



**National Indian Child Welfare Association
U.S. DEPARTMENT OF HEALTH & HUMAN
SERVICES 25th ANNUAL TRIBAL BUDGET &
POLICY CONSULTATION**

**Child Welfare and Children's Mental Health
Programs**

April 18-19, 2023

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 administer a range of child welfare services, including child abuse and neglect prevention, child protection, in-home services, case management, foster care, kinship care, guardianship, adoption, court hearings, coordination and collaboration with state or county partners, 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 and helps ensure culturally appropriate and effective services are provided to Native families.¹

The COVID-19 pandemic has further revealed and exacerbated disparities and disproportionality that Native children and families experience in child welfare systems.² Stressors associated with the pandemic have pushed many Native families to the edge and child welfare systems have struggled to maintain their services and supports at a level that can respond to the increasing needs. New challenges have occurred because of the pandemic that were not prevalent before it began, such as the increased loss of caretakers for children in and outside of foster care.³ These new challenges have hit Native children, families, and communities more heavily than many others. Challenges as a result of the pandemic, such as child welfare worker shortages and challenges in accessing supportive services, still reverberate today in tribal communities as tribal child welfare systems work to adapt to their new realities. To successfully meet these challenges, tribal child welfare systems will need additional support and flexibility.

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 trauma in children. This also avoids the more costly services associated with removing children from their homes. Addressing trauma and related issues associated with child abuse and neglect early can also significantly improve chances that trauma can be successfully addressed and avoid the “revolving door” in child welfare where children and families have repeated contacts with the child welfare system. This is a benefit not only for tribal governments, but also the federal government that funds tribal child welfare programs. 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 30 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 federal child welfare related funding must be improved overall and especially to programs that can support prevention and early intervention services. In addition, funding must be flexible enough that tribal nations can provide services that are culturally appropriate to their community and are structured in a way that makes sense given the economy of scale of tribal nations and differences in infrastructure when compared to state governments.

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”⁴ Therefore, the Administration and Congress must promulgate a budget that empowers tribes to provide programs and services necessary to safeguard their children and strengthen their families within a structure that is both reasonable in terms of administrative requirements and meets the unique cultural needs of Native communities. The recommendations below

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 National Indian Child Welfare Association (2021). *Disproportionality in Child Welfare: Fact Sheet*. https://www.nicwa.org/wp-content/uploads/2021/12/NICWA_11_2021-Disproportionality-Fact-Sheet.pdf.

³ Hillis, S., et al. (2021). *Covid-19-Associated Orphanhood and Caregiver Death in the United States*. *Pediatrics*. <https://publications.aap.org/pediatrics/article/148/6/e2021053760/183446/COVID-19-Associated-Orphanhood-and-Caregiver-Death>.

⁴ 25 U. S. C. § 1901(3) (2006).r

recommend 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 2024 Budget Recommendations (priorities highlighted)

Agency	Program	FY 2023 Enacted CR	FY 2025 NICWA Recommendation
ACF/CB	Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>mandatory</u> funds (3% tribal allocation reserved from mandatory funds)⁵	\$345,000,000	\$400,000,000
ACF/CB	Tribal Court Improvement grant program (authorized under Section 438 of the Social Security Act – requires change in authorizing language)	\$1,000,000	\$5,000,000
ACF/CB	Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>discretionary</u> funds (3% tribal allocation reserved from discretionary funds)⁶	\$87,000,000	\$120,000,000
ACF/CB	Community-Based Child Abuse Prevention (1% shared tribal/migrant population allocation reserved from total grant amount)	\$70,600,000 2-3 tribal grants funded under this program	\$90,000,000
ACF/CB	Child Abuse Discretionary Activities (tribes and states eligible to compete for these grant funds)	\$38,000,000	\$55,000,000
ACF/CB	Child Welfare Services, Title IV-B, Subpart 1 (tribal allocation reserved from this amount)	\$268,735,000	\$300,000,000
HRSA	Maternal Infant and Early Childhood Home Visiting Program (3% tribal allocation reserved from mandatory funds)	\$500,000,000	\$500,000,000

⁵ 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 (tribal and state), development of state electronic Interstate Compact on Placement of Children systems, Title IV-E prevention and permanency grants for children and families impacted by heroin, opioids, or other substance abuse (formerly Regional Partnership Grants), and grants to improve the quality of caseworker visits with children in foster care.

⁶ 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).

