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Statement by Melinda (Mindy) Kane collected by Rachel George on September 11, 2014

Melinda Kane

General Information

Private or Public Statement? Private

Statement Provider: Melinda (Mindy) Kane

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Statement Gatherer: Rachel George

Support Person: N/A

Additional Individuals Present: Gail Werrbach and Sandy White Hawk

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Recording

RG: All right, it is September 11, 2014. We're here in Machias, Maine. My name is Rachel George and I'm here today with:

MK: Mindy Kane.

GW: Gail Werrbach.

SWH: Sandy White Hawk.

RG: Excellent. The file number is ME-201409-00091. *(music begins to play in background)* Mindy, have you been informed, understood and signed the consent form?

MK: Yes.

RG: Fantastic. And I have to let you know that if at any point during this recording you indicate that there is a child or an elder currently in need of protection or that there is imminent risk of serious bodily harm or death to an identifiable person or group, including yourself, that that information may not be protected as confidential.

MK: Okay.

RG: Fantastic. Do you have any particular place you want to start off or do you just want me to jump into the questions? ***[00:00:52.05]***

MK: Go ahead. Just jump in.

RG: All right. Can you tell me about your employment with CHCS, and how long you've been there and what kind of activities you do in your position?

MK: I started at Community Health and Counseling Services in '94. I was hired on at that time – I'm trying to think what the title was at that time um, because the title has changed many times over the years for what would have been the direct care worker. So I'll just refer to it as a direct care worker. ***[00:01:25.16]*** I was actually hired specifically to work with a family at that time. And to work within a treatment foster home. But I was hired on then to continue working on and working within families, and working within treatment foster care homes, and working within biological families as well. And working and providing what was referred to then as rehabilitation services. And getting in the homes and identifying what the needs were. Working with the families, working on goals, and um, a lot of behavioral needs and issues were identified, and we would work together as a team whether it be – um, certainly myself, the treatment parents, if it was in a treatment home, the biological parents or whomever the caregivers were of the child or children. ***[00:02:24.28]*** And develop a plan with other providers that were involved with the family and carry that out. And I would work directly with the children one-on-one or the children and the family as a unit. And those would be the services I would provide to them.

And then from there I'm doing that for ... hmm … I'd have to think back here ... probably close to maybe ten years, I moved into a supervisory position. And then I was supervising those who were providing that type of service. And then now currently, I work in a coordinator role, whereas at Community Health and Counseling I also continue to supervise what we now refer to as the case managers, who not only work with the children but work with the adults in providing services. And Community Health and Counseling Services for those who don't know, it's a mental health agency. ***[00:03:32.15]*** And we provide therapy services, outpatient, inpatient. Whereas I say outpatient, we see them on an outpatient level, but we also can see them – I guess outpatient is what it is – but we see them in the office. We see them within the school. We see them within their homes. As for adult and children, we also provide HTC services, which is Home Community Treatment services in the home. We provide those type of services. We provide psychiatric services to children and adults as well. I work in Washington County whereas I oversee the Machias office and the Calais office. ***[00:04:11.21]*** I supervise those individuals; I also supervise the administrative staff that's there at Community Health and Counseling. So, basically just overseeing all the programs that are there and run out of that office. I also work very closely with the, um, foster homes that we do have, which we do not have many now here in Washington County, as many – we do not have as many as we did years ago when I started in '94 and working directly in the homes. At that time we probably had – with Community Health and Counseling as a treatment agency – we probably had anywhere to 30-40 homes. ***[00:04:49.16]*** Now, I think it Washington County we may have two.

GW: Were they all treatment foster homes?

MK: Those that we would contract with were treatment foster homes. There's also ah, foster homes that are not considered treatment foster homes, and it's based upon the training and the level perhaps of the needs of the child that's place within your home. ***[00:05:11.24]*** Whether you're considered treatment or not. Um, because there's homes that are also licensed that are just DHHS level. So, there are a lot of changes that have taken place within the treatment foster care system. But I oversee that within our agency as well and those who work within those homes. And I facilitate a support group in Washington and Hancock County for the foster, adoptive, and kinship. ***[00:05:38.12]*** Um, so we work closely with those who have adopted in Washington County and Hancock, and those who are kin who would be raising their kin. A lot of grandparents in the area who are raising their kin. Aunts and uncles and those who would be considered kin. Who I look at as kin and we call them kin, whether they're a grandparent or an aunt or uncle and could certainly be a neighbor and we look at as kin who are raising children. ***[00:06:05.24]*** So that's kind of where I'm at at Community Health and Counseling now where I kind of come from.

