

**National Indian Child Welfare Association
U.S. DEPARTMENT OF HEALTH & HUMAN
SERVICES 23rd ANNUAL TRIBAL BUDGET &
POLICY CONSULTATION**

April 6-7, 2021

If you have any questions about this testimony, please contact NICWA Government Affairs and Advocacy Director David Simmons at desimmons@nicwa.org



NICWA

National Indian Child Welfare Association
Protecting Our Children • Preserving Our Culture

Introduction

Tribal child welfare programs are comprised of a number of “discrete, yet interconnected” functions that include child abuse prevention, child protection, in-home services, case management, foster care, kinship care, guardianship, adoption, court hearings, coordination and collaboration, and referrals to other services, such as health care or housing. Tribal child welfare programs work tirelessly to successfully serve children and families through holistic, strengths-based, culturally responsive, and family-centered services. Tribes serve a critical role in providing these services not only for tribal citizens living within their tribal lands but also helping state agencies provide services to their tribal citizens living off of their tribal lands. The assistance tribes provide in this respect reduces state costs and administrative burden.¹

Investing in tribal services that can reach children and their families before, or shortly after, child abuse or neglect has occurred helps to curtail the pervasive effects of long term, unresolved trauma that often creates increasing physical and emotional damage for children and costs tribal governments and the federal government much more in treatment-related services. Child welfare families have extensive needs that require intensive collaboration with other service providers and specialized services in order to effectively address child maltreatment and help families rehabilitate. The current federal investment in child welfare for both tribes and states has been heavily weighted towards crisis interventions that do not work well to prevent abuse and neglect from occurring or re-occurring. These crisis services also utilize some of the most expensive services in child welfare, such as out-of-home placement. After over 20 years of relying on this failed model of financing child welfare services, it is time to seriously explore how moving to a model with more balance and investment in early intervention and prevention can change the paradigm and reduce child maltreatment overall. This requires that tribal access to this funding must be improved to provide equitable funding compared to the population and need in tribal communities and creating access that aligns with the economy of scale and infrastructure differences between tribes and states.

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”² Therefore, Congress must promulgate a budget that empowers tribes to provide programs and services necessary to safeguard their children and strengthen their families. The recommendations below suggest funding increases that would provide tribes with more workable funding levels after years of little or no increase and improve outcomes for American Indian and Alaska Native (AI/AN) children and families, whether in tribal or state systems.

Executive Summary—NICWA FY 2023 Budget Recommendations (priorities highlighted)

Agency	Program	FY 2021 Enacted	FY 2023 Recommended
ACF/CB	Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>discretionary</u> funds (3% tribal allocation reserved from this amount) ³	\$82,515,000	\$120,000,000
ACF/CB	Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>mandatory</u> funds (3% tribal allocation reserved from this amount) ⁴	\$345,000,000	\$550,000,000

¹ U.S. Government Accountability Office (2005). *Indian Child Welfare Act: Existing Information on Implementation issues could be used to target guidance and assistance to states*. Washington, D.C.: Government Printing Office

² 25 U. S. C. § 1901(3) (2006).

³ Includes state/tribe formula funding for core Title IV-B, Subpart 2 purposes, Regional Partnership Grants (discretionary portion), Kinship Navigator Program grants, Title IV-E Prevention Services Clearinghouse, grants to develop electronic systems for Interstate Compact on Placement of Children, and Court Improvement grants (discretionary portion).

⁴ Includes state/tribe formula funding for core Title IV-B, Subpart 2 purposes, recruitment and retention of high-quality foster families grants, Court Improvement Project grants (mandatory portion – tribal and state), SUPPORT for Patients and Communities Act grants (replicate and evaluate a recovery coach model focused on parents or

