

**United States Senate Labor, Health and Human Services, Education, and Related Agencies  
Appropriations Subcommittee  
Department of Health and Human Services Recommendations  
National Indian Child Welfare Association FY 2018 Testimony**

The National Indian Child Welfare Association (NICWA), located in Portland, Oregon, has over 35 years of experience advocating on behalf of American Indian and Alaska Native (AI/AN) children in child welfare and children’s mental health systems. Thank you for the opportunity to provide FY 2018 budget recommendations for child welfare and children’s mental health programs administered by the Department of Health and Human Services (DHHS). Our full recommendations appear in the charts below with our priority recommendations described in more detail underneath the charts.

**Child Welfare**

Agency	Program	FY 2017 Enacted	FY 2017 Recommended
DHHS ACF/CB	Promoting Safe and Stable Families-Discretionary (tribal)	\$59.7million (\$1.8million)	<b>\$70 million</b> <b>(\$21million)</b>
	Tribal Court Improvement Program	(\$1.0 million)	<b>(\$1.0 million)</b>
DHHS ACF/CB	Child Abuse Discretionary Activities (tribal)	\$33.0m (unknown)	<b>\$38.0m</b> <b>(unknown)</b>
DHHS ACF/CB	Community-Based Child Abuse Prevention (tribal)	\$39.7m (\$416k)	<b>\$50m</b> <b>(\$500k)</b>
DHHS ACF/CB	Child Welfare Services (tribal)	\$268.7m (\$6.3m)	<b>\$280m</b> <b>(~\$7.1m)</b>
DHHS HRSA	Maternal Infant & Early Childhood Home Visiting Program (tribal)	\$400m (\$12m)	<b>\$400m</b> <b>(\$12m)</b>

**Priority Recommendations**

**Promoting Safe and Stable Families recommendation (Title IV-B, Subpart 2 - Discretionary Portion):** *Increase discretionary funding to \$70 million to provide additional access to tribes who are currently not eligible to apply for these funds based upon the current eligibility criteria that are tied to the funding formula and continue tribal court improvement funding at \$1 million.*

The Promoting Safe and Stable Families Program provides funds to tribes for coordinated child welfare services that include family preservation, family support, family reunification, and adoption support services. This program has a mandatory capped entitlement appropriation as well as a discretionary appropriation. There is a three percent set-aside for tribes under each program. All tribes with approved plans are eligible for a portion of the set-aside that is equal to the proportion of their member children compared to the total number of member children for all tribes with approved plans. Based on this formula, tribes who would qualify for less than \$10,000 are not eligible to receive any funding. This means that many tribes, typically those tribes who are most in need, cannot access it because the overall appropriation is currently too low. Out of the 658 federally-recognized tribes, over 100 tribes have no access to these funds.

Tribal systems endeavor to reduce out of home placements whenever possible, saving children and their families’ additional trauma and helping states with services to Native families under their jurisdiction. Native children in state child welfare systems are three times more likely to be removed from their homes—as opposed to receiving family preservation services—than their non-Native counterparts.<sup>i</sup> Tribes are providing intensive family preservation and family reunification services in spite of inadequate funding and insufficient staffing, which is putting incredible strain on individual workers and programs.<sup>ii</sup>

The Promoting Safe and Stable Families Program offers support for those culturally based services that tribes already have experience with, such as parenting classes, home-visiting services, respite care for caregivers of children, and other services that safely preserve families, but cannot expand based upon low levels of funding. This program is vital to the tribes and tribal consortia that depend on it to support their efforts to prevent the unnecessary removal of AI/AN children from their homes. Yet because of the

funding levels, hundreds of tribes are ineligible for this formula grant. Increasing this program to \$70 million (still \$130 million below the authorized appropriation) could help dozens of new tribes access this funding and augment the programming of the tribes and consortia currently funded.

Tribes are also eligible to apply for the Tribal Court Improvement Program, a competitive grant program authorized under Promoting Safe and Stable Families. This program is authorized for \$30 million of mandatory funding plus 3.3% of all discretionary funds. A \$1 million tribal set-aside was created in the 2011 Child and Family Services Improvement and Innovation Act, Pub. L. No. 112-34 (2011). Five tribal court improvement project grantees are currently funded under this program. They are using these funds to strengthen their family courts and better integrate the work of their court with their child welfare system and with their state court partners who serve Native children and families under their jurisdiction.

