



HUMAN SERVICES

CHILD WELFARE

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”⁷³ 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.⁷⁴

Tribal child welfare programs are comprised of a number of “discrete, yet interconnected” functions that include child abuse prevention, child protection, case management, foster care, foster home recruitment, permanent placement, court hearings, ICWA coordination and collaboration, and referrals to other services.⁷⁵ Tribal child welfare programs work tirelessly to successfully serve children and families through holistic, strengths-based, culturally responsive, and family-centered services throughout these various endeavors.⁷⁶ 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. In providing these services, a great number of tribes work simultaneously in numerous jurisdictions across the country, to improve coordination with state and private child welfare agencies and court systems.⁷⁷ Tribes’ enduring service to children, families, and communities persists in the face of elevated risk factors for child abuse and neglect.⁷⁸

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.”⁷⁹ 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.

Key Recommendations

DEPARTMENT OF THE INTERIOR

Interior - Environment Appropriations Bill

Bureau of Indian Affairs Indian Child Protection and Family Violence Prevention Act

- *Appropriate \$43 million for the three discretionary grant programs under this law. Appropriating \$10 million for the Indian Child Abuse Treatment Grant Program, \$30 million for the Indian Child Protection and Family Violence Prevention Grant Program, and \$3 million for the Indian Child Resource and Family Service Centers Program will provide vital new funding to help tribes prevent and treat child abuse and neglect in their communities.*

The Indian Child Protection and Family Violence Prevention Act (ICPFVPA), Pub. L. No. 101-630 (1991), was enacted to fill gaps in tribal child welfare services – specifically child protection and child abuse treatment – and to ensure better coordination between child welfare and domestic violence programs. The act authorizes funding for two tribal programs: (1) the Indian Child Protection and Family Violence Prevention Program, which funds prevention programming as well as investigation and emergency shelter services for victims of family violence; and (2) the Treatment of Victims of Child Abuse and Neglect program, which funds treatment programs for victims of child abuse. It also authorizes funding to create Indian Child Resource and Family Service Centers in each of the BIA regional areas. These centers – staffed by multidisciplinary teams experienced in prevention, identification, investigation, and treatment of child abuse and neglect – would provide training, technical assistance, and consultation to tribal child protection programs. In spite of the great need for, and importance of, child maltreatment prevention and treatment programs, these tribal grant programs have virtually never been appropriated.

There is an incredible need for family violence prevention and treatment resources in AI/AN communities. As recently recognized by Congress in the Violence Against Women Reauthorization Act of 2013, AI/AN women are more likely than any other population to experience intimate partner violence. In fact, more than one in three AI/AN women experience intimate partner violence at some point in their life.⁸⁰ Further, AI/AN children experience child abuse and neglect at an elevated rate. They are victims of child maltreatment at a rate of 12.4 per 1,000, compared to the national rate of 9.2 children per 1,000.⁸¹ These problems are intricately intertwined. Studies show that in 49–70 percent of cases, men who abuse their partners also abuse their children⁸² while child abuse investigations reveal violence against the mother in 28–59 percent of all cases.⁸³

Child abuse prevention funding is vital to the well-being and financial stability of AI/AN communities. Beyond the emotional trauma that maltreatment inflicts, victims of child maltreatment are more likely to require special education services, more likely to be involved in the juvenile and criminal justice systems, more likely to have long-term mental health needs, and have lower earning potential than their peers.⁸⁴ Financially, child maltreatment costs tribal communities and the United States \$210,012 per victim.⁸⁵ Child abuse prevention funding is an investment tribal communities believe in but need support to fulfill.

Tribes, like states, need adequate resources to effectively prevent and respond to family violence in their communities. However, unlike states, tribes do not have access to the Department of Health and Human Services (DHHS) Child Abuse Prevention and Treatment Act Program (CAPTA) Basic Funding Program. The programs authorized under ICPFVPA were created to fill this gap but, without being appropriated, leave tribes without funding for child protection and child abuse prevention services.