ACF/CB	Tribal Court Improvement grant program (authorized under Title IV-B, Subpart 2 – requires change in authorizing language)	\$1,000,000	\$5,000,000
ACF/CB	Child Abuse Discretionary Activities (tribes and states eligible to compete for these grant funds)	\$35,000,000	\$55,000,000
ACF/CB	Community-Based Child Abuse Prevention (1% tribal/migrant population allocation reserved from this amount)	\$60,660,000 2-3 tribal grants funded under this program	\$80,000,000
ACF/CB	Child Welfare Services, Title IV-B, Subpart 1 (tribal allocation reserved from this amount)	\$268,735,000	\$280,000,000
HRSA	Maternal Infant and Early Childhood Home Visiting Program (tribal allocation reserved from this amount)	FY 2021 Amount unavailable – FY 2020 enacted \$400 million (\$12.0m for tribes)	\$440,000,000 (\$13.2m for tribes)
SAMHSA	Programs of Regional and National Significance, Child and Family Programs – Circles of Care	\$7,229,000	\$8,000,000
SAMHSA	Garrett Lee Smith Grants, State/Tribal Youth Suicide Prevention and Early Intervention Grant	\$36,427,000	\$50,000,000
SAMHSA	Garrett Lee Smith Grants, Campus Suicide Prevention Program	\$6,488,000	\$9,000,000
SAMHSA	American Indian and Alaska Native Suicide Prevention	\$2,931,000	\$20,000,000
SAMHSA	Tribal Behavioral Health Programs (separate mental health and substance abuse programs)	\$41,550,000 (\$20.775 million for each program)	\$50,000,000 (\$25 million for each program)
SAMHSA	Children’s Mental Health Services Program (tribes and states eligible to compete for these grant funds)	\$125,000,000	\$135,000,000

Child Welfare

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”⁵ Therefore, Congress must promulgate a budget that empowers tribes to provide programs and services necessary to safeguard their children and strengthen their families. A report from the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence emphasized this very point:

Congress and the executive branch shall direct sufficient funds to AI/AN tribes to bring funding for tribal criminal and civil justice systems and tribal protection systems into parity with the rest of the United States and shall remove barriers that currently impede the ability of AI/AN nations to effectively address violence in their communities. *The Advisory Committee believes that treaties, existing law, and trust responsibilities are not discretionary and demand this action.*⁶

guardians with a substance use disorder who have temporarily lost custody of their children), grants to improve the quality of caseworker visits with children in foster care, and Regional Partnership Grants (mandatory portion). It does not include Family First Transition Act one-time funds.

⁵ 25 U. S. C. § 1901(3) (2006).

⁶ 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:*

This recommendation above underscores the inequity in federal child welfare funding that tribal governments face as compared to state governments. Tribal governments receive approximately one-half of 1% of all federal child welfare funds while their children represent approximately 2% of the United States population under the age of 18 and 4% of the child welfare population.^{7, 8}

Throughout Indian Country, tribes implement innovative child welfare services such as family group decision-making processes, peacemaking courts, Positive Indian Parenting classes, culture camps, and customary adoptions to protect and support children while keeping them connected to their families and communities. These innovative and culturally based services have been able to dramatically reduce foster care rates in several tribal communities, improving the well-being for AI/AN children and strengthening families so children can exit the child welfare system without returning. In providing these services, a great number of tribes work simultaneously in numerous jurisdictions across the country, to improve coordination with state and private child welfare agencies and court systems.⁹ Tribes' enduring service to children, families, and communities persist in the face of elevated risk factors for child abuse and neglect.¹⁰

Congress must prioritize the safety and well-being of *all* children. According to the advisory committee, "AI/AN children are generally served best when tribes have the opportunity to take ownership of the programs and resources they provide."¹¹ The recommendations below suggest funding increases that would provide tribes with sufficient child welfare funding and provide necessary support in tribal efforts to heal children and families.

Ending violence so children can thrive (p. 51). Retrieved from <http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf>

⁷ National Indian Child Welfare Association. (2013). American Indian/Alaska Native Children Exposed to Violence in the Home Testimony of Dr. Sarah L. Kastelic, Deputy Director National Indian Child Welfare Association provided to the Attorney General's Task Force on American Indian and Alaska Native Children Exposed to Violence. 5–7. Retrieved from <https://www.nicwa.org/wpcontent/uploads/2016/11/NICWATestimonyTaskForceonAIANChildrenExposedtoViolenceDec2013.pdf>

⁸ Stoltzfus, E. (2014). Child welfare: An overview of federal programs and their current funding. Washington, DC: Congressional Research Service. Retrieved from http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=2327&context=key_workplace

⁹ National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 3). Retrieved from nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf

¹⁰ 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* (pp. 72–75). Retrieved from www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf

¹¹ 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. 55). Retrieved from www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf

KEY RECOMMENDATIONS

Child Welfare

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Promoting Safe and Stable Families (Social Security Act Title IV-B, Subpart 2 - Mandatory Program)

- Increase mandatory formula grant funding to \$550 million to ensure all tribes are eligible to receive reasonably sized grants under the funding formula.

