

THE NAVAJO NATION

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**Testimony of Deannah Neswood-Gishey, Executive Director
Navajo Nation Division of Social Services
Before the Alyce Spotted Bear and Walter Soboleff Commission on Native Children
Talking Stick Casino & Resort; Scottsdale, Arizona
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Yá'át'ééh. Good afternoon Chairwoman O'Neill and members of the Commission. My name is Deannah Neswood-Gishey and I am the Executive Director for the Navajo Nation Division of Social Services. On behalf of the Navajo Nation, thank you for this opportunity to provide testimony regarding our experiences, challenges we face with the federal and state agencies, and offer recommendations. As a master social worker, I have worked in numerous capacities on the Navajo Nation over the past 27 years—as a social worker, regional director, program manager for Navajo Department for Self Reliance, and as an executive director, I bring to your attention several real issues and concerns.

First, I would like to thank the Salt River Pima-Maricopa Indian Community for hosting this event and the Commission on Native Children for holding these important field public hearings in Indian Country, especially in Arizona—home of twenty-two (22) federally recognized tribes and nations, and in the midst of numerous challenges affecting Native children. Similar to other tribal governments, the Navajo Nation looks forward to receiving the Commission's Report for the U.S. Congress.

As the largest geographically-rural land base tribal reservation, the Navajo Nation encompasses over 27,000 square miles across multi-jurisdictional boundaries of three states and three federal regions with a registered enrollment of over 350,000 members. The Navajo Nation is plagued by high unemployment rates of 44%, adversely affected by poverty rates of 43%, with one-third of households enduring annual income levels below \$15,000, and suffering from high rates of health disparities.¹

The Navajo Nation is dominated by those under 18 years of age. The under-18 age population accounts for one-third (33%) of all tribal members.² The large proportion of younger tribal members influences the provision of educational, health and human services as well as poverty and workforce issues.³ In 2017, a total of 10,000 Navajo students surveyed revealed that 19.5% attempted suicide one or more times during the previous twelve months as compared to the United States rate of 7.4%; 20.4% were obese as compared to the United States rate of 14.8%; 18.8%

¹ http://www.gotr.azgovernor.gov/sites/default/files/navajo_nation_0.pdf

² Demographic Analysis of the Navajo Nation; Arizona Rural Policy Institute; Center for Business Outreach; W.A. Franke College of Business; NAU

³ Ibid. p. 7

students were overweight as compared to the United States rate of 15.6%; and 8.8% were physically forced to have sexual intercourse when they did not want to in the previous 12 months.⁴

With respect to education, there are a total of 239 schools located on the Navajo reservation and in border towns attended by Navajo students, including 167 Public, 31 Bureau of Education, 29 Contract, and 7 Residential schools with a total enrollment of 80,544 for the 2018-2019 School Year.⁵ It is encouraging to mention that the number of Navajo students seeking a college degree continues to increase. In 2018, the Office of Navajo Nation Scholarship and Financial Assistance (ONNSFA) received 13,210 scholarship applications. Due to the funding shortfall, ONNSFA was only able to provide partial scholarships (approximately \$2,500 per semester) to 51% of those applicants. If the Navajo Nation were to fund all applications, it would need \$66.5 million for the academic year. As a result of the Navajo Nation's investment, in fiscal year 2018, a total of 915 students received their associate's degree, 480 obtained their bachelor's degree, 105 earned their master's degree, and 17 received their doctorate degree.⁶

In 2015, pursuant to a Navajo Nation Executive Order No. EO-03-2015, then Navajo Nation President and Vice President (the current Navajo Nation President) created the Building Communities of Hope (BCOH) initiative to increase suicide prevention efforts. BCOH offers a year-round tour of public education at schools, communities and border towns intended for communities, elders, families and youth aspiring to reduce suicide and misuse of substance by strengthening resiliency, instilling positive self-awareness, and providing education on signs and symptoms of suicide. The BCOH Interdisciplinary Team is comprised of behavioral health clinicians, partners and motivational speakers. Since its inception, BCOH presented at 82 different locations reaching more than 10,000 individuals on and off the Navajo Nation. Additionally, establishment of Crisis Response Team at each of the five governmental agencies on Navajo Nation has resulted from the BCOH initiative that built "Being Resilient and Coping with Stress" into its curriculum. The BCOH, funded by the Indian Health Service, is still in its developmental stage.

As the Executive Director for the Navajo Nation Division of Social Services, I oversee three departments and three programs:

- 1) The Department of Child Care and Development provides available, affordable and quality child care services for about 1,500 children of income eligible parents who are working, participating in job training or an education program, and/or for children who have special needs, or are in protective services;
- 2) The Department of Family Services provides specialized services to children, adults and elderlies who are experiencing abuse, neglect or crisis, and to help maintain healthy and stable families;
- 3) The Department for Self-Reliance utilizes the Navajo teachings of T'áá hwó ájít'éego to provide financial assistance and supportive services for eligible needy families consisting

⁴ Unpublished report by the Navajo Epidemiology Center (2019). Navajo Youth Risk Behavior Survey 2017 Results

⁵ 2018-2019 Enrollment by Schools Summary; Office of Educational Research & Statistics; Navajo Nation Department of Diné Education

