



Native teenagers working on traditional recipes to surprise elders at their local cultural center. Photo credit: Department of the Interior

Human Services

Child Welfare

Tribes have an important relationship with their children and families: they are experts in the needs of American Indian and Alaska Native (AI/AN) children, best suited to effectively serve those needs, and most able to improve child welfare outcomes for these children.³⁴ Many states find tribes to be an essential part of the child welfare system because of the help and relief they offer through the provision of culturally competent services and needed out-of-home placements for tribal children.³⁵ Self-determination is essential to good outcomes for Native children in both state and tribal child welfare systems. Successful tribal child welfare requires a budget that avoids unnecessary restraint to tribal decision making. Funding must provide flexible opportunities that allow tribes to design their child welfare services to meet the needs of American Indian and Alaska Native children and families.

In addition, Native communities have elevated risk for child abuse and neglect. Funding must account for this elevated need and the United States' corresponding trust responsibility for the protection and preservation of tribes' most vital resource—American Indian and Alaska Native children.

Key Recommendations

DEPARTMENT OF THE INTERIOR

Interior - Environment Appropriations Bill

Bureau of Indian Affairs (BIA) Social Services

- *Increase BIA Social Services to at least \$40 million.*

The BIA Social Services line item funds contracted/compacted tribal social workers and BIA staff at regional and agency offices, support programs for Native individuals, and training and technical assistance to tribal social service programs. This funding ensures that Native people living on or near reservations have support accessing services and programs provided by states and the federal government. If Native people are ineligible for all of these programs, Social Service funding provides the aid necessary so that their basic needs such as food, clothing, and shelter are met. This program also supports the management of Indian Individual Monies (IIM) accounts for those without the legal authority to do so (including minors, adults with disabilities, and adults found to be non compos mentis). Through the BIA, these tribal social service programs and staff receive important training and technical assistance on relevant regulations and on social service delivery and programming. Finally, the Social Services line item supports BIA staff who process important assistance applications and provide basic protective services to children and the elderly. With nearly 19 percent of the American Indian and Alaska Native civilian labor force still unemployed on reservations according to the 2006-2010 American Community Survey, the rate remains more than two times as high as the rate for the total population. The crippling of Native economies before the Self-Determination Era left tribal citizens overwhelmingly impoverished, facing high unemployment compared to non-Native people, and with few economic opportunities. 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. This, coupled with the recent economic down turn, makes the Social Service program an essential yet underfunded part of anti-poverty programming on reservations nationwide. For these reasons, this program must be increased to \$40 million.

DEPARTMENT OF THE INTERIOR

Interior - Environment Appropriations Bill

BIA Welfare Assistance

- *Increase current funding levels to \$80 million.*

The Welfare Assistance line item provides five important forms of funding to American Indian and Alaska Native families: General Assistance, Child Assistance, Non-Medical Institutional or Custodial Care of Adults, Burial Assistance, and Emergency Assistance.

American Indian and Alaska Native children are more likely to live in households that are below the poverty line. Thirty-four percent of American Indian and Alaska Native children live in households with incomes below the poverty line as compared to 20.7 percent of children nationwide.³⁶ These precarious financial conditions make the programs funded under welfare assistance an important safety net for Native families.

General Assistance provides financial assistance for essential needs such as food, clothing, shelter, and utilities while individuals, who are ineligible for all other financial assistance programs, work towards independence as outlined in a Self-Sufficiency Plan.

These funds are essential to the basic well-being of the individuals who receive them and also an important tool for child welfare agencies working to keep families together. These funds, like Emergency Assistance, often provide the basic financial assistance necessary to support a family and prevent the removal of a child. Child Assistance provides payments on behalf of children who are placed outside their homes in a foster, adoptive, or guardianship home. These funds are critical because tribal governments have a responsibility to support the placement of Native children under their jurisdiction living on their lands who cannot remain safely in their homes. Currently only three tribes have access to Title IV-E, the funding stream states use to support out-of-home placements. Other tribes rely on Child Assistance funds for this purpose. Without these funds, tribes would have to place children in unsubsidized foster care homes. This would put an undue burden on tribal foster families and make foster care recruitment in American Indian and Alaska Native communities all the more difficult. Non-Medical Institutional or Custodial Care of Adults and Burial Assistance funding provides important supports for older adults in need of care, final expenses, and arrangements.