<i>Promoting Safe and Stable Families Program, Title IV-B Subpart 2 program base mandatory formula grant funds (tribes eligible for 3% allocation from total amount)</i>				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President's FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$323.6 million	\$345 million	NA	\$550 million
Tribal Set-Aside (estimated)	\$8.5 million	\$10.35 million	NA	\$16.5 million
Tribal Court Improvement Program	\$1.0 million	\$1.0 million	NA	\$5.0 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. The mandatory program currently includes the following grant programs:

- Base formula grant funding for states and tribes
- Regional Partnership Grants addressing children and families affected by substance abuse
- Grants to improve the frequency and quality of caseworker visits to children in foster care
- State and tribal court improvement programs that improve child welfare proceedings
- Recruitment and retention of high-quality foster families
- SUPPORT for Patients and Communities Act grants (replicate and evaluate a recovery coach model focused on parents or guardians with a substance use disorder who have temporarily lost custody of their children)

There is a 3% set-aside for tribes under both the mandatory and discretionary formula grant programs (after deducting funding for state court improvement and caseworker visit programs). However, tribes are not eligible for all individual grant programs under the mandatory and discretionary categories, such as the caseworker visits grants. 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.

A recent national assessment of tribal child welfare programs found that these programs are “deeply committed to keeping children with their families and in their tribal communities, as well as maintaining cultural connections.”¹²

¹² 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

This is in stark contrast with state child welfare systems where AI/AN children are three times more likely to be removed from their homes—as opposed to receiving family preservation services—than their non-Native counterparts.¹³ 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.¹⁴

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 130 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 the mandatory portion of this program to \$550 million would ensure that all federally recognized tribes can access this funding and receive grants of at least \$25,000.

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). While the President’s FY 2021 budget proposes to expand the state court improvement program, tribes are not eligible to receive these state funds and will not benefit from the proposed increase in this program and transition into the mandatory program. Amending the authorizing language for tribal court improvement grants to increase the authorization to \$5 million is needed to ensure tribal court improvement programs are available to additional tribal governments.

Between five to seven tribal court improvement project grantees are funded under this program, but over a hundred tribal juvenile court systems are unable to receive these funds because of the small amount of funding available. Current tribal grantees are using these funds to strengthen their family courts and better integrate the work of their court with the work of their child welfare system. The State Court Improvement Program provides important opportunities for tribes and states to work together to improve child welfare coordination and to improve outcomes for Indian children. Tribal judicial systems are developing new models of juvenile court process that incorporate restorative justice and cultural, strength-based methods for reducing foster care rates and improving coordination among service providers, both traditional and western based.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Promoting Safe and Stable Families (Social Security Act Title IV-B, Subpart 2 - Discretionary Program)

- **Increase base discretionary formula grant funding to \$120 million to ensure that all tribes are eligible to receive reasonably sized grants under the funding formula.**

<i>Promoting Safe and Stable Families Program, Title IV-B Subpart 2 program base discretionary formula grant funds (tribes eligible for 3% allocation from total amount)</i>				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President’s FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$92.5 million	\$82.5 million	NA	\$120 million

¹³ 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.

¹⁴ 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

Tribal Set-Aside (estimated)	\$2.8 million	\$2.5 million	NA	\$3.6 million
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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. The discretionary program currently includes the following grant programs:

- Base formula grants for states and tribes
- Regional Partnership Grants (an extension of the mandatory program)
- Court Improvement grants (an extension of the mandatory program)
- Kinship Navigator Grants to increase support for kinship resource families
- Support for the Title IV-E Prevention Services Clearinghouse
- Development of electronic systems for Interstate Compact on Placement of Children

There is a 3% set-aside for tribes under both the mandatory and discretionary formula grant programs. However, tribes are not eligible for all individual grant programs under the mandatory and discretionary categories, such as the electronic systems for Interstate Compact on Placement of Children grants. 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. Funding of at least \$20 million per year under the combined mandatory and discretionary set-asides for tribes is needed for all tribal governments to be eligible to receive grants of at least \$25,000.