SAMHSA	Programs of Regional and National Significance, Child and Family Programs – Circles of Care Grants	\$7,229,000	\$10,000,000
SAMHSA	Tribal Behavioral Health Grants (mental health grants and substance abuse prevention grants)	\$46,400,000 (\$22.7 million and \$23.7 million for each program respectively)	\$60,000,000 (\$30 million for each program)
SAMHSA	Children’s Mental Health Services Program (tribes and states eligible to compete for these grant funds)	\$130,000,000	\$225,000,000

Child Welfare

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”⁷ 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.*⁸

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.^{9, 10}

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

⁷ 25 U. S. C. § 1901(3) (2006).

⁸ 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. 51). <http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf>

⁹ 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. <https://www.nicwa.org/wpcontent/uploads/2016/11/NICWATestimonyTaskForceonAIANChildrenExposedtoViolenceDec2013.pdf>

¹⁰ Stoltzfus, E. (2014). Child welfare: An overview of federal programs and their current funding. Washington, DC: Congressional Research Service. http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=2327&context=key_workplace

improve coordination with state and private child welfare agencies and court systems.¹¹ Tribes' enduring service to children, families, and communities persist in the face of elevated risk factors for child abuse and neglect.¹²

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."¹³ 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. We note that the President's FY 2023 budget request contains a number of very significant increases to child welfare and mental health programs described below and we greatly appreciate the Administration's attention to these critical programs.

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 \$400 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 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President's FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$338 million	\$345 million	\$345 million	\$400 million
Tribal Set-Aside (estimated)	\$10.1 million	\$10.4 million	\$10.4 million	\$12 million
Tribal Court Improvement Program	\$1.0 million	\$1.0 million	\$1.0 million	\$5.0 million
Legislative Proposal				<i>Amend Title IV-B to authorize a tribal reserved amount of \$5 million for tribal court improvement programs</i>

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

¹¹ National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 3).

nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf

¹² 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).

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

¹³ 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).

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

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
- Title IV-E prevention and permanency grants for children and families impacted by heroin, opioids, or other substance abuse (formerly Regional Partnership Grants), and grants to improve the quality of caseworker visits with children in foster care

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 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.”¹⁴

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.¹⁵ 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.¹⁶

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 \$650 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 2023 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

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).

nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf

¹⁵ National Indian Child Welfare Association (2021). *Disproportionality in Child Welfare: Fact Sheet*.

https://www.nicwa.org/wp-content/uploads/2021/12/NICWA_11_2021-Disproportionality-Fact-Sheet.pdf

¹⁶ National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23).

nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf

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. We support the President's FY 2023 request and recommend this level for FY 2024 too.

**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 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President's FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$83.0 million	\$87.0 million	\$106 million	\$120 million
Tribal Set-Aside (estimated)	\$2.5 million	\$2.6 million	\$3.2 million	\$3.6 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 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.”¹⁷ 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.¹⁸ 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.¹⁹

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
Administration for Children and Families
Community-Based Child Abuse Prevention**

- **Increase funding to \$90 million, so that more tribes can develop robust community-based child abuse prevention programs.**

<i>Community-Based Child Abuse Prevention</i>				
	<i>FY 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President's FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$65 million	\$70.6 million	\$90 million	\$90 million
Tribal (amount shared with migrant populations)	\$650,000	\$710,000	\$900,000 (estimated)	\$900,000 (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

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).

nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf

¹⁸ 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.

¹⁹ National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23).

nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf

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).

nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf

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. We support the President’s FY 2024 request and recommend this funding level for FY 2025 too.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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’ eligibility for these funds through a competitive grant process and establish a policy change to reserve a portion of the funding for Native prevention focused grants.**

<i>Child Abuse Discretionary Activities, Innovative Evidence-Based Community Prevention Program</i>				
	<i>FY 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President’s FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$36 million	\$38 million	\$42 million	\$55 million
Tribal	<i>Dependent upon grantees awarded</i>	<i>Dependent upon grantees awarded</i>	N/A	<i>Increase will fund new tribal grantees</i>
Policy Proposal				<i>Reserve funding for projects that partner with tribes/Indian organizations and focus on Native community prevention programming</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 non-Native 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 safety, 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.²¹

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

²¹ 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). www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf

communities.”²² 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 \$55 million (a level still well below the \$120 million authorization) and a policy change should be enacted to ensure that tribes and Indian organizations are able to access these funds.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

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

- **Increase funding to \$280 million to continue tribal access and explore increases to the tribal grant formula in the regulations.**

<i>Child Welfare Services Program (Social Security Act Title IV-B, Subpart 1)</i>				
	<i>FY 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>Presidents FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$269 million	\$268.7 million	\$278 million	\$300 million
Tribal	\$6.6 million	\$6.6 million	N/A	N/A

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 with the tribal allocation being deducted from the state’s allocation. This tribal grant formula has not been updated since the 1990s and has frozen tribal allocations over the last almost 30 years. While increasing the overall appropriation does not change the amount that individual tribes are eligible for, if state allocations increase, it will likely be easier to secure changes to the regulations that could increase the amount tribes receive under the funding formula.

