

# Using Process Mapping to Improve Services for Families Involved in Tribal Child Welfare

## Facilitators' Guide

Identification and Care of Children Prenatally Exposed to Alcohol and Other Drugs

The intentional, planned introduction of alcohol to American Indian and Alaska Native communities as a means of colonization precipitated a disproportionate burden of prenatal substance exposure that continues today (Johnston & Boyle, 2013; Unger et al., 2020). Contemporary conditions associated with increased risk of alcohol and drug use include historic trauma, poor employment prospects, poverty, housing insecurity, and lack of access to healthcare (Brownell et al., 2019; U.S. Department of Health and Human Services, n.d.). Native children who screen positive for prenatal substance exposure (PSE) or fetal alcohol spectrum disorders (FASDs) are more likely to encounter the child welfare system than are non-Native children (Brownell et al., 2019).

Tribal child welfare programs have an opportunity to be a supportive touchpoint for families affected by PSE. They are leaders in prioritizing family preservation by connecting families with services that address their children's behavioral, physical, and mental health. Recognizing the inherent strengths and resilience within Indigenous families, these programs strive to provide tailored, culturally respectful support through collaborative identification and delivery of these services. This strengths-based approach not only aligns with trauma-informed care principles but also elevates the preservation of Indigenous families, ensuring that the support system is responsive, respectful, and effective. However, cases often involve off-reservation hospitals and schools and present medical, behavioral, and safety concerns. Programs must navigate complex legal, jurisdictional, and funding landscapes that make it challenging to establish and maintain consistent services and practices (National Child Welfare Resource Center for Tribes, 2011). Process mapping can help.

### About This Guide

This guide was developed for facilitators to use when engaging program teams in process mapping. Process mapping can help tribal child welfare programs and other human services providers support efficient and effective service delivery. Included in this guide is an example of a process map completed by Red Lake Nation's Ombimindwaa Gidanawemaaganinaadog Intergenerational Family Wellness Program that illustrates the practical applications of these concepts.

Process mapping allows program teams to identify strengths, resources, and needs associated with service delivery so they can develop or sustain effective practices and discover new areas for growth and improvement. This approach uses a strengths-based framework to highlight both the needs of and the inherent strengths within families and communities. By emphasizing family resilience, cultural values, and mapping service delivery processes, process mapping enables program teams to develop practices that both honor and leverage these attributes.

To support the best possible services for families affected by PSE, this guide was developed for facilitators—such as program managers and coordinators or external consultants—to help tribal child welfare programs engage in process mapping using the accompanying *Mapping Tool*. Others in human services may also find this guide and the tool useful.

## Understanding Process Mapping

Process mapping is a nonjudgmental, team-driven approach to understanding, improving, or creating a service delivery process. A process map is essentially a diagram or flowchart that supports this approach. It helps program staff, partners, and others detail the steps involved in service delivery and identify what works well as well as what gaps exist. With this information, programs can—

- Draw connections between activities
- Identify the sequence of process steps
- Understand the people involved in the process
- Ensure consistency in how the process is carried out
- Support training for new and existing staff
- Identify opportunities for improvement to achieve intended outputs and outcomes
- Identify systemwide strengths to leverage in improving service delivery
- Improve the experiences of families, partners, and staff

The structure and components of a process map are profoundly shaped by each community's unique context and setting. This tailored approach allows process maps to accurately reflect diverse cultural, social, and economic backgrounds. Although the core principles of process mapping are universal, the specifics of the maps can vary significantly to accommodate the distinct circumstances, values, and needs of each community. Creating process maps that meet these specific needs requires a flexible, community-centered strategy to facilitate a more effective way to address unique challenges and strengths in service delivery.

## Convening a Process Mapping Team

A well-rounded team will contribute diverse perspectives on how the selected service delivery process works or should work. When considering whom to invite, ask these questions:

- Which internal staff play a role in the process? Which partners in the community play a role in the process?
- Are any important perspectives missing—for example, a caregiver who has experienced the process?

