

TRIBAL LISTENING SESSIONS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES REORGANIZATION

JULY 16 and 17, 2025

Introduction

The National Indian Child Welfare Association (NICWA) provides these written comments on the reorganization of the Department of Health and Human Services (HHS). Our comments will focus on impacts for Tribal Nations at the Administration and Children and Families (ACF) and Substance Abuse and Mental Health Administration (SAMHSA).

Tribal Nations have a unique political relationship with the federal government that is based on treaties between Tribal Nations and the federal government and is reflected in the United States Constitution, United States Supreme Court decisions, and federal law. This government-to-government relationship reflects the United States acknowledgement of Tribal Nations as sovereign governments and the millions of acres of land that were ceded in exchange for the federal government exercising their federal trust relationship to ensure the well-being of Native people. These treaty and trust obligations apply to all federal departments, including HHS. HHS operates under their departmental policies that acknowledge and emphasize this government-to-government relationship and require consultation on policies that impact Tribal Nations.

While NICWA appreciates the opportunity to provide written comments on the HHS reorganization, previous HHS reorganization activities and decisions have already significantly impacted Tribal Nations and were done without any consultation with Tribal Nations. In addition, the HHS reorganization fact sheet provides high level goals for reorganization but does not provide the level of detail needed to fully understand the potential impacts for Tribal Nations. For example, we have seen significant numbers of HHS staff asked to leave or take buyouts, which has depleted staff that have experience working with Tribal Nations. Providing substantive comments on HHS reorganization plans requires that HHS provide more detailed plans and communicate with Tribal Nations on these plans and provide timelines for decisions and actions.

ACF Reorganization That Impacts Tribal Nations

Tribal Human Services

Tribal human service programs administer a range of services that provide core support for Tribal community members to meet their basic needs and improve their well-being to increase their quality and standard of living. Federal human service programs enable Tribal

Nations to ensure every citizen can meet basic needs related to employment, food, housing, medical care, education, and childcare. They also provide support to ensure community members are protected from harm, can develop a healthy sense of belonging, have opportunities to have regular social contact, and more generally, find stability in their lives.¹ For people living in unstable and vulnerable conditions, these services can mean the difference between life and death in some cases. As Tribal Nations strive to create communities where children, families, and elders can thrive, human services play a vital role in supporting positive change that is accessible and sustainable.

While the types of human services vary widely, several key services are contained within this category of services. They include, but are not limited to:

- prevention services,
- child, adult, and victims of crime protection,
- in-home family services,
- case management and service coordination,
- out of home placements for children,
- job training and education,
- childcare,
- housing and food assistance,
- participation in court hearings,
- intergovernmental coordination and service collaboration with federal, state or county partners, and
- referrals and coordination with other service providers, such as mental health, substance abuse treatment, child welfare, juvenile justice, employment assistance and training, education, food assistance, health care, childcare, housing, and law enforcement.

Examples of federal programs under ACF and SAMHSA that support Tribal human services include the following:

¹ Mayo Health Clinic Health System. (2021). Is Having a Sense of Belonging Important? <https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/is-having-a-sense-of-belonging-important>.

- Title IV-B, Subpart 1, Child Welfare Services²
- Title IV-B, Subpart 2, Promoting Safe and Stable Families
- Title IV-E Foster Care, Adoption Assistance, Relative Guardianship, and Prevention Services
- Chafee Independent Living Program (youth aging out of foster care)
- Community Based Child Abuse Prevention grants
- Tribal Court Improvement Grant Program (Tribal juvenile court proceedings)
- Social Services Block Grant (Tribes receive pass-through of state allocations)
- Child Support Enforcement
- Temporary Assistance to Needy Families
- Tribal TANF-Child Welfare grant program (services integration and coordination)
- Native Employment Works grant program
- Family Violence Prevention and Services grant program
- Child Care and Developmental Fund
- Community Services Block Grant
- Affordable Housing and Supportive Services Demonstration grant program
- Rural Community Development grant program
- Low Income Home Energy Assistance Program grant program
- Community Economic Development grant program
- Head Start
- Tribal Personal Responsibility Education Program grants (adolescent pregnancy prevention)
- Demonstration Grants for Domestic Victims of Human Trafficking grants
- Runaway and Homeless Youth grant programs

² Title IV-B and Title IV-E refer to programs authorized under the Social Security Act.

