NICWA
National Indian Child Welfare Association
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11TH ANNUAL DHHS TRIBAL BUDGET AND POLICY CONSULTATION SESSION
FY 2011 BUDGET AND POLICY RECOMMENDATIONS

TESTIMONY PRESENTED

by the

NATIONAL INDIAN CHILD WELFARE ASSOCIATION

Washington, DC

April 29-30, 2009

The National Indian Child Welfare Association (NICWA) appreciates that the Department of Health and Human Services (DHHS) is continuing a budget consultation meeting with tribes and Indian organizations regarding the formulation of its FY 2011 budget and we submit the following comments and recommendations. Intrinsic to our testimony is the recognition that American Indian and Alaskan Native (AI/AN) children have a unique political status as citizens of sovereign nations, which are inherently best equipped to identify, understand, and effectively respond to the needs of AI/AN children. Notwithstanding this fact, tribes remain both underfunded and, in many cases, ineligible to administer federal child welfare and mental health programs directly, thus hampering their ability to provide these critical services to AI/AN children. By funding tribal governments directly from federal resources, the federal government is honoring the trust relationship and empowering tribal governments to change the causal factors that bring children, youth, and families into child welfare and mental health systems. Moreover, making federal funding available to tribal governments is the surest way to ensure that these vital services are made available to AI/AN children and families on tribal land.

Many of our recommendations pertain to legislative recommendations related to gaining access to currently unavailable federal funding. Where tribes have been allowed to operate such programs directly, both states and tribes have benefited—in terms of improved outcomes for tribal children and improved tribal-state relations. In the areas where we have identified many of these recommendations you will notice that because of the methods under which tribes are funded, increasing appropriations will also help maintain or improve state resources. In 2005, a GAO study found that states are dependent upon tribal governments to ensure that child welfare services, required under federal law, be provided. It specifically cited the lack of federal funding as a barrier to states receiving this important assistance. While tribal children are best served by their tribal governments, we also recognize the important relationships we have with our state partners.

CHILD WELFARE–ACF

PROGRAM:	**Title IV-E**
DHHS Division:	Children's Bureau
FY 2009 Enacted:	Tribal governments are eligible to directly operate the program as authorized by the Fostering Connections to Success Act (P.L. 110-351). FY 2010 will be the first year that tribes can apply to ACF to operate the program and seek reimbursement for eligible services.

POLICY RECOMMENDATIONS:

1. Revisit the interpretation that tribes must also operate the IV-B, Subpart 1 program in order to be eligible to operate the IV-E program.
2. Promulgate regulations that keep intact the non-federal match requirements for tribes identified in P.L. 110-351 with two changes. One–allow tribes to accept in-kind contributions from other programs within their tribe (currently they can only accept tribal in-kind from other tribes). Two–allow tribes to utilize cash and in-kind contributions from other federal child serving programs besides those which are authorized under existing law (BIA and IHS). Examples would be Title IV-B, Subparts 1 and 2, TANF, and Child Support Enforcement.

BUDGET RECOMMENDATION:

1. Provide clarification as to how the 3 million in funding for TA and one-time Title IV-E plan development grants authorized by P.L. 110-351 will be allocated.

JUSTIFICATION:

It is our understanding that the determination that tribes must operate Title IV-B, Subpart 1 in order to operate Title IV-E is based upon the following language in section 471(a)(2) of the Social Security Act.

In order for a Title IV-E plan to be approved, it must provide that "the State agency responsible for administering the program authorized by Subpart 1 of part B of this title, shall administer or supervise the administration of the program authorized by this part."

We believe that this language should be interpreted to mean that a tribe that operates both Title IV-B and IV-E must administer these programs through the same agency, but not require that tribes operate both programs.

This is exactly how similar language in Title IV-B, Subpart 1 has been interpreted. Section 422(b)(1) (A) provides that "the individual or agency that administers or supervises the administration of the state's services program under Title XX will administer or supervise the administration of the [Title IV-B, Subpart 1] plan." This section is one of the sections that has been made applicable to tribes by regulation 45 C.F.R. 1357.40. Yet, tribes are not eligible for direct funding under Title XX, and very few tribes receive pass through funds under Title XX. This has never been interpreted as a bar to the receipt of Title IV-B, Subpart 1 funds by tribes.