Ideally, keep the team under 10 people so it is manageable. If you are mapping a process that involves many individuals, consider convening a core team and then sharing the map with a larger group for feedback and input—virtually, in person, or by email.

### Common Ground Rules

- Treat all ideas and team members with respect.
- Actively listen to one another.
- Make space for everyone to share their ideas.

To ensure a welcoming, productive experience for the team, establish some simple ground rules (see box). Share the proposed ground rules with the team at the outset and ask what they would add, tweak, or remove. Aim to spend about 10 minutes finalizing three to five ground rules.

## Preparing to Process Map

Regardless of whether the team will convene in person or virtually, aim to create a collaborative space where everyone can contribute their thoughts and watch the process map take shape (see box). Allow ample time—90 minutes to 2 hours for those new to process mapping and at least an hour for more experienced teams.

### In-Person Considerations

- Reserve a space that can accommodate the number of team members. The space should allow for movement and include a large display area.
- Prepare materials and equipment, which may include—
  - [Mapping Tool](#)
  - Computer
  - Projector/screen if desired
  - Whiteboard/chalkboard, chart paper, [sticky wall](#)
  - Markers, chalk, pens, pencils, erasers
  - Post-its, index cards, shapes, tape

### Accommodations

Ask team members whether they will need accommodations to participate fully. Examples may include assistive technologies, materials shared in advance, or various avenues for providing input (e.g., written, spoken, synchronously or asynchronously).

## Virtual Considerations

- Choose a virtual meeting platform that team members have access to and are comfortable using (e.g., Microsoft Teams, Zoom, Google Meet). Construct the map using the [Mapping Tool](#) or an appropriate program of your choice (see box, next page).
- Consider multiple methods to capture input, such as a chat box, unmuting for comment, and a notetaker.
- Provide brief instructions on and a quick demonstration of the technology. If possible, have a technical support person on hand to troubleshoot.

### Programmatic Tools for Process Mapping

Programmatic tools for process mapping provide essential infrastructure and support for teams that want to visually organize and understand complex processes. These tools help facilitate collaboration by allowing users to map out relationships and workflows effectively. Below is a selection of these tools; each offers unique features to accommodate a variety of needs.

[Miro](#), a collaborative online platform that facilitates concept mapping by teams, uses shapes and arrows to represent concepts and relationships. The completed map can be exported in various formats or shared directly with collaborators. Miro keeps a revision history, allowing you to review and revert to previous versions if needed.

Other options include the following:

[Lucidchart](#) is a cloud-based tool that offers a free version with limited features.

[Diagrams.net](#) is a free, open-source option that does not require registration. It offers built-in templates and blank canvases.

[Microsoft Visio Online](#) has limited free features, but you may already have access as part of a Microsoft 365 subscription.

[Google Drawings](#), within [Google Docs](#), has fewer features than other options listed here, but it is free for users with a Google account, and it integrates well with other Google Workspace apps.

## Developing a Process Map

To develop the process map, lead team members through the following six steps as detailed below and in the *Mapping Tool*. Each step should be completed together as a group and documented.



**Step 1. Identify a process to map.**



**Step 2. Agree on starting and ending points and level of detail.**



**Step 3. List the steps in the process.**



**Step 4. Construct the process map.**



**Step 5. Interpret the process map.**



**Step 6. Identify others who could provide input.**

## Facilitator Tips

Keep these tips in mind as you lead teams in process mapping:

- It is OK if team members have different ideas about how a current process works. Mapping the process will help build a standardized approach.
- If the goal is to improve a process, start by mapping the current process as it is; that will help identify parts of the process that could benefit from improvement.
- Ensure the map is clear and action oriented.

### Step 1: Identify a process to map.

Programs may complete this step before the process mapping session to ensure that they assemble the right team members. Complete this step as a group if it was not already completed.

### Step 2: Agree on starting and ending points and level of detail.

To provide guideposts and focus the conversation, determine the starting and ending points of the process. The starting point is the first step in the process, and the ending point is the outcome or output the process should achieve. Then discuss and agree on the level of detail you will include. Process maps may be detailed or basic, depending on their purpose (see box). Details help identify all players, sticking points, and opportunities for improvement.