BIA INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION PROGRAM

	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$0	\$0	\$0	Child Abuse Treatment: \$10,000,000 Child Abuse and Violence Prevention: \$30,000,000 Child Resource Centers: \$3,000,000

DEPARTMENT OF THE INTERIOR

Interior - Environment Appropriations Bill

Bureau of Indian Affairs Welfare Assistance Program

- *Increase funding levels to \$80 million to support tribal services that assist families in crisis, prevent unnecessary child neglect, sustain kinship placements for children placed outside their homes, support adults in need of care, and provide final expenses.*

The Welfare Assistance line item provides five important forms of funding to AI/AN families: (1) general assistance, (2) child assistance, (3) non-medical institution or custodial care of adults, (4) burial assistance, and (5) emergency assistance.

AI/AN child welfare programs and social service agencies need to have the resources necessary to support families in times of crisis and uncertainty. AI/AN adults – including parents and kinship caregivers – are unemployed on reservations at a rate more than two times the unemployment rate for the total population.⁸⁶ Thirty-four percent of AI/AN children live in households with incomes below the poverty line as compared to 20.7 percent of children nationwide.⁸⁷ The crippling of Native economies before the self-determination era left tribal communities with few economic opportunities, high unemployment, and overwhelmingly impoverished. The barriers to employment vary region to region in Indian Country, but include geographic remoteness, a weak private sector, poor basic infrastructure, and even a lack of basic law enforcement infrastructure. These conditions make the programs funded under welfare assistance an important safety net for AI/AN families.

The General Assistance Program provides short-term monetary assistance for basic needs like food, clothing, shelter, and utilities to individuals who are actively working towards financial stability and ineligible for all other financial assistance programs. The Emergency Assistance Program provides a one-time emergency payment of less than \$1,000 to individuals experiencing property damage beyond their control. These programs are essential to families experiencing unexpected job loss or financial crisis. They often provide the assistance necessary to help a family make ends meet, prevent neglect, and keep their children safely in the home. Currently the need far exceeds the funding provided by this program.

The Child Assistance Program provides payments for children who must be cared for outside their homes in foster care, adoptive, or guardianship placements. One of the primary needs recognized in the national needs assessment performed by the National Child Welfare Resource Center for Tribes was access to funding for care providers licensed within their own communities.⁸⁸ The Child Assistance Program is the primary funding source dedicated to support these homes. Insufficient funds too often require tribes to place children in unsubsidized out-of-home care, this is unfair to those extended family members and foster care homes who are willing to open their homes up to care for children. These funds must be increased to meet this identified need.

The current funding for the Welfare Assistance Program does not begin to meet the needs in tribal communities. This leaves families in poverty and caregivers willing to take children who have been abused or neglected into their homes without sufficient financial support. Funds should be increased by \$5 million to provide tribal governments the resources they need to support families and children in crisis.

BIA WELFARE ASSISTANCE PROGRAM				
	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$74,800,000	\$74,800,000	\$74,800,000	\$80,000,000

DEPARTMENT OF THE INTERIOR

Interior - Environment Appropriations Bill

BIA Indian Child Welfare Act Program

- Increase the Indian Child Welfare Act On or Near Reservation Program appropriations to \$18 million.

As the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence recently stated “If AI/AN children today are to be provided with a reliable safety net, the letter and spirit of [the Indian Child Welfare Act] must be enforced.”⁸⁹ ICWA was a response to national findings that public and private child welfare agencies were systematically removing AI/AN children from their homes, communities, and culture in order to place them in non-Native foster and adoptive homes. To prevent these troubling practices which unfortunately still occur today, ICWA provides protections to tribes and AI/AN families in state child welfare and judicial systems. It also recognizes the sovereign authority of tribal nations to provide child welfare services and adjudicate child welfare matters. To effectuate these provisions, ICWA authorized grant programs to fund child welfare services on or near reservations and for ICWA support in off-reservation, urban Indian programs.

ICWA funding is the foundation of most tribal child welfare programs. In order for AI/AN children and families to get the best possible services at home and in state systems and allow tribes to assist state agencies and courts, adequate funding must be provided to tribal governments to support their child welfare programs. At the time that ICWA was passed in 1978, Congress estimated that between \$26 million–\$62 million would be required to fully fund tribal child welfare programs on or near reservations.⁹⁰ Even after an important FY 2015 increase as part of the Tiwahe Initiative, current funding levels fall far short of this estimate—especially after adjusting for inflation.