⁶ Office of Navajo Nation Scholarship & Financial Assistance 2018 Annual Report

- of 5,745 children, and to empower and take responsibility for their lives through development and implementation of a plan that guide family members toward self-reliance;
- 4) The Developmental Disabilities program provides a comprehensive case management system to ensure medically necessary services are delivered timely to Medicaid-eligible members that include the aged, blind, and/or physically and developmentally disabled. Its developmental disabilities members include twenty-one (21) Navajo children with the youngest being four (4) years old;
 - 5) The Navajo Treatment Center for Children and Their Families provides mental health outpatient therapeutic trauma-focused clinically-based treatment services to over 2,200 children who have been impacted by childhood trauma; and
 - 6) The Navajo Children and Family Services (NCFS) prevents the breakup of Navajo families, protects the best interest of Navajo children, and promotes the stability of Navajo families, and promotes and preserves the permanent placement of Native American children in Native American homes for the preservation of cultural identity. In 2019, the NCFS handled nearly 500 cases involving over 800 children in twenty-six (26) states in which Arizona, New Mexico, Utah, California and Colorado are the top five states with the highest caseloads and varying jurisdictions. Nearly 150 children were placed with relatives on a permanent basis and 123 children were reunited with their birth parent.

Now that I provided a snapshot of the Navajo Nation, I would like to focus on the need to provide a seamless wrap-around, holistic, integrated services for Navajo children. Here are some concerns and recommendations:

- 1) State child welfare agencies must comply with the Indian Child Welfare Act provisions by notifying the Navajo Nation in a timely manner with respect to placement of Navajo children. Navajo children must be reunited with their birth parents or their relatives, as a priority.
- 2) State agency leadership must notify federally recognized tribal governments regarding their statewide initiatives, policy changes, or budget formulation that would have implications on Native children.
- 3) The federal and state child welfare agencies must provide appropriate cultural sensitivity training for all new and current employees. This training must be mandated in its employee on-boarding training and offered as a refresher course every two years for current employees thereafter.
- 4) The Navajo Nation established separate Indian Child Welfare Act (ICWA) Inter-Governmental Agreements (IGAs) with three states: Arizona, New Mexico and Utah, which were revised in 2018 and 2019 to include provisions of the 2016 Bureau of Indian Affairs ICWA Guidelines. Although the IGAs are in place to provide guidance and improved coordination, state child welfare agencies continuously place Navajo children in non-ICWA compliant homes. The states must implement a culturally appropriate case management system that addresses not only the needs of Native children and families, but incorporate a broader safety planning with birth parents and relatives to comply with the ICWA provisions.

- 5) In fiscal year 2019, the Navajo Children and Family Services opened a total of 143 new ICWA cases involving 258 Navajo children; of which 84 cases or 59% involving 139 children were placed in non-ICWA compliant homes—this should not have happened. The states must recognize and respect the essential role the Navajo Nation plays in the lives of Navajo children. To prevent this child welfare catastrophe from repeating, the Navajo Nation Department of Justice is having a greater involvement in all Navajo Nation’s ICWA cases.
- 6) The Navajo Nation acknowledges the Casey Family Foundation (CFF), the nation’s largest operating foundation focused entirely on foster care and improving the child welfare system, for providing quality tribal capacity building aimed at improving child welfare service delivery for the Navajo Division of Social Services. The CFF recently facilitated a series of strategic planning for division-wide leadership of managers and middle management.
- 7) In New Mexico, it could take a Native child an average of 13.3 years before receiving much needed critical services from the Developmental Disabilities Support Division.¹ Additionally, the state of Utah has a similar wait list. The federal Centers for Medicare and Medicaid Services must require the states to reduce the number of years an individual remains on a wait list before receiving developmental disability supportive services—13.3 years or more is too long to wait for essential services.
- 8) Due to the glaring health data on Navajo children, the Indian Health Service and other federal and state departments and agencies must adequately fund or increase funding for the Navajo Nation Health Education program to aggressively combat the increasing rates of childhood obesity, suicide and sexually transmitted diseases.
- 9) The Indian Health Service must continue funding the BCOH because it positively impacts communities and schools by providing awareness and serving as a resource—it needs funding for further development.

I would like to conclude with information as to why it is essential to build culture appropriateness into programs. We, as the Diné People, are a matrilineal society. Similar to a data warehouse, as a female, mother and grandmother, I am the repository of my maternal clan as I relate to my kinship. My children’s first clan is my maternal clan. The Diné cultural practice and kinship principle are extremely essential in our Diné society—it must be protected. Our Navajo children cannot be prevented from exercising their cultural and traditional customs and practices, for which it is assuring that the U.S. Congress established this Commission to validate that Native Americans and Alaska Natives’ cultural beliefs, customs and practices are protected, and that the Indian Child Welfare Act, the Indian Health Care Improvement Act as permanently reauthorized, and other federal laws that guarantee the federal trust responsibility and recognize tribal sovereignty, remain fully intact, as intended. Thank you for your attention. Ahéhee’.

¹ New Mexico Developmental Disabilities Support Division Central Registry Fact Sheet