#### Level of Detail

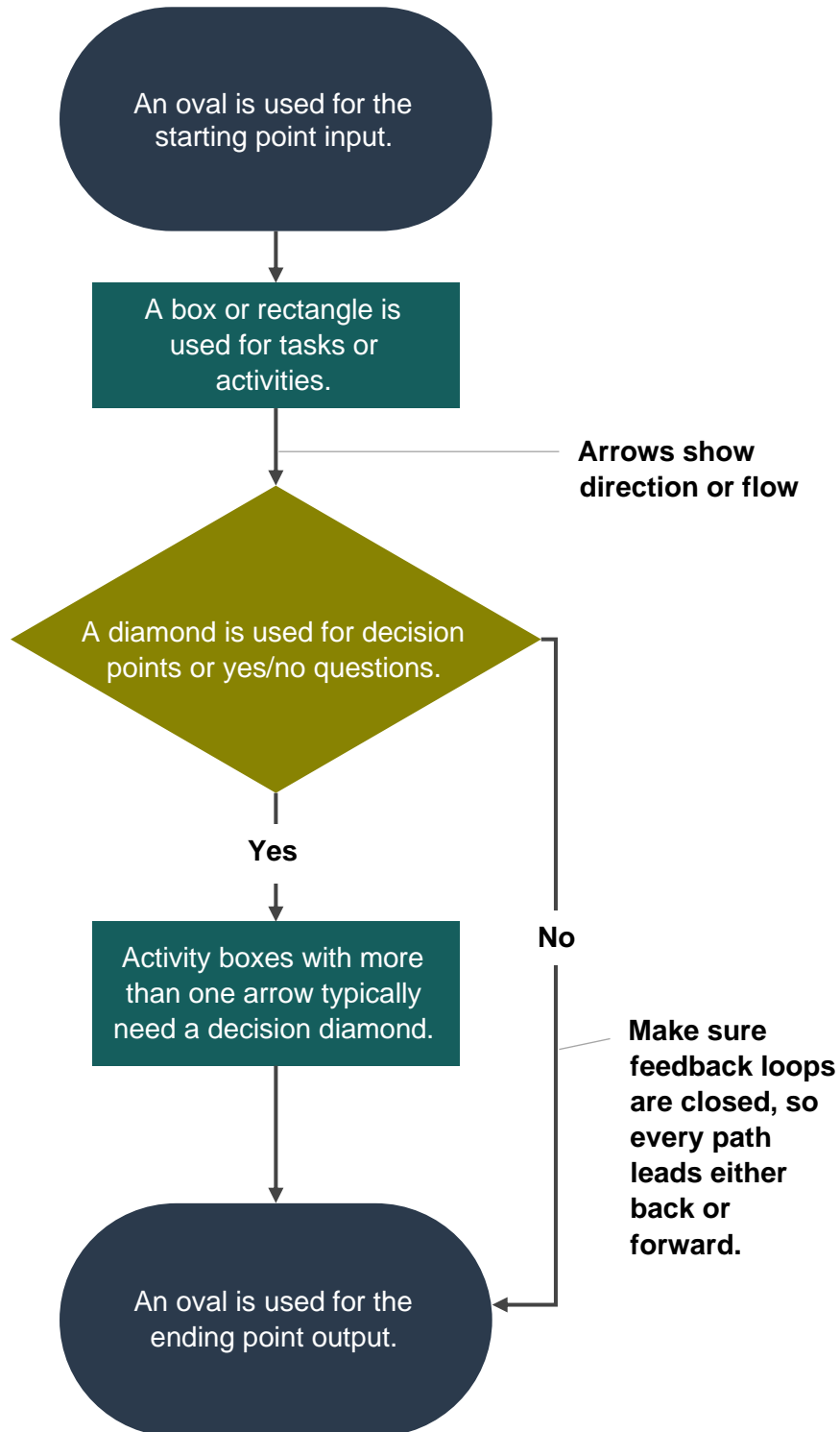
Do you need a high level of detail or something more basic? A *detailed* map can help you gain a *thorough* understanding of how a process works so you can refine and enhance it. A *basic* map can help you gain a *broad* understanding of how the process works.