The current funding level for these important services just begins to meet the need in tribal communities. For this reason, the funds should be increased by \$5 million over the FY 2013 pre-sequester level. This amount will provide necessary support for Native individuals who need a hand up, for children in out of home care, and for families at risk of being torn apart due to allegations of neglect connected to financial insecurity.

DEPARTMENT OF THE INTERIOR

Interior - Environment Appropriations Bill

BIA Indian Child Welfare Act

Table 3 – BIA Indian Child Welfare Act			
	FY 2011	FY 2012	FY 2013*
On-Reservation Program	\$11,053,000	\$10,850,000	\$10,628,000
On-Reservation Program (Self-Governance and Consol. Tribal Gov't Program portions)	\$11,300,000	\$11,300,000	\$11,480,000
Off-Reservation Program	\$0	\$0	\$0

*Bureau of Indian Affairs, *Department of the Interior: Budget justifications and performance information Fiscal Year 2014, Indian Affairs, 2013*. Retrieved from www.bia.gov/cs/groups/xocfo/documents/text/idc1-021730.pdf. "References to the 2013 Full Yr. CR signify annualized amounts appropriated in P.L. 112-175, the Continuing Appropriations Act. These amounts are the 2012 enacted numbers annualized through the end of FY 2013 with a 0.612 percent across-the-board increase for discretionary programs." (p. 4); the numbers are pre-sequester levels.

The Indian Child Welfare Act (ICWA) was enacted in 1978 in response to the troubling practices of public and private child welfare agencies that were systematically removing American Indian and Alaska Native children from their homes, communities, and culture, and placing them in non-Indian foster and adoptive homes. The Act not only provides protections for Native children in state child welfare and judicial systems but recognizes the sovereign right of tribes to care for their children. In response, tribes nationwide have increased their capacity and exercise their sovereignty through the development and implementation of child welfare programs that serve their children and families.

To ensure that tribes could assert their sovereignty, ICWA authorized grant programs to fund child welfare services on or near reservations and for ICWA support in off-reservation, urban Indian programs.

- *Increase the Indian Child Welfare Act On or Near Reservation Program by \$5 million and the Self-Governance and Consolidated Tribal Government Program (CTPG) portion of the program by \$5 million, for a total increase of \$10 million to help tribes meet the needs of their communities.*

At the time that ICWA was passed, Congress estimated that between \$26 million and \$62 million was required to fully fund tribal child welfare programs on or near reservations during the first four years of the grant program.³⁷ ICWA funding is used for child protective services, family reunification and rehabilitation, case management, foster care recruitment and retention, and adoption services. Despite its importance to so many facets of tribal child welfare work, it remains underfunded, even as tribes remain ineligible for other important child welfare funding like Child Abuse Prevention and Treatment Act (CAPTA) State Grants, and Title XX Social Service Block Grants, to which states have access.

In order for the United States to fulfill its trust responsibility, this funding stream—the foundation for most tribal child welfare systems—must be expanded to a level of funding that accounts for the needs of tribes, the number of tribes, and the continuum of services tribes must provide to care for their children and families. This would require an additional \$5 million of appropriated funding to the Indian Child Welfare Act On or Near Reservation Program and an additional \$5 million of appropriated funding for the Self-Governance and Consolidated Tribal Government portions of the Indian Child Welfare Act On or Near Reservation Program for a total of \$10 million more in appropriations for tribal child welfare.