A recent national assessment of tribal child welfare programs found that these programs are “deeply committed to keeping children with their families and in their tribal communities, as well as maintaining cultural connections.”¹⁵ This is in stark contrast with state child welfare systems where AI/AN children are three times more likely to be removed from their homes—as opposed to receiving family preservation services—than their non-Native counterparts.¹⁶ 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.¹⁷

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 130 tribes and tribal consortia that depend on it to support their efforts to prevent the unnecessary removal of AI/AN children from their homes. However, almost half of the federally recognized tribes are not able to access this funding based on the small amount of funding available and statutory funding formula.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

¹⁵ 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

¹⁶ 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.

¹⁷ 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

Administration for Children and Families

Child Abuse Discretionary Activities, Innovative Evidence-Based Community Prevention Program

- Increase overall appropriations to \$55 million to account for tribes' recent eligibility for these funds through a competitive grant process.

<i>Child Abuse Discretionary Activities, Innovative Evidence-Based Community Prevention Program</i>				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President's FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$35 million	\$35 million	NA	\$55 million
Tribal	<i>Dependent upon grantees awarded</i>	<i>Dependent upon grantees awarded</i>	NA	<i>Increase will fund tribal grantees</i>

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. Tribes have access to this program through a competitive grant process that includes states and other entities. The majority of entities that have historically received funding are universities and research hospitals.

An accurate understanding of successful child abuse and neglect interventions for AI/AN 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.¹⁸

The Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence recently provided the following recommendation: "The Administration of Children and Families of the DHHS, BIA in the DOI, and tribes should collectively identify child welfare best practices and produce an annual report on child welfare best practices in AI/AN communities that is easily accessible in tribal communities."¹⁹ 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.

The CAPTA Reauthorization Act of 2010, Pub. L. No. 111-320 (2010) provided tribal access to this program, but appropriation levels did not increase to account for the expanded pool of grant applicants. For this reason, the Child Abuse Discretionary Activities, including Innovative Evidence-Based Community Prevention Programs appropriation, should be increased to \$38 million (a level still well below the \$120 million authorization) to provide the funding necessary to ensure tribal success in this competitive grant process.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Community-Based Child Abuse Prevention

¹⁸ 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

¹⁹ 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

- **Increase funding to \$250 million, so that more tribes can develop robust community-based child abuse prevention programs.**

Community-Based Child Abuse Prevention				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President's FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$55.6 million	\$60.6 million	NA	\$80 million
Tribal (amount shared with migrant populations)	\$397,640	\$397,640	NA	\$528,000 (estimated)

The Community Based Child Abuse Prevention line item funds programs that develop and enhance community-based, prevention-focused services that curb child maltreatment by strengthening families. Tribes have access to this program, but they share a 1% set-aside of the total funding with migrant populations through a competitive grants program. The current funding level only funds two tribal grantees each three-year grant cycle.

Tribal child welfare programs are uniquely situated to provide effective community-based child abuse prevention programs. “The close-knit structure of many tribal communities [makes] it possible for workers to informally track families that might be experiencing stressors or risk factors that could lead children to becoming unsafe. Tribal workers’ embedded place in the community and their status as fellow community members also [permits] them to check in on these families regularly and provide informal support without stigmatizing them as having problems or being involved with social services.”²⁰

The Community Based Child Abuse Prevention Program is the only appropriated funding that specifically targets the design and implementation of prevention programs in tribal communities. It empowers tribes to create programs that will be truly effective at preventing child maltreatment—programs that are community-based and tailored to the needs of the local community.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Child Welfare Services (Social Security Act Title IV-B, Subpart 1)

- **Restore funding to this vital program to \$350 million to ensure that tribes have access to increased flexible Child Welfare Services Program funds for their services to children and families.**

Child Welfare Services Program (Social Security Act Title IV-B, Subpart 1)				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>Presidents FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$268.7 million	\$268.7 million	NA	\$350,000,000
Tribal	\$6.6 million	\$7.3 million	NA	\$10 million (estimated)

The Child Welfare Services Program provides funds that support child welfare program flexibility in the provision of community-based child welfare services. Tribes are eligible for this funding based on a formula grant. Tribes receive an allocation based upon a population-based formula described in the regulations. This tribal allocation is deducted from the state’s allocation.