### Step 3: List the steps in the process.

Create a list of steps in the process. Do not worry about ordering the steps yet.

#### Step 4: Construct the process map.

Construct the map using the shapes shown. You can revise and rearrange parts of the process at this point.



## Step 5: Interpret the process map.

To support this important step, prepare discussion questions in advance, such as the following:

- What stands out to you when you look at the process the group mapped?
- What impact do decision points have on the process?
- Which steps are confusing or cumbersome?
- Which steps seem unnecessary?
- Which steps are carried out inconsistently?

Capture notes from the discussion to help refine and clarify the process over time.

## Step 6: Identify others who could provide input.

Identify additional staff, partners, service recipients, or others who play a role in the process but did not participate in the mapping session. Determine how to gather their input to ensure the map is complete and accurate. This could occur through individual review and written feedback, review sessions, or other means, depending on needs, resources, and time constraints. Consider the following:

- Who will share the map, and how?
- What is a reasonable timeframe for requesting responses from reviewers?
- How will reviewers provide their input?
- How will the group review the input and revise the map?

## Using Completed Process Maps

Programs can use completed process maps in many ways. For example, process maps can inform policy and procedure manuals, employee orientation materials, trainings, team meetings, supervision sessions, and improvement efforts. To remain useful, maps must be reviewed and updated regularly to ensure that they continue to capture the process accurately.



# Example: Red Lake Nation's Ombimindwaa Gidanawemaaganinaadog Intergenerational Family Wellness Program

This example walks through the process mapping undertaken by Red Lake Nation's Ombimindwaa Gidanawemaaganinaadog Intergenerational Family Wellness Program.

## Step 1: Identify a process to map.

Three staff members met to begin planning a case study on the program's supports for pregnant caregivers and parents struggling with alcohol and other drug use. Team members noted challenges with consistent case work for these families. They felt that mapping would clarify how services were provided to pregnant caregivers and young children by on-reservation agencies, the hospital, and other sources located off-reservation in Bemidji, Minnesota.

## Step 2: Agree on starting and ending points and level of detail.

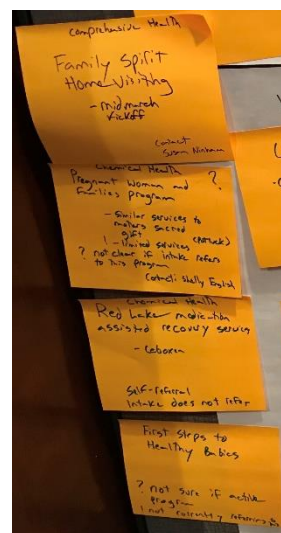
The team met in person for a half day to complete steps 2 through 4. They discussed at length the appropriate starting point. Intake decisions are complex but often depend on whether a newborn tests positive for substance exposure. That test result determines the difference between a recommendation of either voluntary services or court-ordered services with tribal law enforcement intervention that begins with a "72-hour hold."

The team determined that services end in various ways. Voluntary services end either with a referral to other service providers outside the agency (behavioral health, chemical dependency, etc.) or with a parent declining services, which closes the case. Court-ordered services end with family reunification (the returning of a child to their caregiver after removal), family preservation (the safe maintenance of a child with their family), or permanency (the permanent placement of a child with a relative or other individual).

The team opted for a detailed process map that included information on outside referral agencies, gaps in services, and inconsistencies.

## Step 3: List the steps in the process.

The team listed the steps on large Post-its placed on easel-pad paper around the meeting room. The facilitators encouraged the team to think of a particular case so they could concretely identify each step. They asked questions such as "what happened next?" to encourage the team to think sequentially. The team also identified the referral agencies involved in services (see right). Post-its were arranged in a rough sequence as the team first discussed the steps without drawing lines or noting decision points.



