



*Tribal Planning Forum on Juvenile Justice,
Substance Abuse & Mental Health Issues Report*

Improving the Delivery of Services to Tribal Youth



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Tribal Planning Forum on Juvenile Justice, Substance Abuse & Mental Health Issues - Interagency Agreement

Purpose

The purpose of this interagency agreement is to govern the provision of funds from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ) on behalf of the Coordinating Council on Juvenile and Delinquency (Coordinating Council) to the Center for Substance Abuse Treatment (CSAT), within the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), to enhance the coordination of federal resources for at risk youth. SAMHSA will use these funds specifically to support federal, state, and local authorities to jointly develop guidelines for working with youth offenders in the areas of screening, assessment, referral, and treatment. The goal is to coordinate investment of federal, state, and local efforts to build resiliency and facilitate recovery among youth at risk or suffering from substance abuse or mental health disorders.

Background

The work conducted by SAMHSA on the prevention and treatment of substance abuse and mental health disorders is guided by the

principle that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes an education, a job, a home, and meaningful relationships with family and friends. This work is carried out through 12 priority program areas, one (1) of which is criminal and juvenile justice.

Thus, SAMHSA has been an active collaborator in support of the Coordinating Council's primary mission: the effective collaboration and coordination of federal juvenile delinquency programs, and has worked to develop prevention, early intervention, clinical treatment, and recovery support policies, strategies, and practices for justice-involved populations.

This effort will entail applying a resiliency and recovery model to SAMHSA programming that will be based on guidelines to offender screening, assessment, treatment, and performance measures to be developed in concert with federal, state, and local stakeholders including the National Governors' Association and the National Association of County Officials. This initiative is referred to as Juvenile Justice



Collaboration for Treatment Improvement. Activities to support the specifications of work include:

- **OJJDP-SAMHSA Partnership Meetings.** A series of meetings among the administrator, senior management, and program staff of the DOJ, OJJDP, and the administrator, center directors, and key program staff of SAMHSA. Meetings may also involve members of the Assistant Attorney General's Office and OJP. The purpose of these meetings is to develop agreement in support of the "public safety is public health/public health is public safety" paradigm and communication of this paradigm to those officials and staff in these agencies who will be planning and implementing the policy and program development, grant making activities, technical assistance, and oversight for organizations providing treatment services to youth involved in the juvenile justice system.
- **"State of the State" Summits.** OJJDP and SAMHSA will work collaboratively to hold a series of one day "state of the state" meetings to bring together the expert practitioners in the juvenile justice and prevention and treatment of substance abuse and mental health disorders arenas with: (a) federal staff who manage programs that deal with juveniles who have mental health and/or substance abuse disorders; (b) selected national associations and consumer groups as well as selected individual consumers; and (c) researchers and evaluators in the juvenile justice and substance abuse/mental health fields. The outcome of these meetings will be: (1) development of consensus by the

agencies and organizations of the current state-of-the-art systems for providing treatment services for youth in the juvenile justice system; (2) sharing of knowledge between those researchers and practitioners who have been focused on either treatment within the justice setting or in community settings outside of the justice system; and (3) sharing of instrumentation and strategies across the two (2) disciplines (treatment within the justice setting, and treatment in community based settings) to enhance the services delivered and research practice for both.

- **Tribal Planning Forum on Juvenile Justice, Substance Abuse & Mental Health Issues.** SAMHSA intends to host a tribal planning forum on tribal public health issues as a means of improving policy coordination in that arena. The tribal planning forum would concern itself with developing culturally appropriate strategies to address the substance abuse and mental health needs of justice-involved youth. The planning forum would involve representatives from the OJJDP Tribal Youth Program, representatives from the SAMHSA American Indian/Alaska Native (AI/AN) and adolescents/juveniles programs, other federal agencies, tribal representatives, and experts in public health and juvenile justice.
- **Other Activities.** Other activities include development of issue briefs based on the outcomes of the planned meetings, potential journal articles, and web dissemination of salient information—all designed to improve treatment for youth involved in the juvenile justice system.

National Juvenile Justice Policy

Academy Process

Activities, Aftermath, and Lessons Learned

In September 2006, the National Center for Mental Health and Juvenile Justice (NCMHJJ) submitted to SAMHSA the draft report: “*The National Policy Academy on Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System: Activities, Aftermath, and Lessons Learned.*” This section is an excerpt from this report.¹

In 2005, SAMHSA provided funding to the NCMHJJ to convene a National Policy Academy to improve services for youth with mental health and co-occurring substance use disorders involved with the juvenile justice system. The Policy Academy process was designed to provide states, counties, and tribes with the opportunity to serve as laboratories of learning around the development of improved policies and programs for youth with mental health and co-occurring substance use disorders in contact with the juvenile justice system. The academy performance period was for one year.

¹ National Center for Mental Health and Juvenile Justice. 2006. *The National Policy Academy on Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System: Activities, Aftermath, and Lessons Learned.* Draft Report Submitted to the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Rockville, MD.

That same year, the NCMHJJ received 38 applications from states, counties, and tribes from all regions of the country seeking guidance and support as they try to address the needs of youth in their care. Of the 38 applicants, three (3) county and six (6) state jurisdictions were selected for participation, representing a diverse group of rural and urban areas. No tribal jurisdictions were selected because the purposed format of the academy did not appear to be well-suited for tribal jurisdictions based on the information included in the tribal applications. The tribal applicants were looking for more intensive guidance and support than what the academy could provide, especially when compared to the level of readiness and expressed needs of most of the county and state applicants.

Each selected jurisdictions developed a strategic plan to guide their collaborative efforts to improve their response to youth with mental health and co-occurring substance use disorders involved in the juvenile justice system. Although the plans were unique and designed in response to the needs of each individual jurisdiction, a number of themes were common across all or most of the strategic plans:



- **Focus on Early Identification and Assessment.** For most of the jurisdictions, the effective identification of youth with mental health issues was a critical first step to improve the response to youth. For these jurisdictions, this included the identification and implementation of a valid screening tool and/or assessing the current state of identification or expansion of a currently used tool or process to other processing points along the juvenile justice continuum or other child serving systems. For example, the State of Oregon strategic plan included a focus to expand the current process so that all youth in custody of the Oregon Youth Authority (OYA) are screened at admission.
- **Implementation and Expansion of Diversion Mechanisms.** All of the jurisdictions recognized that youth with mental health issues should be diverted from the juvenile justice system when possible. For some jurisdictions this meant developing and implementing pilot diversion programs that could be expanded as support is obtained. Other jurisdictions considered establishing crisis intervention teams comprised of police officers specially trained in dealing with mental health crises involving juveniles.
- **Integration of Treatment and Services.** Some of the jurisdictions chose to focus on youth with co-occurring mental health and substance use issues by prioritizing the development and expansion of integrated treatment and services.

- **Adoption and Expansion of Evidenced-Based Programs.** A number of the jurisdictions allocated resources to programs with demonstrated evidence, or the incorporation of evaluation mechanisms into promising programs, and made adoption and expansion of evidence-based programs.

