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Darkfeather, Eckos and Bibiana Ancheta - Tulalip

# Human Services

## CHILD WELFARE

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Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”<sup>45</sup> Therefore, Congress must enact appropriations levels that empower tribes to provide programs and services necessary to safeguard their children and strengthen their families. A recent 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.*<sup>46</sup>

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.<sup>47</sup> Tribal child welfare programs work tirelessly to successfully serve children and families through holistic, strengths-based, culturally appropriate, and family-centered services.<sup>48</sup> 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 defend tribal and family rights threatened by state child welfare and court systems.<sup>49</sup> Tribes' enduring service to children, families, and communities persists in the face of elevated risks of child abuse and neglect.<sup>50</sup>

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."<sup>51</sup> The recommendations below suggest funding increases that would provide tribes with sufficient child welfare funding and avoid unnecessary restraint on tribal decision making in their efforts to heal families.

## Key Recommendations

### Department of the Interior

#### Interior – Environment Appropriations Bill

##### **Bureau of Indian Affairs, Indian Child Protection and Family Violence Prevention Act (ICPFVPA)**

- *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. No funding has been appropriated for FY 2015.*

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 at each of the BIA regional offices. 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.<sup>52</sup> 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.<sup>53</sup> These problems are intricately intertwined. Studies show that in 49–70 percent of cases, men who abuse their partners also abuse their children,<sup>54</sup> while child abuse investigations reveal violence against the mother in 28–59 percent of all cases.<sup>55</sup>

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.<sup>56</sup> Financially, child maltreatment costs tribal communities and the United States \$210,012 per victim.<sup>57</sup> 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 funding being appropriated, tribes are left without support for child protection and child abuse prevention services.

BIA INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION PROGRAM					
	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$0	\$0	\$0	\$0	Child Abuse Treatment: \$10,000,000 Child Abuse-Violence Prevention: \$30,000,000 Resource Centers: \$3,000,000

\*Reflects sequestration effects.

## 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 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.<sup>58</sup> 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.<sup>59</sup> The crippling of Native economies before the self-determination era left tribal communities with few economic opportunities, high unemployment, and overwhelming poverty. 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 not licensed by state child welfare systems.<sup>60</sup> The Child Assistance Program is the primary funding source dedicated to support these homes. Insufficient funding too often requires 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 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$74,791,000	\$75,249,000	\$74,809,000	\$80,000,000	\$80,000,000

\*Reflects sequestration effects.

## 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 by an additional \$2.5 million over FY 2015 levels to \$15.5 million.**
- **Increase the Self-Governance, Tribal Priority, and Consolidated Tribal Government (for Indian Child Welfare Act On or Near Reservation Program purposes) appropriations by an additional \$2.5 million over FY 2015 levels to \$16.5 million, for a total increase of \$5 million to help tribes provide effective child welfare services and collaborate meaningfully with states to protect their children and families.**

As the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to 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."<sup>61</sup> 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, 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 to adjudicate child welfare matters. To effectuate these provisions, ICWA authorized grant programs to fund child welfare services on or near reservations and to provide ICWA support in off-reservation, urban Indian programs.

ICWA funding is the foundation of most tribal child welfare programs. Compliance with the letter and spirit of ICWA necessitates adequate funding so that tribal child welfare programs can monitor state court proceedings and provide community-based, culturally appropriate services. 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.<sup>62</sup> 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 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
On-Reservation ICWA Program	\$10,850,000	\$10,628,000	\$10,710,000	~\$13,060,000	\$15,628,000
Tribal Priority Allocation Self-Gov; CTGP, (On-Res. ICWA)	\$11,300,000	\$11,480,000	Number not available	~\$13,650,000	\$16,480,000
Off-Reservation	\$0	\$0	\$0	\$0	\$5,000,000

\*Reflects sequestration effects.  
CTGP: Consolidated Tribal Government Program



## Department of the Interior

### Interior – Environment Appropriations Bill

#### BIA Social Services Program

- *Increase by \$5 million over FY 2015 levels for a total of \$46 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.<sup>63</sup>

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 three weeks before receiving a response, or they might receive no response at all.<sup>64</sup>

As this assessment describes, the Social Services Program is drastically underfunded; and tribal programs, families, and children suffer as a result. In FY 2015 this program saw a \$5 million increase as part of the Tiwahe Initiative. Tribes commend this increase and urge that the momentum 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.