- *Appropriate an additional \$5 million for the authorized, but unfunded, Off-Reservation Indian Child Welfare Act Program to ensure all children are protected by ICWA.*

The protections of ICWA apply to children on-reservation and children who live off-reservation in urban areas. For this reason, ICWA authorizes child welfare funding for urban programs. From 1979 to 1996, funding was allocated for ICWA grants to urban organizations serving Native peoples. The off-reservation program has not since been funded despite the fact that, according to the 2010 Census, a large percentage of Native people live off-reservation. Urban programs provide important services such as recruitment of Native foster-care homes, case management, identification of at-risk families for services, and in-home services that help children stay in their homes or be reunified with their parents safely. As a result of the loss of funding, the majority of these programs have disintegrated even as the population of American Indian and Alaska Native children in urban areas increases. It is for this reason that this funding must be reinstated and appropriated at \$5 million to ensure that all Native children are protected by the Indian Child Welfare Act.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child and Family Services

Child Abuse Prevention and Treatment Act (CAPTA): Child Abuse Discretionary Activities, including Innovative Evidence-Based Community Prevention Programs

- *Increase appropriations to \$35 million for FY 2015 to account for tribes' recent eligibility for these funds and hold state and other grantees harmless.*

Child Abuse Discretionary Activities, including Innovative Evidence-Based Community Prevention Programs can be used to 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—currently, the majority of entities receiving funding are universities and research hospitals.

There is little information on the causes and risk factors for abuse and neglect specific to Native families, there is also little research on interventions and assessments that take into account cultural considerations for Native communities.³⁸ An accurate understanding of the specific risk factors and effective interventions for child abuse and neglect in Native families ensures that child abuse prevention programs target the correct issues, provide the most helpful services, and allocate resources wisely. Child Abuse Discretionary Activities, including Innovative Evidence-Based Community Prevention Programs, are important because they provide the only funding available to help tribes engage in the research necessary to gather this information and test treatment and interventions.

Importantly, the CAPTA Reauthorization Act of 2010 (P.L. 111-320) provided tribal access to this program, but appropriation levels were not increased significantly following the reauthorization to account for the new 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 \$10 million, to \$35 million—a level still well below the \$120 million authorization (which is shared with CAPTA State Grants, currently authorized at only \$25 million) to provide funds necessary to ensure tribal access in this competitive grant process.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child Abuse Prevention and Treatment Act (CAPTA): Community-Based Child Abuse Prevention

- Increase funding to \$60 million, so that more tribes can have access to these scarce child abuse prevention dollars.

Table 4 – Community-Based Child Abuse Prevention

	FY 2011	FY 2012	FY 2013*	Authorization
Total	\$41,606,000	\$41,527,057	\$38,860,000	\$80,000,000
Tribal	\$416,850	\$416,545	unavailable	1% set-aside for tribal grantees shared with migrant populations

* ACF all-purpose table—FY2012-2013, Administration for Children and Families, 2013. Retrieved from www.acf.hhs.gov/sites/default/files/olab/fy2013apt.pdf.

The Community Based Child Abuse Prevention line item funds programs that develop and enhance community-based, prevention-focused services designed to curb child maltreatment by strengthening families. Tribes have access to this program, but their access is limited to one percent of the total funding, which is to be shared with migrant populations.

American Indian and Alaska Native children experienced child abuse and neglect at a rate of 11.4 per 1,000, compared to the national rate of 9.1 per 1,000.³⁹ This rate underscores the need for tribal access to child abuse and neglect prevention funding. The Community Based Child Abuse Prevention Program is the only appropriated funding that specifically targets the design and implementation of prevention programs. It empowers tribes to create programs that will be truly effective at preventing child maltreatment—programs which are community-based and culturally competent.

Due to the shared one percent set-aside, the current level of funding is only enough for two tribal grantees. For this reason, the Community-Based Child Abuse Prevention line item should be increased to \$60 million, an amount still \$20 million lower than its authorization. This increase will allow for more tribal communities to access these funds and put resources into preventing rather than treating child abuse and neglect.

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 at least \$280 million for FY 2015.

