A REPORT TO THE W.K. KELLOGG FOUNDATION

JAN. 2012

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Native AMERICAN CHILDREN IN MICHIGAN

W.K. KELLOGG FOUNDATION

About the W.K. Kellogg Foundation

The W.K. Kellogg Foundation (WKKF), founded in 1930 as an independent, private foundation by breakfast cereal pioneer, Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Guided by the belief that all children should have an equal opportunity to thrive, WKKF works with communities to create conditions for vulnerable children so they can realize their full potential in school, work and life.

The Kellogg Foundation is based in Battle Creek, Mich., and works throughout the United States and internationally, as well as with sovereign tribes. Special emphasis is paid to priority places where there are high concentrations of poverty and where children face significant barriers to success. WKKF priority places in the U.S. are in Michigan, Mississippi, New Mexico and New Orleans; and internationally, are in Mexico and Haiti. For more information, visit www.wkkf.org/Michigan.

PARTNERING WITH MICHIGAN'S SOVEREIGN TRIBES

Vulnerable children in Michigan face intersecting disparities, with race, class and geographic location often combining to limit access to health, education and economic security. Addressing this reality requires reliable and comprehensive data that can guide thoughtful action within communities and among institutions alike. To this end, the W.K. Kellogg Foundation (WKKF) has produced the following report, which highlights the major programs, trends, challenges and opportunities as they pertain to Native American children.

This focus on community-level knowledge is an important part of America Healing, our foundation's strategy to address historical racial and ethnic injustices while erasing disparities for children and families of color. Having long partnered with sovereign tribes to improve the lives of Michigan's youngest citizens, we are proud to lift up this critical data so that it may add to important conversations and decisions made at the local, state, tribal and even national level. With input solicited from the United Tribes of Michigan, the Inter-Tribal Council of Michigan and several tribal leaders and other stakeholders we hope that the information presented herein will help to raise awareness of the unique histories, challenges and opportunities of Native communities. With this understanding, policymakers and practitioners working with young people can collaboratively improve outcomes for Native American children while building a healthier, better educated, prosperous and inclusive Michigan.

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1 A GIFT FROM GIZHEMANITOU

The birth of a child is a sacred time. In fact, Ojibwe families often refer to an infant as *Binoojiiyag*, which means "sacred bundle." With the child swaddled in a baby carrier, the word also means a medicinal bundle of healing herbs and spiritual power.

Life becomes a series of ceremonies. The first bestows a name on the child, a sacred acknowledgement of a special gift or purpose. The name is given by family, elders or community members who surround the child, providing positive support through healthy relationships that guide and nurture in their own sacred manner.

"Our belief is that children are a gift from the Creator to the parents," said Bill Memberto, director of family services for the Little River Band of Odawa Indians. "They teach about who and what you are, as a human being and as a parent. They're a gift of learning."

To the people, relationships mean everything, and they are reinforced by seven core values. The Seven Grandfather Teachings drive individual behavior, mutual support and a continuous cycle of community success: *Nibwaakaawin* (Wisdom), *Zaagidwin* (Love), *Debwewin* (Truth), *Gwekowaadiziwin* (Honesty), *Manaadjitowaawin* (Respect), *Aakodewin* (Bravery) and *Dibaadendizowin* (Humility).

Over time, the developing child becomes a youth, or *Oshkinawag*. After a coming-of-age ceremony that helps clarify her path and role, she defines adult success not by how much money she makes but rather by how much she gives back to family and community.

"Modern [living] is great, but there's a time when we need to put that away and go back to those things that were given to us and made us healthy," said Shannon Martin, director of the Ziibiwing Center of Anishinabe Culture and Lifeways on the Saginaw Chippewa

reservation. "Put more emphasis on clanship and family-ship. Culture is medicine and prevention."

For Native Americans, healthy human development encompasses cognitive, physical, mental and spiritual domains. Tribal culture is seen not only as glue holding together holistic strategies but also as a protective factor in positive development and in healing.

"It pains me that we have to incorporate our culture into our programs, [when] it should be the other way around," noted one informant for this report. "Our culture, language and spirituality are interwoven and vital to the health and welfare of our people. We are working hard to remain focused on implementing this truth."

The vision of child and family success described above is not from a bygone era. It is embedded into the comprehensive approach of a multi-million-dollar children's mental health plan developed in 2011 by Native American stakeholders in Michigan.[1]

This contemporary vision for healthy children to become productive, dual tribal and American citizens is very real. All that's missing are the resources and the will to make it a reality.

MICHIGAN'S 12 FEDERALLY RECOGNIZED TRIBES

Bay Mills Indian Community—Brimley, Mich.
Grand Traverse Band of Ottawa and Chippewa Indians—Suttons Bay, Mich.
Hannahville Indian Community—Wilson, Mich.
Keweenaw Bay Indian Community—Baraga, Mich.
Lac Vieux Desert Band of Lake Superior Chippewa Indians—Watersmeet, Mich.
Little River Band of Ottawa Indians—Manistee, Mich.
Little Traverse Bay Band of Odawa Indians—Harbor Springs, Mich.
Match-E-Be-Nash-She-Wish Band of Potawatomi Indians (Gun Lake Tribe)—Dorr, Mich.
Nottawaseppi Huron Band of Potawatomi—Fulton, Mich.
Pokagon Band of Potawatomi Indians—Dowagiac, Mich.
Saginaw Chippewa Indian Tribe—Mt. Pleasant, Mich.
Sault Ste. Marie Tribe of Chippewa Indians—Sault Ste. Marie, Mich.

[1]Adapted from 2011 Circles of Care V SAMHSA grant application, Detroit Indian Health and Family Services, http://www.aihfs.org/circles_of_care.html.

2 BRAIN SCIENCE AND Native AMERICAN CHILDREN AND COMMUNITIES

Native Americans' belief in a "circle of life" aligns with the lifespan development approach that is increasingly influencing the global fields of health, human services and early development and education.

Citing two decades of brain research and child development science, the American Academy of Pediatrics in January 2012 called for "fundamental change in early childhood policy and services." In a policy statement, the authors wrote, "Advances in a wide range of biological, behavioral and social sciences are expanding our understanding of how early environmental influences (the ecology) and genetic predispositions (the biologic program) affect learning capacities, adaptive behaviors, lifelong physical and mental health, and adult productivity."[2]

Led by such experts as Jack Shonkoff, M.D., of the Center on the Developing Child at Harvard University, this "ecobiodevelopmental" framework mirrors the indigenous worldview that values harmony among people, nature and all living things. Acknowledging that inter-relationships span multiple dimensions, the Ojibwe people orient themselves to seven directions: the four cardinal directions, up, down, and the center. In this complex living system, disruption of any natural ecological or biological rhythm results in imbalance and disharmony.

This thinking is not new to the W.K. Kellogg Foundation. In partnership with grantee tribal colleges and other Native-serving institutions, WKKF's Native American Higher Education Initiative (1995-2003) espoused a similar holistic vision: "Native Americans will

shape their own futures and that of their communities through higher education that perpetuates tribal culture and honors the people, the land, the air, the water, and the animals that are essential for a healthy American and for world survival."

Since the time of conquest and resulting loss of land and lifeways, Native people have been coping with historical trauma that has touched generations of families.[3] The pediatrics academy considered the impact of toxic stress on just one generation of children: "Protecting young children from adversity is a promising, science-based strategy to address many of the most persistent and costly problems facing contemporary society, including limited educational achievement, diminished economic productivity, criminality and disparities in health."

Writing in *The New York Times*, columnist Nicholas Kristof identified the contemporary stressors. "Toxic stress might arise from parental abuse of alcohol or drugs," he wrote. "It could occur in a home where children are threatened and beaten. It might derive from chronic neglect—a child cries without being cuddled. Affection seems to defuse toxic stress—keep those hugs and lullabies coming—suggesting that the stress emerges when a child senses persistent threats but no protector."[4]

The brain research is leading to louder calls for early intervention and prevention strategies that are part of comprehensive approaches in supporting vulnerable children and families. "This has revolutionary implications for medicine and for how we can more effectively chip away at poverty and crime," wrote Kristof.

Besides promoting a new holistic paradigm, the new knowledge also suggests that culture can be a significant protective factor in the environment of relationships in which a young child develops. For Native Americans, "hugs and lullabies" are delivered through indigenous cultural practices, wrapping children in their very own comfort blanket, which can have a healing impact on older family members, too.

[2]Shonkoff, J. and Garner, A. "Lifelong Effects of Early Childhood Adversity and Toxic Stress," January 2012, American Academy of Pediatrics.

[3]SAMHSA defines historical trauma as "the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences," crediting the work of Maria Yellow Horse Braveheart, a social work professor at Columbia University. www.samhsa.gov/grants/2011/sm-11-007.doc.

[4]Kristof, Nicholas, "The Poverty Solution that Starts with a Hug," January 7, 2012, *The New York Times*.

STRATEGIES TO AFFECT CHANGE FOR VULNERABLE CHILDREN

At the Hannahville Indian School in Michigan's Upper Peninsula, the mission is "to promote lifelong learning which encourages the physical, mental, emotional and spiritual development of each individual, and the community as a whole."

At Hannahville's "Keepers of the Future" preschool, Rose Potvin coordinates what is arguably the shining star in the entire federal Indian education system: the Family and Child Education (FACE) Program. FACE programs currently serve about 44 of the 183 total Bureau of Indian Education (BIE) schools. Hannahville was the first FACE site nationwide to receive accreditation by the National Association for the Education of Young Children.

"FACE is a strengths model, it builds on families' strengths rather than pointing out deficits," said Potvin. "Many of the parents in our program did not have a positive experience when they were in school. … When they voluntarily enroll in FACE either prenatally or with an infant or toddler, they are inviting us into their homes, they are not coming into the school. The parents are the first teachers, and our role is to strengthen and support them as their child's teachers. … The FACE team begins the family/school partnership. Trust is earned, it doesn't just happen."[5]

FACE is a culturally appropriate family literacy, adult and early childhood education, and

[5]Testimony to Subcommittee on Early Childhood, Youth and Families of U.S. House Committee on Education and the Workforce, July 20, 1999.

"Children are taught about their Native heritage through music, storytelling, making crafts, learning the Potawatomi language, and studying traditional values."

parental involvement model that promotes educational services for all children prenatal to third grade and their parents in three settings: (1) home, (2) BIE-funded schools with center-based care for three- to five-year-olds and (3) grades K-3.

Using an intergenerational approach to reach both children and parents, FACE has seen a range of positive outcomes—from a higher percentage of Native referrals to early intervention services, to increased parent engagement and home/family literacy, to increased children's outcomes.

"If the BIE could replicate these same results in every Indian community with a BIE school, the total number of Indian children entering school requiring exceptional Individual Education Plans would be reduced by one-half," said Jim Martin, division chief of BIE Planning and Research. "Kindergarten and first-grade teachers would be able to address basic academics earlier in the school year rather than having to take precious time to go back and build the students' readiness skills."[6]

According to a summary of program evaluations, "Parents have reported that FACE has had a large impact in terms of increasing their child's interest in reading, enhancing their child's confidence and verbal/communication skills, preparing their child for school and helping their child get along better with other children."[7]

A tribal member praised FACE's cultural approach. "Children are taught about their Native heritage through music, storytelling, making crafts, learning the Potawatomi language and studying traditional values," said Fiona Laveau. "These are things that will carry them through their life."[8]

FACE's comprehensive components that integrate culture, home visiting, early screening and intervention, parent education and support, home literacy and teaching quality touch significantly on WKKF's own programming strategies for healthy and educated kids. FACE is one of several such innovations across Michigan that positively impacts young Native children and families. Examples are outlined on the following pages.

