

**National Indian Child Welfare Association
U.S. DEPARTMENT OF HEALTH & HUMAN
SERVICES 26th ANNUAL TRIBAL BUDGET &
POLICY CONSULTATION**

**FY 2026 Recommendations for Child Welfare and
Children's Mental Health Programs**

April 9–10, 2024

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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 mental health, 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. Tribal nations serve a critical role in providing these services not only for tribal citizens living within their tribal lands but also state agencies providing services to their tribal citizens living off 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 further exacerbated disparities and disproportionality that Native children and families already experienced in child welfare systems.² Additional challenges resulting from the pandemic include child welfare workforce shortages and decreased access to supportive family services. NICWA conducted listening sessions with tribal political leaders and tribal human service directors from October of 2023 through June of 2024, where many of the participants shared concerns regarding tribal child welfare programs being severely understaffed, lacking appropriate training, and decreased access to state and tribal preventive and rehabilitative family services being available since the pandemic. To successfully meet these challenges, tribal child welfare systems will need additional funding and policy 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 in foster care or institutional care. After 40 years of relying on this failed model of financing child welfare services, it is time to move to a model with more balance and investment in early intervention and prevention that can much more effectively reduce child maltreatment, reduce unnecessary removals of children, and promote child and family wellness 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.”³ Therefore, the Administration and Congress must enact 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 recommend funding increases that would provide tribes with more workable funding levels after years of little or no

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. <https://www.gao.gov/assets/gao-05-290.pdf>

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 25 U. S. C. § 1901(3) (2006).

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 2026 Budget Recommendations (priorities in blue)

Agency	Program	FY 2024 Continuing Resolution	FY 2026 NICWA Recommendation
HHS/ACF/CB	Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>mandatory</u> funds (3% tribal allocation reserved from mandatory funds)⁴	\$325,335,000	\$645,000,000
HHS/ACF/CB	Tribal Court Improvement Project grants (authorized under Section 438 of the Social Security Act – requires change in authorizing language)	\$1,000,000	\$5,000,000
HHS/ACF/CB	Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>discretionary</u> funds (3% tribal allocation reserved from discretionary funds)⁵	\$86,515,000	\$120,000,000
HHS/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
HHS/ACF/CB	Child Abuse Discretionary Activities (tribes and states eligible to compete for these grant funds)	\$38,000,000	\$55,000,000
HHS/ACF/CB	Child Welfare Services, Title IV-B, Subpart 1 (tribal allocation reserved from this amount)	\$268,735,000	\$300,000,000
HHS/ACF/OFVPS	Family Violence Prevention and Services (10% tribal allocation reserved from overall funds)	\$240,000,000	\$300,000,000
HHS/HRSA/MCHB	Maternal Infant and Early Childhood Home Visiting Program (3% tribal allocation reserved from mandatory funds)	\$518,650,000	\$565,800,000

⁴ Includes state/tribe formula funding for core Title IV-B, Subpart 2 purposes, Court Improvement Program grants (tribal and state), Regional Partnership Grants program, grants to improve the quality of caseworker visits with children in foster care, and a new grant program to support costs of legal services and representation for children and families involved in the child welfare system.

⁵ 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, and Court Improvement Program grants (discretionary portion).

HHS/SAMHSA/CMHS	Programs of Regional and National Significance, Child and Family Programs – Circles of Care Grants	\$7,229,000	\$15,000,000
HHS/SAMHSA/CMHS and CSUP	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)	\$70,000,000 (\$35 million for each program)
HHS/SAMHSA/CMHS	Children’s Mental Health Services Program (tribes and states eligible to compete for these grant funds)	\$130,000,000	\$180,000,000

Child Welfare

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”⁶ 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.*⁷

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.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

⁶ 25 U.S.C. § 1901(3) (2006).

⁷ 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>

⁸ 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/NICWATestimonyTaskForceonAIANChildrenExposedtoViolence_Dec2013.pdf; 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.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. We note that the President's FY 2025 budget request contains a number of 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 \$645 million to ensure all tribes are eligible to receive reasonably sized grants under the funding formula.