Table 5 – Child Welfare Services (Social Security Act Title IV-B, Subpart I)

	FY 2011	FY 2012	FY 2013*	Authorization
Total	\$281,181,000	\$280,650,000	\$262,622,000	\$325,000,000
Tribal	\$6,189,500	\$6,427,000	unavailable	“in such amounts as the Secretary determines to be appropriate”

* ACF all-purpose table—FY2012-2013, Administration for Children and Families, 2013. Retrieved from www.acf.hhs.gov/sites/default/files/olab/fy2013apt.pdf.

The Child Welfare Services program provides funds that promote program flexibility in the provision of community-based child welfare services. Tribes receive an allocation based upon a population-based formula identified within the regulations. This tribal allocation is then deducted from the state’s allocation.

Studies show that culturally competent programs, resources, and case management result in better outcomes for Native children and families involved in the child welfare system.⁴⁰ The flexible funding of 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. The flexibility of the Child Welfare Service Program allows tribes to provide culturally competent services to families along a continuum, from child protection work to out-of-home placement. Furthermore, it provides the flexibility necessary for tribes to tailor their child welfare services to fit their communities’ needs.

Of the 566, federally recognized tribes 180 depend on this funding. The median tribal grant is about \$13,300, an insufficient amount to support all the gaps in services this program is meant to fill. Because of the way the formula for tribal grants has been created, 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 funds for their child welfare programs.

From Association of Village Council Presidents (AVCP):

AVCP just recently helped a family from the Native Village of Kwigillingok. A young Native mother, while living hundreds of miles away from the village to attend vocational education training, but became involved in a domestically violent relationship. The Alaska State Office of Children’s Services (OCS) became aware of the danger this mother’s children were in, but did not want to take custody of her children. OCS wanted to place the children safely in Kwigillingok with their grandparents while the mother finished school and worked through the domestic violence she was facing. AVCP, the OCS worker, the Kwigillingok ICWA worker, and the family in Kwigillingok, arranged transportation from Seward to Kwigillingok. This allowed the mother to concentrate on finishing her training and resolve the domestic violence issues in her relationship, knowing the children were safe with her family and community. OCS, AVCP, and the family were all able to work together because of AVCP’s Child Welfare Services Program funds. These funds not only allowed for the best placement for the children but also allowed for the most cost effective care for the children.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

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

- Increase funding to \$75 million for FY 2015 to allow more tribes, who are currently ineligible due to a funding formula that denies funds to tribes eligible for less than \$10,000, to access these funds.

**Table 6 – Promoting Safe and Stable Families
(Social Security Act Title IV-B, Subpart 2) (Discretionary Portion)**

	FY 2011	FY 2012	FY 2013*	Authorization
Total	\$63,184,000	\$63,065,000	\$59,672,000	\$200,000,000
Tribal—including mandatory funds	\$11,645,500	\$11,042,000	unavailable	3% set-aside of total
Tribal—estimated discretionary funds	\$1,895,500	\$1,892,000	\$1,790,000	3% of discretionary

* ACF all-purpose table—FY2012-2013, Administration for Children and Families, 2013. Retrieved from www.acf.hhs.gov/sites/default/files/olab/fy2013apt.pdf.

Promoting Safe and Stable Families is a program designed to provide funds to operate a coordinated child welfare program that includes family preservation, family support, reunification, and adoption support services. Promoting Safe and Stable Families has both a mandatory capped entitlement appropriation, as well as a discretionary appropriation. Tribes are eligible for funds based on a three percent set-aside. All tribes whose plan receives approval are eligible for a portion equal to that tribe's proportion of children compared with the number of children for all tribal entities with approved plans. Tribes who would qualify for less than \$10,000 under the formula are not eligible to receive any funding.

Tribal child welfare programs work tirelessly to strengthen families and provide services that keep children safely in their homes. In state systems, when child abuse or neglect is substantiated, Native children are three times more likely to be removed from their home—as opposed to receiving family preservation services—than their non-Native counterparts.⁴¹ Because of this, tribes across the nation are working to increase their child welfare capacity and assume the care of more children and ensure that Native families are kept together.