QUALITY EARLY CHILDHOOD CARE/ QUALITY TEACHING

The "Wiba Anung" collaboration is increasing school readiness outcomes among tribal Head Start children through a co-created strategy (of tribal stakeholders and Michigan State University-led researchers) that includes improving teacher quality, increasing local data capacity and conducting community-based participatory research.

Formed in 2006, this federally funded partnership includes MSU faculty and staff, educators from Bay Mills Community College, program directors, parents and teachers from all nine Michigan tribes with Head Start programs. The project has identified five major areas of inquiry involving Native children in Head Start: (1) measurement of academic and socio-emotional strengths and needs; (2) measurement of classroom quality; (3) development and evaluation of professional development models for teachers of Native Head Start programs; (4) relationships between family environment, classroom environment and child outcomes; and (5) development of methods to understand how cultural and Native language activities relate to Head Start curricula and outcomes. The partnership has focused on developing capacity for both the community and university partners. Community and research partners have been trained to jointly gather and code all research data. Community partners have been integral in interpreting data analyses and writing community and

[6]Face to Face Newsletter, National Center for Family Literacy, 9, May 2010.

[7]UNESCO Institute for Lifelong Learning, Effective Literacy Practice, Summary of FACE Program evaluations. Retrieved from http://www.unesco.org/uil/litbase/?menu=4&programme=87.

[8]Face to Face Newsletter, National Center for Family Literacy, 9, May 2010.

research reports. Additionally, while the majority of work to date has focused on Head Start, efforts will expand in 2012 to include Early Head Start classrooms.

HOME VISITATION

The Maternal and Child Health Network of the Inter-Tribal Council of Michigan (ITCM) targets Native American mothers and mothers-to-be in eight tribal locations and two urban centers in Detroit and Grand Rapids. Programs focus on at-risk pregnant women, postpartum women and infants, facilitating access to pre-natal care, counseling, education, coaching and encouragement.

The ITCM serves as the fiscal agent for two federal grants that support the network—Healthy Start and the Pregnancy Assistance Fund through the Office of Adolescent Health. As a 501(c)(3) organization, ITCM is a coordinating intermediary body that assists in operating grant-funded programs with most of the tribes, while providing services and technical assistance to tribes.

Home-visitation programs have been shown to make a positive difference in the lives of parents and children from disadvantaged backgrounds. They are grounded in theoretical models of human development, including the theory of human ecology that highlights the interrelationships among parent, family and community influences on children's growth and development; parent-efficacy theory that focuses on parents' belief in their capacity to implement effective child-rearing strategies; and attachment theory that posits that children's short and long-term outcomes, especially their capacity to trust and form relationships, are based on their early relationships with their parents.

(Note: tribal health departments often operate other home-visiting programs to meet health care needs. Additionally, tribes have participated in Michigan's Families First program, a distinct home-visiting intervention designed at helping families maintain custody of children who are at risk of being removed from the home by child protective services authorities. Using a federal Administration for Native Americans grant, the Pokagon Band of Potawatomi Indians adapted the Families First program with a more positive framing ["Healthy Families"] designed to reduce the stigma of what is often a court-mandated service. The tribe worked with Western Michigan University social work faculty to develop more proactive, prevention-oriented components; and in its second year, the program has proven popular with a waiting list of interested families.)

HEALTHY FOOD IN SCHOOLS

The Sault Ste. Marie Tribe of Chippewa Indians is leading a federally funded $2.5 million, five-year "community transformation" initiative on healthy eating, active living and health promotion for Native and non-Native people in seven Upper Peninsula counties. The effort will involve 12 to 16 school sites, creation of community-based food policy councils and other strategies. Project director Marilyn Hillman has indicated a need for support of the school planning and implementation efforts. Later, the Sault Tribe plans to share its lessons with other tribes and communities.

"One of our biggest priorities is the prevention of childhood obesity," said Hillman of strategies that simultaneously target the spectrum of Head Start, schools, families and community. She cited data that by age 11, 45 percent of Sault tribal children are overweight or obese.

In addition to promoting gardening, canning and food preservation, the initiative is teaching cooking skills. "We're seeing a generation of young moms that aren't cooking at all," said Hillman. "They're not doing food prep at home. It's scary."

The secretary of the Sault Tribe Board of Directors endorsed the idea of going "back to the basics."

"My kids have always been taught to be outside … picking berries, going fishing," said Cathy Abramson, who also serves as

"We're seeing a generation of young moms that aren't cooking at all. They're not doing food prep at home. It's scary."

chair of the National Indian Health Board. "I'm teaching them to bake. All of those things are just really important. We're canning. It's going to come around [to our traditions]. It has to come around. That's where we're headed. That's what will bring families together."

Building on previous significant grants that funded similar work, the new grant is an indicator of Sault Tribe's considerable capacity. Despite impressive levels of readiness and resources as the state's largest tribe (with at least 39,000 members), the Sault Tribe was unable to fund significant primary health prevention efforts prior to this initiative and has focused mostly on "downstream" health care.

ADDRESSING WELL-BEING: SOCIAL DETERMINANTS OF HEALTH

In 2010, Congress permanently reauthorized the Indian Health Care Improvement Act (IHCIA), as part of the Affordable Care Act. The IHCIA provides for improved access to care, increased early screening, prevention and treatment, recruitment and retention programs for health-care professionals, and improved facilities. However, recent research indicates that social factors also may have effects on health and wellness, and especially on prevention and the incidence of chronic disease.

According to the World Health Organization, social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status of people.

In recent years, two research projects have examined data relative to the health status of urban Native people in Michigan. One project by the Urban Indian Health Institute (in partnership with the Great Lakes Inter-Tribal Epidemiology Center and American Indian Health and Family Services) looked at available federal and state health data, while surveying hundreds of individuals. Here are excerpts of findings:

> *Social issues and problems played a prominent role for participants living in urban areas. Accidents, addiction, money-related problems and anxiety/stress were extremely prevalent, with 70 percent or more reporting these issues. Additionally, 28 percent did not feel or did not know if there was support for people to deal with life stress in their community. Many stress-influenced conditions are prevalent among Natives: depression, diabetes, heart disease and obesity.*
>
> *Unemployment, being able to afford or have enough food and suicide/depression were reported by 50 percent or more of participants. Affordable housing issues and teen pregnancy were reported by 40 percent or more of participants. Additionally, 73 percent reported domestic violence as a problem in the Indian community and 29 percent did not feel or did not know if there was health education that includes domestic violence in their community. Reported addictions were exceptionally high, with nearly all participants knowing someone with an alcohol or tobacco addiction (96 percent and 95 percent respectively).*[9]

"It was very poignant in terms of how many people had been impacted by a suicide and by substance abuse—either by them or someone in their family," said Jerilyn Church, director of American Indian Health and Family Services. "Substance abuse was in the 90th percentile. Depression was extraordinarily high."

[9]Indian Health Service Bemidji Area Urban American Indian/Alaska Native Needs Assessment, March 2009, Urban Indian Health Institute.

REPORTED HOUSEHOLD PROBLEMS IN PAST YEAR
2008 Survey of Metro Detroit Native American Adults

As part of a needs assessment for urban Indian populations in the Indian Health Service's three-state Bemidji service area, 389 Native adults were surveyed in the seven-county area of metro Detroit in 2008.

Money	**78.7%**	**Substandard housing**	**13.4%**
Anxiety/stress	**84.1%**	**Caring for sick/ elder family member**	**23.9%**
Unemployment	**61.4%**	**Getting enough shifts**	**7.4%**
Depression	**52.0%**	**Landlord**	**9.1%**
Running out of food	**45.7%**	**Childcare**	**7.4%**
Getting along with family	**34.4%**	**Other**	**3.4%**
Legal	**23.3%**		
Paperwork for assistance	**23.3%**		

FAMILY ECONOMIC SECURITY

There are six Native community development financial institutions (CDFIs) in Michigan that address a range of economic development needs, including loans, financial education, credit-recovery strategies and family asset-building activities. The Native CDFIs are part of a national network of approximately 50 certified Native institutions.

First Nations Development Institute and its subsidiary, First Nations Oweesta Corporation, have a 30-year track record of such work in Native communities. One project developed a guide for tribal leaders on promoting Earned Income Tax Credits in Native communities. First Nations will also seek to assist Michigan tribes in passing their own tribal consumer protection legislation.

COMMUNITY, CIVIC AND PHILANTHROPIC ENGAGEMENT

There are a number of formal and informal efforts designed to engage Native people in civic life. Culture camps and language programs offered by tribes and such groups as the Ziibiwing Center of Anishinabe Culture and Lifeways reach all ages. Michigan's two tribal colleges—Bay Mills Community College and Keweenaw Bay Ojibwa Community College—provide more formal learning experiences, as does the Michigan State University-Extension network.

First Nations Development Institute is talking to the Inter-Tribal Council of Michigan about the potential of expanding First Nations' Native nonprofit leadership program (which has operated in Colorado, Oregon and Washington state) to Michigan. Furthermore, the work of Native Americans in Philanthropy to build capacity and bridges between funders and Native communities has the potential to impact Michigan.

The "Building Strong Sovereign Nations" leadership development program targets new tribal council members and emerging leaders. A largely informal, once-a-year program to date, the effort has involved United Tribes of Michigan (an association of the state's 12 federally recognized tribes), Michigan State University-Extension and a steering committee of elected officials. The workgroup has included United Tribes executive director Frank Ettawageshik (former tribal chairman of the Little Traverse Bay Band of Odawa Indians), Sharon Teeple (former executive director of the Inter-Tribal Council of Michigan) and Eva Petoskey (former tribal council member of the Grand Traverse

Band of Ottawa and Chippewa Indians).

Ettawageshik has served as a resource on tribal constitutional issues for the National Congress of American Indians as well as the current Native nation-building initiative of the Minnesota-based Bush Foundation. That initiative targets the governance capacity of 23 tribes in Minnesota, North Dakota and South Dakota. In addition to a two-year fellowship for cohorts of emerging leaders, Bush has sponsored planning activities by individual tribes that typically include an assessment of tribal governance. To build relationships, Bush staff have made half a dozen visits to some tribal councils. Additionally, the foundation has sponsored conferences on constitutional reform and made some grants directly to tribes. A $350,000 grant is supporting one tribe's own reform efforts. For another tribe that has experienced significant political and financial turmoil, modest Bush grants have sought to help the tribe demonstrate stewardship in order to position itself for other future grants.

RACIAL EQUITY

It is important to understand the disparities faced by Native children within an historical context with deep roots tied to tragedies perpetrated upon Native people since first contact. Genocide, forced assimilation and the wholesale taking of tribal lands and resources were all used in order to annihilate tribal peoples and cultures. The concept of historical trauma provides a conceptual framework to understand how past events contribute to deep suffering experienced by Native Americans today. For Native children, the effects of historical trauma often come by way of disruptions in the parent-child relationship that have resulted from a legacy of such disrupted relationships across multiple generations. These disruptions resulted from past government-sanctioned efforts to separate Native children from their families and cultures by physically removing them to government- and missionary-run boarding schools, where tribal culture and language practices were forbidden and contact with families was limited.