SWH: I have a question. Of your adoptive parents, do you have many transracial adoptive families with Native?

MK: We do have – that I'm aware of, we do have a few, yes. Where we work, um, in Washington County and we have the Passamaquoddy Tribes, we do have some there, yes. ***[00:06:37.10]***

That we have, of course, the Tribes try to keep all their families together, um, and that has – that has certainly changed over the years. But we do have some who are – I guess you call interracial whereas there are white who are raising children from the Tribe. And who it's, it's – I'm still learning and do not know – do not have the knowledge and trying to find that out. For example, um, from the groups that I run have some parents in there who may be raising children from the Tribe. I'll just say that, to not give out a lot of information that maybe should not be out there. ***[00:07:33.24]*** As far as adoption, there's some. As far as the laws and the rules and the guidelines, they cannot necessarily fully adopt, there's certain guidelines they have to follow that comes within as far as guardianship, that they're able to take guardianship if they're not in the Tribe, um, but are outside of the Tribe. So that's all new to me and understanding all that I know some of the aspects of it, but I don't fully understand all of it, you know the Tribal welfare. ***[00:08:09.15]*** But we do have some families, yes. And then we have some families of other nationality as well that are raising children of other nationality.

SWH: Thank you.

MK: Yeah.

RG: I guess branching off of that, have you worked with many Native American kids and families?

MK: I was trying to think of that in receiving the questions ahead of time and certainly meeting with Barbara and trying to go back and think about. There's not been many. I could probably, you know, trying to think back and recount, you know, perhaps, I was trying to count it, and I could think of definitely up to six that I can recall and visually you know, see in my mind that I knew of that either I worked with in some way directly, that being that I supervised the individual who worked with or that I was trying to work the department here, and trying to work with Indian Welfare to try to find an appropriate placement for that child. So that would have been a way that I would have connected with. I also – my um, mother and aunt provided respite and foster care for a long time, and they have adopted as well. And they, throughout the years of doing so, provided – I know my mother did and I know she wouldn't mind me sharing this information – provided respite to an individual within the Tribe, Passamaquoddy Tribe. ***[00:10:01.20]***

RG: When did you first learn about Maine's Indian Child Welfare policies?

MK: Well I'm still learning. *(soft laughter)* ***[00:10:10.19]*** I believe probably within my role, certainly at Community Health and Counseling Services, and I think it was working with the Department here, and it would have been more so um, within my supervisory position in trying to look to place children.

GW: How long ago would that have been, Mindy?

MK: *(pause)* Probably anywhere – probably ten years, within the last ten years.

GW: So they were kids – Native American kids that were under DHS jurisdiction or under DHS where they were the ones –

MK: They were with Indian Welfare.

GW: Okay.

MK: Yes. And Indian Welfare was looking to place them. And Indian Welfare had to then look outside of the Tribe to place them. So they were connecting then and with DHHS to place them. ***[00:11:17.19]***

GW: Okay.

RG: Have you ever received any training specific to the Indian Child Welfare Act?

MK: No. I would love to. I think that would be great. And I know I've connected with DHHS and the supervisors there and have asked what could we do more around that. So that we have better knowledge of that and how that works.

SWH: What was their response? ***[00:11:43.17]***

MK: They would like to as well, the Department would like to as well. But I haven't necessarily reached out to Indian Child Welfare and said what can we do here? Certainly working with the individuals in the past in their positions, thinking of those that I've talked to on the phone. You know I would ask them questions, well certainly how does that work or how do you make decisions on that. This is how I know it through the Department here with the State, but I know that may not work certainly as to how you make decisions or how you rule on things or you know what you're – how a court proceeding may look like here may not be how Tribal welfare would proceed. So can you educate me on that. So, you know it may be that type of education or training I would ask for and get for– and get and receive on an individual way. ***[00:12:35.09]*** But certainly, yeah, anything like that would be wonderful.

RG: Can you describe a situation or situations where you or your staff felt very positive about your work with Wabanaki kids and families? ***[00:12:51.13]***

MK: I don't know that I can think of any one particular thing. I think overall anything that we do that's going to have any sort of positive impact on a child's life. You know it's hard. It's difficult when you're looking for placement for a child. If you're looking to have to displace a child from their family is a difficult situation across the board. ***[00:13:21.29]*** Whether that be with a Wabanaki family or child or, you know, any child. So you know that's difficult. There's so many emotions around that and trauma. So I think any involvement that you can have to make a situation like that more positive, I just hope that I in any interaction that I have whether it be sort of in the background with supervisors and trying to make that work best for the family and having them involved. And everybody being involved. Making the best decision for the child and the family or whether that be in direct contact with the child. So I guess that's how I would look at that. ***[00:14:13.26]***

RG: Can you recall or describe a situation or situations in which you or your staff felt less positive about your work with the Wabanaki child and family?