- Administration for Native Americans social, economic development, and language preservation grant programs

Key to a well-functioning human service system is the integration of services from a variety of fields to create a system of programs and services that address families in a holistic manner. When programs or services are siloed and don't collaborate well, they struggle to communicate, adapt to changing client needs, and take advantage of opportunities to address issues early before crisis sets in. Tribal human service programs, by their nature, are well-adapted to developing program efficiencies and innovative ways to serving their citizens.

As an example, the Central Council of the Tlingit and Haida Indian Tribes of Alaska child welfare program understood many of the families that are involved with the Tribal child welfare system are also involved with their Temporary Assistance to Needy Families (TANF) program. They also know that many of the families involved in their Tribal child welfare system have been seen by the TANF program a year or more before they came to the attention of the Tribal child welfare program. Several years ago, the Tribal child welfare and TANF programs outlined a strategy to improve the capacity of the TANF program to assess the risk for child maltreatment with their families and improve coordination with the child welfare program. The collaboration utilized an adapted child abuse and neglect risk assessment tool that TANF staff were trained to administer, which resulted in the identification of Tribal families with child abuse and neglect risks earlier so they could receive child welfare services. This resulted in more families getting help earlier, reducing the risk of trauma to children and their families from foster care removal, and lowering the risks for more costly and intrusive interventions.

Tribal Nations serve a critical role in providing these services not only for Tribal citizens living within their Tribal boundaries, but also with state agencies that provide services to Tribal citizens living off Tribal lands. In child welfare, Tribal assistance helps states reduce state costs and administrative burden, helps ensure appropriate and effective services are provided to Native families, and improves implementation of federal legal requirements, like those contained in the Indian Child Welfare Act.³ In many cases, Tribal human service programs also serve non-Native populations on or near Tribal lands. Tribal programs like TANF, child welfare, and childcare provide services and support to non-Native populations that would otherwise not be available in their area or would be much more challenging to access than state services. When Tribal human service programs have adequate federal

³ 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>

support, they are much more likely to be able to assist states and nearby non-Native communities, as well as Tribal citizens living on Tribal lands.

Tribal Behavioral Health Services for Children and Youth

Trauma is a key factor in the need for Tribal human services. Threats to well-being, like child maltreatment, substance abuse, domestic violence, and homelessness, are highly linked to trauma. Exposure to trauma during childhood creates an adverse childhood experience (ACE). ACEs measurements help practitioners and researchers understand the impact of trauma in children and youth that are exposed to violence, abuse, or neglect. The impact of a traumatic event can occur through direct contact or by witnessing a traumatic event in the home or community.⁴ Children and youth who have ACEs can often carry the negative effects, especially if untreated, into adulthood, which creates a higher risk for poor health, mental illness, and substance abuse.⁵ Native populations have one of the highest rates of ACEs, with one study showing a rate 2.3 times higher than any other racial group.⁶ Another measure of the critical need to better address trauma in young Native people is the extremely high rate of suicide among Native youth between the ages of 15–19 years of age.⁷ Behavioral health services are needed to treat existing trauma, prevent exposure to additional harm, and reduce the need for lengthy and repeated human services interventions.

In Tribal communities, behavioral health services are provided through a combination of programs and services, such as mental health or substance abuse prevention and treatment. This can include services that are based on Western models of practice, Tribal cultural models, or a combination of both. While the Indian Health Service (IHS) is one of the key providers of funding for Tribal mental health services, and in a small number of Tribal communities, directly provides mental health services, these funding streams are primarily designed for adults and not for children and youth. While the general number of professionally trained therapists in Indian Country is low, the number of child-trained therapists is even lower and well below what is needed to address at-risk children and youth. Access to state behavioral health services for Native children is also challenging,

⁴ Centers for Disease Control. (2024). What is Adverse Childhood Experiences? <https://www.cdc.gov/aces/about/index.html#:~:text=Adverse%20childhood%20experiences%2C%20or%20ACEs,attempt%20or%20die%20by%20suicide.>

⁵ Ibid.