With Native people said to be largely "invisible" within the broader context of Michigan life, it is important to tell and amplify the story of tribes' subjugation, survival and renewal. One painful example is the boarding school experience.

The Saginaw Chippewa Tribe is redeveloping the former Mount Pleasant Indian Industrial School (boarding school) site, which lies on its reservation, as an important place of public education. It includes six buildings on eight acres, as well as a cemetery. From 1893-1934, the school annually served about 300 students from kindergarten through eighth grade. The tribe has engaged the community in exploring possible ideas for the historic site, which includes rehabilitating the old building, tearing down the buildings and creating a memorial, opening up a new postsecondary school, creating a culture-based leadership training institute or developing a green technology center.

In Michigan, tribal-state relations are tenuous at best. Seven of 12 federally recognized tribes soon will embark on negotiations to renew state compacts for casino operations, which are certain to become contentious over such issues as revenue sharing. In terms of state decision making relative to health, education, child welfare and other areas, tribal people chronically complain of not being at the table or, when they are, playing just a token role.

In recent years, a key state program that has benefitted Native American college students has been under steady attack by Michigan's elected officials. The Michigan Indian Tuition Waiver program was established in 1976 to provide free tuition for federally recognized Native American state residents who attend a state university or college.

In Grand Rapids, the school superintendent closed the Native-focused Bimaddiziwin High School in 2007 because "It focused on Native literature, art, language

classes and traditional teachings" and his belief that Native American students should be assimilated into society.[10]

One reason behind such sentiments is lack of Native-specific data to spotlight poor performance of educational and other systems relative to tribal populations. Paul Elam of Public Policy Associates in Lansing would like to include Native youth in his ongoing study of disproportionate contact by youth of color with Michigan law enforcement agencies and courts.

In terms of juvenile justice, intermediate sanctions and alternatives to detention are not widely available in tribal communities.[11] One consequence of this is that Native youth nationwide are overrepresented among youth placed in secure detention and youth waived into the adult criminal system, despite the fact that the most common offenses committed are low-level offenses.[12]

Elam sees similar problems in the state child welfare system. He says few county social workers collect racial data because they see no need to do so. "Their current forms don't support it," he said. "They don't think the system treats children of color any differently. I tell them, 'you need to collect the data to demonstrate that.'"

He said that those counties that do collect racial data focus on African-American populations, but few other racial groups. "It's been seen in white-black terms. Some jurisdictions are beginning to code Latinos and Asians, but not Native Americans."

In 2009, the Michigan Child Welfare Improvement Task Force highlighted, "the inexcusable disproportionally high rate of African American and Native American children in out-of-home care."[13] Tribal practitioners believe some county social workers actually do not want to know when a particular child in the system is Native. When that occurs in a child protection case, federal guidelines mandate notification of the tribe, which mean additional steps designed to protect the interests of child, family and tribe. Tribal notification can bring resources to better support children with services that respond to culture and contextual issues, but the rules still are seen as "a pain." Often, it is Native families who are deemed to be "impediment[s]" or "obstructionist," relative to the system.

"When you're talking about a child welfare case and state intervention, you're talking about removal of children from families," said Scott Ryder, tribal court administrator for the Huron Band of Potawatomi. "The tribes are most effective when we can get into the state court as early as possible. A lot of times that means the state court people have to ask the right questions. They really don't ask them."

Ryder says some social workers and court officials are simply unaware of the federal law, the Indian Child Welfare Act (ICWA), and that one answer is more education and training. Another solution is to expand the volunteer efforts of court appointed special advocates (or CASA) for tribal children in the court system. ICWA requires state courts to provide notification to tribes when a Native child has entered the child welfare system, including other guarantees aimed at keeping tribal children connected to Native families and communities. Congress passed ICWA in response to the historic practice of Native children being removed from their families and adopted outside of the tribe.

On a more positive note, there has been recent momentum by a joint workgroup of state and tribal court officials on recom-

"When you're talking about a child welfare case and state intervention, you're talking about removal of children from families."

[10]"Professor Shares Global Impact of Boarding Schools," Central Michigan Life website, Nov. 2011. Retrieved from http://www.cm-life.com/2011/11/30/professor-denison-shares-global-impact-of-american-indian-boarding-schools-wednesday-night/

[11]Arya, Neelum & Rolnick, Addie C. *A Tangled Web of Justice: American Indian and Alaska Native Youth in Federal, State, and Tribal Justice Systems* 14. Campaign for Youth Justice (2008).

[12]Id. at 8, 20-24.

[13]"Improving Michigan's Child Welfare System," Report by the Michigan Child Welfare Improvement Task Force, April 2009.

mendations to codify ICWA guidelines into state law as the Michigan Indian Family Preservation Act.

Justice and law enforcement are critical issues for tribes. The director of the Indigenous Law and Policy Center at Michigan State University's law school recommends greater capacity and broader jurisdiction for tribal courts. Right now, tribes cannot prosecute non-Indians who commit a crime on the reservation. While tribes can prosecute Indians (even members of other tribes), their court systems are not always deemed adequate by federal law, according to Matthew Fletcher.

"The answer is to give tribes jurisdiction to prosecute non-Indians," said Fletcher. "You have to give tribes the capacity to [fully carry out] the Tribal Law and Order Act. [Some] Upper Peninsula tribes [have capacity challenges]. They don't have trained judges up there for the most part. The places that need the most, that can have the most benefit, are the least capable. … One example: if they had a public defender system, trained judge, put their laws online, they could take jurisdiction and put people in jail for up to three years. That gives them some felony jurisdiction over member and non-member Indians."

Native stakeholders believe that a racial equity lens should be applied to the concept of evidence-based practice, a growing trend in state and federal funding. Such evidence rarely is based on actual experience with Native populations, and it largely discounts cultural contexts. Tribal representatives, staff from Inter-Tribal Council of Michigan, and such partners as Michigan State University's Outreach and Engagement would be interested in examining the cultural dimensions of evidence-based practice, or in the alternative, "practice-based evidence."

"The criteria are so stringent to qualify for the National Registry of Evidence-Based Programs," said Elizabeth Kushman, director of the Healthy Start program at the Inter-Tribal Council of Michigan. "Their evidence-based models haven't been validated in tribal communities. An alternative is really needed, and culturally based approaches are difficult to produce conventional types of evidence founded upon Western scientific values that don't align with tribal values and culture. It's structural racism."

4 OPPORTUNITIES AND RECOMMENDATIONS

The very name of Michigan is derived from an Ojibwe word for large water or lake, and indigenous people have lived in this land for centuries. The state is home to 12 federally recognized tribes, as well as many Native Americans who live in urban areas.

With their culture, knowledge and land base, Michigan tribes do have many assets. All 12 tribes share core cultural traditions and beliefs. Together, the Ojibwe (or Chippewa), Odawa (Ottawa) and Potawatomi traditionally form the Council of Three Fires. They also share a resiliency as indigenous peoples who have found a way to survive generations of hardships and attacks. Over the last two decades, the tribes also have a growing track record of economic development primarily due to casinos.

Native American families and communities use such assets in raising healthy, productive children. The birth of a child is considered to be the first ceremony along a lifespan of developing her talents and purpose in contributing to a strong family and to a healthy community. Native values reinforce mutual support across extended families. With ties to the land and water that span many generations, tribes hold knowledge in land stewardship and sustenance lifestyles. Cultural and spiritual traditions also sustain people and — in the wake of historical trauma and oppression — serve as a means of healing and as protective factors for children and families.

Michigan's 12 tribes have established governments with appropriate infrastructure aimed at addressing their people's needs. As sovereign political entities, the tribes have just begun to push the boundaries of sovereignty in order to govern more creatively, responsively and more effectively support their citizens.

"A lot of times our system is more reactive than proactive. What's lacking is the proactive."

Michigan has not one but two established statewide entities — the Inter-Tribal Council of Michigan and United Tribes of Michigan — that seek to address the tribes' collective needs. Internal and external to these groups, several networks connect tribal managers and practitioners in such programs as Head Start and also in areas of education, health, behavioral health and social services. These networks are vehicles for sharing, learning and collaborating.

There is clearly a need for a safe, creative space where tribal stakeholders can share ideas, understand common strategies and needs, and explore common ground. Such opportunities for networking and reflection are rare. At one multi-stakeholder meeting held to inform this report, one participant even noted, "Just having this meeting … has been very helpful."

As a practical matter, creating a shared vision may first have to focus on stakeholders' own local communities before extending across tribal and geographic boundaries for a more collective view. The reality is that few practitioners have had the freedom to think strategically or proactively, beyond the scope of immediate responsibilities. Perhaps one possibility is a concurrent, two-track process of planning locally as well as globally. Such a process would generate buy-in and energy around priority activities.

More than 40 stakeholders responded to a web-based survey seeking to learn more about current needs and services relative to Native children age 0-8 and their families. Asked to identify the five most important needs, respondents identified the following:

- Provide families with holistic prevention strategies (e.g., health, violence, substance abuse).
- Incorporate Native language and culture into early childhood development.
- Increase collaboration among existing programs to maximize resources.
- Communicate effectively to families about available programs and help.
- Provide healthy food and more exercise for children.

The next two highest ranked needs were to:

- Develop a community-wide vision/blueprint to support children's success; and
- Provide more child development education/training to parents.

The identification of holistic prevention strategies reflects a keen interest by stakeholders in proactively addressing root causes. In meetings and interviews, practitioner after practitioner bemoaned the lack of prevention services in Native communities.

"A lot of times our system is more reactive than proactive," said Julie Barber, clinical supervisor of behavioral health for the Sault Tribe. "What's lacking is the proactive."

Tribal culture is seen as the unifying glue for holistic strategies, especially when healthy human development encompasses cognitive, physical, mental and spiritual domains. Given assimilation, there is a need to teach basic values and re-teach cultural traditions, while reclaiming indigenous knowledge as it relates to tribal languages, Native foods and plants, interacting with the environment, hunting and fishing, and conducting ceremonies.

"We really want to have our programs be culturally focused," said Eva Petoskey, director of the Anishinabek Healing Circle-Access to Recovery substance abuse initiative that serves all tribes and the Detroit urban area. "We have a diverse population even in our communities with a wide range of people in terms of their beliefs and acculturation. That needs to be acknowledged and needs to be part of the discussion."

Survey results and interviews confirmed that fostering greater collaboration among local programs is often a challenge. Issues of turf, control and competition over scarce resources factor in tribal settings just as

they do in mainstream society. With greater trust, local programs could pool resources in order to serve more families more effectively, and common outreach and marketing efforts could succeed where previous efforts have not.

Local programs' outreach and messages also must reduce the stigma associated with seeking help, and channels must target parent audiences at work and other places where they naturally congregate. "The piece that is missing is getting our parents on board — from the time they're pregnant, to the time their kids are starting a career," said Anne Suggitt, Sault Tribe Head Start director.

Another web survey question asked stakeholders for the top three needs of their agencies or organizations. Respondents ranked these as most important:

- Community engagement/community building;
- Staff training/professional development on effective practices for children/families; and
- Grant writing.

Strategies in collaborating and community building are closely related; and authentic, high-quality conversations are essential for people to develop trust and mutual understanding in workplace and community settings. All too often, Native communities (and families) are not honestly addressing the problem at hand, avoiding responsibility and failing to identify creative solutions. For a 2011 Promise Neighborhoods federal grant application to plan comprehensive cradle-to-college strategies, the Sault Tribe referred to its work as Project G'daktood, which translates to "talking about our difficulties." This indicates a telling need for effective dialogue as the foundation for community change.