**Child Abuse Discretionary Activities, Innovative Evidence-Based Community Prevention Program:**  
*Increase overall appropriations to \$38 million to account for tribes’ recent eligibility for these funds through a competitive grant process.*

Child Abuse Discretionary Activities, including Innovative Evidence-Based Community Prevention Program, support a variety of activities including research and demonstration projects on the causes, prevention, identification, assessment, and treatment of child abuse and neglect, and the development and implementation of evidence-based training programs. In 2010 tribes were provided access to this program through a competitive grant process that includes states and other entities, but appropriation levels did not increase to account for the expanded pool of grant applicants. The majority of entities that have historically received funding are universities and research hospitals, rather than tribes or entities with tribal partners.

An accurate understanding of successful child abuse and neglect interventions for Native families allows child abuse prevention programs to target the correct issues, provide the most effective services, and allocate resources wisely. Although promising practices for child protection, child abuse prevention, and trauma-informed child welfare services exist throughout Indian Country, not enough information is available on the implementation and effectiveness of these programs to make them easily replicable.<sup>iii</sup>

The Child Abuse Discretionary Activities Program is the only funding available to help tribes engage in the research necessary to test treatment and interventions. The surest way to effectuate this recommendation is to provide funding under the Child Abuse Discretionary Activities Program that supports tribal access to these funds.

**Children’s Mental Health**

<b>Agency</b>	<b>Program</b>	<b>FY 2017 Enacted</b>	<b>FY 2018 Recommended</b>
<b>DHHS SAMHSA</b>	Programs of Regional and National Significance—Children and Family Programs (includes Circles of Care)	\$6.4million	<b>\$8.5million (Reserve \$6.5m for Circles of Care)</b>
<b>DHHS SAMHSA</b>	Children’s Mental Health Services Program— Systems of Care	\$117m	<b>\$124m</b>
<b>DHHS SAMHSA</b>	GLS State/Tribal Youth Suicide Prevention	\$35.4m	<b>\$40.5m</b>
<b>DHHS SAMHSA</b>	GLS Campus Suicide Prevention Program	\$6.5m	<b>\$9.1m</b>
<b>DHHS SAMHSA</b>	AI/AN Suicide Prevention	\$2.9m	<b>\$3.2m</b>

DHHS SAMHSA	Tribal Behavioral Health Grant (divided between substance abuse prevention & mental health services)	\$30m	\$50m
DHHS SAMHSA	Project LAUNCH	\$34.5m	\$34.5m

**Programs of Regional and National Significance Children and Family Programs (includes Circles of Care):** *Ensure that \$6 million under this line item continues to be reserved specifically for the tribal and urban Indian community Circles of Care program.*

The Children and Family Programs in the Substance Abuse and Mental Health Services Administration (SAMHSA) budget represents funds allocated to support the Circles of Care program. Circles of Care is a competitive grant program exclusively for tribal communities. It is the cornerstone of tribal children’s mental health programming.

Circles of Care is a three-year planning grant that helps communities design programs to specifically serve Native children with serious behavioral health issues. Specifically, Circles of Care funds the development of the tribal capacity and infrastructure necessary to support a coordinated network of holistic, community-based, mental and behavioral health interventions in tribal communities.

Circles of Care is one of only two SAMHSA programs that allow tribes and tribal organizations to apply for funding without competing with other governmental entities (states, counties, or cities). There are currently 11 communities receiving Circles of Care funding.

AI/AN children and youth face a “disproportionate burden” of mental health issues while simultaneously facing more barriers to quality mental health care.<sup>iv</sup> Since its inception in 1998, the Circles of Care program has affected 49 different tribal and urban Indian communities. These programs have been incredibly successful. The majority of tribes who have received these grants have created long-term, sustainable systems of care for their children.

Of the 31 total graduated Circles of Care grantees, 12 have obtained direct funding to implement their system change efforts through the Child Mental Health Initiative (CMHI) Program (which funds system of care grants), and four others have partnered with other CMHI-system of care grantees to implement their models. The others have developed various alternative strategies to operationalize and sustain their system change plans to care for youth with mental health challenges.