Promoting Safe and Stable Families, Title IV-B Subpart 2 program base mandatory formula grant funds (tribes eligible for 3% allocation from total amount)				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President's FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$345 million	\$345 million	\$645 million	\$645 million
Tribal Set-Aside (estimated)	\$10.4 million	\$10.4 million	\$19.4 million	\$19.4 million
Tribal Court Improvement Program	\$1.0 million	\$1.0 million	\$1.0 million	\$5.0 million
Legislative Proposal				<i>Amend Title IV-B, Subpart Two to authorize a tribal reserved amount of \$5.0 million for tribal Court Improvement Programs</i>

The MaryLee Allen Promoting Safe and Stable Families Program (PSSF) 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:

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).

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).

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).

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

- 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
- Grants to support costs of legal services and representation for children and families involved in the child welfare system

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 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

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

PSSF 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 \$645 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 PSSF. 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). We appreciate the President’s FY 2025 request to expand the court improvement program. We recommend amending the authorizing language for tribal court improvement grants to increase the authorization to \$5 million 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

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).

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

¹³ 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

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

child welfare coordination and to improve outcomes for Indian children. Tribal judicial systems are developing new models of the 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 2025 request and recommend this level for FY 2026.

**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.

Promoting Safe and Stable Families, Title IV-B Subpart 2 program base discretionary formula grant funds (tribes eligible for 3% allocation from total amount)				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President’s FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$87 million	\$87 million	\$77 million	\$120 million
Tribal Set-Aside (estimated)	\$2.6 million	\$2.6 million	\$2.3 million	\$3.6 million

The MaryLee Allen Promoting Safe and Stable Families Program (PSSF) provides funds to tribes for coordinated child welfare services that include family preservation, family support, family reunification, and adoption support services. PSSF 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 Program 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

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. 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. An increase of at least \$20 million total in the tribal set-asides in the discretionary and mandatory funding would be needed for every tribe to be eligible to receive Title IV-B, Subpart 2 funding.

A 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

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). 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

family reunification services in spite of inadequate funding and insufficient staffing, which is putting incredible strain on individual workers and programs.¹⁷

PSSF 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.**

Community-Based Child Abuse Prevention				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President's FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$70.6 million	\$70.6 million	\$90 million	\$90 million
Tribal (amount shared with migrant populations)	\$710,000	\$710,000	\$900,000 (estimated)	\$900,000 (estimated)
Legislative Proposal				<i>Amend the Child Abuse and Treatment Act under the Community-Based Child Abuse Prevention grant program to reserve \$5 million for tribal grantees (separated from funding for migrant programs).</i>

The Community Based Child Abuse Prevention (CBCAP) line-item funds programs that develop and enhance community-based, prevention-focused services that curb child maltreatment by strengthening families. Tribes have access to CBCAP, 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

Matters Consortium Westat. <https://assets.aecf.org/m/resourcedoc/aecf-AnalysisofRacialEthnicDisproportionality-2007.pdf>

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

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.”¹⁸

CBCAP 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 2025 request and recommend this funding level for FY 2026. We also appreciate the President’s FY 2025 request to expand access to CBCAP grants to tribal grantees. We recommend amending the Child Abuse and Treatment Act under the CBCAP grant program to reserve \$5 million for tribal grantees, separate from funding for migrant programs. This would support tribes and tribal organizations in building their capacity to provide culturally responsive community-based child abuse prevention services and support for their children and families.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Child Abuse Discretionary Activities**

- **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.**

Child Abuse Discretionary Activities				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President’s FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$38 million	\$38 million	\$38 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>
Legislative Proposal				<i>Reserve funding for projects that partner with tribes/Indian organizations and focus on Native community prevention programming</i>

Child Abuse Discretionary Activities 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.¹⁹

¹⁸ 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

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

In a 2014 report, the Attorney General’s Advisory Committee on American Indian/Alaska Native Children Exposed to Violence provided the following recommendation: “The Administration of Children and Families in the Department of Health and Human Services, Bureau of Indian Affairs in the Department of Interior, 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 to tribal communities.”²⁰ 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 should be increased to \$55 million, 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 \$300 million to continue tribal access and explore increases to the tribal grant formula in the regulations.**

Child Welfare Services Program (Social Security Act Title IV-B, Subpart 1)				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President's FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$268.7 million	\$268.7 million	\$268.7 million	\$300 million
Tribal	\$6.6 million	\$6.6 million	N/A	N/A

The Stephanie Tubbs Jones Child Welfare Services (CWS) 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.²¹ The flexibility of the CWS program allows tribes to provide culturally appropriate services to families along a continuum, from child protection to out-of-home placement. CWS funding is typically used by tribes for in-home services, support services for children in foster care, case management, and training and professional

²⁰ 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

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

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.