On the national level, the New Mexico-based Healthy Native Communities Fellowship Program trains teams of Native community coaches in "Art of Hosting" processes that promotes more effective sharing, listening and reflecting as the foundation for meaningful action. In the mainstream world, these processes come from organizational learning and systems thinking. This program's resources and lessons would be applicable to Native people in Michigan.

A range of other potential capacity-building efforts to target tribes, communities and community organizations is discussed below.

There is broad agreement among stakeholders of the need to convene a broad and diverse group of practitioners, leaders and community members around mapping and visioning for Native children and families. There simply are too few opportunities for high-quality networking, dialogue and shared learning. This would likely entail multiple gatherings where participants can share ideas, learn about effective practice, and identify common ground. From a practical standpoint, the 12 tribes and urban communities are unique and different, and many stakeholders do not know each other well enough to quickly set a common children's agenda.

ITCM is a coordinating intermediary body that assists in operating grant-funded programs with most of the tribes, while providing services and technical assistance to tribes. The tribes established the organization in 1968, and ITCM is currently affiliated with 11 of the 12 tribes. Its work also encompasses Grand Rapids and Detroit. With more than 100 employees, ITCM programming includes issues of child and family services, Head Start and early learning, postsecondary education, Indian child welfare, health, behavioral health, economic development and the environment.

United Tribes of Michigan is an association of the state's 12 federally recognized tribes and has a track record of regularly bringing together diverse groups of tribal leaders, key administrators, advocates and others. With a part-time executive director, United Tribes often serves as the interface between state government and the tribes on a range

"The piece that is missing is getting our parents on board—from the time they're pregnant, to the time their kids are starting a career."

"If I could wave a wand, we need to find resources to recruit foster care homes and out-of-home placement options, so that we're not placing them outside of the community."

of socioeconomic issues. United Tribes does not typically seek grants. External partners provide sponsorship of meetings and other activities. One such activity is the Building Strong Sovereign Nations leadership development effort that targets newly elected tribal council members.

Generally speaking, the larger and better resourced tribes may be less apt to defer to collective activities, and these tribes also are in a superior position to unilaterally implement innovative projects and attract funding.

"We need training for all the tribes around grants management, grant writing, to help the smaller tribes step up and compete," said a tribal health manager. "[Data and evaluation capacity are important] even to be competitive for Indian Health Service grants. You have tribes that don't have training in this; it wasn't included in their [professional preparation]."

EXPANDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

Coordinated by the Inter-Tribal Council, the Anishinabek Healing Circle program provides funds for nearly anything a person might need to maintain his or her recovery. In addition, this program funds participation in Wellbriety, a Native-focused recovery support group. The project serves members of 12 collaborating tribes and members of other federally recognized tribes residing in the collaborating tribes' service areas. Non-Native family members 14 years and older are also eligible. In three years, the project has served about 5,200 people in 12 tribal communities and in southeast Michigan. The goal is to serve some 8,700 adults by the end of the four-year, $13 million federal grant in September 2014.

"We have a wide array of services, and one of the goals is to expand services," said initiative director Eva Petoskey. "It's possible to provide child care so [parents] can go to treatment, or [receive] respite care so they can make appointments. It's possible for tribes to develop parenting programs."

Services for children ages 0-18 might include: individual psychotherapy, grief counseling, mental illness diagnosis, Talking Circle, theraplay, family counseling, case management, medication funding aid, school social worker coordination, traditional teachings (e.g., coming of age ceremony), cultural interventions (e.g., youth group), psychiatric medication evaluation, attention deficit hyperactivity disorder, autism spectrum disorder, cognitive-language-speech deficit and legal services for child abuse cases.

PROVIDING NATIVE FOSTER HOMES

Nationwide and in Michigan, there is a critical shortage of foster homes for Native American children. Even when federal ICWA law protects tribal rights in overseeing their children's needs for emergency protection or long-term out-of-home placement, there often is no practical community place for children to go. A state coalition of tribal social services directors has been discussing a joint strategy to recruit and support more foster home providers. "I think all tribes are in the same boat on this," said Mark Pompey, social services director at the Pokagon Band. "If we look to do something with all the tribes, maybe we could have a pool of homes and each tribe could utilize them."

Michael Petoskey, a tribal judge who has served all seven tribes in the Lower Peninsula, said, "If I could wave a wand, we need to find resources to recruit foster care homes and out-of-home placement options, so that we're not placing them outside of the community. It's probably the most significant challenge we [tribes] have."

The foster care homes strategy could be separate or part of a broader effort to build capacity of tribal social services/Indian child welfare departments. Such an effort could more broadly encompass parent education, family strengthening, prevention and cultural programming in order to positively impact children ages 0-8.

While children's issues do not always stand out as the highest priority, the issue of "Indian child welfare" gets tribal leaders' attention. Addressing a past legacy of Native children who were routinely adopted out of their tribes by taking more control of child welfare services today is considered a supreme act of sovereignty. (One tribe, Keweenaw Bay, has a federal planning grant to lay the groundwork for directly receiving Title IV-e/Social Security Act funds to more independently operate their own child welfare system.)

Second, child welfare departments are well established agencies within tribal governments, serving the continuum of young children and older youth, while other departments may focus on just a narrow segment. These agencies also provide child and family supports that cut across multiple domains (e.g., social services, child care and parent education). Emerging innovative, trauma-informed approaches align with child welfare and social work.

Indian child welfare issues engage a range of important influencers: elected tribal leaders, tribal judges, social services directors, ICWA (Indian Child Welfare Act) program managers, elders, and state and county judges. Finally, this area represents an important dimension of tribal-state policy, through pending proposal of the Michigan Indian Family Preservation Act to codify federal ICWA guidelines into state law.

COMMUNITY-DRIVEN INITIATIVES TO IMPROVE THE OUTCOMES FOR NATIVE CHILDREN

The limited resources of tribal governments focus almost exclusively on the needs of tribal citizens who live on or near reservation homelands, and yet 78 percent of Natives nationally live off reservations, according to 2010 census data. The needs of urban and suburban Native Americans receive little attention and poor funding. The National Council of Urban Indian Health says that, although more than 60 percent of Native Americans nationally live in urban areas, the allocation by the federal Indian Health Service (IHS) to urban clinics represents only one percent of total IHS funding.

For Head Start and other tribal programs it coordinates as an intermediary, the Inter-Tribal Council of Michigan interacts with American Indian Health and Family Services in Detroit and ITCM employs staff in Grand Rapids. There is more information about urban organizations in the final background section.

BACKGROUND: Native AMERICAN COMMUNITIES AND CHILDREN

In Michigan and nationwide, Native Americans are grappling with rapid change. Nationally, almost half of Native people identify with multiple races, representing a group that grew by 39 percent over the decade ending in 2010.[14] Besides issues of tribal identity and intermarriage, leaders of Michigan's 12 federally recognized tribes are grappling with a range of socioeconomic issues that face any sovereign government in service to its people.

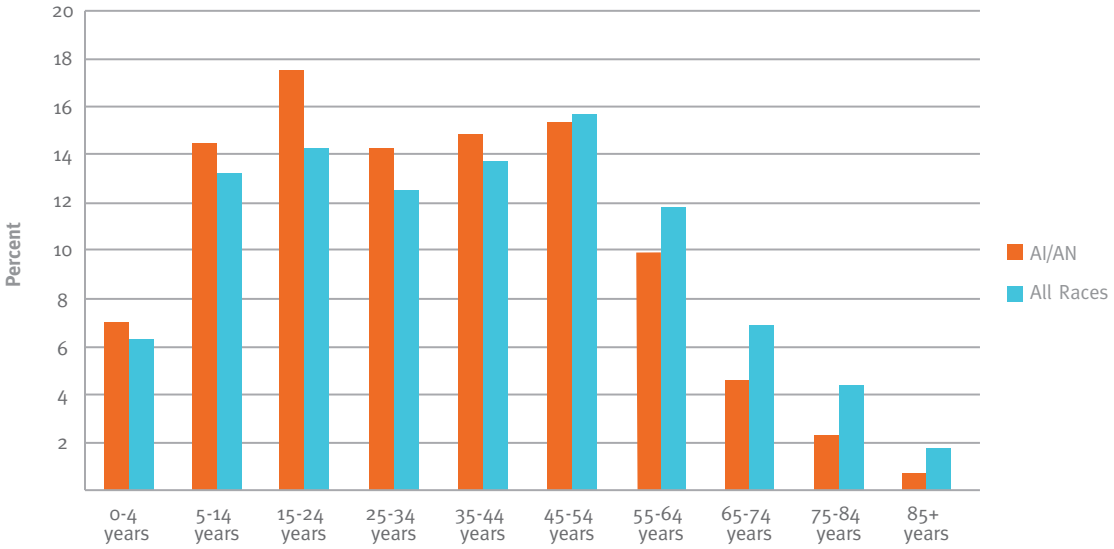
According to 2010 Census data, 141,557 Michigan residents self-identify as American Indian/Native American and one or more other races, with 57,394 people self-identifying solely as Native American. Native people represent the 12 federally recognized tribes in the state as well as others such as Cherokee or Lakota Sioux and even First Nations people from Canada. However, the tribes and human service providers believe that the Census significantly undercounts Native populations, and it is difficult to disaggregate county-level census data when Native populations are so dispersed in the general population. In Chippewa County, 15.8 percent of all residents are Native (even though the Sault Tribe's own records show this number to be closer to 18 percent).

Furthermore, Native populations are transient. According to national 2010 Census data, 78 percent of Natives live off reservations. With lower median ages than the nation as a whole, Native populations are young and growing at a faster rate than the overall population. From 2000-2010, the national Native population increased by 26.7 percent compared with

[14]Nationally, the census counted 5.2 million people as Natives in 2010. Nearly 2.3 million reported being Native in combination with one or more of six other race categories, showcasing a growing diversity.

[15]2008 Census Bureau, based on data of people self-reporting as American Indian/Alaska Native alone.

MICHIGAN NATIVE AMERICAN POPULATION BY AGE (2008)



Adapted from US Census Bureau

the overall population growth of 9.7 percent. In Michigan, nearly 39 percent of Native people are younger than 25 years of age, as compared to 28 percent of all residents.

"We're a population that is largely invisible," said Jerilyn Church, executive director of American Indian Health and Family Services. "Our health disparities are the worst of the worst. Our community has been greatly impacted by the economic conditions in Michigan right now."

As the primary Native services agency in Detroit, Church's center conducted a needs assessment in 2008, surveying nearly 400 Native adults at the onset of the great recession. Church was shocked by one statistic: only 29 percent reported having a full-time job.

"When you look at family income and the number of people working, the urban community largely reflects what you see on the reservation," she said.

Despite questions about the quality of existing information relative to Native people, the data indicate indisputably poor outcomes across nearly every socioeconomic area as well as disparities relative to other groups. Nationally, 30 percent of Native families live in poverty—a higher percentage than any other group; and 39 percent of Native children under age 5 live in poverty.[16]

According to a report by the Great Lakes Inter-Tribal Epidemiology Center, Native Americans in Michigan have significantly higher mortality rates for all cancers, diabetes, chronic liver disease and cirrhosis, nephritis and unintentional injury.[17] From rates of mortality and education attainment to poverty and unemployment, Native people face tremendous challenges. Of course, children fare no differently.