- Appropriate \$5 million for the authorized, but unfunded, Off-Reservation ICWA Program to ensure all AI/AN children receive effective services as required by ICWA.

According to the 2010 Census, 67 percent of AI/AN people lived off-reservation. These children and families are best served when state child welfare systems are not only working with the child’s tribe, but also with urban Indian child welfare programs. These programs provide assistance to states and the child’s tribe, and provide culturally appropriate child welfare services. For this reason, ICWA authorizes child welfare funding for urban Indian programs. From 1979–1996, funding was allocated to urban organizations serving Native children and families. When funded, off-reservation programs provided important services such as recruitment of Native foster care homes, child abuse prevention efforts, and culturally appropriate case management and wraparound services. When funding stopped, the majority of these programs disintegrated even as the population of AI/AN children off-reservation increased. This funding must be reinstated. We recommend a \$5 million appropriation to support AI/AN children and families living off-reservation.

BIA INDIAN CHILD WELFARE ACT PROGRAM

	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
On-Reservation ICWA program	\$15,431,000	\$15,641,000	\$15,641,000	\$18,000,000
Off-Reservation ICWA program	\$0	\$0	\$0	\$5,000,000

DEPARTMENT OF THE INTERIOR

Interior - Environment Appropriations Bill

BIA Social Services Program

- Provide \$50 million to fortify child protective services and ensure meaningful technical assistance to tribal social service programs across Indian Country.

The Social Services Program provides a wide array of family support services filling many funding gaps for tribal programs and ensuring federal staff and support for these programs. Importantly, the Social Services Program provides the only BIA and tribal-specific funding available for child protective services for both children and adults in Indian Country. It ensures that Native people living on or near reservations have the support necessary to access the maze of services provided by states and the federal government. Where individuals are ineligible for all of these programs, this program provides necessary aid. This program also supports the management of Indian Individual Monies accounts for individuals who lack the legal authority to do so (including minors, adults with disabilities, and adults found to be non compos mentis). It also funds BIA social workers at regional and agency offices and funds training and technical assistance to tribal social service programs and workers. These funds are desperately needed. A recent assessment of BIA social services found that, in large part due to inadequate funding:

“BIA AND TRIBAL SOCIAL SERVICES STAFF PREPARE, AUTHORIZE, AND DOCUMENT VARIOUS SOCIAL SERVICES ACTIVITIES AS PART OF THEIR DAILY ACTIVITIES. SOME TRIBES REPORTED FREQUENT VACANCIES AND STAFF TURNOVER IN SOCIAL SERVICES PROGRAMS AND MENTIONED A NEED FOR BIA TO PROVIDE BASIC GUIDANCE AND SUPPORTING MATERIALS TO ENSURE CONTINUITY OF SERVICES THROUGHOUT TRIBAL COMMUNITIES.”

Technical support is one area where roles and responsibilities remain unclear, as demonstrated by BIA’s social services contracts with tribes. The contracts, or annual funding agreements, state that BIA will provide technical support with social services issues as needed. Contrary to these agreements, we uncovered reports of insufficient or nonexistent technical support. In some cases, tribes could wait up to 3 weeks before receiving a response, or they might receive no response at all.⁹¹

As this assessment describes, the Social Services Program is drastically underfunded, and tribal programs, families, and children suffer as a result. Recent increases as part of the Tiwahe Initiative are to be commended and the momentum must be continued. Another \$5 million must be appropriated for this program—children and families depend on it. This increase will ensure that basic child protective services are provided in tribal communities across the country, that tribes have access to meaningful training and technical assistance, and that the BIA has the resources necessary to fill service gaps. The Tribal Interior Budget Council estimated an unmet need of \$32 million on top of the FY2015 enacted level during tribal budget formulation for FY 2017.

BIA SOCIAL SERVICES PROGRAM				
	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$40,871,000	\$45,179,000	\$45,179,000	\$50,000,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

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

- *Increase discretionary funding to \$70 million to provide additional access to tribes who are currently not eligible to apply for these funds based upon the current eligibility criteria that are tied to the funding formula.*

The Promoting Safe and Stable Families Program provides funds to tribes for coordinated child welfare services that include family preservation, family support, family reunification, and adoption support services. This program has a mandatory capped entitlement appropriation as well as a discretionary appropriation. There is a three percent set-aside for tribes under each program. All tribes with approved plans are eligible for a portion of the set-aside that is equal to the proportion of their member children compared to the total number of member children for all tribes with approved plans. Based on this formula, tribes who would qualify for less than \$10,000 are not eligible to receive any funding. This means that many tribes, typically those tribes who are most in need, cannot access it because the overall appropriation is currently too low.