⁶ Giano Z, Camplain RL, Camplain C, Pro G, Haberstroh S, Baldwin JA, Wheeler DL, Hubach RD. (2021). Adverse Childhood Events in American Indian/Alaska Native Populations. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8098634/#:~:text=Results:,educational%20attainment%20report%20lower%20scores.>

⁷ Office of Minority Health. (2021). Mental and Behavioral Health - American Indians/Alaska Natives. <https://minorityhealth.hhs.gov/mental-and-behavioral-health-american-indiansalaska-natives.>

especially for Native children and youth that reside in remote areas of the country. Adding to this is the extremely limited availability of state-funded, child-trained therapists that have experience with Native children and youth. Federal programs, like those funded under SAMHSA, provide vital resources to Tribal Nations to develop their own community-based child and youth mental health and substance abuse prevention and treatment programs and services.

Examples of federal programs under SAMHSA that support Tribal behavioral health services include the following:

- Tribal Behavioral Health Grants Program (two grant programs, mental health and substance abuse, that seek to prevent suicidal behavior and substance abuse among Native youth)
- Circles of Care grants (developing community based, children's mental health systems)
- Project Launch grants (promote wellness of children ages birth to eight years of age through positive mental, behavioral, and cognitive development)
- Children's Mental Health Services grants (operate and enhance community-based children's mental health systems)

Numerous Tribal grantees that have received these federal funds have gone on to develop innovative children's mental health programming that provides children's mental health services in communities that previously had none and established financial sustainability by working collaboratively with states to leverage other federal and state funding.

HHS Reorganization Efforts and Impacts for Tribal Community Human Services and Behavioral Health Programs

While Tribal human services programs have demonstrated their ability to design and operate effective services for their communities, they also need assistance from federal agencies to achieve their full potential. NICWA conducted 11 listening sessions with Tribal leaders and Tribal human service directors from October of 2023 through June of 2024, where many of the participants shared concerns regarding Tribal human service programs being understaffed, lacking access to appropriate training, and needing improved support and technical assistance to access federal funding and ensure Tribal programs can provide community-based programs that will meet federal requirements.

Beginning in February, numerous federal staff at ACF, both in the regional offices and central office in Washington, DC, had their positions eliminated based on HHS's reduction

in force goals; the results were eliminating probationary staff, regional offices were closed, or staff took the buyouts being offered by the Administration. In some cases, staff who were considered probationary had been working for many years in another federal job within HHS but were considered probationary because they had been promoted or had taken a different job within HHS within the last two years. In ACF's central office in Washington, DC, there were five senior advisors on Tribal engagement that advised ACF leadership on how to improve the agency's engagement with Tribal Nations and improve Tribal participation in ACF programs. This team worked closely with regional ACF office Tribal program leads and was improving ACF consultation and relationships with Tribal Nations across the country. As of June, two staff in the central office Tribal engagement team were still employed with two other staff assigned to the team that had been in other positions previously. However, all but a few of the regional office Tribal program leads have been let go as part of the regional office closures in five regions.⁸

In addition to elimination of staff in probationary status and buyouts, firings of whole teams of federal program staff have crippled program operations for certain ACF programs. For example, it is our understanding that the entire central office team for the Low Income Home Energy Assistance Program (LIHEAP) have been dismissed despite Tribal Nations still receiving congressionally appropriated funding under this program, creating a void for Tribes needing help with the operation of their LIHEAP programs. This includes operating under their current grant and preparing for submission of year-end reports and funding applications for the next fiscal year.

Another facet of HHS staff reductions has been the timing and process used. According to reports by former federal staff, notice of staff reductions occurred with less than 24-hour notice with staff being ordered to leave their office the same day. This doesn't allow for an orderly transition of work to other staff or managers and is demoralizing for both the staff that are fired and for those that remain. While HHS has talked about rehiring staff in some agencies, former staff that have experienced the first round of firings are reporting they are not feeling inclined to return to HHS. This has also eroded the desire of people new to the federal service to accept positions at HHS, especially those with higher-level skills and knowledge applicable to Tribal Nations.