MK: Well I have to tell you, um, after meeting with Barbara last Friday, and her giving us the history of – and certainly it's not anything that you learn in school, the history. You know it really made me think about what might have we done as an agency, what might have I done, you know as an individual in looking at these children's lives and being involved in the few lives that we were involved in and perhaps in the future may be involved in. What might have we have done? How could we have done things differently? Did we truly involve the Passamaquoddy family? You know were they as involved as they could be? What did visitations look like with them? Did we really bring everybody to the table and really talk about you know, Tribal traditions, cultural traditions, all of that stuff. You know it really made me start to think. We're not, not only in this case but across the board cultural differences.

[00:15:42.08] So you know that's, I can't name any one particular you know– boy we did wrong there. But it really made me think about, I think involvement overall. Are we really truly involving the families? Did we really truly years ago involve the families as we should have?

RG: As you think back over your experiences as a service provider, were you provided with any instructions or training regarding special responsibility in working with Native American kids and families?

MK: No. *(softly)*

RG: Did the placing agency encourage you or help link you to services and resources? So for example, did Tribal Child Welfare help link you to resources or DHHS linking you to resources that would be helpful?

MK: ***[00:16:45.14]*** *(pause)* I don't want to say no to that because I think again, it's a collaboration of working together to seek out resources. So I don't ... I don't know that it would – I think certainly um, whether they provided us with information or not, Indian Child Welfare – or whether we asked the right questions or not. Whether we said are we doing the right thing for this child? Are we doing the right thing for this family? Are there things that we haven't asked? Are there things about their culture that we need to know that we haven't asked? You know I think it's on both ends. ***[00:17:33.20]*** So, but resources and certainly here in Washington County, I think we all play a part of that. What resources do you know, what do you have that this family could benefit from? What do we know that's here in Princeton, Maine in Perry, Maine, in Eastport that would be a benefit to this family? So.

SWH: Can I ask a question? So when a family comes in for services, how is that you identify whether the person is a Native family or individual? ***[00:18:04.24]***

MK: We have since changed some of our practices um, and in our intake packet, we have in there questions that would identify what their nationality is along with their religion and all those type of questions. That would be in there. And if they were to answer them would provide us with that information.

SWH: So prior to that you didn't have that in there?

MK: Well we didn't have it – we– not in the manner of really asking and seeking and finding out. But that's not real, real, recent. That's been certainly um, within the last ten, ten more years plus. ***[00:18:50.13]*** But within the treatment foster care system, I'm trying to think back to, and how we would have identified that. If the Department did not provide the information, which sometimes the information came to us, *(pause)* and we didn't ask, it wouldn't have been there.

And certainly, of course, if it's coming from Indian Child Welfare, it kind of would have been known or we would have said well what, you know, what Tribe in Washington County, knowing that it would have been Passamaquoddy, perhaps. ***[00:19:43.04]*** That's pretty much how it would have played out.

SWH: Thank you.

RG: Have there been changes in policy that have impacted your work with Native children and families both within you organization and through DHHS or through Tribal Child Welfare? It might be harder for you to answer on either of the other two organizational sides, but ... ?

MK: When you say policies ... ?

RG: Or practices, so, for example –

MK: Practices. I think practices may be more so than policies, and of course, with practices sometimes policies have to follow. ***[00:20:30.25]*** We really have developed and looked a lot at trauma um, and have provided a lot of training and information around trauma to our staff in making sure that they clearly understand trauma and trauma-related treatment, and how to work with individuals who are dealing with trauma and trauma in their life and trauma from history. And certainly children and children who are now adults and the trauma in their past. ***[00:21:14.21]*** We also, we have client-directed outcome-informed. And what that is, is really it gives the individuals we work with a voice to be able to give the providers who are working with them the feedback that they need to be able to provide to them to know how things are working with them. It's also a tool that they use that they're actually able to – before the session, whether it be a therapy session, whether they're receiving case management or any type of service they're receiving, um, that they're able to kind of on a scale from one to ten when I think it's four different areas of treatment, check off where they are before the session and then after. And that's pretty immediate feedback they're able to give to that provider. You know if it's something such as you know they're able to kind of check in and say I really didn't feel like you were listening to me today. I really feel like we didn't – we weren't on topic today. That they're able to kind of ***[00:22:19.10]*** check that off from one to ten. Well I feel like we were here at a four. You know the provider can bring that back and say why do you think this was – why is that? And they can have a conversation about it and it's pretty immediate feedback you know right then and there. And that's worked out very well for us.