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.”⁹²

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.⁹³ 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.⁹⁴

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 this program to \$70 million (still \$130 million below the authorized appropriation) could help dozens of new tribes access this funding and augment the programming of the 130 tribes and consortia currently funded.

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 percent of all discretionary funds. A \$1 million tribal set-aside was created in the 2011 Child and Family Services Improvement and Innovation Act, Pub. L. No. 112-34 (2011). Five tribal court improvement project grantees are currently funded under this program. They are using these funds to strengthen their family courts and better integrate the work of their court with 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.

**PROMOTING SAFE AND STABLE FAMILIES PROGRAM, TITLE IV-B SUBPART 2 PROGRAM DISCRETIONARY FUNDS
(TRIBES ELIGIBLE FOR 3% ALLOCATION FROM TOTAL AMOUNT)**

	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$59,800,000	\$59,800,000	59,800,000	\$70,000,000
Tribal	\$1,800,000	\$1,800,000	\$1,800,000	\$2,100,000
Tribal Court Improvement Program	\$1,000,000	\$1,000,000	\$1,000,000	\$3,000,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child and Family Services

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

- Increase overall appropriations to \$38 million to account for tribes’ recent eligibility for these funds through a competitive grant process.

Child Abuse Discretionary Activities, including Innovative Evidence-Based Community Prevention Program, support a variety of activities including research and demonstration projects on the causes, prevention, identification, assessment, and treatment of child abuse and neglect, and the development and implementation of evidence-based training programs. Tribes have access to this program through a competitive grant process that includes states and other entities. The majority of entities that have historically received funding are universities and research hospitals.

An accurate understanding of successful child abuse and neglect interventions for AI/AN families allows child abuse prevention programs to target the correct issues, provide the most effective services, and allocate resources wisely. Although promising practices for child protection, child abuse prevention, and trauma-informed child welfare services exist throughout Indian Country, not enough information is available on the implementation and effectiveness of these programs to make them easily replicable.⁹⁵

The Attorney General’s Advisory Committee on American Indian/Alaska Native Children Exposed to Violence recently provided the following recommendation: “The Administration of Children and Families of the DHHS, BIA in the DOI, and tribes should collectively identify child welfare best practices and produce an annual report on child welfare best practices in AI/AN communities that is easily accessible in tribal communities.”⁹⁶ 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 by \$5 million (a level still well below the \$120 million authorization) to provide the funding necessary to ensure tribal success in this competitive grant process.

CHILD ABUSE DISCRETIONARY ACTIVITIES, INNOVATIVE EVIDENCE-BASED COMMUNITY PREVENTION PROGRAM

	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$28,744,000	\$33,000,000	\$33,000,000	\$38,000,000
Tribal	Dependent upon grantees awarded	Dependent upon grantees awarded	Dependent upon grantees awarded	Increase will fund tribal grantees

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child and Family Services

Community-Based Child Abuse Prevention

- Increase funding to \$45 million, so that eligible tribes can develop more robust community-based child abuse prevention programs.

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 one percent 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.”⁹⁷

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 which are community-based and tailored to the needs of the local community.

COMMUNITY-BASED CHILD ABUSE PREVENTION

	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$39,764,000	\$39,764,000	\$39,764,000	\$45,000,000
Tribal (shared with migrant)	\$388,600	\$397,640	\$397,640	\$450,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child Welfare Programs

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

- *Restore funding to this vital program to \$280 million because it is essential to increase the entire appropriation of the Child Welfare Services Program to ensure that tribes have access to increased flexible Child Welfare Services Program funds for their child welfare programs.*

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

The vast majority of tribal child welfare programs operate from a cultural worldview—meaning the ways that culture affects tribal child welfare practice go far beyond incorporating traditional practices into case 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.⁹⁸ The flexibility of the Child Welfare Service Program allows tribes to provide culturally appropriate services to families along a continuum, from child protection to out-of-home placement. The Child Welfare Service Program is typically used by tribes for in-home services, support services for children in foster care, case management, and training and professional development. Tribes use this important funding to tailor their child welfare services to best fit their communities’ needs.