An integral part of this work is the Promoting Safe and Stable Families Program—which focuses on preventing the unnecessary removal of children—by supporting parenting classes, home-visiting services, respite care for caregivers of children, and other services that safely preserve families.

One hundred and thirty tribes and tribal consortia depend on this funding to provide child welfare services that strengthen families and prevent unnecessary removal of AI/AN children from their homes. Yet because of the funding levels, many tribes are ineligible for these formula grant dollars as their portion of the tribal set-aside is less than \$10,000. Increasing this program to \$75 million (still \$125 million below the authorized appropriations) could help dozens of new tribes access this funding and augment the programming of the 130 tribes and consortia currently funded.

From Tlingit & Haida:

The Tlingit & Haida Preserving Native Families (PNF) child welfare department received a phone call from Alaska State Office of Children's Services (OCS) regarding concerns for the safety of two children due to their mother's behavior. OCS was preparing to go into the home for an initial investigation. The Tlingit & Haida office learned that the mother was already a Tlingit & Haida Temporary Assistance for Needy Families (TANF) client. One of the PNF supervisors then made a call to the TANF Program and asked if they would consider using a new assessment tool, created by the PNF department, to determine if the mother might be at risk for OCS involvement and need supportive services. The TANF worker agreed and performed the assessment. She then found that the score was high—the mother was at great risk and in great need. The TANF worker then worked with the mother and PNF to connect her to essential services that would quickly ensure the safety of her children and the preservation of her family. When OCS met with the mother, she shared with the OCS worker details of the PNF services in which she was involved. OCS then determined that the children were safe and intervention and removal was unnecessary. Promoting Safe and Stable Families Program funds helped create the assessment and provided a portion of the flexible program funds necessary for Tlingit & Haida's PNF department to preemptively reach out to support this mother and prevent any harm that may have befallen her children.

CHILDREN’S MENTAL HEALTH

Today, Native children and communities grapple with complex behavioral health issues at higher rates than any other population. To understand the behavioral health needs of Native children and youth, policymakers must consider the legacy of trauma that has been visited upon this population. Past treatment has left Native people with unresolved historical trauma⁴² and in socially and geographically isolated communities⁴³ that rank at the bottom of a number of socioeconomic indicators⁴⁴—all risk factors for mental and behavioral health issues. Resources to address mental health needs in tribal communities are currently insufficient. Inadequate funding, uncoordinated health systems, and a shortage of mental health professionals are key barriers to the development of successful interventions.⁴⁵ Another barrier is a lack of culturally relevant services.

Funding, therefore, must continue to provide flexible opportunities that allow tribes to tailor their mental and behavioral health interventions to the unique trauma and needs of AI/AN children and communities. Funding must also account for the elevated risk for mental and behavioral health care present in tribal communities. In other words, to meaningfully fulfill the trust relationship, the federal government must continue to support and strengthen tribally driven prevention, intervention, and treatment for the mental and behavioral health needs of AI/AN children and communities.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Substance Abuse and Mental Health Services Administration

Programs of Regional and National Significance

- Increase the funding to the FY 2011 level of \$9 million, and reserve \$3 million specifically for the 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 State/Community Partnerships to Integrate Services and Supports for Youth and Young Adults Program and the Circles of Care Program. Although tribes are eligible for State/Community Partnerships to Integrate Services and Supports for Youth and Young Adults, none have received funding under this competitive grant program which is a five-year pilot program designed to facilitate a successful transition to independence and adulthood for young adults with serious mental health conditions. Circles of Care is a competitive grant program that is the cornerstone of tribal Children’s Mental Health and comprised of all tribal grantees. Indian Country’s primary concern under this line item is the appropriation of funds necessary for the Circles of Care Program.