But the trauma is huge and the training around that. And some other therapists have – I'm trying to think of cognitive, behavioral therapy that they're doing as well. Recovery. We really are focusing on recovery. We have a wellness program. It's actually in its last year. It actually ends the end of this month. But we received a grant from SAMHSA four years ago now to work with adults and work on their physical well being as well as their mental health well-being. ***[00:23:23.02]*** And from that we were able to provide nursing and case management services to these individuals. And really track some high needs such as heart disease, high blood pressure, diabetes, asthma, those types of things along with mental health. And a lot of adults are not seen for their physical needs nor are they seen for their mental health needs, and

they kind of co-exist. So we're able to work with a lot of adults with those needs on top of behavior health homes services in a minute.

GW: So would Wabanaki children and families be accessing any of those SAMHSA programs?

MK: They could be and not knowing right now ... who those individuals were, I would imagine serving Washington County that we would have some of those individuals certainly being served, yes. To be eligible for those services, um, you had to have a mental health diagnosis, a mental health need diagnosis, and, you know, a physical need as well. ***[00:24:41.02]*** We were able to, through the grant, serve some who did not have the correct coverage either, meaning the correct insurance coverage. So that was a nice aspect of the grant. To have those grant moneys to be able to provide that as well, because as you know some individuals do not have the insurance. With the State, the State actually recognized and somewhat through this grant that we did have, and what we were providing through this service, the State developed behavioral health home service. Where it's a team model and it's a service provided to adults again. The nurse, the case manager, and a peer specialist, that was another part of the wellness program as well. The peer specialist works with the adults as a team. And again, working on their mental health needs, their physical needs for that whole – that overall whole package. The need to work with them. So that it sort of – you think of it too as one-stop shopping. That you can come to one place and get all your needs met at one place. And we provide that for individuals. And the State had kind of looked at the program that not only we were running but across the State, and had decided, um, that this was a good service to be providing and had implemented it. And that's what we were doing now. And again with the State implementing it and developing it, you had to be MaineCare eligible for it. ***[00:26:13.03]*** It had to have those other eligibilities that I spoke of. So that's a service that we're currently providing. And again, you say would Wabanaki families be? Yes, of course, they would be if they met those eligibilities. And I would assume that some of them certainly would. And probably we are – you know I would have to look through and see, you know look through the information that they provide to us through the intake and see. And I would think that we probably are serving some of them. Definitely. ***[00:26:45.05]***

RG: Do you have contact with Tribal Child Welfare staff and if so what are the strengths of that contact or those contacts and the challenges of those contacts?

MK: I do. I can. I have not recently. I have not had the *need* to recently. But when I do have the need, I certainly can. I actually just checked in with one of my staff in Calais who – she is and has been sort of the contact person – she's the one that I have get in contact with who's there through Indian We – in Indian Child Welfare. Where she's the one that I assign to any of the cases that we may have that, um, are referred to us for needs. So I had checked in with her to say, 'So who do you know is involved in Indian Child Welfare now?' And I had gone to the Passamaquoddy website, and looked it up. And looked up Indian Child Welfare to see, you know do I recognize any of the names now? And who's on there? And trying to find out and had found out from the staff that I supervise that there's been a change from who was there before to now whom I had worked with in the past. So. But certainly I have – would be

working with those individuals, have in that past who was there in the past. Who's there present … currently. ***[00:28:19.10]***

RG: Were there ways that DHHS staff provided support for your work with Native American children and families?

MK: Yes. Again I think they – they do what they can to provide the support. The oversight. If, if Indian Child Welfare has reached out to them, they're going to do what they can do. You know I think and in the past we have all worked together.

GW: I'm going to backtrack on that other question. So when you were working with the Indian Child Welfare staff in the past or your employee out of the Calais office right now, do you have a sense what's the – what's that work look like? What are the kinds of things that you're doing together or needing to talk about or what is – can you sort of paint me a picture for what that kind of looks like?

MK: Yeah. So what may happen um, is we may get a referral, a call for a child or a family for what– for a service such as Tribal case management services. ***[00:29:41.19]***

GW: From the Tribe.