There were also a number of other equally important issues included in the strategic plans. These were:

- Capacity building
- Increasing family involvement
- Cross-training of staff
- Develop a continuum of services, incorporating a wraparound approach
- Blending funding
- Establishing or increasing the availability of reintegration programs
- Development of protocols and guidelines for court and other staff
- Enhanced oversight of mental health services within the juvenile justice facilities
- Incorporation of the strategic plan within other initiatives, statutes, and planning processes

After the performance period, the National Policy Academy process resulted in numerous successes in the participating jurisdictions.

Listed below are three (3) major accomplishments of each of the participating jurisdictions, as reported in the post-academy follow-up evaluation:

Bexar County, Texas

- Developed the Bexar County Children Diversion Initiative, which focuses on

diverting children with mental health issues from entering either the juvenile justice system or child welfare system.

- Prioritized in the County's community plan to address the mental health and substance use issues of children on probation.
- Coordinated with local educational institutions in the development of a Juvenile Crisis Intervention Team training for school district police officers.

Los Angeles County, California

- Gained support from the Department of Mental Health to establish an evidenced-based practices unit; and drafting legislation and advocating for approval of information sharing between departments so youth can receive appropriate interventions.
- Developed workgroups focused on specific issues, including a weekly focus group consisting of interagency management representatives focusing on service delivery issues, and an interagency group to pilot a number of transitional efforts aimed at youth with co-occurring disorders. Also conducted a conference focused on evidence-based practices.
- Developed countywide, evidence-based practices (MST, FFT, MTFC, and Incredible Years) and hired and trained staff to serve youth with co-occurring disorders. Also established/dedicated a camp for youth with co-occurring disorders and staffed it with professionals trained in working with these youth.

State of Mississippi

- Made changes in the way cases are handled.

- Developed new partnerships to resolve roadblocks for placements, funding, and treatment of youth.
- Two (2) programs are now ready to be implemented, including the girls A & D center and the Adolescent Teams for diversion of offenders with special needs from juvenile justice institutions.

State of Missouri

- Expanded structure of Mental Health/Juvenile Justice Policy Team.
- Identified needs and developed an initial strategic plan.
- Convened an interagency workgroup to develop guidelines regarding mental health assessments for youth under jurisdiction of the juvenile family court.

State of Nevada

- Established the statewide suicide prevention workgroup, which was able to develop a guideline for use by all juvenile jurisdictions in policy development and a standardized suicide prevention training program.
- Developed a white paper that highlights the issues akin to this population and makes specific recommendations to the legislature.
- Increased opportunities for multiple state and county agencies to collaborate, identify overlapping goals, and developed mutual agreement on the state's direction in identification and development of juvenile services for youth with co-occurring disorders.

State of New Jersey

- Put in place linkages with the Division of Child Behavioral Health Services in county detention centers for assessments based on MAYSI. Also legislation is pending that will mandate a mental health screening



tool in detention centers, to be determined by the Juvenile Justice Commissioner.

- Created new office in the Juvenile Justice Commission that brings together mental health, substance abuse, sex-offence specific, medical, and interagency services. As part of this, an Interagency Committee has been established; information is being exchanged regarding current used screenings and assessment tools; and automated centralized form for entering data and identifying and reporting youth with co-occurring disorders is in the initial stage of development; and a Memorandum of Understanding is being completed with the Social Security Administration.
- Planned a Re-Entry Demonstration project for services in coordination with the Housing Mortgage Finance Agency. A grant application was jointly submitted by the Division of Child Behavior Health Services and the Juvenile Justice Commission.

State of Oregon

- The county juvenile departments and the OYA began and continue working towards implementing statewide use of the MAYSI-2. The OYA and the Department of Human Services developed companion budget packages for the 2007 legislature to consider in the following areas: funding local mental health authorities' assessment of youth referred by local county juvenile departments who have no other available resource; and funding statewide training to local juvenile department staff and OYA field staff in the administration of the MASI-2.
- The Oregon Law Commission accepted a project in 2006-2007 to

develop a statute to protect information gathered from youth during mental health screening.

- The OYA established a Family Involvement Workgroup that meets on a monthly basis. The workgroup is assisting the agency in reviewing its policies, how it shares information with families, and how it engages families in youth treatment and supervision.

Union County, Ohio

- Union County received two (2) major grants. The first grant will allow the county to continue working with Functional Family Therapy; support a case manager position to work with that same population of youth and families; and conduct a coordinated evaluation with assistance from Kent State University to demonstrate the effectiveness of this program. The second grant is a "Blue Print" grant that will allow the county to incorporate wraparound services into its existing services and programs to improve the county's ability to team with families in the community.
- Developed a diversion program in the Union County Juvenile Court, pre-judicial, which primarily allows low level, first-time offenders the opportunity to have their case "heard" informally and divert them from the system with linkages to needed services and programs in the community.
- Developed a "Juvenile Referral Form" that can be used by law enforcement when called to home for non-criminal (or minor criminal activity by youth) family dysfunction. The county now offers officers the opportunity to refer families to services up front, without criminal charges.



Tribal Planning Forum on Juvenile Justice, Substance Abuse & Mental Health Issues

In 2006, SAMHSA in conjunction with OJJDP and BIA hosted a Tribal Planning Forum on Juvenile Justice, Substance Abuse and Mental Health issues for native youth involved in the justice system. The forum was designed to provide insight on developing culturally appropriate strategies to address mental health and co-occurring substance use disorders of tribal justice-involved youth. One of the goals of the forum was to ascertain if the National Policy Academy model could be modified and used for tribal jurisdictions. This section will provide a summary of comments that were gathered from three (3) separate meetings held in



Green Bay, Wisconsin. These meetings provide insight as to whether a tribal juvenile justice diversion policy academy is needed, and if so, what elements should be included to help guide tribal jurisdictions improve their response to youth with mental health and co-occurring substance use disorders involved in the juvenile justice system.

The first meeting was a focus group facilitated for professionals in the fields of substance abuse, mental health, social services, law enforcement, probation, tribal court system, and justice. The focus group also included tribal leaders and elders, as well as a representative from the State of Wisconsin, Bureau of Substance Abuse Services, Division of Supportive Living, Department of Health and Family Services. The second meeting was a town hall meeting consisting of tribal members and representatives from the Oneida Tribe of Indians and the Menominee Tribe; Federal and State agencies. The third was a report from a Youth Speak Out at the Oneida Youth Day event on November 29, 2005. The ideas and comments provided by the professionals and community members that attended these meetings highlight the need, from their point of view, to have a policy academy in tribal jurisdictions.

Focus Group

The focus group was held from 9:00 AM to 4:00 PM on October 30, 2006 at the Radisson Hotel & Conference Center on the Oneida Indian Reservation. Twenty-six (26) individuals attended the focus group (see Appendix A – Focus Group Participant List and Appendix B – Focus Group Evaluation Results). Participants included representatives from multiple law enforcement agencies; state and county agencies, probation, social services; and representatives from SAMHSA and OJJDP. In addition, several tribal representatives from the local area and from other states participated. Some of these representatives included elders, tribal leaders, judges, program directors, and counselors.