Circles of Care is a three-year planning grant that supports the development of capacity and infrastructure necessary for a coordinated network of holistic, community-based, culturally appropriate interventions designed by and for the community to help children with serious behavioral health issues access services and find wellness. The Circles of Care program is the only SAMHSA grant program that is focused specifically on children’s mental health issues in Native communities. It is also the only SAMHSA program that allows tribes and tribal organizations to apply without competing for funding with other governmental entities like states, counties, or cities. There are currently seven communities receiving Circles of Care funding.

American Indian and Alaska Native children and youth face a “disproportionate burden” of mental health issues while simultaneously facing more barriers to quality mental health care.⁴⁶ Programs like Circles of Care, which provide communities with the funding to plan and build culturally competent services and design integrated supports that meet the specific needs of their youth with behavioral health challenges, are essential to the well-being of Native youth today.

Since its inception in 1998, the Circles of Care Program has impacted 38 different tribal and urban Indian communities. These programs have been incredibly successful in creating long-term sustainable systems change. Of the 31 total graduated Circle of Care grantees, 12 have obtained direct funding to implement their system change efforts through the Child Mental Health Initiative (CMHI) Program (which funds Systems of Care grants), and four others have partnered with other CMHI-Systems 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.

It is essential that funding be renewed to FY 2011 levels in FY 2015, with \$3 million under this line item reserved for the Circles of Care program. This will ensure that the Circles of Care program can continue and a new robust cohort of tribal communities can have the opportunity to plan for the systems change necessary to ensure the well-being of their children and youth struggling with mental illness.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Substance Abuse and Mental Health Services Administration

Garrett Lee Smith (GLS) Grants

- Increase the GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program appropriation to \$40 million to ensure that current three- and four-year grantees can complete their projects, and a larger cohort of annual grantees will have access to this program in FY 2015.
- Increase funding for the GLS Campus Suicide Prevention Program to the FY 2012 level of \$9.134 million to ensure current multi-year grantees can complete the grant cycle and allow for the additional new annual grantees in FY 2015.

Table 7 – Garrett Lee Smith Suicide Prevention Programs

	FY 2011	FY 2012	FY 2013*
State/Tribal Youth Suicide Prevention and Early Intervention Grant Program	\$35,239,000	\$34,002,000	\$34,002,000
Campus Suicide Prevention Program	\$6,399,000	\$9,134,000	\$8,875,000

* HHS/SAHMSA Operating plan for FY2013, Substance Abuse and Mental Health Service Administration, 2013. Retrieved from beta.samhsa.gov/sites/default/files/fy2013-operating-plan_0.pdf.

The GLS State/Tribal Youth Suicide Prevention and Early Intervention Program provides four-, three-, and one-year grants to tribes, states, 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.

The suicide rate for Native youth is 2.5 times higher than the national average.⁴⁷ Youth suicide is a significant—but preventable—problem in Native communities. 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.⁴⁸ The GLS State/Tribal Youth Suicide Prevention and Early Intervention Program and the GLS Campus Youth Suicide Prevention Program support this important work in 34 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 million. These grants provide targeted funding to effectively address a problem of epidemic proportions in 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. Similarly, funding for the GLS Campus Youth Suicide Prevention Program should be maintained at current levels.

From Confederated Salish & Kootenai Tribes:

The Tribal Social Service Department Circle of Trust Youth Suicide Prevention Program is funded by the Garrett Lee Smith grant. There is virtually no person on the reservation who has not been affected by suicide because of family ties, extended family, and the fact that in a tight-knit community, any loss is personally felt by all.

Prior to receiving a Garrett Lee Smith grant, the pain and stigma of suicide was so great in this community that the mere mention of the word “suicide” evoked shameful feelings. It was terrifying, no one would talk about it, and no one knew what to do when youth threatened harm. Since the Circles of Trust Youth Suicide Prevention Program started, hundreds of mental health and emergency response professionals, college students, and community members have been trained in Applied Suicide Intervention Skills Training (ASIST). As a result of ASIST, the community at large is now equipped with practical, hands-on skills to help identify and assist those at risk for suicide or suicidal behavior. The Circle of Trust program has also built up a group called Partners in Suicide Prevention. This group of community gatekeepers has worked to spread the word about the 24/7 Crisis Hotline and engage the community in conversations so that people know suicide can be prevented. Now because of Garrett Lee Smith funds, Salish-Kootenai works to intervene with youth who are struggling before it is too late. As a result of program funding, lives have been saved in this community because of this program.