We appreciate the President's FY 2025 proposal to enhance the Title IV-E Prevention Services and Kinship Navigator programs with a modification to allow tribes that participate in the Title IV-B, subpart 1 Child Welfare Services program, but do not currently participate in the Title IV-E foster care and adoption assistance programs to submit a plan to directly operate the Title IV-E Prevention Services Program. This will ensure tribes can continue providing necessary prevention services for their children and families.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Family Violence Prevention and Services**

- Increase funding to \$300 million to expand access to tribal grantees.

Family Violence Prevention and Services				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President's FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$240 million	\$240 million	\$240 million	\$300 million
Tribal	\$26.6 million	\$26.9 million	\$26.9 million	\$30 million (estimated)

The Family Violence Prevention and Services Act (FVPSA) program provides formula grants to prevent incidents of family violence, domestic violence, dating violence, and to provide youth and adult survivors with immediate shelter and support services. FVPSA requires tribes and tribal organizations to receive a 10% set aside to support tribes in their efforts to increase public awareness and prevention around family violence, domestic violence, and dating violence, and provide immediate shelter and support services for survivors and their dependents.

FVPSA's support of tribally based services continues to provide meaningful resources to survivors of domestic violence and their children. As the only federal funding source dedicated to domestic violence shelters and programs, continued investments in the FVPSA program are critical to strengthening the capacity of tribal nations and tribal organizations to provide critical shelter and supportive services to American Indian and Alaska Native survivors and their children.

**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 \$565.8 million to guarantee additional tribal grantees access to this program.

Maternal, Infant and Early Childhood Home Visiting Program				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President's FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$500 million	\$518.7 million	\$565.8 million	\$565.8 million
Tribal Set-Aside (estimated)	\$15 million	\$15.6 million	\$17 million	\$17 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.²² We support the President’s FY 2025 request and recommend this funding level for FY 2026 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.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 \$15 million to ensure additional tribal communities can participate in the Circles of Care program.

SAMHSA Children and Family Programs (includes Circles of Care)				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President’s FY 2025 Request</i>	<i>FY 2026 Recommended</i>

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.

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.

Total	\$7.2 million*	\$7.2 million*	\$7.2 million*	\$15 million
*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.²⁴ Programs like Circles of Care, which provide communities with the funding needed to plan and build responsive, community-based 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.

Of the over 70 graduated Circles of Care grantees, over 25% have obtained direct funding to implement their system change efforts through the Children’s 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 \$15 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 \$70 million (\$35 million for each of the two programs).

²⁴ American Psychiatric Association. (2017). *Mental Health Disparities: American Indians and Alaska Natives* (p. 2-3). <https://www.psychiatry.org/getmedia/d008fb53-3566-4a0a-adac-ba1f3b88528c/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>

SAMHSA Tribal Behavioral Health Program				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President's FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Mental Health Appropriation				
<i>Tribal Behavioral Health Grants</i>	<i>\$22.7 million</i>	<i>\$22.7 million</i>	<i>\$22.7 million</i>	<i>\$35 million</i>
Substance Abuse Prevention Appropriation				
<i>Tribal Behavioral Health Grants</i>	<i>\$23.7 million</i>	<i>\$23.7 million</i>	<i>\$23.7 million</i>	<i>\$35 million</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 \$35 million for each program in the FY 2026 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.²⁵ 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.²⁶

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 \$180 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.**

²⁵ 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/finalaiainreport.pdf

²⁶ 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.

SAMHSA Children's Mental Health Services Grant Program				
	<i>FY 2023 Enacted</i>	<i>FY 2024 Continuing Resolution</i>	<i>President's FY 2025 Request</i>	<i>FY 2026 Recommended</i>
Total	\$130 million*	\$130 million*	\$180 million	\$180 million
*Tribal System of Care grantees are funded under this program with state and local grantees.				

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.²⁷ 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.²⁸ 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.²⁹

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 2025 request and recommend this funding level for FY 2026.

For more information on this budget information and recommendations, please contact Mariah Meyerholz, Government Affairs and Community Development Specialist at mariah@nicwa.org.

²⁷ 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 1*, (p. 9). Washington, DC: Center for Effective Collaborations and Practice, American Institutes of Research.

²⁸ Centers for Disease Control and Prevention. (2011). "Disability and Health".

²⁹ 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.