MK: Yes.

GW: Okay.

MK: Yep. So we would follow up on that referral. And then that's when I would pull– I would follow up on the referral initially and then that's when I would pull in my staff to say we've received this referral. Let's follow up. And I'd have that individual, that staff call you know Indian Child Welfare and find out what that was about and who we needed to connect with, and could we then call the family and check in with them. Sometimes we have, whether it be the referral come from Indian Child Welfare or comes directly from the family calling us and making that referral. So that may be how that's initiated that contact. And then the serv– the case management services for a child – a child and family. How that's delivered is the worker then the case manager would meet with the family. Would set it up would have intake and meet with them. Again similar to the services as I described them. You know, depending upon the need and finding out from them. I don't know if Indian Child Welfare would have to be at the table at the same time or making that decision that they can meet with the family without Indian Child Welfare. ***[00:30:56.02]*** And identifying what is the need? What would you like us to be able to assist you with? Are you looking for other resources in the community? Is your child struggling at school? Is that why you've been called in? We've been called in to assist you. Would you like some support in school? Are there – would you like some support around

IEP processes? Are you looking for that? Are there some behaviors that are brewing in school and you'd like some support around that for what's going on there?

GW: And are most of, are the families usually living on-reservation, off-reservation, both?

MK: Both. We've experienced both.

GW: More on or more off?

MK: *(pause)* I think it's – for the few that we've served, I think it's been probably equal really. I couldn't say more one or the other.

GW: Okay. Thanks. ***[00:31:58.10]***

RG: Over the course of your work, what do you or did you see as barriers to the successful implementation of the Indian Child Welfare Act? If you don't know, that's okay.

MK: *(pause)* Probably ... probably for myself just maybe a clearer understanding, um, not necessarily of the Act itself, but of Indian Child Welfare's proceedings. And when a child from Indian Child Welfare's placed, you know, the proceedings and what to expect and how to, um, work with Indian Child Welfare to ensure that, um, things go as accordingly. ***[00:33:07.08]***

RG: Are there areas that you think the State could improve in terms of Indian Child Welfare Act compliance?

MK: Oh, I think the State can always improve on many things. *(laughs, pause)* I think to go back on the training or education, if we're looking best to serve these children and families and again, across the board, but particularly – across the board, but also if we want to narrow it down particularly at the needs of Wabanaki children in Indian Child Welfare. I think it is important if you're pulling in others, if you're pulling in Community Health and Counseling, if you're pulling in DHHS, that we all need to be on the same page and we need to have an awareness, an understanding, an education, you know, of Indian Child Welfare. So I think it – I think that's where I would start with, an education around that. And how do we do that? And how do you get that information out there? ***[00:34:44.09]*** So for example, if we were working with Indian Child Welfare, you know, and not to place it all on them because I think some of that responsibility lies with the providers who are working with one another as well. So how do you collaborate and do that?

RG: Do you have any questions that you would like to add?

SWH: I think I asked mine.

GW: Nope.

RG: Is there anything else that you would like to add that I didn't ask about? ***[00:35:16.12]***

MK: I don't think so.

GW: Do you think your worker in Calais would be willing to talk with us?

MK: I think so. I had spoken with Barbara about that. I had briefly spoken with the worker and asked her if she knew about this, and she did not. ***[00:35:37.22]*** So I had emailed her some information, and I was going to talk with her more about it when I had an opportunity to. So I'd like to, and see if she'd be interested in doing so.

GW: 'Cause that would be great with her, with her contact with the community and now you've – you've been through it, so you can tell her you've survived another day. *(laughs)*

MK: Yeah. I think so. Yeah. I'd like to let her know.

SWH: That we didn't sit you on a cement block and pull a light bulb over your head.

(laughter)

GW: Because I think that that would be – you know just that's sort of how we – we just we talk to one person and then they trigger an idea, oh there's somebody else we can talk to. So that would be great.

MK: Yeah and I think she would have – she would certainly have information to add. Because being out there and being in the field is a lot different than sitting back, you know, in the position that I may be in because I know there was times that she would be calling me and be frustrated. And just not knowing. Not understanding and not knowing where to go and who to talk to and who to gain information from. And then I'd be sitting there trying to find out where to go *for* her, and try to gain that information. So.

GW: Well that would be helpful. That would be great. And thank you very much for coming in and talking with us.

MK: Certainly, sure.

RG and **SWH:** Thank you. ***[00:37:08.01]***

END OF RECORDING