After a full day of discussion about the various issues and benefits of a tribal policy academy, the focus group identified one overarching need that a tribal policy academy should focus on – facilitating the planning processes that would assist tribes in incorporating and identifying the necessary elements to develop or implement a unified and coordinated system of care. Needs identified included:

- Establish a network of service organizations
- Develop a tracking system for youth
- Create a helpline for youth and families
- Execute memorandums of agreement between all coordinating agencies (i.e., tribal, juvenile justice, social services, etc.)
- Assign each youth and family a care team that could hold each other responsible
- Meet monthly
- Obtain releases so different people can communicate and share information with each other to assist youth and families

The focus group stated that a unified and coordinated system of care would improve the collaboration and coordination of services between tribal and non-tribal jurisdictions. This could help solve several of the following problems that were reported to exist within tribal and state systems:

Departmentalization The focus group reported that it is common for tribal and state departments to not share information internally, as well as with each other. As a result, departmentalization causes youth to get “lost in the system.” Some comments made were:

- “Judicial, law enforcement, and health services do not communicate.”
- “All the different agencies need to communicate with each other. Develop a care plan for the child and family.”

- *“The state system is a multi-level system. It’s hard to figure out whom the proper person is to speak with.”*

Lack of public awareness, access, or availability of services

At times, it is difficult for youth and their families to access services because they are often unaware of what services are available in the tribal and juvenile justice systems. One individual stated: “The tribes have not historically been given the same access to resources as the non-tribal communities. Access to resources is something new and is a learning experience.” Other comments included:

- *“Programs on the reservations are underused because people are not familiar with what programs are available. Need a unified system to track all of the programs that are available by location.”*
- *“There is no aftercare or support for them when they do come back.”*

Lack of integration of treatment and services

Everyone agreed that it is important to treat the whole person. The focus group discussed the importance of the family being involved in the care of the youth and/or being part of the treatment process. Some individuals stated that services should focus on looking at positive attributes of youth and families and reinforce the things they are doing well. The focus group recommended that the integration of treatment and services include:

- *“Properly assess youth so you are dealing with the problem, not the symptoms. They may be using drugs because there is domestic violence at home, etc. We can solve some of these problems early if it is identified correctly and early.”*
- *“Look for new points to screen and identify risks. Natural points in life. Get them identified and screened to see if there are any needs of services (for example, new mother can be asked who they can contact to help). This can be a way to find out if there are any needs. This can also be done in schools, etc.”*
- *“Early head start should teach more about life skills.”*
- *“It is important for children and parents to engage the school (elementary system) to ensure a partnership as youth develop.”*
- *“Cultural specific services for Native American youth.”*
- *“Incorporate mentoring and spirituality.”*
- *“Need to address mental health and drug abuse at the same time.”*

Need to implement diversion approaches

Everyone recognized that youth with mental health and substance use issues should be diverted from the juvenile justice system when possible. Some ideas presented were:

- “Our drug court actually integrates the youth back into the community.”
- “Truancy reduction, teen court, drug free community collaboration. We help out with community events and beautification projects with local counties to get youth involved.”
- “Offer the opportunity to try peacemaking as an alternative to juvenile incarceration.”

Poor communication and support to families

The focus group also identified issues surrounding communication, such as the lack of consistent effort to communicate with family members early when the youth enters the system. The quality, relevance, and frequency of communications with the family members were all identified as areas needing improvement. For example:

- “When a child comes into the system, the parents need to be there too.”
- “Empower the extended family because the parent may not always be the best role model.”
- “The parent’s level of education is not always the best. They feel lost and not involved with the current services. They need more simple language to fully understand.”
- “The goals set for parents are not easily attainable. They need small goals to achieve the overall goal.”
- “Give the parents and extended family help and support because they may not have the tools to cope or help a broken member of the family.”

Lack of accountability and commitment

The participants stated that there is an overall lack of accountability and commitment among both state and tribal governments. They made it clear that for any policy changes to work, they would require the full commitment of all of the organizations involved. Comments made by the participants included:

- “Personal responsibility, accountability, and assign that to a timeline and an individual.”
- “Commitment by the agencies and tribal agencies. We do not see tribal governments here other than a tribal judge. They are never here to understand the issues.”



- “The key is at what level will the state make a commitment to address tribal and non-tribal youth.”
- “It takes the whole community, especially our leaders. When leaders are not involved, then you end-up speaking through 2nd and 3rd hand contacts.”

Need for change to public policy or approaches

The focus group also identified a number of community policies or approaches that could be addressed by the tribal policy academy. These policies and approaches were:

- “The states, counties, and federal government agencies does not always ask a kid if he/she is Indian. Law enforcement does not always notify the tribe that their youth is in the system. Children end up far into the system with non-Indian youth without support. There is not a unified system in place that allows for accurate reporting and notification.”
- “The State’s statues definition of family does not extend far enough into the family that is common to tribal members. Can’t place youth with family members because they are not considered to be a relative.”
- “Native youth in state foster homes cannot be placed in non-state recognized homes of extended family members because they do not qualify under the state rules. It is different in the Native Culture. We need to redefine the definition of ‘family’.”
- “When children are having problems in schools they are expelled/suspended. We need to not be punitive and provide more help.”
- “Citations should be followed-up with some form of intervention.”
- “Confidentiality is a barrier when helping youth. These laws limit access to needed information. It is hard to tell a community member who cares, or a distant relative who cares that ‘I can not release this information’.”
- “The fiscal system does not recognize substance abuse recovery – only the episode. Recovery and reintegration is a continuous road.”

Town Hall Meeting

The town hall meeting was held from 7:00 PM to 8:30 PM on October 30, 2006 at the Oneida Nation Parish Hall on the Oneida Indian Reservation. Twenty-five (25) individuals attended this meeting. Participants were local community members (tribal members), tribal representatives (such as a judge, program directors, and counselors), and representatives from SAMHSA, OJJDP, and DOJ.

The town hall meeting provided community members with an opportunity to share their experiences about accessing and using substance abuse and mental health services within the tribal

system. Several families spoke with concern and emotion and clearly conveyed how frustrating it was for them to get help. For example, two (2) comments made were: *“Our youth have to get in trouble before they get help. The services are not preventative, they are reactionary. In most cases, if parents do not request contact with the tribe, it does not happen.”* *“There are no tribal government representatives in attendance at this meeting. What is more important to our community than our children? We need to have our tribal government involved in this problem.... We have buildings and we have people but it is not working. Are these things healing people? No.”*

Believed the tribal system is currently unable to serve the needs of youth and families

Some individuals complained that the tribe failed to return phone calls, coordinate services, and provide information about treatment resources. Comments illustrating these feelings included:

- *“There is no counseling support or any type of support (legal support, advocacy, etc.) for families.”*
- *“Need to have qualified people who are able to properly assess and identify problems so you can intervene early.”*
- *“There is a lack of qualified culturally capable counselors.”*
- *“We need integration of services – mental health, AOD, etc. We need to talk with our elders, they have lots of experience. We need providers to get out of their offices and get out into the community to see what is going on.”*

Were unfamiliar with treatment resources or options available to them

Many of the community members expressed an interest in learning more about available programs, but were frustrated by the lack of information that was available to them, and made comments such as:

- *“Need to identify the resources needed and how to access them.”*
- *“There is a large number of children in the public schools who need help. Where is the information about the programs?”*
- *“Provide youth with anger management training/treatment rather than locking them up only to deal with these issues on their own. When youth are locked up, they are not given the help they need to deal with rage and other issues.”*
- *“There is a need for more parent mentoring.”*