The vast majority of tribal child welfare programs operate from a cultural worldview—meaning the ways that culture affects tribal child welfare practice go far beyond incorporating traditional practices into case

²⁰ 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

plans or using cultural services. Culture is infused throughout tribal child welfare programs: It guides the focus, promotes the most effective responses, and improves community support and participation in these programs.

Studies show that culturally tailored programs, resources, and case management result in better outcomes for AI/AN children and families involved in the child welfare system.²¹ The flexibility of the Child Welfare Services Program allows tribes to provide culturally appropriate services to families along a continuum, from child protection to out-of-home placement. The Child Welfare Services Program is typically used by tribes for in-home services, support services for children in foster care, case management, and training and professional development. Tribes use this important funding to tailor their child welfare services to best fit their communities' needs.

Of the 574 federally recognized tribes, less than 400 have been able to access this funding. The median tribal grant is about \$13,300, an insufficient amount to support the administrative requirements, much less provide the services this program is meant to support. The low level of funding has been one of the primary reasons more eligible tribes are not participating.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Service Administration, Maternal and Child Health
Maternal, Infant and Early Childhood Home Visiting Program

- **Increase overall appropriations request to \$440 million to guarantee additional tribal grantees access to this program.**

Maternal, Infant and Early Childhood Home Visiting Program				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President's FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$400,000,000	\$400,000,000	NA	\$440,000,000
Tribal Set-Aside	\$12,000,000	\$12,000,000	NA	\$13,200,000

The Patient Care and Affordable Care Act (2010) set aside funds to support five-year grants for the Maternal, Infant, and Early Childhood Home Visiting Program. This innovative program included tribes at its inception with a 3% tribal set-aside and currently funds 23 tribal grantees. Tribal grants under this line item fund programs that provide voluntary home-visiting services during pregnancy and to families with young children up to five years old. In-home services and visits funded by this program use models that have been found to be “promising practices” when working with AI/AN families. Tribal programs can now choose from a tribally developed and evidenced-based model (Family Spirits) or culturally adapt an existing mainstream evidence-based home visiting model. By using models that have been shown to improve maternal and child health, prevent child maltreatment, encourage positive parenting, and promote child development, this program does much to strengthen families and prevent involvement with the child welfare system. These programs are invaluable to the tribal communities who are funded—communities that often face increased risk factors for child maltreatment.²²

Children’s Mental Health

AI/AN children and communities grapple with complex behavioral health issues at higher rates than any other population. The current opioid epidemic is another example of challenges that stress tribal

²¹ Red Horse, J. G., Martinez, C. & Day, P. (2001). *Family preservation: A case study of Indian tribal policy*. Seattle, WA: Casey Family Programs.

²² Bigfoot, D. S., Crofoot, T., Cross, T. L., Fox, K., Hicks, S., Jones, L., Trope, J. (2005). Impacts of child maltreatment in Indian Country: Preserving the seventh generation through policies, programs, and funding streams: A report for BIA. Portland, OR: National Indian Child Welfare Association.

behavioral health systems in immeasurable ways. Tribal governments have often struggled to address challenges to their citizens like mental health, especially when only provided limited flexibility to shape programs in a manner that reflects community values and can utilize proven methods for addressing complex issues. Unaddressed trauma that has occurred within families is an example of the type of challenge tribal governments have that require resources that are tailored to the specific community factors that will support healing from complex trauma and reduce the risk for further involvement in other human services systems.²³ Where tribal reclamation of these systems has been possible it has led to the design and implementation of effective service systems by and for AI/AN people to promote cultural strength and healing. These tribal systems have already begun to resolve the trauma in their communities.

The most assured way to transform these systems is to support tribal children’s mental and behavioral health programs with funding that reflects the need. Funding must also account for the understanding that effective mental and behavioral health care requires an entire tribal system dedicated to treatment. In order to effectively serve AI/AN children and communities, funding must provide flexible opportunities that allow tribes to integrate mental and behavioral health interventions throughout government services.