It should be noted that the child protection provisions in Title IV-E largely duplicate and expand upon those in Title IV-B, Subpart 1. Thus, the child is not harmed if a tribe chooses not to operate Title IV-B, Subpart 1. Most tribal decisions not to seek Subpart 1 are a result of the small grants awarded to many tribes under that Title—grants that for the majority of IV-B eligible tribes do not

compensate for the basic administrative tasks, such as completing the application, program reporting, and fiscal management. The allocation under Title IV-B, Subpart 1 would be less than $10,000 for most tribes; indeed, many tribes would be eligible to receive less than $5,000. Thus, these are logical decisions designed to maximize the resources actually available to the tribe for direct services.

Most tribal governments have few tribal unrestricted funds to allocate towards non-federal match requirements. Most tribal areas have unemployment rates that range between 20 to 45% with poverty rates that vastly exceed most communities in the United States, and median incomes levels that are far below the median levels of states. The ability to raise significant tax revenues is difficult at best and, in many cases, is simply not feasible. Consequently, the primary source of revenue for tribal governments comes from federal funds, particularly Bureau of Indian Affairs (BIA) and Indian Health Services (IHS). These federal funds are provided based upon the federal trust relationship that the federal government has for tribal governments. One critical basis for this trust relationship is the millions of acres of land and resources contained within that were ceded by tribes to the United States in turn for their promise to provide for the well-being of their tribal citizens. While these BIA and IHS funds support for a variety of programming the funding is restricted to specific purposes and not available in most cases to be a meaningful source of non-federal match, even though current law allows tribes to use BIA and IHS funding to meet non-federal match requirements.

Under Title IV-E, recognition is given to these resource realities for tribes by giving the Secretary of the Department of Health and Human Services the authority to issue regulations regarding non-federal match requirements. The current law sets out an interim approach, but asks the Secretary to issue regulations to cement the final requirements that will be available to tribes. Congress outlined several helpful requirements under the law, but there are two areas where additions could significantly strengthen the ability of tribes to participate in this program. The first is modifying the language in the law that allows tribes to accept in-kind from tribes other than the tribe applying to operate IV-E, and the second is the expansion of sources of in-kind for tribes to include other federal sources, besides those currently allowed, such as Bureau of Indian Affairs and Indian Health Services contracted funds. In some cases, the tribal child welfare funding sources with the greatest ability to assist in meeting match requirements are those that come from DHHS programs, such as TANF, Child Support Enforcement, and Title IV-B—all child serving programs.

Finally, subsequent to speaking with many tribal leaders and tribal child welfare program directors about their opportunity to apply for and administer the Title IV-E program directly, it has come to our attention that we are in need of clarification as to how the three million in TA and one-time Title IV-E plan development grants authorized by P.L. 110-351 will be allocated. It is understood that 1.5 million will be made available for one-time Title IV-E plan development grants, and

$875,000 will be used to fund a National Resource Center for Tribes (NRCT). In our various meetings and workshops with tribal leaders and tribal child welfare program directors, we have been asked how the remaining $625,000 of the allocated three million will be used. We would appreciate any and all clarification that may be provided in regards to this matter. Having access to all such funding information helps NICWA to provide accurate and up-to-date information to tribes.

PROGRAM: **Title IV-B, Subpart 1 (Child Welfare Services)**

DHHS Division: Children's Bureau

FY 2009 Enacted: $5.5 million tribal allotment (total funding is $281.7 million under this capped entitlement program)

LEGISLATIVE RECOMMENDATION:

1. Amend the authorizing statute to create a set-aside for tribes of three percent of the total appropriation. While the regulations were revised in 1996 to allow all tribal governments eligibility to submit plans for funding under this program, 477 out of the 563 eligible tribal governments receive less than $10,000 per fiscal year. At least half of this number receives amounts under $5,000 per fiscal year. In order to develop effective programs that can make a difference in preventing child abuse and neglect, all tribal governments must have access to a base level of funding.

BUDGET RECOMMENDATION:

1. Increase the funding level by three percent to provide the funds to support the tribal set-aside and hold state allocations harmless.

JUSTIFICATION:

Indian children and families face great obstacles in their efforts to secure preventative child abuse and neglect services in their communities. These difficulties can mostly be attributed to the fact that funding made available to provide such services is in short supply. Jurisdictional and geographic barriers, among other things, make it difficult for AI/AN children and families to access services outside of their community, and the overall need for these services continues to increase, despite tribes' best efforts to address child abuse and neglect. Underlying AI/AN children and families' need for services are the following statistics, which illustrate the disproportionately large numbers of Indian children who experience factors that increase risk for child abuse and neglect:

- Forty-five percent of Indian mothers having their first child are under the age of 20, compared to 24 percent of mothers of all races (Indian Health Service, 1997).
- Thirty-one point six percent of Indian children live below poverty, which is more than three times the number for the U.S., all races age group of 9.3 percent (Bureau of Census, 2000).
- Forty-five point seven percent of all Indian households are maintained by a female-headed family with children in poverty, compared to 26 percent for Non-Hispanic White (Bureau of the Census, 2000).
- In 2005, AI/AN children experienced a rate of child abuse and neglect of 16.5 per 1,000 AI/AN children. This rate compares to 10.8 for Non-Hispanic White. AI/AN children were more likely than children of other races/ethnicities to be confirmed as victims of neglect (65.5 percent), and were least likely to be confirmed as victims of physical abuse (7.3 percent) (US Department of Health and Human Services, 2007a).
- The vast majority of tribal communities would be characterized as rural, with many covering broad areas that create a sense of geographic and sometimes social isolation. This is especially true where services and recreational/community activities are difficult to access.

Need-based funding for tribal governments must take into account not only the level of need in any given target population (as opposed to focusing solely on population numbers), but also the funding necessary to establish an effective program. The bare minimum needed to establish a child abuse and neglect prevention program in any tribal community, is approximately $80,000. This amount would provide salary and fringe for one full-time position, office space, utilities, equipment and supplies, training, indirect costs, and job-related travel expenses. While Title IV-B would not be the only source of revenue to support this program, it is necessary that it support a significant portion. Other tribal sources of income, such as ICWA and Title II funding, are needed to support other child welfare-related services, in particular, responses to notices of child custody proceedings in state courts involving tribal member children.

Moreover, no other consistent, stable source of funding is available to tribal governments to conduct this important work. BIA Social Services funding is discretionary and not available to every tribe in the United States. Title IV-B, Subpart 2 funds (see description below) are currently available to approximately 161 tribal grantees representing approximately 360 tribal governments—less than two-thirds of all federally recognized tribes in the United States. Because the vast majority of tribes lack a meaningful economic base, tribal revenues are typically not available to support these services in any significant way.

Another important element of need-based funding is the level of requirements that come with a federal program. Mandated reporting, collection of data, and other federal program requirements should be included in establishing an accurate picture of the workload associated with any program. Notwithstanding this point, tribes are hindered in their ability to effectively administer a Title IV-B, Subpart 1 program, as the majority of tribes are only eligible for extremely small grants,

less than $10,000 in most cases. Both tribes and states must ensure that "foster care protections" are provided to every child that is in an out-of-home placement under the jurisdiction and care of the grantee. In most cases, these protections are good practice in child welfare; nonetheless, they do require significant amounts of time from case management staff, the child welfare administrator, and court personnel. Meeting the federal mandates for foster care protections, while desirable, is not reasonable for a grantee this size. Clearly, tribes are interested in this program, as the number of tribal grantees has risen from 59 in FY 1993 to approximately 160 grantees in FY 2007. The challenge for DHHS is to make this valuable program attractive to more tribes by creating a base level of funding for every tribe, regardless of size, that will provide every tribal community with the opportunity to establish a quality child abuse and neglect prevention program.

PROGRAM: **Title IV-B, Subpart 2 (Promoting Safe and Stable Families)**

DHHS Division: Children's Bureau

FY 2009 Enacted: Tribal set-aside: $12.25 million–three percent of total mandatory ($345 million) and discretionary funds ($63.3 million)

BUDGET RECOMMENDATION:

1. Request the full authorized amount from the discretionary component of the program ($200 million).

LEGISLATIVE RECOMMENDATION:

1. Support legislation and a budget request to develop a tribal court improvement project fund similar to that for which state courts are eligible. We recommend that the tribal court improvement program be funded at $3 to $5 million a year.

JUSTIFICATION:

The law determines how much total funding will be available for tribes from set-asides in the overall appropriation, and then uses a population-based formula to determine how much an individual tribe will receive. This population-based formula in the law also determines which tribes will be eligible to apply for the program; tribes that would qualify for less than $10,000 a year are not eligible to apply. In the past, most tribes that were eligible for these funds received only a small allocation of $10,000 to $50,000 a year. Changes in the reauthorization increased tribal set-asides under the mandatory and discretionary portions of the program to three percent (previously one percent and two percent, respectively). This increase in funding will also allow for an increase in the number of tribal grantees. The new law will also allow tribal consortia in the lower 48 states to apply for the funding too, where previously they could not apply. These

changes are very welcome and will help several new tribes access these much needed funds.

