turn into longer out-of-home placements and cause trauma for baby, parents, and relatives.

Interviewees suggested building on the many strengths, such as strong cultural and community connections, that were identified to expand and improve services. It was noted that a priority should be developing ways to encourage and support communication between systems and services providers, both on- and off-reservation, who are serving women

within Red Lake. One interviewee suggested development of centralized services for women who are pregnant and who have alcohol and/or other drug use issues on the reservation. Improved communication and consistent service provision would make for timely and efficient identification of infants and children with prenatal exposures as well as follow-up support systems to assist them into adulthood both at home and in the school system. Both in process mapping and interviews with key stakeholders, it became clear that there is a need for improved data on the number of caregivers who are pregnant and who have alcohol and/or drug use issues and children exposed to substances. This is needed both internally and across system partners. Ombimindwaa has quality assurance measures in place and data tracking will improve over time as the system continues to develop.

Six staff working directly with caregivers noted that no matter how effective services are, an individual must be receptive to receiving the support and "want to" heal. Those interviewed noted that persistence and nonjudgmental approaches on the part of service providers were key to building motivation.

The timing of the interviews and service process mapping brought to light the challenges of implementing broad agency change in the face of a global pandemic. *Supporting families through the COVID-19 pandemic was a deep commitment of all staff.* All programs continued to provide some level of service at the time of the study during the pandemic. As was true of all reservations, Red Lake was hit hard by community deaths, resulting in some programs having reduced staff. Most providers were working from a distance when feasible. A few systems continued to engage in limited face-to-face services (for example, providing transportation home from the hospital for a mother and baby). All interviewees reported feeling like services were more fractured because of the pandemic, especially between systems.

While three interviewees felt that the pandemic had enhanced lines of communication and strengthened partnerships, it was clear that, overall, COVID-19 has had a negative effect on service availability

for women who are pregnant and using substances, who experienced more isolation and barriers to services during lockdown than before the pandemic.

Discussion

Through a collaborative research effort, Ombimindwaa Gidinawemaaganinaadog, "Uplifting Our Relatives" (Red Lake Family and Intergenerational Wellness), provided a unique look into one Tribal Nation's approach to serving families affected by PSE. While the program and Tribe are unique in approach, history, and current context, caution is warranted in drawing conclusions from one case study. The lessons learned through listening sessions, document review, process mapping, and interviews can speak to considerations for Tribal child welfare programs and federal agencies and suggest areas for future exploration and study.

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

1. ***Honor Tribal sovereignty and culture.*** Listen and respect the voices of Tribal Nations because they are most knowledgeable about their community needs, resources, and values. Ombimindwaa benefitted greatly from the support of leaders from the Red Lake Nation as well as the strong cultural traditions of the Tribe as they transitioned practice to support relatives more effectively. The program drew on cultural teachings and respected community members. Federal support could more explicitly support efforts to bridge agency practices with community resources.
2. ***Support and help fund Tribes to develop resources and implement processes and programs that are based in their traditional knowledge and wisdom.*** Tribes have ways to provide prenatal care and to care for the mother and child before and after

birth that differ from Western traditions (e.g., *Family Spirit* home-visiting program). The story of Ombimindwaa illustrates the importance of returning to traditional teachings in building program processes. The work of service process mapping not only gave the researchers a clearer understanding of service delivery but supported the program in understanding their own practice. Federal partners could support similar efforts with other Tribal programs.

3. ***Engage in Tribally informed collaborative research to explore how to serve indigenous children and families who are affected by PSE.*** The hope is that the story of this case study illustrates not only the innovative work of a Tribal child welfare agency but also a meaningful research-practice collaboration. Tribally informed research should include traditional ways of seeing children who have been affected as sacred beings who have gifts to offer the community, rather than as children in need of services, and supporting mothers with doulas and other supports at birth and after.

4. ***Support culturally appropriate training and tool development targeting Tribal service providers*** in identifying and supporting children who have been prenatally exposed to alcohol and other drugs. Ombimindwaa staff members noted the importance of training in the evolution of the agency practice model and in improving services to families struggling with substance exposure.

5. ***Support capacity building around data collection and use within Tribal child welfare programs.*** Participants, including Ombimindwaa noted a need for better information to understand their existing data related to PSE. It is likely that this challenge is not unique to this agency. Federal supports could improve the quality, consistency, and utility of data for Tribal child welfare programs.

Study Limitations

This study is limited in generalizability to other Tribal child welfare programs. While the hope is that the experience of this Tribal child welfare program resonates for other programs, ultimately it is a case study of one agency and its allied partners. Tribal nations are unique and diverse, and our hope is that funders and policy-makers do not see this case study as representing all Tribal child welfare experiences but instead consider collaborating with and investing in Tribes to further explore, develop, implement, and evaluate strategies that are described in this article. Finally, given that the focus of this case study was the agency and its approach to services, the researchers focused interviews on care providers and not on those receiving services. This perspective would be an important addition to the story of Ombimindwaa.

References

Chasnoff, I. J., Wells, A. M., & King, L. (2015). Misdiagnosis and missed diagnoses in foster and adopted children with prenatal alcohol exposure. *Pediatrics, 135*(2), 264–270.