It is with this understanding that the following appropriations are suggested. The numbers provided below will help dozens of additional tribes access the funding necessary to improve their mental health services.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Programs of Regional and National Significance

Children and Family Programs (includes Circles of Care)

- **Increase funding to the overall budget category to support additional ensure additional tribal communities can participate in the Circles of Care program.**

<i>SAMHSA Children and Family Programs (includes Circles of Care)</i>				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President’s FY 2021 Request</i>	<i>FY 2023 Recommended</i>
Total	\$7,229,000*	\$7,229,000*	NA*	\$8,000,000
* Circle of Care funding is one of three programs funded under this funding category				

The Children and Family Programs line item 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 serve children with serious behavioral health issues. The goal of this program is to help children access services and find wellness. 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.

The Circles of Care program is the *only* SAMHSA grant program with a holistic focus on AI/AN children’s mental health. It is one of only two SAMHSA programs that allows tribes and tribal organizations to apply for funding without competing with other governmental entities (states, counties, or cities). There are currently 14 communities receiving Circles of Care funding.

²³ Yellow Horse Brave Heart, M. & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian Mental Health Research*, 8(2), 56–78.

AI/AN children and youth face a “disproportionate burden” of mental health issues while simultaneously facing more barriers to quality mental health care.²⁴ Programs like Circles of Care, which provide communities with the funding needed to plan and build community-based, responsive services and design integrated supports to meet the needs of their youth with behavioral health challenges, are essential. Since its inception in 1998, the Circles of Care program has affected over 50 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 over 50 graduated Circles of Care grantees, over 25% 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 several 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, such as developing tribal-state agreements on Medicaid and partnering with tribal behavioral health clinics and other child serving programs.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Garrett Lee Smith (GLS) Campus Suicide Prevention Program**

- **Increase funding to \$50 million (prevention and early intervention) and \$9 million (campus suicide prevention) to ensure current multi-year grantees can complete the grant cycle and allow for additional new annual grantees in FY 2022.**

<i>Garrett Lee Smith Suicide Prevention Programs</i>				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President's FY 2022 Request</i>	<i>FY 2023 Recommended</i>
<i>State/Tribal Youth Suicide Prevention and Early Intervention Grant Program</i>	\$35,427,000	\$36,427,000	NA	\$50,000,000
<i>Campus Suicide Prevention Program</i>	\$6,488,000	\$6,488,000	NA	\$9,000,000

The GLS State/Tribal Youth Suicide Prevention and Early Intervention Program provides four-, three-, and one-year grants to states, tribes, and tribal organizations to support the development and implementation of youth suicide prevention and early intervention strategies. Sixty-three individual tribe/tribal organizations have received grants from this program since its inception. The GLS Campus Youth Suicide Prevention Program provides funding to institutions of higher learning, including tribal colleges and universities via multi-year and annual grants to support efforts to prevent suicide and suicide attempts by students.

Youth suicide is a significant—but preventable—problem in AI/AN communities. The suicide rate for AI/AN youth is 2.5 times higher than the national average.²⁵ In response to this problem, AI/AN communities across the country have successfully implemented proactive and holistic programming, which aims to simultaneously reduce those factors known to contribute to suicide and strengthen those factors known to protect against suicide. The GLS State/Tribal Youth Suicide Prevention and Early

²⁴ American Psychiatric Association. (2010). *Mental health disparities factsheet: American Indians and Alaska Natives* (p. 4).

²⁵ Centers for Disease Control. (2012). *Understanding suicide*. Retrieved from www.cdc.gov/violenceprevention/pdf/suicide_factsheet_2012-a.pdf

Intervention Program and the GLS Campus Youth Suicide Prevention Program currently support this important work in 41 tribal communities and at one tribal college.

Funding for the GLS State/Tribal Youth Suicide Prevention and Early Intervention Program must be increased to \$50 million. These grants provide targeted funding for a problem of epidemic proportions in tribal communities. They have been a lifeline for tribal communities. This increase will ensure that current grantees can complete the programs they have begun and give more tribal communities the opportunity to access these funds. For similar reasons, funding for the GLS Campus Youth Suicide Prevention Program should be restored to the FY 2012 level of \$9 million.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
American Indian and Alaska Native Suicide Prevention**

- Provide \$20 million to ensure there is adequate assistance available to tribal communities working to support the mental well-being of AI/AN youth at risk for suicide.

<i>SAMHSA American Indian and Alaska Native Suicide Prevention</i>				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President's FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$2,931,000	\$2,931,000	NA	\$20,000,000

The American Indian and Alaska Native Suicide Prevention line item supports training and technical assistance to help tribal communities mobilize existing resources to target issues that affect mental well-being in youth.