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 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.²³ 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.

²² 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). www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf

²³ Red Horse, J. G., Martinez, C. & Day, P. (2001). *Family preservation: A case study of Indian tribal policy*. Seattle, WA: Casey Family Programs.

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 \$467 million to guarantee additional tribal grantees access to this program.**

Maternal, Infant and Early Childhood Home Visiting Program				
	<i>FY 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President's FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$377 million	\$500 million	\$500 million	\$500 million
Tribal Set-Aside	\$11 million	\$15 million	\$15 million	\$15 million

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 over 20 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.²⁴ We support the President’s FY 2024 request and recommend this funding level for FY 2025 too.

Children’s Mental Health

AI/AN children and communities grapple with complex behavioral health issues at higher rates than any other population. Historical trauma from generations of failed policies like the boarding school and Indian Adoption Project, and abuses visited upon tribal families from public and private child welfare systems, have often gone unaddressed and unresolved for many AI/AN families and their children. The current opioid epidemic is another example of challenges that stress tribal 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.²⁵ Where tribal

²⁴ 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.

²⁵ 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.

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.**

SAMHSA Children and Family Programs (includes Circles of Care)				
	<i>FY 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President's FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$7,229,000*	\$7,229,000*	\$7,229,000*	\$10,000,000
* Circle of Care funding is one of three programs funded under this funding category. The funding levels reflected are determined by SAMHSA under the larger budget category of Programs of Regional and National Significance.				

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 22 communities receiving Circles of Care funding (Cohort 8: 2020-2023).

AI/AN children and youth face a “disproportionate burden” of mental health issues while simultaneously facing more barriers to quality mental health care.²⁶ 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 80 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.

²⁶ American Psychiatric Association. (2010). *Mental health disparities factsheet: American Indians and Alaska Natives* (p. 4).

Of the over 70 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. To effectively address trauma that children face in Indian Country, tribal and urban Indian organizations need additional support to plan and develop culturally appropriate children's mental health systems that can effectively address trauma experienced by AI/AN children. We recommend an increase in funding to \$10 million to reach additional tribal and urban Indian organizations that need these critical systems.

**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 \$60 million (\$30 million for each of the two programs).

<i>SAMHSA Tribal Behavioral Health Program</i>				
	<i>FY 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President's FY 2024 Request</i>	<i>FY 2025 Recommended</i>
<i>Mental Health Appropriation</i>				
<i>Tribal Behavioral Health Grants</i>	<i>\$20.7 million</i>	<i>\$22.7 million</i>	<i>\$23.2 million</i>	<i>\$30,000,000</i>
<i>Substance Abuse Prevention Appropriation</i>				
<i>Tribal Behavioral Health Grants</i>	<i>\$20.7 million</i>	<i>\$23.7 million</i>	<i>\$23.7 million</i>	<i>\$30,000,000</i>

While there have been modest increases in funding levels since the inception of these programs in the FY 2016 Consolidated Appropriations Act (\$15 million for each program), the need for these services has also increased. NICWA recommends \$30 million for each program in the FY 2024 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.²⁷ 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

²⁷ 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). www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf

found the traditional-based ceremonies more effective than standard or typical behavioral health treatment.²⁸

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 the next funded cohort.**

SAMHSA Children’s Mental Health Services Grant Program				
	<i>FY 2022 Enacted</i>	<i>FY 2023 Enacted</i>	<i>President’s FY 2024 Request</i>	<i>FY 2025 Recommended</i>
Total	\$125,000,000*	\$130,000,000*	\$225,000,000	\$225,000,000
<i>* Tribal System of Care grantees are funded under this program with state and local grantees.</i>				

The children’s mental health services 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, over 200 total projects have been funded, dozens of which have been in tribal communities. Currently, two tribal communities are funded in the cohort that started in FY 2021 for the Children’s Mental Health Services grant program.

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.²⁹ 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.³⁰ 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.³¹

²⁸ 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.

²⁹ 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.

³⁰ Centers for Disease Control and Prevention. (2011). “Disability and Health”.

³¹ 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.

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, we support the President's FY 2024 request and recommend this funding level for FY 2025 too.

For more information on this budget information and recommendations, please contact David Simmons, NICWA Government Affairs and Advocacy Director at desimmons@nicwa.org.