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

- Restore funding to FY 2012 level of \$2.94 million.

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. Restoring funding to FY 2012 levels will recognize the importance of this type of programming and allow for more of these important activities to continue.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Children’s Mental Health Services Program

- 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, 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 Systems of Care Expansion Planning Grants, four-year Systems of Care Expansion Implementation Grants, and six-year Children’s Mental Health Initiative Systems of Care grants. American Indian and Alaska Native 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 Systems of Care grants support a community’s efforts to plan and implement strategic approaches to mental health services that are family-driven; youth-guided; strength-based; culturally and linguistically competent; and meet the intellectual, emotional, cultural, and social needs of children and youth. Since 1993, 173 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 American Psychiatric Association (2010) has recognized family, culture, and traditional health practices as important protective factors for American Indians and Alaska Natives struggling with mental health challenges. The Systems of Care model of mental health service provision honors these findings and is therefore recognized as being more in line with the American Indian and Alaska Native worldview and traditional tribal ways of helping than any other service system.⁴⁹ Further, its emphasis on cultural competence has “opened the door to the demonstration and acceptance of cultural resources as important and viable community-based approaches” to mental health treatment.⁵⁰

This program has been both well-received and particularly effective in allowing tribal communities to intervene with children and youth struggling with mental and behavioral health challenges.

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 American Indian and Alaska Native children is dependent on the ability of more tribes to access these funds and create real systems change.

Disabilities

Key Recommendations

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.

“The moral test of a government is how it treats those who are at the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadow of life, the sick, the needy, and the [disabled].”

– Senator Hubert Humphrey

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.⁵¹ Of those Native adults with a disability, 51 percent reported having fair or poor health.⁵² 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 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.

Elders

“I remember the biggest lesson I ever learned ... ‘Take care of the old person you are going to become.’”

– Tlingit spiritual leader and statesman Dr. Walter Soboleff

In tribal communities, elders are considered the “wisdom-keepers” and are held in the highest regard. 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.⁵³

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). Grants to tribes have a history of being both well-managed and insufficiently funded to meet existing needs. 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. Congress needs to take action 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

- *Provide \$30 million for Parts A (Grants for Native Americans) and B (Grants for Native Hawaiians) of the Older Americans Act.*

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. Approximately two-thirds of the Part A and Part B grants to tribes or consortia of tribes are for less than \$100,000. 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 significantly increased so that Native elders receive the care that they deserve.

- *Provide \$8.3 million for the 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 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. However, 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

- *Create a tribal set-aside of \$2 million under Subtitle B of Title VII.*

Subtitle B of Title VII 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 states have been funded at more than \$20 million per year under this program, tribes have never received appropriations for this purpose. Further, tribes have no additional source of mandatory federal funding for elder protection activities. As such, a \$2 million tribal set-aside should be created under Subtitle B to ensure that tribes have access to such funds at a comparable level to states.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Older Americans Act – Title IV

- *Provide \$3 million for national minority aging organizations to build the capacity of community-based organizations to better serve Native seniors.*

Language and cultural barriers severely restrict Native elder access to federal programs for which they are eligible. Typically, these senior Americans have limited access to and participation in programs such as Social Security, Medicare, and Medicaid. Funding is needed to build capacity for tribal, minority, and other community-based aging organizations to serve Native elders and enroll them in programs to which they are entitled. These efforts could include training tribal staff on expanding Native elders' access to Medicare, Medicaid, housing, congregate meals, and veteran benefits. Efforts could also include working with tribal leaders to leverage existing funds and programs to sustain support for elders. This funding is essential to strengthening local organizations in serving seniors.