The statewide three-year average infant mortality rate is higher among Natives (9.7 per 1,000 live births) than the general population (5.6 per 1,000.)[18] Native

[16]2006 American Community Survey, Census Bureau.

[17]2010 Community Health Report of Michigan, Minnesota and Wisconsin Tribes, analysis of 2004-08 mortality rate data from Michigan Department of Community Health.

[18]2011 Maternal and Child Health Program data, Inter-Tribal Council of Michigan.

"The health, well-being and success of Native children are central to tribal sovereignty."

teenagers become mothers at a higher rate than other teen girls in Michigan. There is a greater percentage of births to American Indian/Alaska Native teen mothers (13.2 percent) than in the all-races population (9.8 percent). In 2008, 16 percent of Native children ages 0-4 enrolled in the Women, Infants and Children (WIC) program were obese (greater than 95th percentile), compared to 12.9 percent of all such children in Michigan.[19] Nationally, the rate for type 2 diabetes in children is much higher among Native children than any other ethnic group.[20] In high school, Native students graduate at a rate of less than 66 percent.[21]

"The health, well-being and success of Native children are central to tribal sovereignty," according to a Native Children's Agenda Policy statement developed in 2009 by the National Indian Education Association, National Congress of American Indians and other national groups focused on Native health and welfare issues.

The statement called for a comprehensive initiative addressing "the full range of factors important to Native children's well-being. Some of these factors are obvious: children need quality education, safe communities and good health. Each of these, however, depends on factors which may be less commonly associated with children, such as the access to affordable housing, the availability of healthy foods in communities, and economic development to support community services."[22]

In Michigan, the Sault Ste. Marie Tribe of Chippewa Indians is leading one of the most comprehensive efforts to address childhood obesity and health promotion. In 2011, the tribe received a five-year $2.5 million federal Community Transformation Grant to address four areas: active and healthy eating, tobacco-free living, high-impact quality health care (e.g., blood pressure and cholesterol testing), and healthy physical environments.

In developing its successful application, the Sault Tribe closely examined Indian Health Service records. It found that, as tribal children grow older, so do their rates of obesity. By age 11, 45 percent of Sault tribal children are overweight or obese.

"The data blew my socks off," said Marilyn Hillman, the Sault Tribe's community health manager. "It keeps going up and going up. Overweight teenagers are having babies. What does this look like down the road?"

By age 55, 81 percent of tribal adults are overweight or obese, and 51 percent are diagnosed with diabetes, according to the tribe's data. Statewide, 74 percent of Natives statewide were obese as defined by having a body mass index of 30 or above.[23]

A 2006 study of 40 states, the District of Columbia, Puerto Rico and five Indian tribal organizations found that 39.5 percent of low-income American Indian and Alaska Native children age 2 to 5 are overweight or obese. The study found the rate of overweight and obesity to be higher in American Indian and Alaska Native children than in any other racial or ethnic group.[24]

As a leading cause of death and disability, diabetes remains an important and pressing health issue for Native Americans everywhere. During 1994-2002, the age-adjusted prevalence of diabetes among all

[19]CDC Pediatric Nutrition Surveillance System, Table 16C, Annual Summary for Michigan, 2008.

[20]Francine Kaufman, M.D., Written Testimony before the Senate Committee on Health, Education, Labor, and Pensions, Subcommittee on Children and Families. *Childhood Obesity: The Declining Health of American's Next Generation—Part I* 3 (July 16, 2008).

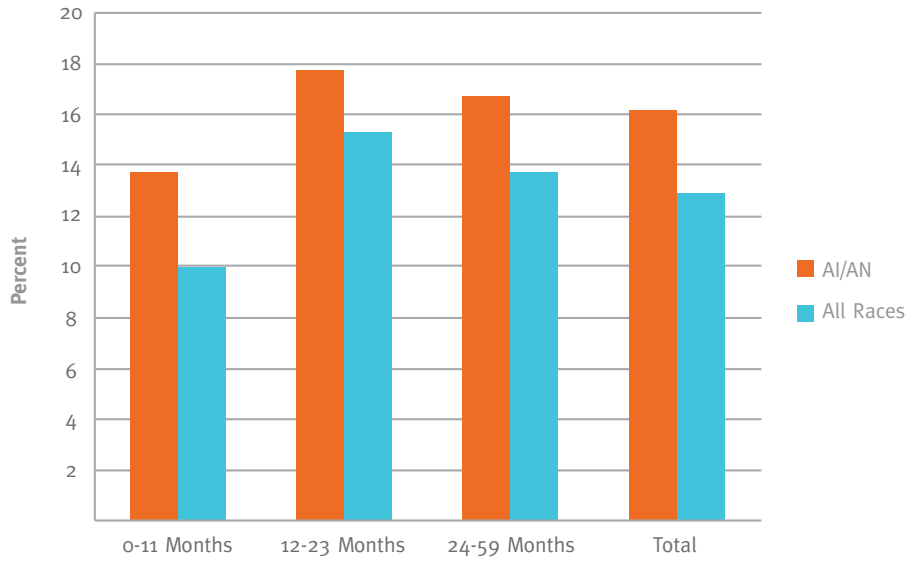
[21]2010, Michigan Department of Education, four-year cohort graduation data.

[22]Native Children's Agenda available for download at http://tinyurl.com/6n3fq9q.

[23]2009 Diabetes Audit, Bemidji Area Indian Health Service data, includes 3,865 patients at tribal and urban IHS clinics.

[24]Polhamus B., Dalemius K., Borland E., et al. Pediatric Nutrition Surveillance 2006 Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

PERCENT OF WIC-ENROLLED NATIVE CHILDREN IN MICHIGAN WHO ARE OBESE (2008)



Source: CDC Pediatric Nutrition Surveillance System, Table 16C, Annual Summaries for Michigan

U.S. adults was 7.3 percent, while it was more than double for Native adults, at 15.3 percent.[25]

From 2006 to 2008, Native American adults had a higher prevalence of smoking (42.2 percent) than any other racial or ethnic group, according to the National Survey on Drug Use and Health. According to a Centers for Disease Control survey of a limited sample of Native adults in a region including Michigan, 66.8 percent reported smoking at least 100 cigarettes in their lifetime. A slightly smaller number (58 percent) reported currently smoking.[26]

Among children dealing with significant poverty-driven adversity, mental and emotional health issues become critical. Nationally, high-poverty schools are placing more emphasis on addressing student adversity while connecting students to more caring adults and other resources. Trauma-informed care is a major trend of child welfare and mental health systems nationwide. Brain research and child development science are demonstrating the lasting impact of toxic stress on children due to abuse and neglect. Such research as the Adverse Childhood Experiences Study is changing the dialogue from blaming families to reinforcing the importance of early intervention and prevention.

"It's generational in the families that we're seeing," said Emily Proctor, Tribal Extension Educator of Michigan State University Extension. "That's with all these kids are seeing [at home]. It's everything. The addiction. … We have domestic violence and addiction. It's so much. You can't tackle one without tackling them all. We have to heal our adults so we can help them heal our children."

"There are systemic things that are plaguing [us, in cycles]," said Shannon Martin, director of the Ziibiwing Center for Anishinabe Culture and Lifeways. "There's a disconnect in parenting. Parents are having

[25]Centers for Disease Control, Morbidity and Mortality Weekly Report, 2003.

[26]2010 Community Health Profile of Michigan, Minnesota and Wisconsin Tribal Communities, Great Lakes Inter-Tribal Epidemiology Center analysis of CDC Behavioral Risk Factors Surveillance System data. A caution is that BRFSS does not oversample Native populations, so results are not deemed to be statistically significant.

"There's a disconnect in parenting. Parents are having the baby but not acknowledging responsibility to raise [their] own child."

the baby but not acknowledging responsibility to raise [their] own child. Some [simply are] handing over their children to the tribal foster care system or to a relative to raise. I'm seeing this as a trend. Maybe it's babies having babies, but it's going to be a cycle that, if not addressed, will be hard to stop."

Services are provided through a complex array of programs across tribal, public and private systems. Practitioners say many families are afraid to ask for help or don't know how to access it. In terms of mental health, the range of services needed to prevent, diagnose and treat Native people does not exist in most tribal health clinics. The death rate from suicide for American Indian and Alaska Native people is 62 percent higher than for the general population.[27] A 2001 study estimated that the ratio of mental health providers to Native children nationally was as low one to 25,000.[28]

In 2011, Inter-Tribal Council of Michigan received a three-year, $750,000 planning grant from the Substance Abuse and Mental Health Services Administration (SAMSHA) for Native children's mental health. With partners at American Indian Health and Family Services (AIHFS) of Detroit and the Family Assessment Center of the University of Michigan School of Social Work, the project will provide training to 11 tribes in Michigan regarding trauma-informed and culturally relevant services for youth and families. According to an AIHFS press release, the grant will be used to develop a comprehensive strategic plan for a System of Care in Michigan to improve and expand services for Native families and t heir youth members (birth through 21) who are 'out of balance and challenged by spiritual unrest.'

AIHFS also provides mental health support to children age 10 and older through a Garrett Lee Smith youth suicide prevention grant. Separately, ITCM operates the statewide Access to Recovery initiative, which provides substance abuse and behavioral health services to Native adolescents and adults at 12 tribes and in metro Detroit.

The Children's Trauma Assessment Center at Western Michigan University is using a federal SAMHSA grant to help nine non-tribal sites around the state, including Wayne County's child welfare agency, to become trauma-informed systems. The Center's work in training staff on trauma and brain development issues has included at least two tribes — the Pokagon Band and Little River Band of Ottawa.

The Center also conducts neurodevelopmental assessments of children who have experienced trauma. According to Center director Jim Henry, "Our data shows that 75 percent of our kids have moderate to major language issues, 80 percent have moderate to major memory issues, and 90 percent have moderate to major attention issues. You take them together and understand the significance of the challenges kids face."

When Native people consider the developmental and learning needs of children ages 0-5, they typically turn to Head Start, the federal program for low-income children. All tribes except Saginaw Chippewa operate Head Start programs, and most also have Early Head Start programs. Most programs use Inter-Tribal Council of Michigan as a fiscal agent and coordinating resource, while the larger tribes operate independently. At the national level, there is a well-established network through the National Indian Head Start Directors Association. With mandates for higher percentages of degreed teachers, tribal Head Start programs have sought creative partnerships with colleges to deliver required course-

[27]U.S. Department of Health and Human Services, Indian Health Service. *Facts on Indian Health Disparities* (January 2006) (based on 2000-2002 rates). *Available at* http://info.ihs.gov/Files/DisparitiesFacts-Jan2006.pdf.

[28]Contextual Issues for Strategic Planning and Evaluation of Systems of Care for American Indian and Alaska Native Communities: An Introduction to Circles of Care. 11 *American Indian and Alaska Native Mental Health Research* 1, 8 (2004) (citing McNevins, M. & Shepard-Erickson, J. Circles of Care: An Overview. 3 *Pathways* (Sept. 2001)). *Available at* http://aianp.uchsc.edu/ncaianmhr/journal/pdf_files/11(2).pdf.

work. As one of Michigan's two tribal colleges, Bay Mills Community College in particular has been responsive with online courses and other arrangements.