Did not understand the juvenile justice system

The community members who participated in the town hall meeting said they needed direct personal assistance to understand the juvenile justice system. An overarching theme that emerged from these comments is the feeling of being lost, a feeling that plagues both the parents and the youths. The community members expressed significant



feelings of frustration at not being able to make any progress working within a system that clearly confuses them, such as:

- *“Parents are lost dealing with the legal system because of being unfamiliar with the system.”*
- *“The tribal system does not follow the county model.”*
- *“My family experienced everything when our son was between the ages of 13 and 18. He is 26 now and the effects are noticeable now that he is a father. He is stuck in the system now due to a lack of education, which is a continuing cycle. This is a vicious cycle that still continues with drug and alcohol abuse. There is a lack of help and legal assistance. When they first enter into the system, they have no knowledge of their rights, nor do their parents.”*

Services provided by the juvenile justice system did not treat the root cause of the problems

Serious issues arose when the services provided by the juvenile justice system were discussed. Overall, the comments made by the community members indicated a feeling that there is a lack of emphasis within the system on the root cause of the problems, including mental health, co-occurring substance abuse disorders, family abuse, and trauma. Individuals expressed concern that youth are not being identified by non-tribal agencies (i.e., social services, law enforcement, juvenile justice, etc.) as tribal youth and are therefore not being directed to culturally-specific services for native people:

- *“Youth are required to go to municipal courts off of the reservation.... The intake worker needs to identify the child as tribal youth; if they are not proactive, the child will not be identified as native.”*
- *“The mental health and alcohol assessment tools are for the masses, and are not appropriate for native people. There are a lot services and tools out there, but they do not address our needs.”*
- *“Intervention is the key in reducing the number of youth in the legal system. Youth and young adults need to have access to treatment as soon as they walk through the door. All too often, these individuals are getting lost in the legal system.”*
- *“A lot of youth are being placed in jail and do not receive treatment for their anger issues or other struggles.”*
- *“The courts are locking the kids up and are not treating them and are not teaching them.”*
- *“Multi-generational trauma still remains a large problem for Native youth throughout the country. The issues of the past; dislocation, malnutrition, boarding schools of the past, etc. need to be addressed.”*

- *“The comments made throughout the night are painful, but true. All too often, children are abused by family members, yet no one says anything. When youth with mental health and co-occurring substance abuse disorders enter the juvenile system, only the problem is addressed. There are often primary issues such as trauma, the cause of the problem, that are never addressed in treatment.”*

Youth Speak Out

The Youth Speak Out meeting was held on November 29, 2005 at the Radisson Hotel & Conference Center on the Oneida Indian Reservation. Ninety (90) students from Seymour, Green Bay West, Oneida, West De Pere, Southwest High, Pulaski, and East High School participated in the Youth Speak Out. The activities for the day included opportunities for students to:

- Review and comment on the goals and objectives of the 16 plan elements of the Oneida Reservation Comprehension Plan
- Address their concerns to representatives of Oneida committees, boards, commissions, and program managers and supervisors
- Hear a motivational speaker

During the Youth Speak Out event, students were able to make comments or ask questions about community related issues. Through this activity, the most important issues to these students were:

Education

- *“We need new books and supplies.”*
- *“We need a higher education counselor for the juniors and seniors to get more information from colleges and help with applications, etc.”* A representative of Oneida Nation High School (ONHS) commented: *“We have one (1) guidance program counselor and a college/technical college/military service library with admission information. Moreover, there have been 16 visits during the year from various universities, colleges, technical colleges, and military representatives, and the school holds a college fair once a year. To assist students, ONHS invites pre-college programs to recruit interested students.”*
- *“There needs to be more communications so the students are aware of the services available through the school guidance program.”*
- *“A school program that allows student who learn better by themselves can study (i.e., like in-school suspension, but not for discipline reasons).”*
- *“More tutoring.”*
- *“We need an immersion (language and culture) school.”*
- *“We need more community and public involvement at school.”* A representative of ONHS commented: *“Currently the Oneida Nation High School (ONHS) facilitates an Action Team Partnership*

Family support and parent involvement



(ATP) committee to involve parents and community members in school activities. In addition, ONHS provides training sessions for parents each year and is in the process of developing a parent resource center. The school encourages staff to make positive phone calls to parents.”

Recreation and extracurricular activities

- “Should have classes for teen parents.” A representative of ONHS commented: “This community provides a nurturing program for fathers and mothers. The program provides skill development work, as well as functions as a support group.”
- “Fund teams for indigenous games.”
- “Sponsor more sporting events.”
- “More funding for teens to attend various conferences.”
- “We need more extracurricular activities for the high school students.”

Community and public services

- “Youth speak out event should happen yearly.”
- “Should be a teen night club or something to keep kids from wandering around and getting in trouble.” “A place for teens to hang out without having little kids around.”
- “More parks and restrooms at the parks, community football field.”
- “We need a swimming pool.”
- “We need a traditional ways center.” “We need a center that focuses entirely on traditional ways so that people who want to learn more have a place to go.”
- “Art program is a good idea but no advertising.”
- “Community members do artwork and this work should be on display within the community.”

Work and business opportunities

- “Youth/worker mentorship program...we should be providing the kids with the opportunity to work to gain experience and be paid for it...”
- “Support tribal owned business to keep money in the community.”

Image of the tribe

- “Some people begin to think that is all we do is gamble, waste money. Maybe some teens are ready to take a role in the community without that label.”
- “Casino ads portray Oneida strictly as a casino driven community, we need to change our image (possibility of students doing the ads).”



Working with Tribal Communities to Develop a Tribal Juvenile Justice Diversion Policy Academy

Challenges that are Unique to Tribal Jurisdictions

There are currently 561 tribal entities across the United States that are recognized by the federal government.² Each one is an independent sovereign nation with unique traditions, customs, issues, and priorities. Tribal members are often dependent on their tribe to provide substance abuse, mental health, social services, and other healthcare services.

However, tribes face extraordinary challenges delivering these services, including many problems typical to rural communities such as geographic isolation, lack of structural resources, and a rural culture that tends to support unhealthy behaviors.³ For many tribes, these challenges make it very difficult to provide culturally-specific treatment services. Some of the specific challenges that tribes face are:

- Lack of skilled personnel to provide clinical treatment services
- Lack of training opportunities that could improve the effectiveness of clinical staff
- Lack of treatment experts entering rural areas to provide support and guidance
- Difficulty accessing major ancillary resources, including private alcohol and drug program providers and private practice psychologists, social workers, and counselors
- Client mistrust in “outsiders” due to geographic/social isolation
- Client incarceration or involvement in domestic violence or abuse
- Lack of family support, childcare, social services, and public assistance for clients
- Untreated co-occurring mental health issues and healthcare problems

In the Activities, Aftermath, and Lessons Learned draft report submitted by the NCMHJJ in September 2006, the National Policy Academy identified at the state and county levels some of the same issues and challenges that tribes face in providing services to their people. In this report, the NCMHJJ recognized that “*without support and guidance, these challenges may seem insurmountable and could potentially stifle*

² Bureau of Indian Affairs. 2005. *Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs*. Federal Register, Vol. 70, No. 226, Friday, November 25, 2005.