Of the 567 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.

CHILD WELFARE SERVICES PROGRAM (SOCIAL SECURITY ACT TITLE IV-B, SUBPART I)				
	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$268,735,000	\$268,735,000	\$268,735,000	\$280,000,000
Tribal	\$6,094,216	~\$6,329,000	~\$6,329,000 (estimated)	~\$7,100,000 (dependent on number of applicants)

CHILDREN'S MENTAL HEALTH

AI/AN children and communities grapple with complex behavioral health issues at higher rates than any other population. 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.⁹⁹ 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 Attorney General's Advisory Committee on AI/AN Children Exposed to Violence, comprised of nonfederal experts in the area of AI/AN children exposed to violence, recently released their report. It describes the foundation necessary to treat AI/AN children who have experienced trauma: "We must transform the broken systems that re-traumatize children into systems where [AI/AN] tribes are empowered with authority and resources to prevent exposure to violence and to respond to and promote healing of their children who have been exposed."¹⁰⁰

The most assured way to transform these broken 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. The advisory committee provided the following recommendation:

"THE SECRETARY OF HEALTH AND HUMAN SERVICES SHOULD INCREASE AND SUPPORT ACCESS TO CULTURALLY APPROPRIATE BEHAVIORAL HEALTH SERVICES IN ALL AI/AN COMMUNITIES, ESPECIALLY THE USE OF TRADITIONAL HEALERS AND HELPERS IDENTIFIED BY TRIBAL COMMUNITIES."¹⁰¹

It is with this recommendation in mind 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

Labor, HHS, Education Appropriations Bill

Substance Abuse and Mental Health Services Administration

Programs of Regional and National Significance

Children and Family Programs (includes Circles of Care)

- *Ensure that \$6 million under this line item continues to be reserved specifically for the tribal and urban Indian community Circles of Care program.*

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 11 communities receiving Circles of Care funding.

AI/AN children and youth face a “disproportionate burden” of mental health issues while simultaneously facing more barriers to quality mental health care.¹⁰² 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 49 different tribal and urban Indian communities. These programs have been incredibly successful. The majority of tribes who have received these grants have created long-term, sustainable systems of care for their children.

Of the 31 total graduated Circles of Care grantees, 12 have obtained direct funding to implement their system change efforts through the Child Mental Health Initiative (CMHI) Program (which funds system of care grants), and four 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.

SAMHSA CHILDREN AND FAMILY PROGRAMS (INCLUDES CIRCLES OF CARE)				
	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$6,458,000+	\$6,458,000+	\$6,458,000	\$8,000,000 (\$4 million dedicated to Circles of Care grants)

+ Circle of Care funding is one of three programs funded under this funding category

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill
 Substance Abuse and Mental Health Services Administration
 Garrett Lee Smith (GLS) Campus Suicide Prevention Program

- Increase funding to \$9 million to ensure current multi-year grantees can complete the grant cycle and allow for the additional new annual grantees in FY 2018.

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

Youth suicide is a significant – but preventable – problem in AI/AN communities. The suicide rate for AI/AN youth is 2.5 times higher than the national average.¹⁰³ In response to this problem, AI/AN communities across the country have successfully implemented proactive and holistic programming, which aims to simultaneously reduce those factors known to contribute to suicide and strengthen those factors known to protect against suicide. The GLS State/Tribal Youth Suicide Prevention and Early Intervention Program and the GLS Campus Youth Suicide Prevention Program currently supports this important work in 41 tribal communities and at one tribal college.

Funding for the GLS State/Tribal Youth Suicide Prevention and Early Intervention Program must be increased to \$40.5 million. These grants provide targeted funding for a problem of epidemic proportions in tribal communities. They have been a lifeline for tribal communities. This increase will ensure that current grantees can complete the programs they have begun and give more tribal communities the opportunity to access these funds. For similar reasons, funding for the GLS Campus Youth Suicide Prevention Program should be restored to the FY 2012 level of \$9 million.