BIA SOCIAL SERVICES PROGRAM					
	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$34,324,000	\$34,324,000	\$35,763,000	\$40,871,000	\$45,871,000

\*Reflects sequestration effects.

## 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 \$75 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.”<sup>65</sup> This is in stark contrast with state child welfare systems where AI/AN children are three times more likely to be removed from their home - as opposed to receiving family preservation services - than their non-Native counterparts.<sup>66</sup> 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.<sup>67</sup>

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 \$75 million (still \$125 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). Seven 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 ICWA compliance and resources states use for ICWA trainings and ICWA implementation efforts. An increase in Promoting Safe and Stable Families discretionary funding to \$75 million will provide additional funding to states for these important efforts.

PROMOTING SAFE AND STABLE FAMILIES					
	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Mandatory	\$345,000,000	\$327,405,500	\$345,000,000	\$345,000,000	\$345,000,000
Discretionary	\$63,065,000	\$59,671,500	\$59,765,000	\$75,000,000	\$200,000,000
Total	\$408,065,000	\$387,077,000	\$404,765,000	\$420,000,000	\$545,000,000
Tribal Mandatory	\$9,149,000	\$8,459,200	\$9,149,000	\$9,149,000	\$14,100,000+
Tribal Discretionary	\$1,892,000	\$1,790,000	\$1,792,950	\$1,792,950	\$2,250,000
Tribal Total	\$11,041,000	\$10,249,200	\$10,941,950	\$10,941,950	\$16,350,000
Off-Reservation	\$0	\$0	\$0	\$0	\$5,000,000

\*Reflects sequestration effects.

+ Although tribes currently have access to this \$14 million the low amount of discretionary funds appropriated prevents many tribes from accessing these funds because they must be eligible for grants of at least \$10,000 which is dependent upon the total appropriation available.

## 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 \$35 million to account for tribes' recent eligibility for these funds through a competitive grant process.

CHILD ABUSE DISCRETIONARY ACTIVITIES, INNOVATIVE EVIDENCE-BASED COMMUNITY PREVENTION PROGRAM					
	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$25,744,000	\$24,091,000	\$28,744,000	\$80,000,000	\$35,000,000
Tribal	\$0 (no tribal grantees)	\$0 (no tribal grantees)	Dependent upon grantees awarded	Dependent upon grantees awarded	Increase will fund tribal grantees

\*Reflects sequestration effects.

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.<sup>68</sup>

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."<sup>69</sup> 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 \$10 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 the funding necessary to ensure tribal success in this competitive grant process.

## Department of Health and Human Services

Labor, HHS, Education Appropriations Bill

### Child and Family Services

#### Community-Based Child Abuse Prevention

- *Increase funding to \$60 million, so that more tribes can have access to child abuse prevention dollars that support community-based work.*

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."<sup>70</sup>

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 culturally competent.

**COMMUNITY-BASED CHILD ABUSE PREVENTION**

	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$41,527,057	\$38,859,000	\$39,764,000	\$39,764,000	\$60,000,000
Tribal (shared with migrant)	\$416,545	\$388,600	\$397,640	\$397,640	\$600,000

\*Reflects sequestration effects.

**Department of Health and Human Services**

Labor, HHS, Education Appropriations Bill

**Child Welfare Programs**

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

- *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 culturally competent service providers. Culture is infused throughout tribal child welfare programs: it dictates the mission, influences the philosophy, and shapes the attitude of individual workers.

Studies show that culturally competent programs, resources, and case management result in better outcomes for AI/AN children and families involved in the child welfare system.<sup>71</sup> The flexibility of the Child Welfare Service Program allows tribes to provide culturally competent 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 566 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 1)					
	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$280,650,000	\$262,622,000	\$268,735,000	\$268,735,000	\$280,000,000
Tribal	\$6,427,000	\$6,094,216	~\$6,329,000	~\$6,329,000 (estimated)	~\$7,100,000 (dependent on number of applicants)

\*Reflects sequestration effects.

### Children’s Mental Health

AI/AN children and communities grapple with complex behavioral health issues at higher rates than any other population. Historically destructive federal Indian policies and unresponsive or harmful human service systems have left AI/AN communities with unresolved historical and generational trauma.<sup>72</sup> Where tribal reclamation of these systems has been possible it has led to effective service systems designed and implemented by and for AI/AN people to promote cultural strength and healing. These tribal systems have already begun to resolve the trauma left behind by federal policies and systems.