**Steps in the process are listed on Post-it notes.**

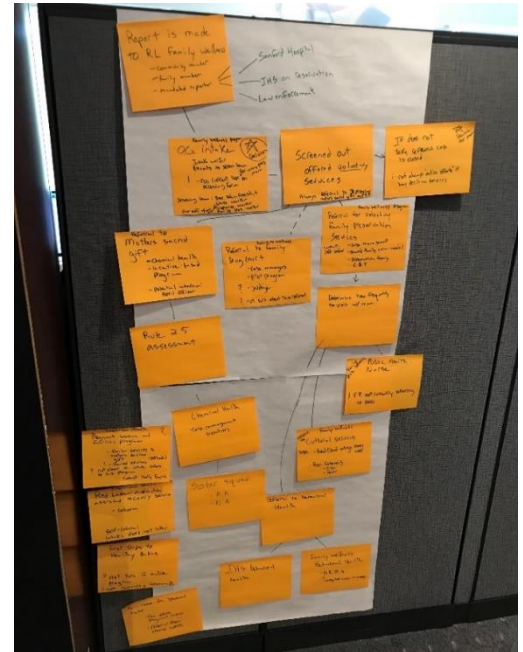
## Step 4: Construct the process map.

The team connected steps with arrows and identified decision points that might take a case in multiple directions—for example, whether a child could safely continue living in their home or whether a mother agreed to voluntary services. An early version of the map is shown at right.

Following the in-person meeting, the facilitators transferred the team’s work to PowerPoint (see below).

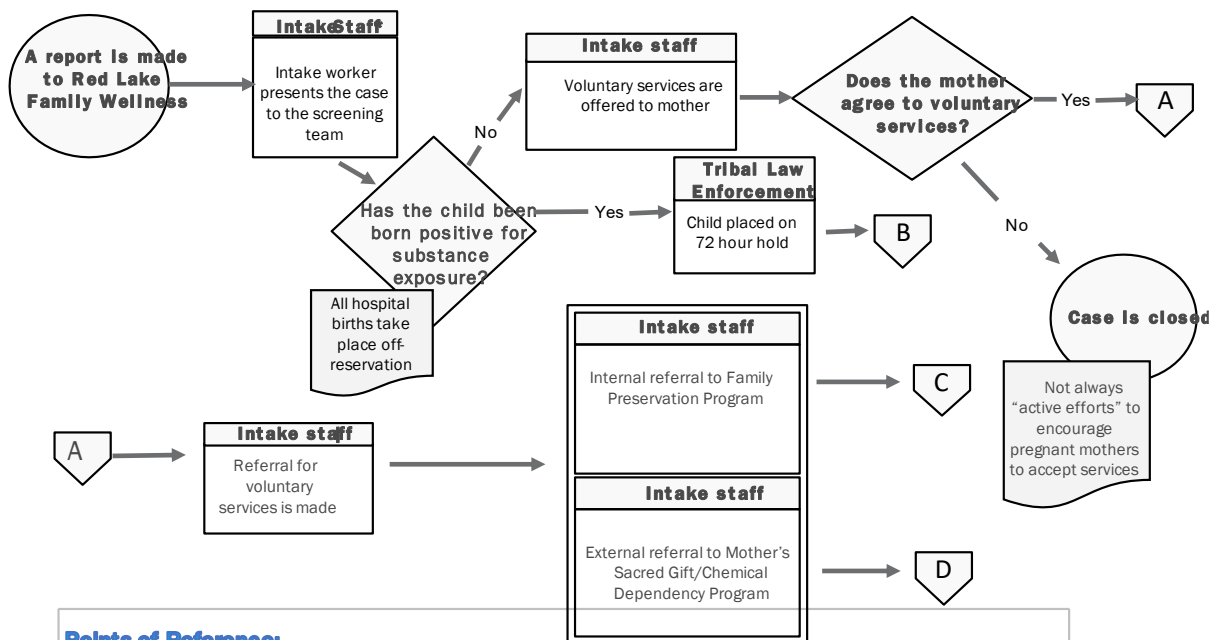
## Step 5: Interpret the process map.

