

National Indian Child Welfare Association FY 2019 Testimony
United States House of Representatives Labor, Health and Human Services, Education, and
Related Agencies Appropriations Subcommittee
Department of Health and Human Services Recommendations

The National Indian Child Welfare Association (NICWA), located in Portland, Oregon, has over 35 years of policy 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 2019 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 2018 Enacted	FY 2019 Recommended
DHHS ACF/CB	Promoting Safe and Stable Families-Discretionary (tribal)	\$99 million ¹ (\$1.8million)	\$110 million² (\$2.1million)
	Tribal Court Improvement Program	(\$1.0 million)	(\$3.0 million)
DHHS ACF/CB	Child Abuse Discretionary Activities (tribal)	\$33.0m (unknown)	\$38.0m (unknown)
DHHS ACF/CB	Community-Based Child Abuse Prevention (tribal)	\$39.7m (\$416k)	\$50m (estimated \$500k)
DHHS ACF/CB	Child Welfare Services (tribal)	\$268.7m (\$6.3m)	\$268.7m (estimated \$6.3m)
DHHS HRSA	Maternal Infant & Early Childhood Home Visiting Program (tribal)	\$400m (\$12m)	\$420m (\$12.6m)

¹Includes \$40 million of new funds with \$20 million designated for Kinship Navigator Programs and \$20 million for Substance Abuse Grants (competitive grants for tribes and states). Discretionary funding for Promoting Safe and Stable Families programs remains at FY 2017 level of \$59 million (\$1.8 million for tribes).

²Recommended increase for FY 2019 is dedicated to Promoting Safe and Stable Families discretionary funding for states and tribes (not Kinship Navigator and Substance Abuse grants). Only by increasing discretionary funds does tribal funding increase under this program.

Priority Recommendations

Promoting Safe and Stable Families recommendation (Title IV-B, Subpart 2 - Discretionary Portion): *Increase discretionary funding for under this program to \$70 million (not including Kinship Navigator and Substance Abuse grants at \$40 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 increase tribal court improvement funding to \$3 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.ⁱ 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.ⁱⁱ New prevention services funding under Title IV-E will help a small portion of tribes, typically those that already receive Promoting Safe and Stable Funding, but many smaller tribes do not have access to Title IV-E and rely on these kinds of funds to reduce out of home placements and stabilize families.

The Promoting Safe and Stable Families Program offers support for culturally based services that tribes already have experience with, such as parenting classes, home-visiting services, respite care for caregivers of children. This program is vital to the tribes that depend on it to support efforts to prevent the unnecessary removal of AI/AN children from their homes.

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.ⁱⁱⁱ

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

Agency	Program	FY 2018 Enacted	FY 2019 Recommended
DHHS SAMHSA	Programs of Regional and National Significance—Children and Family Programs (includes Circles of Care)	\$7.2 million (no funds reserved for Circles of Care)	\$7.2 million (Reserve \$6.5m for Circles of Care)
DHHS SAMHSA	Children’s Mental Health Services Program—Systems of Care	\$125m (no funding reserved for state or tribal System of Care grants)	\$125m (Reserve funding for state and tribal children’s mental health grants)

DHHS SAMHSA	GLS State/Tribal Youth Suicide Prevention (tribes receive portion of grant funds)	\$35.4m	\$40.5m
DHHS SAMHSA	GLS Campus Suicide Prevention Program	\$6.5m	\$9.1m
DHHS SAMHSA	AI/AN Suicide Prevention	\$2.9m	\$4.0m
DHHS SAMHSA	Tribal Behavioral Health Grant (divided between substance abuse prevention & mental health services)	\$30m	\$50m

Programs of Regional and National Significance, Children and Family Programs (includes Circles of Care): *Ensure that \$6.5 million under this line item continues to be reserved specifically for the tribal and urban Indian community Circles of Care program in FY 2019.*

The Children and Family Programs under Programs of Regional and National represents funds allocated to support the tribal 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 AI/AN 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.^{iv} 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 System of Care (SOC) grants, and four others have partnered with other SOC 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.

Children’s Mental Health Initiative (Systems of Care): *Continue funding at \$125 million to allow for continued support of the current four year grantees and funding of new grantees in FY 2019. We are asking for Congress to specify that these funds must be used for System of Care grants for states and tribes.*

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, 12 tribal communities are funded.

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.^v

Programs of Regional and National Significance, Tribal Behavioral Health Program: *Increase funding for the Tribal Behavioral Health program (mental health and substance abuse prevention programs) to \$50 million in FY 2019.*

In the FY 2018 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.^{vi} 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.^{vii}

ⁱ 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.

ⁱⁱ 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

ⁱⁱⁱ 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

^{iv} American Psychiatric Association. (2010). *Mental health disparities factsheet: American Indians and Alaska Natives* (p. 4).

^v 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.

^{vi} 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

^{vii} 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.