GARRETT LEE SMITH SUICIDE PREVENTION PROGRAMS				
	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
State/Tribal Youth Suicide Prevention and Early Intervention Grant Program	\$35,427,000	\$35,427,000	\$35,427,000	\$40,000,000
Campus Suicide Prevention Program	\$6,488,000	\$6,488,000	\$6,488,000	\$9,000,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill
 Substance Abuse and Mental Health Services Administration
 American Indian and Alaska Native Suicide Prevention

- Provide \$3.2 million to ensure that there is adequate assistance available to tribal communities working to support the mental well-being of AI/AN youth.

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

This program has provided training and technical assistance to over 65 tribal communities. It has helped these communities leverage existing social and educational resources to implement comprehensive, community-based prevention plans that target bullying, violence, and suicide. It has trained over 9,000 community members in prevention and mental health promotion. Increase funding to \$3.2 million to allow for more of these important activities to continue.

SAMHSA AMERICAN INDIAN AND ALASKA NATIVE SUICIDE PREVENTION				
	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$2,931,000	\$2,931,000	\$2,931,000	\$4,000,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill
 Substance Abuse Mental Health Services Administration
 Programs of Regional and National Significance
 Tribal Behavioral Health Program

- Increase funding for the Tribal Behavioral Health program to \$50 million.

In the FY 2016 Consolidated Appropriations Act, the Substance Abuse and Mental Health Administration (SAMHSA) funded Tribal Behavioral Health Grants at \$30 million (\$15 million in the Mental Health appropriation and \$15 million in the Substance Abuse Prevention appropriation). NCAI recommends \$50 million in FY 2018 to continue to address the expansion of suicide prevention, mental health and substance abuse activities for Native communities.

The Consolidated Appropriations Act of 2014, Pub. L. No. 113-76 (2014) recommended that \$5 million be allocated to Tribal Behavioral Health Grants. These are to be competitive grants designed to target tribal entities with the highest rates of suicide per capita over the last 10 years. These funds must be used for effective and promising strategies to address the problems of substance abuse and suicide and promote mental health among AI/AN young people.

AI/AN young people are more likely than other youth to have an alcohol use disorder. In 2007, 8.5 percent of all AI/AN youth struggled with alcohol use disorders compared to 5.8 percent of the general youth population.¹⁰⁴ 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 PERCENT 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.¹⁰⁵

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.

SAMHSA	FY 2015 ENACTED	FY 2016 ENACTED	FY 2017 ENACTED (CR)	FY 2018 RECOMMENDED
MENTAL HEALTH APPROPRIATION				
Tribal Behavioral Health Grants	\$4,988,000	\$15,000,000	\$15,000,000	\$25,000,000

SAMHSA	FY 2015 ENACTED	FY 2016 ENACTED	FY 2017 ENACTED (CR)	FY 2018 RECOMMENDED
SUBSTANCE ABUSE PREVENTION APPROPRIATION				
Tribal Behavioral Health Grants	--	\$15,000,000	\$15,000,000	\$25,000,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Children’s Mental Health Initiative (Systems of Care)

- Restore funding to \$117 million to allow for the continued support of the current cohorts of four-year Systems of Care Expansion Implementation Grants, and six-year Children’s Mental Health Initiative Systems of Care Grants, four-year Systems of Care Expansion Implementation Grants, and six-year Children’s Mental Health Initiative Systems of Care Grants, and allow for new grantees in FY 2015.

The children’s mental health initiative line item supports the development of comprehensive, community-based “systems of care” for children and youth with serious emotional disorders. This includes funding for one-year System of Care Expansion Planning Grants, four-year System of Care Expansion Implementation Grants, and six-year Children’s Mental Health Initiative System of Care Grants. AI/AN communities are eligible for, and recipients of, each of these grants, but must compete with non-tribal applicants to receive these funds.

Children’s Mental Health Initiative System of Care Grants support a community’s efforts to plan and implement strategic approaches to mental health services. These approaches are based on important principles, they must be family-driven; youth-guided; strength-based; culturally and linguistically responsive; and meet the intellectual, emotional, cultural, and social needs of children and youth. Since 1993, 180 total projects have been funded, dozens of which have been in tribal communities. Currently, 17 tribal communities are funded under the Children’s Mental Health Initiative line item.