Once the map was complete, the team met virtually to discuss it. The Red Lake Human Services Director joined this meeting. In advance, the facilitators developed a slide deck with highlights of the map and discussion questions. The team met for approximately 90 minutes to discuss observations, and the facilitator shared notes afterward.



Post-it notes are arranged and lines drawn connecting steps in step 4.

## Intake Process



### Points of Reference:

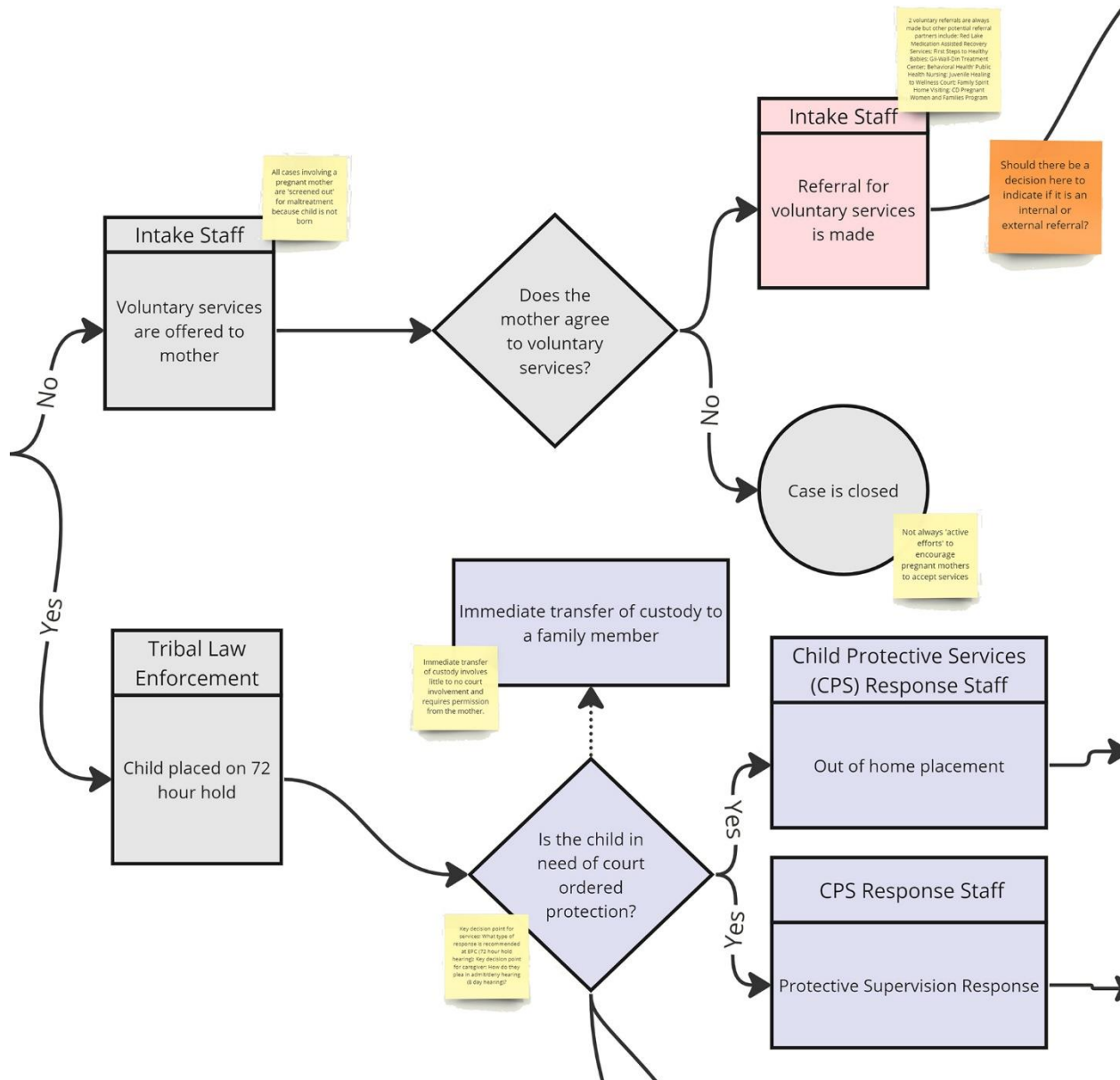
\* All cases involving a pregnant mother are “screened out” for maltreatment because the child is not born