³ Fleming, Kenneth R. 2001. Substance Abuse and Mental Health Services Administration. *Issues in Providing Alcohol and Drug Abuse Services in Rural/Frontier Counties of California*. (Department of Health and Human Services Publication, TAP 10).



progress.”⁴ However, states and counties have more opportunities than tribes to receive relevant assistances through funding, technical support, and training. As a result, tribes have even greater difficulty planning, developing, and implementing comprehensive and integrative treatment service models.

Need for Culturally-Specific Services

Many tribal members suffer from serious chronic and acute mental health and substance abuse conditions as a result of historical trauma, which is defined as “...cumulative, emotional, and psychological wounding, over a lifespan and across generations, emanating from massive group trauma experiences.”⁵

Historical trauma is manifested in a wide variety of reactions, which are collectively known as the historical trauma response, and may include substance use or substance abuse as a way of numbing or disguising pain, and also “...other types of self-destructive behavior, suicidal thoughts and gestures, depression, anxiety, low self-esteem, anger and difficulty recognizing and experiencing emotions.”⁶

⁴ National Center for Mental Health and Juvenile Justice.

⁵ Yellow Horse Brave Heart, Maria. 2003. Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration. *Journal of Psychoactive Drugs*, Vol. 35(1), January - March 2003.

⁶ Yellow Horse Brave Heart.

Because of the nature and prevalence of the mental health and substance abuse disorders that are present within the tribal communities, treatment providers must have the skills, experience, and resources to address individual and community needs for culturally-appropriate prevention and treatment services. These services often include helping people to:

- Restore attachments to traditional native values
- Develop extensive familial and social support networks
- Benefit from intense psycho-educational group experiences
- Develop discipline and commitment through native ceremonies
- Increase protective factors through unresolved grief resolution

Effect of these Challenges on Individuals and Families

For any program or project (such as a National Policy Academy) to benefit tribes, it should consider issues (such as historical and cultural issues) that have impact or could impact on the development of comprehensive and coordinated services for tribes. Some of these issues are or could be contributing factors to why American Indian/Alaska Natives (AI/AN), aged 12 and older, have the highest rates of current illicit drug use and dependency of all ethnicities.⁷

⁷ Substance Abuse and Mental Health Services Administration. *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194. Rockville, MD.



The pattern of drug use is even more alarming with youth. The rate of current illicit drug use was highest among AI/AN youth, about twice the rate of other youths aged 12 to 17 years.⁸ Today, these drug use problems are getting worse. Many tribal communities and families are facing new crises with the growing incursion of methamphetamine use.⁹

criminal justice system supervises one (1) in four (4) AI/AN aged 12 to 17 years and four percent (4 %) of AI/AN aged 18 years or older. The per capita rate of incarceration in federal prisons for AI/AN was 38 percent higher than the national rate.¹²

Poorer and less educated, many AI/AN people are just struggling each day to survive. Family and living conditions are poor – families are often food insecure and abuse, neglect, maltreatment, and family violence is common.¹⁰ One in every 30 AI/AN children, age 14 or younger, has been neglected, physically abused, sexually abused, emotionally maltreated, medically neglected, or has endured some other form of verified maltreatment.¹¹

Forty-five percent (45%) of AI/AN victims of violent crime reported the crime to law enforcement. Victims who did not report the crime to law enforcement considered the matter private or too minor to report. The

⁸ Substance Abuse and Mental Health Services Administration.

⁹ Indian Health Service. 2006. *Top Ten Counties Documenting Methamphetamine Use*. IHS-Wide RPMS PCC Outpatient Encounter Report.

¹⁰ UCLA Center for Health Policy Research. 2003. *California Health Interview Survey 2001*. In collaboration with the California Department of Health Services and Public Health Institute.

¹¹ U.S. Department of Justice. 1999. *American Indians and Crime*. Office of Justice Programs, Bureau of Justice Statistics. Washington DC: GPO.

¹² U.S. Department of Justice.



Recommendations

After a full day of discussion about the various issues and benefits of a tribal policy academy, the focus group identified one overarching need that a tribal policy academy could focus on – facilitating the planning processes that could assist representatives to put the necessary elements in place to work towards a unified and coordinated system of care. Needs identified included:

- Executing memorandums of agreement between all coordinating agencies
- Assigning each youth and family a care team that could hold each other responsible
- Meeting monthly
- Obtaining releases so different people can communicate and share information
- Establishing a network of service organizations
- Developing a tracking system for youth
- Creating a helpline for youth and families

A way that a unified and coordinated system of care could be accomplished is by creating a centralized tribal resource center to serve the tribes in the state. A resources center could have dedicated staff whose responsibilities are to:

- Work on policy issues
- Provide advocacy to youth and families
- Maintain and provide tribal and state contact information for the tribes, tribal programs, the state, youth, and families
- Maintain a statewide community-based provider resource directory
- Facilitate the execution of memorandums of agreement between the tribes and the state
- Facilitate tribal policy academy meetings with the tribes and the state
- Organize conferences, training sessions, and provide technical assistance to the tribes, state, and community-based providers



A tribal juvenile justice diversion policy academy could help identify: 1) the need for a more focused, resource-invested approach to assisting tribes that would include financial and other support to develop a system of care and a resource center; or 2) the types of activities that a more standard policy academy could provide, such as guidance and input on how to plan and implement a unified and coordinated system of care in a manner which is geared towards the circumstances of tribal communities.

Policy Academy Led by Tribes

By developing a separate tribal policy academy, any of the 561 federally-recognized tribal entities across the United States could be selected to lead a policy academy for their people, in partnership with the state. A separate tribal policy academy could benefit tribes in several ways. In this option, they can:

- Focus on the issues or needs that are relevant to their specific community
- Select whatever community members (i.e., tribal representatives, elders, youth, staff) to represent them
- Evaluate the specific needs of the tribal community to identify issues and solutions important to them
- Select whatever solutions meet their specific needs (i.e., culturally-appropriate assessments, juvenile diversion approaches, etc.)
- Choose the state agencies that serve their community needs

Some difficulties that tribes may experience with this option are, they:

- May not have access to leading experts in the fields of mental health, substance abuse, and/or juvenile justice
- Will have to learn a new process and develop new policy academy procedures
- Cannot require any state agency's participation

Tribes Within Jurisdictions that Have Participated in the Policy Academy Process

Currently there are eight (8) jurisdictions (states and counties) that participated in the Juvenile Justice Diversion Policy Academy. Only three (3) have federally-recognized tribes in their jurisdictions – the states of Mississippi, Nevada, and Oregon (see Appendix C – Tribes by Policy Academy Jurisdiction). The State of Mississippi has one large federally-recognized tribe in its jurisdiction that has a tribal membership of 9,239 individuals and 8,099 individuals eligible for tribal services. The State of Nevada has twenty (20) federally-recognized tribes in its jurisdiction that have a tribal membership of 12,547 individuals and 11,722 individuals eligible for tribal services. The State of Oregon has nine (9) federally-recognized tribes in its jurisdiction that have a tribal membership of 22,286 and 77,331 individuals eligible for tribal services.¹³

Under this option, assistance could be offered to one (1) or more tribes in states that have already gone through this process to build upon existing efforts and expand activities into tribal communities. This option could benefit tribes because they may:

- Have access to leading experts (from the state) in the fields of mental

¹³ Bureau of Indian Affairs. 2003. *American Indian Population and Labor Force Report*. U.S. Department of the Interior. Office of Tribal Services.



health, substance abuse, and/or juvenile justice

- Learn from the experiences of the state policy academy
- Not have to obtain the participation of the states because they are already involved. This may offer better networking opportunities

Some difficulties that tribes may experience with this option are that:

- Only tribes in states with policy academy experience can participate
- Tribes may be required to focus on the issues or needs that are more relevant to the state or populations served by the state (i.e., urban issues verse rural issues, other ethnicities, etc.)
- Tribes may have to use tribal representatives that have different backgrounds and experiences than state representatives, which may take both groups more time to feel comfortable working together
- Tribes may have to adopt policy academy processes and solutions that are more relevant to the needs of the state

Selection Options

It may be important for the tribes to select the option that best meets their community needs. For example, some tribes may have a great working (and trusting) relationship with the state and may choose to work under the lead of a non-tribal jurisdiction. Other tribes may be having difficulties delivering services to their community due to a lack of commitment by the state to work with them.

Under these circumstances, tribes may choose to develop a policy academy on their own.

Participation Requirements

Tribes may be selected in one (1) of the jurisdictions that has already gone through the policy academy process or tribes may apply through a formal application process (in response to a request for proposal) to participate. Selection requirements may include that the tribes operate a(n):

- Outpatient substance abuse treatment program
- Outpatient mental health treatment program
- Juvenile/wellness court
- Juvenile diversion program

Application for Tribes

If an application process is used, changes to the existing application requirements should be made to reflect tribal systems, not state or county systems. In addition, tribes should be given the opportunity to compete against other tribes, not states or counties. The National Policy Academy in its present form was designed primarily for state and county systems. Under the existing National Policy Academy Model, the states are able to participate in the academy without collaboration or support from the tribes in their jurisdictions. However, the tribes cannot participate in the National Policy Academy without collaboration and support from the states. For example, many of the



processes used in the existing model are too prohibitive or are not relevant to tribes.

The application for the National Policy Academy requires each jurisdiction to have a commitment to close collaboration between juvenile justice, mental health, substance abuse, probation, and other relevant services systems, demonstrated through a history of collaborative initiatives. This requirement is easy for a state or county to demonstrate because all of these agencies are part of the state or county system. This requirement may be difficult for tribes to demonstrate because the state or county may not be willing to work with the tribes. Moreover, the tribes with the greatest needs could potentially be tribes with the least success in forming partnerships and collaborations with state agencies.

National Policy Academy Teams

The National Policy Academy teams at a minimum must include seven (7) core members. These members include the commissioners or senior administrators from the mental health system, juvenile justice system, substance abuse system, and from the probation system. The team must also include a youth who currently or in the past has had direct experience with these issues in the juvenile justice system. This requirement is easy for the state or county to achieve

because all of these agencies are part of the state or county system. This requirement may be difficult for a tribe to demonstrate because the state or county may not be willing to work with the tribe and some tribes may not have these types of systems in place. The makeup of the team for a tribe may include decision makers that are relevant to the tribal community.

Presentation Themes

The presentation themes that are discussed during the National Policy Academy meeting should be geared to the unique needs of the participating tribes. These themes may be pre-determined prior to the meetings. The facilitator must be an individual(s) who are experienced with working with tribes.

Technical Assistance

The National Policy Academy provides monthly team leader calls, quarterly team conference calls, and one (1) technical assistance site visit each year for each jurisdiction. The technical assistance site visit is limited to one (1) problem or issue that is determined prior to the visit. However, because tribes have to work with multiple agencies across multiple jurisdictions, they may need more technical assistance and guidance than is currently provided.



Conclusion

To successfully bring the juvenile justice diversion policy academy to one or more tribes, federal, state, and tribal governments must be committed, and technical assistance and support should be provided when needed. In addition, each tribe should be given the option to either convene its own policy academy or work with a jurisdiction that has already gone through the policy academy process. Regardless of the approach selected by a tribal jurisdiction(s), the inclusion of tribes in the policy academy process could significantly help to mitigate some of the overwhelming challenges and barriers they face in offering services to their people.

As discussed in the Activities, Aftermath, and Lessons Learned draft report submitted by the NCMHJJ in September 2006, it is paramount that “*support and guidance*” is provided to overcome the overwhelming challenges that tribes faced on a daily basis. Therefore, we strongly recommend that a tribal juvenile justice policy academy be convened. It would afford tribes the opportunity to receive the support and guidance needed to help coordinate services for tribal youth involved in the juvenile justice system who suffer from mental health and or co-occurring substance use disorders.

Appendices

Appendix A – Focus Group Participant List

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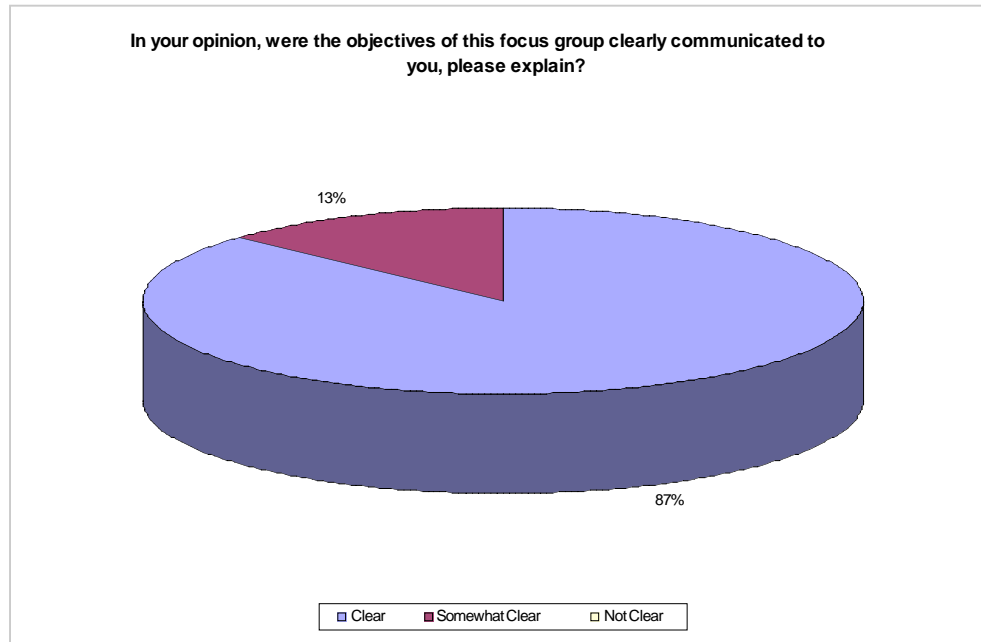
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Appendix B – Focus Group Evaluation Results

Question 1:

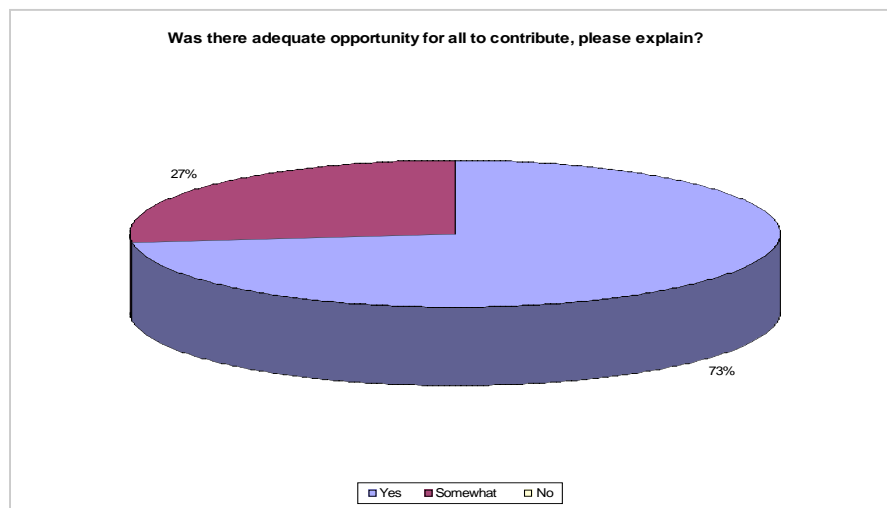


Respondents were asked to respond with an answer of Clear, Somewhat Clear, or Not Clear.

Comments:

- By receiving the discussion questions in advance, I was able to think about what we are currently doing and what we are not doing.
- Very thorough handouts, but we ran out of time.
- Yes, it was a good use of work time.
- Yes it was very clear, however action is needed on what was put forth.
- Everyone was open to sharing their ideas.
- As a Tribe, we are currently working on these issues.
- Because I do not work specifically in this area, it was not real close to home; however, I was able to understand and contribute.

Question 2:



Respondents were asked to respond with an answer of Yes, Somewhat, or No.

Comments:

- Very well done. (2)
- Time was an issue. (5)
- Yes, but we could not adequately get to all of the issues which were brought up.
- It was important to hear what the participants' areas of focus were. (2)
- The discussions were pertinent.
- We need involvement of Tribal Leaders and the decision makers.
- Youth input would also be valuable.

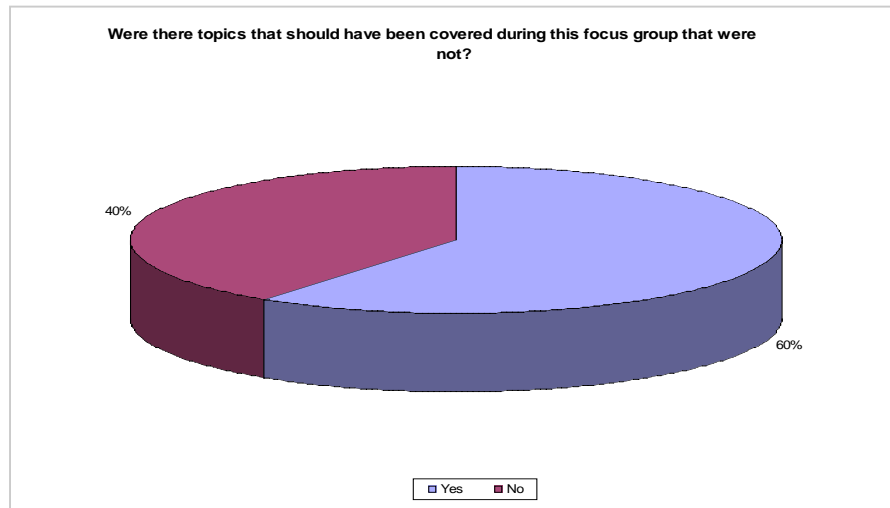
Question 3:

What were the most important accomplishments of this focus group, please explain?

Comments:

- This session is laying the groundwork for items to consider for good juvenile policies on diversion. (2)
- The ability to brainstorm with interested parties.
- We identified the common thread that all jurisdictions are experiencing. (2)
- To hear what is being done and what is not being done.
- It was an opportunity to network.
- To see what and how issues we deal with in our community are being addressed by other Tribes.
- Get peer reinforcement on personal thoughts on this issue.
- This was a good start.

Question 4:

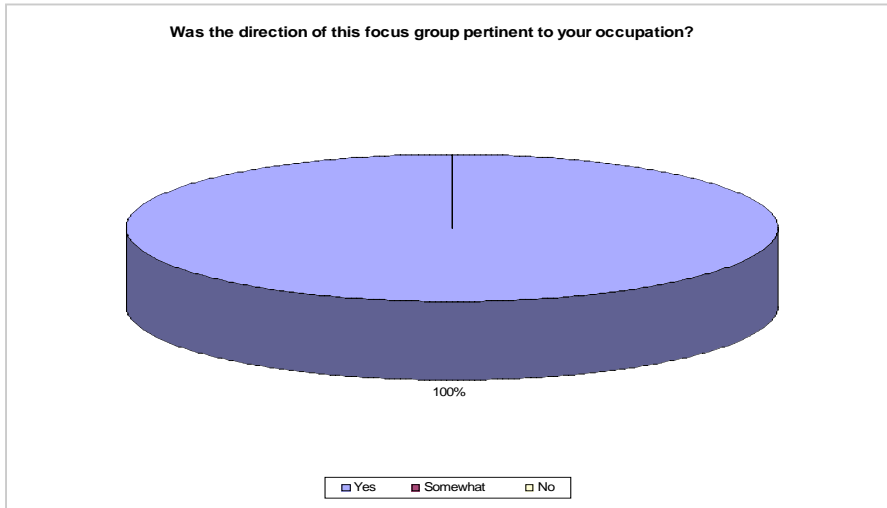


Respondents were asked to respond with an answer of Yes or No.

Comments:

- Diversion considerations need to include everyone from education to families and parents/guardians in an effort to provide community resources.
- How can the state and federal policy makers help with Tribes? Also how can we access them for help?
- The time did not allow for more. (2)

Question 5:



Respondents were asked to respond with an answer of Yes, Somewhat, or No.

Comments:

- Very good content. It was as advertised.
- Yes, because it is our responsibility to care for our youth.
- Dealing with the individual as a whole person involves all occupations.
- We are currently working on this issue back home.

Question 6:

What type of assistance, if any, might you need in assisting with the goals outlined for the next steps? Please Describe.

Comments:

- Community planning.
- Monitoring.
- Meetings within the state and uniting Tribal Leaders/ people who can make decisions.
- Funding and education. (3)
- This was an opportunity to hear what others are doing that is working, and why it is working.