In December 2011, President Obama signed an executive order for Indian education that also encompassed tribal colleges and universities. The order re-established a special office within the U.S. Department of Education (DOE) with a mandate to improve coordination among DOE, the Department of the Interior and its Bureau of Indian Education. The first goal of this initiative is "increasing the number and percentage of (American Indian/Alaskan Native) children who enter kindergarten ready for success through improved access to high-quality early learning programs and services, including Native language immersion programs that encourage the learning and development of American Indian/Alaskan Native children from birth through age 5."[29]

Nationally, few tribes have developed comprehensive plans for 0-5 children's programming. For example, tribal Head Start programs generally operate autonomously from other early childhood programs. Levels of coordination and scope vary greatly from tribe to tribe. Some tribes might use federal child care development funds and other grants to provide such early childhood education (ECE) activities as parent education, provider training, child care subsidies and cultural curriculum development. Children are served by a patchwork of tribal programs that also vary in size and scope; by local (Native and non-Native) family, friend and neighbor care; and by mainstream child care centers and programs. Some tribes and practitioners tie into the state child care resource and referral network, as well as existing professional development resources such as T.E.A.C.H. (Teacher Education and Compensation Helps) scholarships.

Just as it coordinates Head Start and Early Head Start programs on behalf of a majority of Michigan tribes, ITCM supports maternal and child health services in ten tribal communities as well as in the Grand Rapids and Detroit metro areas. The Healthy Start home-visiting program is central to this work. Additionally, Native populations are served by county and state programs, such as the Early On Program to identify young children with special needs that require early intervention.

In Indian Country, there has been a clear divide between early childhood development and K-12 education. Historically, the National Indian Education Association has focused on K-12 education, paying less attention to what happens before kindergarten. The tribal Head Start community has been the primary voice on early childhood matters. More recently, the National Association for the Education of Young Children has created an interest forum called the Tribal and Indigenous Early Childhood Network. At the international level, the World Indigenous Higher Education Consortium for several years has had an early childhood working group.

In Michigan, all of the tribes operate tribal education departments that oversee a variety of programming depending on local needs. Tribal education directors might have responsibility for tribal charter schools, tutoring and enrichment programs, summer camps, cultural programs, curriculum development and college scholarship programs. The directors meet quarterly. Additionally, the Michigan Indian Education Council typically sponsors an annual conference, while also linking to National Indian Education Association (NIEA) interests at the national level.

Although the percentage of Native Americans who receive higher education has increased since 1990, fewer Natives have high school diplomas and bachelor's degrees when compared to the overall population. A higher percentage of Natives also

"In Indian Country, there has been a clear divide between early childhood development and K-12 education."

[29]Executive Order available at http://www.niea.org/Data/Files/2011Native_eo_rel.pdf.28

MICHIGAN RATES OF NATIVE AMERICAN EDUCATION ATTAINMENT (2008)

	AMERICAN INDIAN/ALASKA NATIVES	ALL RACES
Less than 9th Grade	6.63	4.66
9-12th grade, no diploma or GED	17.01	11.93
High school diploma or GED	32.07	31.34
Some college, no degree	26.83	23.33
Associate's degree	7.13	6.98
Bachelor's degree	7.41	13.70
Graduate or professional degree	2.93	8.07

Adapted from US Census Bureau

have less than a ninth-grade education. In 2000, 76 percent of Native adults 25 and older had a high school diploma, compared to 83 percent for the overall population.

With geographic dispersal across rural and urban areas, nearly all Native children in Michigan attend public schools. There are two Bureau Of Indian Education-funded schools (serving the Hannahville and Sault tribal communities) and a few tribal charter schools operated by the Sault Ste. Marie, Bay Mills and Saginaw Chippewa tribes. Bay Mills Community College runs a charter sponsorship program that allows a number of predominantly mainstream schools to operate across Michigan.

Sault Area Public Schools reports the largest number of Native students (800 or 33 percent) in the state. School districts with sizeable Native student enrollments receive federal funds of less than $200 per student (through Title VII of the Elementary and Secondary Education Act and the Johnson O'Malley program) for supplemental academic support and cultural programming. Often this cultural support is the only special accommodation by public schools for Native students' cultural identity and family assets, on which educators can scaffold other learning.

In 2010, 15 percent of 808 Native American third graders tested in the Michigan Educational Assessment Program did not meet standards in reading, compared with 13.2 percent of all students. For math, 4.9 percent failed to meet standards, compared with 4.7 percent of all students. For Native eighth graders, 24.1 percent did not meet reading standards (compared with 18.1 percent of all students), and 24.4 percent did not meet math standards (compared with 22 percent of all students).

For a recent federal Promise Neighborhoods planning grant proposal, the Sault Tribe was unable to cite school readiness and other data that are crucial to the program's cradle-to-career focus. The proposal pointed to available statistics, such as a 66 percent graduation rate for Native students statewide, compared with a 76 percent rate for all students.

"Everybody wants to jump into research, but we can't even tell how many people we have," says Eva Petoskey, Director of the Anishinabek Healing Circle-Access to Recovery Program at the Inter-Tribal Council of Michigan. (She is a member of the Grand Traverse Band of Ottawa and Chippewa Indians.) "It's still hard to get [data], even from your own tribe. There will be three different grants with three [different] sets of statistics."

Increasing data and research capacity is a major need, particularly tribally led initiatives to expand community capacity to collect and manage basic demographic, education and health data.

"The Office of Head Start is telling us everything has to be data-driven, [yet] we don't have an evaluator [for Head Start on staff]," said Ann Belleau, Head Start coordinator at the Inter-Tribal Council of Michigan. "I serve on the National Indian Head Start Directors board. These tribal programs don't know how to do what [federal officials] are asking them to do. You just can't tell them to do it [without support]."

Colleagues at ITCM point to the need for mutually beneficial research-oriented partnerships between tribes and universities, rather than one-sided arrangements. Additionally, there are cautions about the usefulness of data that currently focuses on deficits rather than cultural assets.

"Tribes are willing," said Lisa Abramson, an evaluator at the Inter-Tribal Council of Michigan. "If the funding is there for a tribe to do research that will benefit it, they will in many cases take advantage of it. The funding is the issue."

"I'm one of the only (tribal education) directors that [typically] asks about measurable outcomes," said Angeline Boulley, tribal education director at the Sault Tribe. "Our capacity to do research was done such a disservice by earlier projects where tribes were used and treated poorly by research institutions. We want to be part of research now. We're the largest tribe in Michigan."

Native stakeholders also cite the challenge of financially sustaining even those models that do have evidence, such as the Red Cliff wellness curriculum of the First American Preventer Center and Project Venture of the National Indian Youth Leadership Project.

"Data has limitations in telling the entire story," said Petoskey. "What are best practices in Indian Country? How do we make the case for these indigenous best practices to be considered 'evidence based'? Is it necessary for tribal best practices to be examined and proven effective using the Western scientific paradigm? While that scientific process can be useful in many ways, tribes could create an initiative to explore other alternatives that are based on indigenous models of research and evaluation."

When asked in July 2011 about his top priorities, one tribal chairman quickly named three issues: health, education and economic development. Another observer who regularly works with several different tribes identified these common priorities: food, natural resources and Indian child welfare.

While children's issues cut across all of these areas, children themselves are not always mentioned as priorities. For example, tribal leaders tend to frame "Indian child welfare" not as a concept of child development but as the tribal government's exercise of sovereign rights over child protection and adoption — with the aim of preventing more Native youth from being placed outside of Native families and communities, as typically happens under the existing system. Given ongoing disproportional rates of out-of-home placement, the emphasis on tribal sovereignty is not surprising. Still, multiple practitioners say children should be a higher priority.

"The politicians talk about kids being our future, but when you get down to the nitty gritty … do children have a voice in a community?" asks a Native professional who has worked closely with multiple tribes across Michigan. "Who is looking out for the interest of kids? We [have] found that in most tribal communities, there wasn't a lot [of people]. There was a lot of lip service …. It wasn't there, [and services weren't] coordinated."

Considered together, lack of reliable data, lack of resources, dispersed and often disconnected services and an array of competing priorities play roles when Native children's issues become a lower priority.

"...do children have a voice in a community? Who is looking out for the interest of kids?"

ISSUES WITH DATA QUALITY FOR NATIVE AMERICAN POPULATIONS

Adapted from Great Lakes Inter-Tribal Epidemiology reports

There are a number of factors impacting the limitations and quality of American Indian/Alaska Native population data. Such national health surveys as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey and Pregnancy Risk Assessment Monitoring System do not include an adequate sample of American Indians/Alaska Natives to obtain reliable estimates for this subpopulation. Oversampling is necessary since American Indian/Alaska Native people comprise such a small percent of the national population.

Additionally, vital statistics data are limited. Although these data have the advantage of being truly population-based, racial misclassification is well documented. Hence, disparities may be masked and any identified disparities are most likely larger, due to underestimation as a result of racial misclassification.

A 1996 investigation by the Indian Health Service estimated that Natives in the Bemidji service area (encompassing the states of Michigan, Minnesota and Wisconsin) were undercounted by 16.1 percent, the third highest Indian Health Service (IHS) area for misclassification. Nationally, misclassification rates were 10.9 percent.

In many data sets, small racial and ethnic populations are lumped together as "other." In some instances, they are excluded from analysis altogether or are deliberately excluded during data collection. A lack of continuous and reliable funding hinders the collection of quality data for Native populations. When funding is variable from year to year, planning is difficult and it becomes more difficult to be consistent; when budgets are cut, statistically insignificant populations frequently are not prioritized.

Many tribal communities are interested in receiving community-level data, preferring them over state-level estimates.

Finally, it is difficult to collect data in tribal communities for various reasons:

- As in all smaller communities, sampling is generally more difficult than in larger communities. For statistical validity, a larger proportion of the population must be sampled.
- Community members complete more surveys, leading to fatigue and disinterest.
- Historical mistrust factors into the willingness of leaders and community members to agree to surveys. Because research projects have been executed poorly in the past, community members likely are more cautious about participating. It also increases pressure to do things the right way, which can be intimidating and may deter future research or surveys originating from outside tribal communities.

BACKGROUND: MICHIGAN TRIBES AND URBAN POPULATIONS

According to 2010 Census data, 141,557 Michigan residents self-identify as American Indian/Native American and one or more other races, with 57,394 people self-identifying as solely Native American.

The state is home to 12 federally recognized tribes, including several that successfully achieved recognition just in the past 30 years. (Other groups, notably in Burt Lake and southeast Michigan, still seek recognition.) The dispersal and assimilation of Michigan's Native peoples is a major challenge, with implications for addressing needs both on and off reservation lands. While an estimated 1.0 percent of the state population is Native, the largest concentration of tribal members is in such Upper Peninsula counties as Chippewa (15.8 percent) and Mackinaw County (17 percent).

"I am struck by how invisible our Native communities are to the wider community," said a long-serving tribal health program manager who is non-Native. "I had grown up in Michigan and was basically clueless [due to lack of exposure to tribal history and culture]."

Although all 12 tribes share cultural affinities as Ojibwe, Odawa and Potawatomi (who together have formed the Council of Three Fires), each tribe is politically distinct. They form an association, United Tribes of Michigan, which is "committed to join forces, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of the sovereign tribes of Michigan throughout the next seven generations."