† Two voluntary referrals are always made but other potential referral partners include: Red Lake Medication Assisted Recovery Services; First Steps to Healthy Babies; Gii-Waa-Din Treatment Center; Behavioral Health; Public Health Nursing Juvenile Healing to Wellness Court; Family Spirit Home Visiting; CD Pregnant Women and Families Program

A PowerPoint version of the map was developed to facilitate discussion for steps 5 and 6.

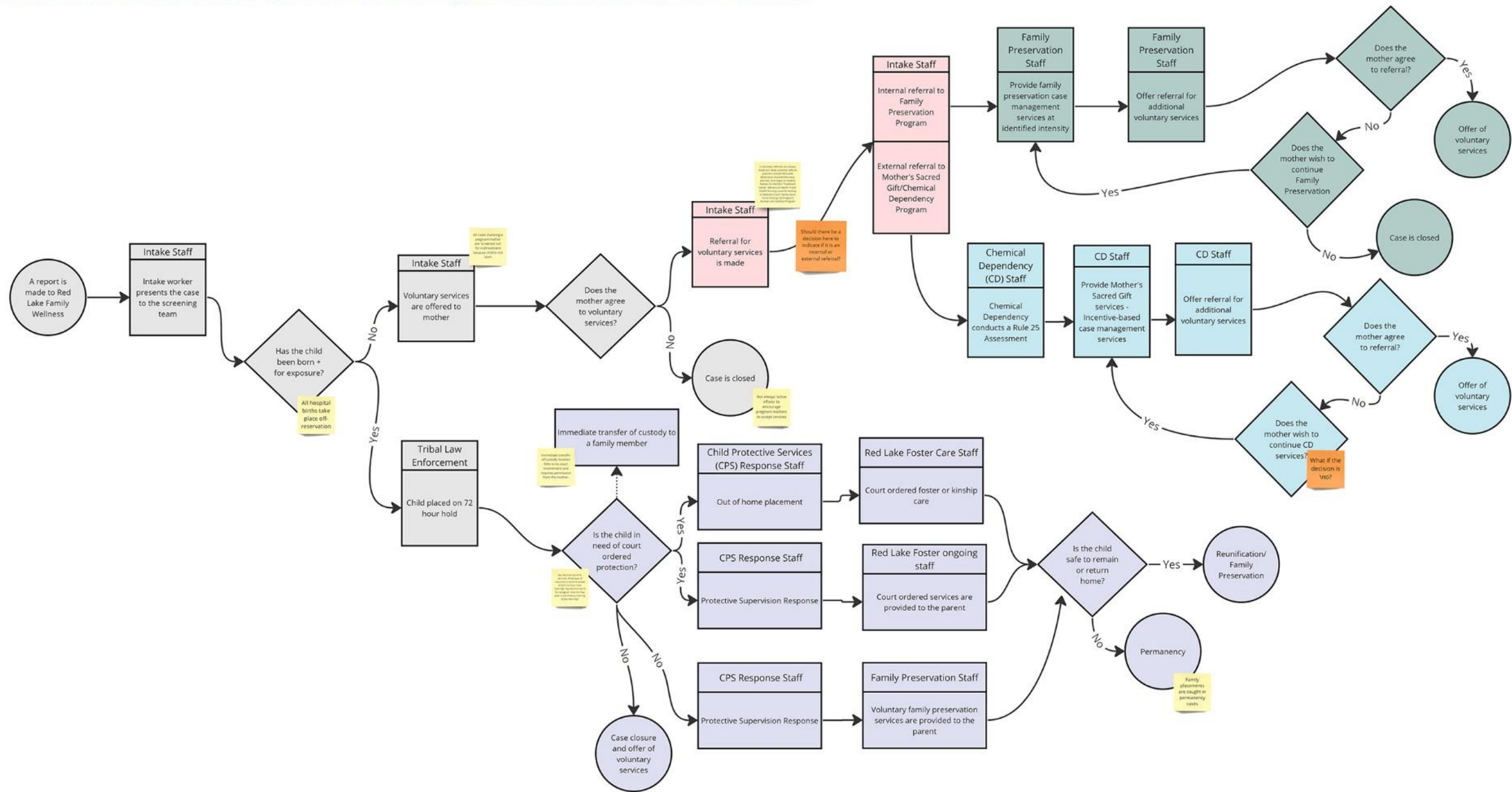
## Step 6: Identify others who could provide input.