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.”<sup>73</sup>

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.<sup>74</sup>

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. Even with the increases described below the budget falls far short of the actual need in Indian Country. These recommendations must be considered as simply the starting point.

## 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, culturally appropriate 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.<sup>75</sup> Programs like Circles of Care, which provide communities with the funding needed to plan and build culturally competent 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. 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 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$6,474,000+	\$6,461,000+	\$6,474,000+	\$6,458,000	\$6,500,000 exclusively for Circles of Care

\*Reflects sequestration effects.

+ CoC funding was shared with another grant program these years

## Department of Health and Human Services

Labor, HHS, Education Appropriations Bill

### Substance Abuse and Mental Health Services Administration

#### Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Grant Program

- Increase funding to \$40.5 million to ensure that current grantees can complete the programs they have begun and give more tribal communities the opportunity to access these funds.

#### Garrett Lee Smith (GLS) Campus Suicide Prevention Program

- Increase funding to the FY 2012 level of \$9 million to ensure current multi-year grantees can complete the grant cycle and allow for the additional new annual grantees.

The GLS State/Tribal Youth Suicide Prevention and Early Intervention Program provides one-, three-, and four-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.<sup>76</sup> 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 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
State/Tribal Youth Suicide Prevention and Early Intervention Grant Program	\$34,002,000	\$34,002,000	\$35,500,000	\$35,427,000	\$40,500,000
Campus Suicide Prevention Program	\$9,134,000	\$8,875,000	\$6,500,000	\$6,488,000	\$9,134,000

\*Reflects sequestration effects.

## 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 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. Restoring funding to FY 2012 levels will allow for more of these important activities to continue.

#### SAMHSA AMERICAN INDIAN AND ALASKA NATIVE SUICIDE PREVENTION

	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$2,938,000	\$2,785,000	\$2,938,000	\$2,931,000	\$2,938,000

\*Reflects sequestration effects.

## 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

- *Implement President's FY 2013 budget recommendation to fund this initiative at \$40 million.*

The Consolidated Appropriations Act of 2014, Pub. L. No. 113-76 (2014) recommended that \$5 million be allocated to Tribal Behavioral Health Grants (Native Connections 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.<sup>77</sup> 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.



According to a recent Department of Justice report:

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 spiritual healer. 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.<sup>78</sup>

For youth and parents to access these types of services, the Tribal Behavioral Health Grants must be funded at an increased level. 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.

As originally conceptualized, the FY 2012 President’s Budget Request sought \$50 million (\$40 million was proposed in the FY 2013 President’s budget) for a new Behavioral Health – Tribal Prevention Grant. Approximately half of the funding was to be allocated as a “base level” to federally-recognized tribes that make an application to receive these funds. It was anticipated that the base amount each tribe would be eligible for would be approximately \$50,000, depending on the number of tribes that apply. The remaining funds would be distributed to best serve the population. The details of the funds distribution would be determined in consultation with tribes.

As passed by Congress, Native Connections grants focus more specifically on youth and, due to the level of funding, exists as a competitive program only available to approximately 20 tribes based on the per capita suicide rate and application. Increased funding would allow this to fulfill the initial conceptualization, which was for more tribes to have access to this vital funding.

NCAI supports increasing funding to the amount proposed in FY 2013, which is \$40 million.

SAMHSA TRIBAL BEHAVIORAL HEALTH PROGRAM					
	FY 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$0	\$0	\$5,000,000	\$4,988,000	\$40,000,000

\*Reflects sequestration effects.

## 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 competent; 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.<sup>79</sup> 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.<sup>80</sup> Therefore, this program has been both well-received and particularly effective.

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 2012 Enacted	FY 2013* Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Recommended
Total	\$117,315,000	\$111,430,000	\$117,315,000	\$117,026,000	\$117,500,000

\*Reflects sequestration effects.

## 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.<sup>81</sup> Of those Native adults with a disability, 51 percent report having fair or poor health.<sup>82</sup>

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.

## ELDERS

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.<sup>83</sup>

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. 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

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

- *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. 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

##### 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 new Elder Justice Initiative that provides grants to test and evaluate innovative approaches to preventing and responding to elder abuse.*

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 such 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.*

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. Despite the \$54 million in proposed cuts to the SCSEP program put forth in the President's FY 2015 budget, Congress was able to fund the program at \$434,371,000. NCAI and partner organizations commend Congress for avoiding cuts to the program and request that the same funding level be maintained for FY 2016.