Cross, T., Fox, K., Becker-Green, J., Smith, J., & Willeto, A. A. (2004). Case studies in Tribal data collection and use. National Indian Child Welfare Association.

Edwards, F., & Rocha Beardall, T. (2020). Mechanisms of American Indian/Alaska Native inequality in child welfare across the U.S. https://osf.io/preprints/socarxiv/fcz5p/

Earle, K. (2018). *Tapping tribal wisdom: Lessons learned from listening sessions with five tribes in Minnesota.* Submitted to Substance Abuse and Mental Health Services Administration and Administration for Children, Youth, and Families. https://ncsacw.samhsa.gov/files/tapping_tribal_wisdom_508.pdf

Federal Reserve Bank of Minneapolis. (n.d.). *Red Lake Reservation: Demographics.* Author. https://www.minneapolisfed.org/indiancountry/resources/reservation-profiles/red-lake-reservation

Gameon, J. A., & Skewes, M. C. (2021). Historical trauma and substance use among American Indian people with current substance use problems. *Psychology of Addictive Behaviors, 35*(3), 295-309.

Guille, C., & Aujla, R. (2019). Developmental consequences of prenatal substance use in children and adolescents. *Journal of Child and Adolescent Psychopharmacology, 29*(7), 479-486. http://doi.org/10.1089/cap.2018.0177

Hamby, S., Schultz, K. & Elm, J. (2020). Understanding the burden of trauma and victimization among American Indian and Alaska native elders: historical trauma as an element of poly-victimization. *Journal of Trauma & Dissociation, 21*(2), 172-186, DOI: 10.1080/15299732.2020.1692408

Heher, Y., & Chen, Y. (2017). Process mapping: A cornerstone of quality improvement. *Cancer Cytopathology, 125*(12), 887–890.

Kovach, M. (2015). Emerging from the margins: Indigenous methodologies. In L.A. Brown & S. Strega (Eds.), *Research as resistance: Revisiting critical, Indigenous, and anti-oppressive approaches.* Canadian Scholars' Press.

Langley, G., Moen, R., Nolan, K., Nolan, T., Norman, C., & Provost, L. (2009). *The improvement guide: A practical approach to enhancing organizational performance (2nd ed.)*. Jossey-Bass.

Minnesota Department of Human Services. (2022). Drug overdose dashboard. Author. https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html

Minnesota Department of Human Services. (n.d.). *The opioid epidemic in Minnesota: A federal briefing.* Author. https://mn.gov/dhs/assets/federal-opioid-briefing_tcm1053-336378.pdf

National Institute of Justice. (2008). Tribal crime and justice: Public law 280. Author. https://nij.ojp.gov/topics/articles/tribal-crime-and-justice-public-law-280

Ombimindwaa Gidinawemaaganiidog. (2020). *Agency brochure.* Author. https://www.redlakenation.org/wp-content/uploads/2021/03/29024-Red-Lake-OMBIMINDWWA-Family-Children-Adult-Service-Brochure.pdf

Ombimindwaa Gidinawemaaganiidog. (2020). *Practice model.* Unpublished Red Lake Nation Practice Handbook.

Popova, S., Lange, S., Shield, K., Burd, L., & Rehm, J. (2019). Prevalence of fetal alcohol spectrum disorder among special subpopulations: A systematic review and meta-analysis. *Addiction, 114*(7), 1150–1172.

Putnam-Hornstein, E., Ahn, E., Prindle, J., Magruder, J., Webster, D., & Wildeman, C. (2021). Cumulative rates of child protection involvement and terminations of parental rights in a California birth cohort, 1999–2017. *American Journal of Public Health, 111,* 1157–1163. https://doi.org/10.2105/AJPH.2021.306214

Russette, H., Brown, J., Belcourt, A., McKay, K., Graham, N., Semmens, E.O. (2022). Identifying family-child activities among children with prenatal drug exposure in a Tribal Nation: Caregiver perspectives on barriers, facilitators, and positive outcomes. *PLoS ONE, 17*(9), e0273989. https://doi.org/10.1371/journal.pone.0273989

Seay, K. D. (2019). Detection of problematic substance use in the child welfare system: A comparison of self-report and caseworker report. *Child Maltreatment, 24*(2), 152–160.

Smith, M. L. (2017, July 26). Red Lake Indian Reservation declares public health emergency over drug epidemic. *Star Tribune*. https://www.startribune.com/red-lake-indian-reservation-declares-public-health-emergency-over-drug-epidemic/436633673/?refresh=true

Ye P., Angal J., Tobacco D.A., Willman A.R., Friedrich C.A., Nelson M.E., Burd L., Elliott A.J. (2020). Prenatal drinking in the northern plains: Differences between American Indian and Caucasian mothers. *American Journal of Preventive Medicine, 58*(4), e113-e121. doi: 10.1016/j.amepre.2019.12.004

Young, R. S., & Joe, J. R. (2009). Some thoughts about the epidemiology of alcohol and drug use among American Indian/Alaskan Native populations. *Journal of Ethnicity in Substance Abuse, 8*(3), 223–241.