Tribes in southern Michigan are geographically closer to Washington, D.C., than they are to tribes in the far reaches of the Upper Peninsula. With 39,000 members forming the largest group, the Sault Ste. Marie Tribe of Chippewa Indians was recognized in the 1950s. The Huron Band of Potawatomi has 1,100 members. Recognition came later to

"Nationally, most tribal communities face a severe housing shortage, with waitlists that far exceed the rate of new housing construction."

smaller tribes in the Lower Peninsula such as Grand Traverse (1980), Pokagon (1984), Huron (1995) and Gun Lake (1998).

Defining the land boundaries of Indian reservations is complex. The gradual loss of these homelands has necessitated special agreements that delineate historic tribal boundaries, primarily for jurisdictional purposes related to tax collection and law enforcement.

"There are reservations throughout the state … [that] are clearly defined but not on the list of recognized reservations that the [federal] Bureau of Indian Affairs has," said Frank Ettawageshik, executive director of United Tribes of Michigan. "If the reservation boundary is solid, then tribal members who live within that boundary wouldn't be subject to state taxation."

Ettawageshik describes the existence of special agreements for residents who live in places where sovereign reservation boundaries are less clear. "The tax agreement area [is treated] as if it's reservation [land.] For the purposes of the agreement, any domicile does not pay state income tax and also does not pay vehicle tax. Through a formula, he gets a rebate of most of the sales taxes paid. We still pay property taxes, though. I'm on [restricted] fee land, so [I] don't pay income tax but do pay property tax."

Nationally, most tribal communities face a severe housing shortage, with waitlists that far exceed the rate of new housing construction. Consequently, overcrowding on Indian trust lands is six times the national rate.[30] More than a third of homes on reservations are overcrowded, compared with roughly 5 percent of the homes in the United States.[31] For children in particular, overcrowding and deteriorated building conditions can lead to health problems, lack of sleep, magnified family dysfunction and transient living conditions, which in turn can affect school performance.

Due to such factors as limited resources and the young developmental stages of many tribal governments, there is great need in terms of capacity-building and "nation-building." "We started from nothing and we have few resources, and now we are on that journey of self-determination," said Michael Petoskey, chief judge of the Pokagon Band of Potawatomi Indians.

The tribes operate under varying forms of governance. Nine tribes have a single council form of government. Three tribes (Little Traverse Bay Band, Little River Band and Grand Traverse Band) give varying degrees of authority to separate executive branches, according to United Tribes' Ettawageshik, who is a former tribal chair of the Little Traverse Bay Band of Odawa Indians.

How the tribes deliver and manage governmental services also varies. Historically, the Bureau of Indian Affairs provided services directly to tribes, but since the passage of P.L. 93-638, The Indian Self-Determination and Education Assistance Act of 1975, tribes have gained more control. All but two Michigan tribes have "638 contracts" with the federal government to deliver certain services themselves, but with some federal oversight. The Grand Traverse Band and Sault Tribe use "self-governance compacting" that gives them more autonomy over the design of their programs, as well as greater flexibility in program administration and use of funds.

Moving toward greater tribal control of government services is a complex process. The Native Nations Institute examined six different tribes' experience in taking control over elements of their health care delivery

[30]U.S. Commission on Civil Rights. *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country* 62 (July 2003) (citing Native American Indian Housing Council. Overcrowding is Extensive, Causing Host of Health Problems, According to Study, press release [Feb. 12, 2002]).

[31]*Id*. at 62 (citing Native American Indian Housing Council. Too Few Rooms: Residential Crowding in Native American Communities and Alaska Native Villages, 3 [2001]).

system. Two of these case studies focused on Michigan tribes. See the excerpt below.

TRIBAL MANAGEMENT OF HEALTH CARE DELIVERY: LESSONS AND IMPLICATIONS

Adapted from Native Nations Institute report to WKKF

The Indian Health Service (IHS) has been the primary provider of health care to Indian Country since 1955, but what happens when tribes take more responsibility for delivery of health care services? Since the mid-1980s, a growing number of tribes have taken over management of portions, or all, of their health care delivery systems. The Native Nations Institute developed six case studies to understand the motivations behind greater tribal control, the benefits and challenges. Two studies focused on Michigan tribes – the Nottawaseppi Huron Band of Potawatomi and Match-E-Be-Nash-She-Wish (Gun Lake) Band of Potawatomi Indians.

Perceived shortcomings in the IHS system appear to be the biggest reason why tribes move towards tribal control. Within regions, it appears that tribes' relations with the regional IHS office and the experience of other tribes in the region also have effects. Past success with contracting federal services under P.L. 638 can encourage tribes to include health care. On the other hand, some tribes believe strongly that health care is a federal, treaty-based obligation and may be reluctant to take responsible for health outcomes on tribal lands.

Within the six cases, all tribes want to exercise greater control over health care but are at different points in the process. Tribal management – rather than IHS management – appears to have significant impact for tribal nations. These advantages do not accrue automatically but require competent management and sometimes enormous effort.

When done well, tribal management improves access to quality health care and expands provision of care in Native communities. Tribal management typically expands health care resources, including cultural knowledge, expertise, sources of funds and partnerships. Tribal management is demanding of both human and financial resources.

Assuming control should include analysis of the community's capacity to take on a demanding management role. Many tribes have used a phased approach. It is important to have skilled professionals involved at all levels. Over time, effectiveness will be dependent on quality of professional staff, planning and operations, but also the ability of tribal government to avoid micromanagement, to provide an environment of stability in which the system can operate, and to keep politics out of health care management decisions. There is enormous potential for intertribal learning and exchange.

Tribal management tends to produce the following results:

- **Tribal health priorities and tribal concepts of health move to the forefront.** "Tribal management lets us focus our resources on our own priorities," as one Native leader said. By transferring policy decisions from the regional or national level to the local level, tribal control shortens the link between community experience and health policy. There is more consideration of local needs and tribal visions of health that are community-focused, prevention-focused and holistic, linking medical, mental and spiritual care. At the Huron Band, practitioners tend to describe health care in terms of family units or households instead of focusing exclusively on individual cases.
- **Attention shifts from "can be paid for" to "what needs to be done."** National Native health care is chronically underfunded. One result is that national and regional decisions are reduced to "what can we pay for?" Tribal managers tend to manage from a different starting point, asking "What does this

"We started from nothing and we have few resources, and now we are on that journey of self-determination."

"I think the future of strengthening of our tribal nations will be to build the non-governmental capacity of our citizens."

community need? How can we make it happen?" The shift appears to result from increased program autonomy, the flexibility that comes with contracting (or compacting) services, and more intensive community engagement. The Huron Band focuses on providing community needs by surveying citizens every two to three years to learn more about those needs and whether the tribe is addressing them.

- **Tribal control leads to an expansion of locally available services.** Tribal control not only leads to a shift in focus but also appears to lead to an expansion of services. They begin doing things that IHS was not doing locally.
- **Tribes have more freedom to innovate.** Tribal control appears to lead to more experimentation with new program approaches or to depart from standard practices within the IHS bureaucracy. The Gun Lake Band uses a sophisticated, centralized case management system to help citizens keep track of their medical treatment. It requires more time and effort to maintain, but the result is that patients are better informed and more likely to take a more active role in their care.
- **Health strategies are more likely to focus on wellness and preventive care.** The Huron Band has combined its clinic with a wellness center.
- **Health strategies are more likely to incorporate local knowledge and culture.** Knowledgeable, invested community-based practitioners can increase the effectiveness of outreach and services. Sometimes local knowledge itself is part of the healing process. Many Native people believe that western medicine and traditional healing processes can co-exist, and such patients want clinics to allow them to choose them freely.
- **Health strategies are more likely to focus on access, convenience and compliance.** Many tribes go to considerable lengths to make health care convenient, ranging from bundling services to making sure citizens have transportation to appointments, don't miss appointments, and make sure patients take their medications. Evidenced by tribally managed programs, such personalized supports can increase the impact of a medical program. One goal of the Huron Band is to create one-stop health care opportunities, so citizens can see a practitioner, get a referral, obtain a prescription, and get lab work done all in a single visit.
- **Tribes are more likely to actively search for additional funding sources and to pool available funds.** A management calculus that starts with need seems to produce active efforts to tap new funding sources and strategies. Tribal health directors may operate with a limited level of resources, but they tend to draw on a wider variety of sources (e.g., federal, state, tribal, philanthropic). Tribes that do compacting (Sault Tribe and Grand Traverse Band) also have more discretion in how federal funds are used and are able to pool resources across programs.
- **Tribes are more likely to look for partners.**
- **Tribal control creates a sense of local ownership.** In their community surveys, the Huron Band solicits input from the non-Native community as well.
- **Tribes are more likely to track results.**
- **Tribes are inclined to re-think the definition of "service area."** Rather than geographical areas, some tribes prefer to think instead of social boundaries. One tribe in Minnesota operates an urban pharmacy in order to serve off-reservation citizens.

Continuing challenges:

- Health care systems are exceedingly complex, requiring skilled, professional management, attention to detail and customer service.
- Strong health programs depend in part on stability and professionalism in tribal government, and in keeping tribal politics under control.

- There are sometimes tensions between health care operations and tribal governments.
- Tribes need to figure out how to expand and take full advantage of health care assets beyond the health care system – social determinants of health.
- Funding remains a challenge.
- If it accepts IHS dollars, a tribe may be obligated to serve members of other tribal nations.
- IHS is not always supportive of tribal control.
- With control comes responsibility.

In recent years, a Michigan-based effort called Building Strong Sovereign Nations has targeted education and leadership development of newer tribal council members. A group consisting of current and former elected leaders, as well as Michigan State University Extension staff, has been developing a curriculum for the sessions. "People come into these roles with limited experience," said Ettawageshik. "They don't understand the legal status of their tribe [and of] trust land."

Ettawageshik and others also recommend building the civic capacity of Native communities by supporting non-governmental (nonprofit) organizations, informal culturally based service groups, and individual volunteerism. The Firekeepers Society, for example, collects firewood used for four-day periods of mourning, organizing volunteers to keep continuous watch over the fire.

"This kind of program needs to be encouraged," said Ettawageshik. "I think the future of strengthening of our tribal nations will be to build the non-governmental capacity of our citizens."

Despite the loss of land and cultural assimilation, the tribes and the State of Michigan have developed a series of accords on water, climate, economic development, law enforcement and fishing and hunting rights that suggest potential for even greater tribal-state cooperation. (There is prominent link to tribal issues on the state's website, www.michigan.gov.)

"If we worked together, we could do so much more. Then everybody wins," said Cathy Abramson, a member of the board of directors of the Sault Ste. Marie Tribe of Chippewa Indians, the largest tribe in terms of population and landmass. "If [the governor] is going to reinvent Michigan, he should include us."

Leaders of 12 tribes meet as a group with Gov. Rick Snyder annually. Prior to the 2011 meeting in July, one tribal representative expressed an alternative preference for separate individual meetings between the governor and each tribe. Gubernatorial relations aside, there is much state-tribal distrust.

"The [federal] money that goes to the state rarely gets to tribal members," said Abramson. "Anything that does, it's a trickle. Nationally, tribes want the money sent directly to them. … The [U.S.] secretary [of Health and Human Services] wrote a letter to the governors asking them to work better with tribes. The federal government is supposed to be consulting with the tribes, per [P]resident [Obama]'s mandate. The federal agencies can't make the states consult with us, but they can get them to try to work with us."