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.¹⁰⁶ 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.¹⁰⁷ Therefore, this program has been both well-received and particularly effective.

Evaluations studies of System of Care have indicated return on investment from cost-savings in reduced use of in-patient psychiatric care, emergency room care, and residential treatment even when other community or home based care is provided. There are also cost savings from decreased involvement in juvenile justice systems, fewer school failures, and improved family stability.¹⁰⁸

Due to this program’s efficacy in tribal communities, it is of the utmost importance that funding for current grantee cohorts be made available so that they may finish the important work they have begun. In addition, the well-being of AI/AN children is dependent on the ability of more tribes to access these funds and create real systems change. For these reasons, funding should be continued at the FY 2015 level of \$117.5 million.

SAMHSA CHILDREN'S MENTAL HEALTH INITIATIVE

	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted (CR)	FY 2018 Recommended
Total	\$117,000,000	\$119,000,000	\$119,000,000	\$124,000,000

ELDERS

Elders are held in the highest regard in all tribal communities, however, American Indian and Alaska Native elders are at a growing risk of financial exploitation and neglect. In fact, it is these same elders in Indian Country that comprise the most economically disadvantaged elderly minority in the nation.¹⁰⁹ The number of American Indian and Alaska Native elders aged 65 and older is expected to increase by nearly 80,000 people by 2020.

The Older Americans Act (OAA) is the major federal statute that authorizes social and nutritional services to elders. These supportive services include congregate and home-delivered nutrition services; community centers; community service employment; long-term care ombudsman programs; information and referral services; and services to prevent the abuse, neglect, and exploitation of elders. The OAA specifically states “it is the purpose of this Title to promote the delivery of supportive services, including nutrition services, to American Indians, Alaskan Natives [sic], and Native Hawaiians that are comparable to services provided under Title III” (grants for state and community programs on aging). Due to inadequate funding to carry out the purpose of Title III, “comparable services” for Native elders have not been achieved. Tribal governments have little or no access to the agencies, departments, ombudsman, or programs that are available to states. In addition, state programs seldom serve Native elders due to cultural and geographic barriers. Immediate action needs to be taken in order to remedy these disparities and ensure that Native elders are well taken care of.

Key Recommendations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Older Americans Act – Title VI

- *Maintain \$30 million for Parts A (Grants for Indian Programs) and Part B (Grants for Native Hawaiian Programs).*

Programs under Title VI of the Older Americans Act are the primary vehicle for providing nutrition and other direct supportive services to American Indian, Alaska Native, and Native Hawaiian elders. In FY2016, 262 tribes and consortia of tribes were served under the Older Americans Act, Part A and Part B grants. Approximately two-thirds of the Part A and Part B grants given to tribes are less than \$100,000 each. This funding level is expected to provide services for a minimum of 50 elders for an entire year. Yet, those tribes receiving \$100,000 typically serve between 200 and 300 elders. As such, many tribes are unable to meet the five-days-a-week meal requirement because of insufficient funding and are serving congregate meals only two or three days per week. Some Title VI programs are forced to close for a number of days each week, unable to provide basic services such as transportation, information and referral services, legal assistance, ombudsman, respite or adult day care, home visits, homemaker services, or home health aide services. Rapidly increasing transportation costs also severely limit Title VI service providers' ability to deliver meals and related supportive services to home-bound Native elders at the current funding level. This funding should be maintained so that Native elders continue to receive consistent care.

- *Provide \$8.3 million for Part C (Native American Caregiver Support Program) administered by the Administration on Aging and create a line-item for training for tribal recipients.*

The Native American Caregiver Support Program under Title VI - Part C of the OAA assists American Indian, Alaska Native, and Native Hawaiian families caring for older relatives with chronic illnesses. The grant program offers many services that meet caregivers' needs, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services. Each year this service reaches over 240 tribes and consortia of tribes which serve over 400 tribal nations. In FY 2014, over 112,000 units of support services were provided under the Part C grants for Native American Caregiver Support program. With over 230,000 American Indian and Alaska Native elders participating this program cannot be effective if it is not adequately funded. It should be funded at \$8.3 million, with sufficient resources also allocated to address historically unmet tribal training needs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Older Americans Act – Title VII