During the same virtual meeting described in step 5, team members brainstormed a list of other individuals who could provide useful input on the map, and they discussed the best approach to gain that input. These individuals included tribal leadership who would benefit from a broad understanding of the process and key takeaways, key partners who would benefit from a walk-through of aspects involving them, and agency staff who would benefit from the map as a component of their training. A detail of the final map is shown below, with the full process map on the following page.



*Detailed view of a process map created by the Red Lake Nation's Ombimindwaa Gidanawemaaganinaadog Intergenerational Family Wellness Program.*

# Process Maps for Identifying and Addressing Prenatal Substance Exposure



A final process map created by the Red Lake Nation's Ombimindwaa Gidanawemaaganinaadog Intergenerational Family Wellness Program.

## References

- Brownell, M., Enns, J. E., Hanlon-Dearman, A., Chateau, D., Phillips-Beck, W., Singal, D., MacWilliam, L., Longstaffe, S., Chudley, A., Elias, B., & Roos, N. (2019). Health, social, education, and justice outcomes of Manitoba First Nations children diagnosed with fetal alcohol spectrum disorder: A population-based cohort study of linked administrative data. *Canadian Journal of Psychiatry*, 64(9), 611–620. <https://doi.org/10.1177/0706743718816064>
- Johnston, S., & Boyle, J. S. (2013). Northern British Columbian aboriginal mothers: Raising adolescents with fetal alcohol spectrum disorder. *Journal of Transcultural Nursing*, 24(1), 60–67. <https://doi.org/10.1177/1043659612452006>
- National Child Welfare Resource Center for Tribes. (2011). *Findings from the National Needs Assessment of American Indian/Alaska Native Child Welfare Programs*.
- U.S. Department of Health and Human Services. (n.d.). *Fetal alcohol spectrum disorders among Native Americans*. U.S. Department of Human Services, Substance Abuse and Mental Health Services Administration.
- Unger, J. B., Sussman, S., Begay, C., Moerner, L., & Soto, C. (2020). Spirituality, ethnic identity, and substance use among American Indian/Alaska Native Adolescents in California. *Substance Use and Misuse*, 55(7), 1194–1198. <https://doi.org/10.1080/10826084.2020.1720248>

### Submitted to

Sharon Newberg-Rinn, Ph.D., Project Officer  
Children's Bureau  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Contract Number: HHSP233201500133I

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

### Prepared by

James Bell Associates  
2000 15th Street North, Suite 100  
Arlington, VA 22201  
(703) 528-3230  
[www.jbassoc.com](http://www.jbassoc.com)

Erin Ingoldsby, Ph.D., Project Director

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: James Bell Associates. (2024). *Using process mapping to improve services for families involved in tribal child welfare: Facilitators' guide*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

### Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Children's Bureau, the Administration for Children and Families, or Centers for Disease Control and Prevention at the U.S. Department of Health and Human Services. For more information, please visit the Children's Bureau website at [www.acf.hhs.gov/cb](http://www.acf.hhs.gov/cb).



**Centers for Disease Control and Prevention**