A one-time state commission on Indian affairs is now defunct, and tribal liaisons in various state agencies initiated during the Engler Administration have been eliminated. Only the Michigan Department of Human Services (DHS) maintains such a position, currently staffed by Stacey Tadgerson, who bridges systems of tribes, the state and counties regarding Indian child welfare issues.

"It's important to understand the differences in systems," said Tadgerson, DHS director of Native American Affairs. "Each tribe has its own systems and laws. Not every tribe will be the same. We work a lot on building some of those communication channels [between tribes and the state]."

"The federal agencies can't make the states consult with us, but they can get them to try to work with us."

"A lot of tribes are just trying to survive the economic downturn. The ones with gaming are trying to diversify..."

As chair of the National Indian Health Board representing tribes nationwide, Cathy Abramson deplored the state's initial failure to engage Michigan tribes in creation of health care exchanges mandated by the 2010 Affordable Care Act. "They forgot about us," she said. "They didn't include us. … They're aware now. We went to the governor and he actually apologized for not including us." Abramson said that a solution is for tribes to jointly conduct more proactive advocacy.

Other tribal stakeholders voice similar concerns about the divide generally between tribes and state and local government. While several cite positive working relationships with local government that are based on longstanding personal relationships, few stakeholders view state government favorably.

"I'm on one [state] committee, and I am their token Indian. I know that," said a tribal Head Start director. "To use our [financial] resources to go to Lansing, it's not even worth my time. … You just get tired of not being listened to."

Another person cited the 2011 process the state used to develop a grant application for the new federal initiative on high-needs children ages 0-5. "[Michigan's] Race to the Top [Early Learning Challenge] initiative does not include tribes to a meaningful degree," said Ann Belleau, who coordinates multiple tribal Head Start programs at the Inter-Tribal Council of Michigan. "It's real challenging working through those relationships, and how tribes can benefit from working with the state."

The tribes individually employ lobbyists and attorneys to advocate for their own interests; and they collectively use the United Tribes of Michigan association to engage state, federal and other stakeholders.

Economic development and gaming interests receive significant attention. Recent local media attention has focused on potential expansion of new tribal casino sites to urban areas such as Lansing and Flint Township. The Little Traverse Bay Band of Odawa Indians recently sued the Bay Mills Indian Community after BMIC opened a slots-only facility north of Gaylord, which a federal judge ordered closed because of lack of necessary approvals.

"A lot of tribes are just trying to survive the economic downturn," says Matthew Fletcher, a Grand Traverse Band tribal member who is director of the Indigenous Law Center at Michigan State University. "The ones with gaming are trying to diversify. The ones without viable gaming are moving downstate, stepping on the toes of other tribes."

In the coming years, a majority of tribes will negotiate state compacts that sanction profitable "Class III" (or slot machine) casino operations. The 12 Michigan tribal compacts fall under separate terms. A group of compacts expire in 2013 for the seven tribes that were federally recognized when the agreements were signed in 1993. (Another round of compacts approved in 1998 with four other tribes is on a different timetable. The Gun Lake Tribe's casino compact was adopted in 2007.)

One major issue will be addressing the level of revenue sharing by tribes with state and local governments. The 1993 compacts originally set a revenue-sharing rate of eight percent for the state and two percent for local governments, based on total net gaming proceeds after winnings were paid out. The 10 percent figure was later consolidated to two percent after non-tribal gaming was permitted in the state, in violation of the state's guarantee for tribal market exclusivity. Additionally, the 1993 compacts did not stipulate a process for distributing the revenue to state and local government. The tribes developed their own process of awarding grants to such entities as local counties, law enforcement and school districts. Some such processes have been criticized for lack of transparency. Later compacts vested authority in a local revenue sharing board consisting of representatives of local government and, in two instances, the tribe.

"[The] two percent [arrangement] is an absolute game-changer in Michigan," says Matthew Fletcher. "[Local government agencies] get in line, they get paid, and they leave tribes to their business. It sharply has reduced conflict. The tribes are very integrated with local government."

In terms of economic development, tribes have had limited success with diversifying their economies beyond gaming. "The Sault Ste. Marie Tribe has tried to diversify, but almost all other businesses not tied to gaming have failed," says one informed observer who is a member of another tribe.

Meanwhile, in 2010 the state-run Michigan Economic Development Corporation (MEDC) launched an initiative to add tribal business development strategy under MEDC, according to vice president Terri Fitzpatrick.

The plan addresses two primary goals: develop state-tribal relationships that leverage resources and foster economic development, and be a resource to tribes in developing sustainable tribal economies through business diversification beyond gaming. "The first year has largely been spent on relationship building and tribal legal infrastructure development necessary for non-gaming business activity," Fitzpatrick noted.

Another observer says the MEDC's work with tribes has been uneven, questioning the strength and depth of the agency's tribal relationships. "There's no one there to develop a relationship with tribes."

URBAN ORGANIZATIONS

Key entities serving urban areas include the following:

American Indian Health and Family Services (AIHFS) in Detroit is one of 34 urban clinics across the nation funded by the Indian Health Service. The AIHFS executive director, Jerilyn Church, has acknowledged the need to promote collaboration with other metro Native groups. AIHFS is the only health clinic devoted primarily to serving American Indian families and children in southeastern Michigan. AIFHS staff regularly engages with Inter-Tribal Council of Michigan on multiple projects, and the director participates in a quarterly gathering of tribal health directors.

AIHFS's current programming includes medical services, mental health services, diabetes wellness, youth programs, and community outreach. Current grants fund Access to Recovery substance abuse services, Healthy Start home visiting, and CHIPRA outreach (a grant from Medicaid to assist in accessing numbers of tribally enrolled and/or eligible Native children for the Children's Health Insurance Program). AIHFS received SAMHSA funding for the planning of Circles of Care: *Gda'shkitoomi* (We Are Able!) to create an integrative youth mental health model of care with youth, adults, respected elders, educators and providers in southeast Michigan. Partners include social work faculty at the University of Michigan.

North American Indian Association, located on Plymouth Road in Detroit, is the oldest Native agency in the area. They offer education assistance, employment and training assistance and many services for seniors. Their mission is "to promote self-sufficiency for Native Americans through education, assistance, employment training and awareness of available human services to foster and preserve Native American culture and heritage."

Southeast Michigan Indians, Incorporated, has operated in Centerline since 1993. "S.E.M.I.I. exists with the simple goal to promote self-sufficiency, cultural awareness, and social well-being not just in the Native community, but in service to our entire community as a whole. We promote understanding of our culture through the use of Educational training, Crafts, Information, and Traditional Values." They offer a variety of programs for seniors including free tax preparation. They also offer summer youth programs for children ages six to 14.

"The Sault Ste. Marie Tribe has tried to diversify, but almost all other businesses not tied to gaming have spectacularly failed"

American Indian Services, located in Lincoln Park, offers case management in mental health and youth services.

Grand Rapids has a number of Native residents who in the past have been able to use such places as Native American Family Services and the North American Indian Center, which is not currently operational. Inter-Tribal Council of Michigan has local staff, as do some individual tribes that offer services to tribal members.

Lansing has been served by the Woodlands Community Indian Center and Nokomis Learning Center.

URBAN INDIAN SERVICE BARRIERS

In summer 2009, American Indian Health and Family Services conducted 10 focus groups of approximately 75 urban Native American adults and youth in greater Detroit as part of planning for a federal Circles of Care mental health grant. In general the data gathered from service providers and community members were consistent with one another (see chart below). Both identified issues regarding the lack of awareness of services and events, the lack of transportation, trust issues, the need for specialty services (i.e., dental,

GENERAL THEMES	SPECIFIC IDEAS
Barriers to Treatment	• Transportation • Lack of knowledge of services • Trust issues • Preference for integrated health care with traditional Native components
Shortcoming of Present Resources	• Satisfaction with quality of health care • Long waiting lists • Limited medical resources for emergencies • Need for more resources
Need for Specialized Services	• Substance abuse services • Peer-oriented/directed groups • Dental and vision care • Parenting • Traditional Native resources
Emotional Stress/Specific Needs of Native Families	• Effects of stress on the family • Stress as a barrier for parents in developing a strong family unit • Need for more extensive mental health and counseling services

vision, emergency services, more mental health and substance abuse treatment), and the need for programs to educate both the providers and the community about Native traditional healing and cultural practices.

UNIVERSITY PARTNERSHIPS WITH NATIVE COMMUNITIES

Michigan universities regularly work with Native communities. The University of Michigan's social work and psychology faculty are supporting mental health initiatives at the American Indian Health and Family Services in Detroit. In early summer 2011, another U of M faculty member helped the Sault Tribe pilot a culturally based summer science camp for middle-grade students.

Michigan State University has a range of programming. The Wiba Anung partnership with tribal Head Start programs to improve school readiness outcomes was described previously. MSU Extension sponsors a number of programs across children and youth, health and nutrition, disease prevention and social emotional development.

From its base in the law school, the MSU Indigenous Law and Policy Center provides education on federal Indian law. In addition to teaching, holding regular conferences, and serving as tribal judges for various Michigan tribes, director Matthew Fletcher writes an informative blog.

Finally, there is a Native American Institute at MSU that could be a vehicle for coordinating deeper university partnerships with Native communities. Appointed as director within the past two years, Gordon Henry has been talking to tribes about their needs relative to MSU's interests. Although the Institute currently sits in the agriculture and natural resources college, Henry says potential focus areas include economic development, sustainable development, community planning, children's issues, data collection and analysis, and nation-building.

INFORMANTS

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Julie Barber, Behavioral Health Clinical Supervisor, Sault Tribe

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Nancy Bogrin, Tribal Prosecutor and ICWA attorney, Huron Band

Angeline Boulley, Tribal Education Director, Sault Tribe

Brian Chivis, Huron Potawatomi Head Start, Grand Rapids

Jodie Chosa, Transitional Home Coordinator, Domestic Violence Program, Keweenaw Bay Indian Community

Jerilyn Church (Miniconjou Lakota), Executive Director, American Indian Health and Family Services

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Belinda Bardwell, Tribal Council Member, Little Traverse Bay Band of Odawa

RoAnn Beebe-Mohr, Tribal Council Member, Huron Band

John Bott, Tribal Treasurer, Little Traverse Bay Band of Odawa Indians

Terri Fitzpatrick, VP, Tribal Business Development, Michigan Economic Development Corporation

Harold Mandoka, Tribal Chairman, Huron Band of Potawatomi Indians

Tom Miller, Principal, Hannahville Tribal School

Ted Moore, Board Member, Nokomis Cultural Center, Okemos

Mitch Perrault, Attorney, Sault Tribe

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Alan Shively, Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa

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David Cournoyer is a consultant who works on issues of communications, facilitation, leadership and organizational development, and program development. His clients include local and national nonprofit, philanthropic, tribal and state government entities.

David has more than 15 years of experience in philanthropy and the nonprofit sector through previous work at the W.K. Kellogg Foundation and Lumina for Education Foundation, as well as the American Indian College Fund and Native Americans in Philanthropy. Much of this work has involved early childhood development, K-12 education, higher education and community development initiatives targeting underserved communities.

Prior to his nonprofit work, David worked in television journalism for the Fox News Channel, CBS News, and for stations in Minneapolis and Albuquerque. Based in St. Paul, Minnesota, David is an enrolled member of the Rosebud Sioux Tribe and has family ties to the Yankton Sioux Tribe.

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