Question 7:

Overall, please provide additional comments here

Comments:

- This was a great meeting and covered many different issues.
- I still think we should have a National Children's Appreciation Day.
- Thank you for an opportunity to hear from other people and get new ideas.
- This information needs to be shared with all that were involved.
- A follow up needs to be done with the information gathered.
- Great, however what about next steps? I was unclear about that.
- It was a busy day. It started late, which threw off the whole day trying to catch up.
- It would have been nice to have two days so that we could have done more work on this. (2)
- I just loved your group!
- It was handled very professionally by a very good facilitator. (2)

Appendix C – Tribes by Policy Academy Jurisdictions

The following table provides the reported tribal enrollment and individuals eligible for tribal services for the federally-recognized tribal entities in the current Policy Academy Jurisdictions.¹⁴ Contact information was obtained from the National Congress of American Indians website at www.ncai.org. The tribal enrollment and total eligible for services data was obtained from the 2003 American Indian Population and Labor Force Report, U.S. Department of the Interior, Bureau of Indian Affairs.¹⁵

	Tribal Enrollment	Total Eligible for Services
<i>Bexar County, Texas</i>		
There are no federally-recognized tribal entities in Bexar County, Texas		
<i>Los Angeles County, California</i>		
There are no federally-recognized tribal entities in Los Angeles, California		
<i>State of Mississippi (1 tribe)</i>		
Mississippi Band of Choctaw Indians P.O. Box 6010 Choctaw, MS 39350 Ph: (601) 656-1501, Fx: (601) 656-1992	9,239	8,099
<i>State of Missouri</i>		
There are no federally-recognized tribal entities in the State of Missouri		
<i>State of Nevada (20 tribes)</i>	12,547 (total enrolled)	11,722 (total eligible)
Duckwater Shoshone Tribe of the Duckwater Reservation P.O. Box 140068, Duckwater, Nv 89314 Ph: (775) 863-0227 Fx: (775) 863-0301	349	149
Ely Shoshone Tribe of Nevada 16 Shoshone Circle, Ely, Nv 89301 Ph: (775) 289-3013 Fx: (775) 289-3156	488	300

¹⁴ Bureau of Indian Affairs. 2005. *Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs*. Federal Register, Vol. 70, No. 226, Friday, November 25, 2005.

¹⁵ Bureau of Indian Affairs. 2003. *American Indian Population and Labor Force Report*. U.S. Department of the Interior. Office of Tribal Services.

Fort McDermitt Paiute and Shoshone Tribes of the Fort McDermitt Indian P.O. Box 457, Mcdermitt, Nv 89421 Ph: (775) 532-8259 Fx: (775) 532-8903	1,002	987
Las Vegas Tribe of Paiute Indians of the Las Vegas Indian Colony, Nevada One Paiute Drive, Las Vegas, Nv 89106 Ph: (702) 386-3926 Fx: (702) 383-4019	55	69
Lovelock Paiute Tribe of the Lovelock Indian Colony P.O. Box 878, Lovelock, Nv 89419 Ph: (775) 273-7861 Fx: (775) 273-1144	291	366
Moapa Band of Paiute Indians of the Moapa River Indian Reservation P.O. Box 340, Moapa, Nv 89025 Ph: (702) 865-2787 Fx: (702) 865-2875	295	295
Paiute-Shoshone Tribe of the Fallon Reservation and Colony 565 Rio Vista Drive, Fallon, Nv 89406 Ph: (775) 423-6075 Fx: (775) 423-5202	1,002	1,692
Pyramid Lake Paiute Tribe of the Pyramid Lake Reservation P.O. Box 256, Nixon, Nv 89424 Ph: (775) 574-1000 Fx: (775) 574-1008	2,161	2,137
Reno-Sparks Indian Colony 98 Colony Road, Reno, Nv 89502 Ph: (775) 329- 2936 Fx: (775) 329-8710	701	839
Shoshone-Paiute Tribes of the Duck Valley Reservation P.O. Box 219, Owyhee, Nv 89832 Ph: (775) 757-3211 Fx: (775) 757-3212	Not reported	931

Summit Lake Paiute Tribe of Nevada 655 Anderson Street, Winnemucca, Nv 89445 Ph: (775) 623-5151 Fx: (775) 623-0558	106	133
Te-Moak Tribe of Western Shoshone Indians of Nevada (Battle Mountain Band) 37 Mountain View Dr., #C, Battle Mtn., Nv 89820 Ph: (775) 635-2004 Fx: (775) 635-8016	575	575
Te-Moak Tribe of Western Shoshone Indians of Nevada (Elko Band) 1745 Silver Eagle Drive, Elko, Nv 89801 Ph: (775) 738-8889 Fx: (775) 753-5439	1,594	1,594
Te-Moak Tribe of Western Shoshone Indians of Nevada (South Fork Band) Hc 30 B-13, Spring Creek, Lee, Nv 89815 Ph: (775) 744-4273 Fx: (775) 744-4523	226	226
Te-Moak Tribe of Western Shoshone Indians of Nevada (Wells Band) P.O. Box 809, Wells, Nv 89835 Ph: (775) 752-3045 Fx: (775) 752-2179	202	202
Walker River Paiute Tribe of the Walker River Reservation P.O. Box 220, Schurz, Nv 89427 Ph: (775) 773-2306 Fx: (775) 773-2585	2,219	1,169
Winnemucca Indian Colony of Nevada P.O. Box 1370, Winnemucca, Nv 89446 Ph: (775) 623-0888 Fx: (775) 623-6918	77	66
Yerington Paiute Tribe of the Yerington Colony & Campbell Ranch 171 Campbell Lane,	998	506

Yerington, Nv 89447 Ph: (775) 463-3301 Or 883-3895 Fx: (775) 463-		
Yomba Shoshone Tribe of the Yomba Reservation Hc 61 Box 6275, Austin, Nv 89310 Ph: (775) 964-2463 Fx: (775) 964-2443	206	111
<i>State of New Jersey</i>		
There are no federally-recognized tribal entities in the State of New Jersey		
<i>State of Oregon (9 tribes)</i>		
	22,286 (total enrolled)	77,331 (total eligible)
Burns Paiute Tribe of the Burns Paiute Indian Colony of Oregon H.C. 71, 100 Pasigo Street Burns, OR 97720 Ph: (541) 573-2088, Fx: (541) 573-2323	339	257
Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians of Oregon 1245 Fulton Avenue Coos Bay, OR 97420 Ph: (541) 888-9577, Fx: (541) 888-5388	761	721
Confederated Tribes of the Grand Ronde Community of Oregon 9615 Grand Ronde Road Grande Ronde, OR 97347 Ph: (503) 879-2301, Fx: (503) 879-5964	4,869	15,988
Confederated Tribes of the Siletz Reservation P.O. Box 549 Siletz, OR 97380 Ph: (541) 444-8203, Fx: (541) 444-8325	4,034	50,864
Confederated Tribes of the Umatilla Reservation P.O. Box 638 Pendleton, OR 97801 Ph: (541) 966-2000, Fx: (541) 276-3095	2,452	2,622
Confederated Tribes of the Warm Springs Reservation P.O. Box C Warm Springs, OR 97761-3001	4,248	3,355

Ph: (541) 553-1161, Fx: (541) 553-1924		
Coquille Tribe of Oregon P.O. Box 783 North Bend, OR 97459 Ph: (541) 756-0904, Fx: (541) 756-0847	817	398
Cow Creek Band of Umpqua Indians of Oregon 2371 North East Stephens Street, Suite 100 Roseburg, OR 97470 Ph: (541) 672-9405, Fx: (541) 673-0432	1,239	454
Klamath Tribes P.O. Box 436 Chiloquin, OR 97624 Ph: (541) 783-2219 Fx: (541) 783-2029	3,526	2,672
<i>Union County, Ohio</i>		
There are no federally-recognized tribal entities in Union County, Oh.		
<i>Washington, D.C.</i>		
There are no federally-recognized tribal entities in Washington, D.C.		