Elder Rights Activities and the Elder Justice Initiative

- *Create a one percent tribal set-aside for the Protection of Vulnerable Older Americans so that tribes and tribal organizations may carry out elder justice activities, consistent with the Older Americans Act (Title VII, Subtitle B).*
- *Recommend that tribes and tribal organizations be eligible for the Elder Justice Initiative that provides grants to test and evaluate innovative approaches to preventing and responding to elder abuse.*

The current public safety concerns of elders on tribal lands are a result of decades of severe underfunding for tribal criminal justice systems and a very complex jurisdictional landscape. Title VII – Subtitle B of the Older Americans Act authorizes a program for tribes, public agencies, or non-profit organizations serving Native elders to assist in prioritizing issues concerning elder rights and to carry out related activities. While such programs are authorized under the Older Americans Act, there is a need for appropriations for these programs especially considering that tribes have no additional source of mandatory federal funding for elder protection activities. As such, a one percent tribal set-aside should be created under Subtitle B to ensure that tribes have access to funds at a comparable level to states. It is further recommended that tribes and tribal programs be eligible to compete for grants to test and evaluate innovative approaches to preventing and responding to elder abuse as part of the new Elder Justice Initiative.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Older Americans Act – Title V

Senior Community Service Employment Program

- *Maintain funding for the Senior Community Service Employment Program (SCSEP) at the FY 2015 level of \$434,371,000 and ensure no cuts are proposed for this program by either the Administration or Congress.*

Through the Senior Community Service Employment Program (SCSEP), low-income elders can take advantage of federal job training programs to help meet their needs. The program matches eligible older adults aged 55 or older with part time work-based training and community organizations in hopes of helping these individuals attain proper training and employment. Maintaining the SCSEP FY2016 budget request of \$434.4 million dollars is critical for older adults. Each year SCSEP provides jobs for about 67,000 elders in every state. By ensuring funding for the Senior Community Service Employment Program many people will keep their jobs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

- *Full implementation of the Indian Health Care Improvement Act especially long term care for our elders within their own communities, not institutionalized*

Long term care for our elders within their own communities is essential to our Native people. The term long term services and supports (LTSS) encompasses the full range of services provided to Native elders from in-home community-based services to long term care services. Elders prefer to age in their own homes and communities. This is also the most cost effective approach for many families. American Indian and Alaska Native households tend to be multigenerational. Elder care tends to be provided by a family member which can be a financial strain on large family households. Caregiving is satisfying, but can also be stressful emotionally and financially. Elders cannot afford these services out of pocket. As the Native elder population continues to grow it is important to prepare and plan for the increased demand for LTSS.

- *Develop comprehensive long term care services by financing IHS Elder Care Initiatives to ensure that elders receive the care they need.*
- *Establish coordinated care for aging services and supports to ensure that elders will age in place in their own communities.*
- *Provide services and support for Adults with Disabilities, who require a range of services: transportation, home modification, medical, in-home and other crucial supportive services.*
- *Work with HHS in developing culturally appropriate health care services for elders with dementias diseases such as Alzheimer's disease. These health care services should also provide caregivers support services.*

DISABILITIES

Key Recommendations

According to the Centers for Disease Control and Prevention, approximately 30 percent of American Indian and Alaska Native adults have a disability—the highest rate of any other population in the nation.¹¹⁰ Of those Native adults with a disability, 51 percent reported having fair or poor health.¹¹¹

A number of issues contribute to this troubling reality, including high incidences of diabetes, heart disease, and preventable accidents. As a result, tribes have an extraordinary need to support their disabled citizens in improving their health and becoming self-sufficient. Despite this need, however, tribes have had limited access to funding to address the needs of their citizens with disabilities.

DEPARTMENT OF EDUCATION

Labor, HHS, Education Appropriations Bill

Vocational Rehabilitation Services Projects for American Indians with Disabilities

- *Increase Vocational Rehabilitation Services Projects to \$67 million and create a line-item of \$5 million for providing outreach to tribal recipients.*

Tribes have had limited access to funding for vocational rehabilitation and job training compared to states. An increase in the Vocational Rehabilitation Services Projects to \$67 million would begin to put tribes on par with state governments and better equip tribes to provide supports to their citizens with a disability.