**Programs of Regional and National Significance, Tribal Behavioral Health Program:** *Increase funding for the Tribal Behavioral Health program to \$50 million.*

In the FY 2016 Consolidated Appropriations Act, Tribal Behavioral Health Grants were funded at \$30 million (\$15 million in the Mental Health appropriation and \$15 million in the Substance Abuse Prevention appropriation). NICWA recommends \$50 million in FY 2018 to continue to address the expansion of suicide prevention, mental health and substance abuse activities for Native communities.

These are to be competitive grants designed to target tribal entities with the highest rates of suicide per capita over the last 10 years. These funds must be used for effective and promising strategies to address the problems of substance abuse and suicide and promote mental health among AI/AN young people.

AI/AN young people are more likely than other youth to have an alcohol use disorder. In 2007, 8.5 percent of all AI/AN youth struggled with alcohol use disorders compared to 5.8 percent of the general youth population.<sup>v</sup> Although these statistics are troubling, with adequate resources tribes are best able to serve these young people and help them heal before they reach adulthood:

There is growing evidence that Native youth who are culturally and spiritually engaged are more resilient than their peers. Research has revealed that 34% of Native adolescents...preferred to seek mental or substance abuse services from a cultural or religious oriented service provider. In other research, American Indian caregivers preferred cultural treatments (e.g., sweat lodge, prayer) for their children and found the traditional-based ceremonies more effective than standard or typical behavioral health treatment.<sup>vi</sup>

**Children’s Mental Health Initiative (Systems of Care):** Increase funding to \$124 million to allow for the continued support of the current cohorts of four-year Systems of Care Expansion Implementation Grants, six-year Children’s Mental Health Initiative Systems of Care Grants, and new grantees in FY 2018.

The children’s mental health initiative supports the development of comprehensive, community-based “systems of care” for children and youth with serious emotional disorders. This includes funding for one-year System of Care Expansion Planning Grants, four-year System of Care Expansion Implementation Grants, and six-year Children’s Mental Health Initiative System of Care Grants. AI/AN communities are eligible for, and recipients of, each of these grants, but must compete with non-tribal applicants to receive these funds.

Children’s Mental Health Initiative System of Care Grants support a community’s efforts to further plan and implement strategic approaches to mental health services. These approaches are based on important principles, they must be family-driven; youth-guided; and meet the intellectual, emotional, cultural, and social needs of children and youth. Since 1993, 180 total projects have been funded, dozens of which have been in tribal communities. Currently, 17 tribal communities are funded under the Children’s Mental Health Initiative.

Evaluations studies of System of Care have indicated return on investment from cost-savings in reduced use of in-patient psychiatric care, emergency room care, and residential treatment even when other community or home based care is provided. There are also cost savings from decreased involvement in juvenile justice systems, fewer school failures, and improved family stability.<sup>vii</sup>

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<sup>i</sup> Hill, R. B. (2008). *An analysis of racial/ethnic disproportionality and disparity at the national, state, and county levels* (p. 9). Seattle, WA: Casey Family Programs, Casey-CSSP Alliance for Racial Equity in Child Welfare, Race Matters Consortium Westat.

<sup>ii</sup> National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23). Retrieved from [nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings\\_APPROVED.pdf](http://nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf)

<sup>iii</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2014). *Attorney General’s Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending violence so children can thrive* (p. 81). Retrieved from [www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf](http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf)

<sup>iv</sup> American Psychiatric Association. (2010). *Mental health disparities factsheet: American Indians and Alaska Natives* (p. 4).

<sup>v</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2014). *Attorney General’s Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending violence so children can thrive* (p. 81). Retrieved from [www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf](http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf)

<sup>vi</sup> Novins, D. K., & Bess, G. (2011). 10. Systems of mental health care for American Indian and Alaska Native children and adolescents. In P. Spicer, P. Farrell, M. C. Sarche, & H. E. Fitzgerald (Eds.), *American Indian and Alaska Native children and mental health: Development, context, prevention, and treatment*. Santa Barbara, CA: SABC-CLIO, LLC.

<sup>vii</sup> Stroul, B. (2015). *Return on Investment on System of Care for Children with Behavioral Health Challenges: A Look at Wraparound*. The TA Telescope, 1(2), pp. 1-2.