This program has provided training and technical assistance to over 65 tribal communities. It has helped these communities leverage existing social and educational resources to implement comprehensive, community-based prevention plans that target bullying, violence, and suicide. It has trained over 9,000 community members in prevention and mental health promotion. Increase funding to \$20 million to allow for more of these important activities to continue and all tribes to have access to the funds.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse Mental Health Services Administration
Programs of Regional and National Significance
Tribal Behavioral Health Program**

- Increase funding for the Tribal Behavioral Health program to \$50 million (\$25 million for each of the two programs).

<i>SAMHSA Tribal Behavioral Health Program</i>				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President's FY 2022 Request</i>	<i>FY 2023 Recommended</i>
<i>Mental Health Appropriation</i>				
<i>Tribal Behavioral Health Grants</i>	\$20,000,000	\$20,755,000	NA	\$25,000,000
<i>Substance Abuse Prevention Appropriation</i>				
<i>Tribal Behavioral Health Grants</i>	\$20,000,000	\$20,755,000	NA	\$25,000,000

In the FY 2016 Consolidated Appropriations Act, the Substance Abuse and Mental Health Administration (SAMHSA) funded Tribal Behavioral Health Grants at \$15 million in the Mental Health appropriation and \$15 million in the Substance Abuse Prevention appropriation. NICWA recommends \$25 million for each program in the FY 2023 budget to continue to address the expansion of suicide prevention, mental health and substance abuse activities for Native communities.

These are competitive grants designed to target tribal communities 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% of all AI/AN youth struggled with alcohol use disorders compared to 5.8% of the general youth population.²⁶ 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.²⁷

This funding provides flexible opportunities allowing tribes to tailor their mental and behavior health interventions to the unique needs of AI/AN children families and communities. This program is currently the only source of federal substance abuse prevention funding exclusively available to tribes.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse Mental Health Services Administration
Children’s Mental Health Initiative (Systems of Care)**

- **Increase funding to \$135 million to allow for the continued support of the current cohorts of Children’s Mental Health Initiative System of Care Grants and allow for new tribal grantees in FY 2021.**

SAMHSA Children’s Mental Health Initiative				
	<i>FY 2020 Enacted</i>	<i>FY 2021 Enacted</i>	<i>President’s FY 2022 Request</i>	<i>FY 2023 Recommended</i>
Total	\$125,000,000*	\$125,000,000*	NA	\$135,000,000
* Tribal System of Care grantees are funded under this program with State and local grantees.				

The children’s mental health initiative line item supports the development of comprehensive, community-based “systems of care” for children and youth with serious emotional disorders. This includes funding for 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 plan and implement strategic approaches to mental health services. These approaches are based on important principles, they must be family-driven; youth-guided; strengths-based; culturally and linguistically responsive; and meet the intellectual, emotional, cultural, and social needs of children and youth. Since 1993, 200 total projects have been funded, dozens of which have been in tribal communities. Currently, seven tribal communities are funded under the Children’s Mental Health Initiative line item.

²⁶ 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

²⁷ 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.

The system of care model of mental health service provision has been found to be more in line with the AI/AN worldview and traditional tribal ways of helping than any other service system.²⁸ Further, its emphasis on culturally tailored services has “opened the door to the demonstration and acceptance of cultural resources as important and viable community-based approaches” to mental health treatment.²⁹ Therefore, this program has been both well-received and particularly effective.

Evaluation studies of system of care programs have indicated a 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.³⁰

Due to this program’s efficacy in tribal communities, it is of the utmost importance that funding for current grantee cohorts be made available so that they may finish the important work they have begun. In addition, the well-being of AI/AN children is dependent on the ability of more tribes to access these funds and create real systems change. For these reasons, funding should be increased to \$135 million for FY 2023.

²⁸ Cross, T. L., Earle, K., Solie, H. E., & Manness, K. (2000). Cultural strengths and challenges in implementing a systems of care model in American Indian communities. *Systems of Care: Promising Practices in Children’s Mental Health, 2000 Series, Volume I*, (p. 9). Washington, DC: Center for Effective Collaborations and Practice, American Institutes of Research.

²⁹ Centers for Disease Control and Prevention. (2011). “Disability and Health”.

³⁰ 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.