The HHS regional office closures occurred abruptly causing Tribal human service programs to scramble to find answers to program and fiscal issues and seek assistance as they develop their new applications for federal grant programs. The five regions that were closed served 80% of all federally recognized Tribes in the United States. Many Tribal human

⁸ Five regional HHS offices were abruptly closed on April 1 and staff put on administrative leave pending their termination. The regional offices closed were regions 1, 2, 5, 9, and 10.

services directors have reported that over two months later, they still haven't been able to talk to a person at ACF or have their voicemails or emails responded to. This comes at a particularly difficult time as hundreds of Tribal Nations are trying to fill out their funding applications or final reports. Many were in process with regional office Tribal program leads to ensure they could submit successful applications or final reports to continue their eligibility for future funding (e.g. Child and Family Services Plans under Title IV-B, Child Care Development Fund, LIHEAP, Child Support, TANF, etc.). Other Tribes were working with regional office Tribal program leads to address training needs or develop strategies to address Tribal-state concerns in service delivery.

While in some cases, ACF has referred Tribal Nations to other regional offices, they are often referred to regional staff that already have full workloads and can't respond to them in a timely manner or have little to no experience working with Tribal Nations and the federal programs they participate in. The strategy of "next man up" in assistance to Tribes trivializes the necessary skills and knowledge needed to work effectively with Tribes, as well as the years of professional development it takes to competently provide assistance to Tribal Nations. In this current environment, many Tribal human services directors fear that federal assistance will become less focused on the values of supporting Tribal self-determination and program effectiveness, and more on compliance and process.

Besides existing program work, ACF is also responsible for guiding implementation of new laws that are approved by Congress. Last year, in an overwhelming bipartisan show of support, Congress approved the Supporting America's Children and Families Act (P.L. 118-258). This new law reauthorized Title IV-B programs under the Social Security Act to accomplish a variety of goals, including increasing Tribal funding and participation in Title IV-B programs under the Social Security Act, streamlining administrative requirements for states and Tribes, creating new technical assistance opportunities for states and Tribes to improve implementation of the Indian Child Welfare Act require improved data collection regarding Native children and families in state child welfare systems. This historic law will require ACF's best efforts to develop guidance and assist states and Tribes that will ensure smooth and proper implementation. Most critical now is the ability of Tribes to submit their Annual Progress and Services Reports and CFS-101 forms, necessary to qualify for FY 2026 Title IV-B funds. The deadline for submission of these materials was June 30, 2025, and many Tribal Nations that NICWA has contact with are Title IV-B grantees or would like to apply for the funds, have not heard from ACF regarding their requests for assistance, or are not sure who to contact to ask for assistance. While ACF has their central office Tribal engagement team working to contact eligible Tribal Nations, HHS reorganization continued with no substantive plan on how to help these Tribes until late April. Because of the

constant challenges faced by Tribal Nations in securing assistance from ACF, it is very likely that we will see a drop in the number of Tribes applying for or receiving FY 2026 funding.

An underlying concern in all these changes at HHS was the lack of consultation with Tribal Nations. In almost every situation, Tribal Nations found out about these changes after the fact, usually in the media, well after the decisions had been made. While NICWA can appreciate your desire to improve the effectiveness and efficiency of the federal government, something that is important to Tribal Nations too, respecting the nation-to-nation relationship requires adherence to formal government-to-government protocols, which begin with consultation before decisions are made that impact Tribal communities.

Conclusion

While there is appreciation for HHS's efforts to protect IHS programs and services from cuts and workforce reductions, attention also needs to be given to the implications of HHS's reorganization plans for human services and behavioral health services programs. None of these programs operate in isolation, just as Tribal citizens don't live in isolation either. Our most vulnerable citizens and the programs that serve them need the assistance of fully qualified federal staff that understand their needs, have capacity to respond to Tribal assistance needs in a timely manner, and have ongoing working relationships with Tribal communities. HHS's trust responsibility doesn't stop at IHS. It extends to all the agencies of HHS and requires carefully planned consultation with Tribal Nations before decisions are made and consideration of the trust responsibility and applicable federal law. Consulting with Tribal Nations provides HHS with greater opportunities to identify and implement program efficiencies and establish more effective programs—in essence, Tribal consultation will further our shared goals of achieving government efficiency and reduce federal bureaucracy, while maintaining the trust responsibility and continuing to empower Tribal sovereignty.