The new law also contains two new grant programs, one that will fund competitive grants to address methamphetamine impacts on children and families in the child welfare system, and the second will support funding to increase social worker visits to foster children. Tribes will be eligible to apply for the methamphetamine grants but not for the social worker visit grants. Because the grip of methamphetamine abuse is particularly high in many tribal communities, these competitive grants will be an additional support for the tribal communities that are funded.

Overall, the statistics and issues described under the Title IV-B, Subpart 1 section that create higher risk for child abuse and neglect and the need for foster care and adoption assistance services are strong indicators of the need for this type of program in tribal communities. Much like the situation for foster care and child abuse prevention, tribal governments do not have the same access to sources of stable and reliable funding to promote Title IV-B, Subpart 2 services. Flexibility, something that the Title IV-B, Subparts 1 and 2 programs provide, is definitely needed. Tribal governments, like states, need to be able to offer a variety of services to meet the diverse needs of their citizens, and to avoid the service fragmentation that often occurs in resource-poor communities. With tribal governments taking more and more service responsibility (e.g., TANF), it is even more important than ever.

Tribal court improvement, especially in the area of juvenile court operation, is also critically needed. Tribal courts in general, are greatly underfunded and we noticed that the President is asking for a reduction in funding from other sources that support tribal courts. In order for tribal courts to advance new practices and improve outcomes with children under their jurisdiction, they will need to have access to funding that can support capacity building and innovative practices, such as the funding that states receive under this law.

PROGRAM:	**Child Abuse and Prevention Treatment Act (CAPTA)**
DHHS Division:	Children's Bureau
FY 2009 Enacted:	$277,926 in FY 2008 (two tribal grants, awards of $138, 963 each). Grants are authorized under Title II Community-Based Grants for Prevention of Child Abuse and Neglect under the Child Abuse Prevention and Treatment Act (CAPTA). Tribes and Migrant programs must compete with each other for a one percent set-aside of the total funding appropriated under Title II of CAPTA.

LEGISLATIVE RECOMMENDATIONS:

1. Support legislation to develop a separate set-aside for tribal programs under this law with a three percent set-aside. Currently, tribal governments have to share a one percent set-aside with migrant population grantees. This recommendation is consistent with the federal government-to-government relationship with tribes, and provides a more realistic opportunity for tribal governments to advance child abuse and neglect efforts.
2. Support legislation to create a national Indian children's trust fund similar to what is available for states (public and private partnership). Currently, tribal children receive very little benefit from state children's trust funds.

JUSTIFICATION:

Although the funding currently is minimal, tribes are in need of additional funding to develop a continuum of services and programming, which includes prevention programming that is culturally competent. All too often, tribal communities lack the full array of services that states have access to and, with a greater investment in CAPTA, tribal communities will be able to develop, maintain, and sustain more effective efforts to prevent child abuse and neglect.

An example of funding that states have access to is a children's trust fund that funds ongoing child abuse prevention. Targeted amendments to this law that could bolster child abuse and neglect prevention efforts in Indian Country include establishing a tribal trust fund for prevention efforts in Indian Country.

The available national data on child abuse and neglect affecting AI/AN children comes primarily from state agencies, although tribes and other federal agencies, such as the Indian Health Service and the Bureau of Indian Affairs, also collect data. State agencies are involved in about 61 percent of child abuse cases involving AI/AN children (Earle, 2000). A thorough examination of available data from the National Child Abuse and Neglect Data System (NCANDS), a primary repository for state data, reveals that AI/AN children are abused at rates that are higher than the national average for all other children. The Child Welfare League of America (CWLA) reports that AI/AN children in state care represent 1.6 percent of child abuse victims, even though they represent only one percent of the overall child population (CWLA, 1999). The Department of Health and Human Services (DHHS) reports that AI/AN children in state care represent two percent of all child abuse victims, while only representing one percent of the overall child population (US DHHS, 2003). Both of these sources use NCANDS.

The request for additional funding will support programs and activities that prevent the occurrence or reoccurrence of abuse or neglect within tribal populations. Tribes will be able to direct the funding to support effective and comprehensive child abuse prevention activities and support services, including an emphasis on strengthening marriages and reaching out to include fathers, which will enhance the lives and ensure the safety and well-being of Native children and their

families. Some examples of the prevention services and programs include, but are limited to, voluntary home visiting, respite care, parenting education, mutual support, family resource centers, marriage education, and other family support services.

Federal funding for child welfare services in tribal communities is currently a patchwork of funding streams, most of which are discretionary and have limited funding available. Because of financial and policy barriers, most tribes have few choices in providing services to children and families. Having less flexibility and few resources, tribes find themselves in a situation where they can only "manage" crises and cannot respond effectively to core issues that put children at risk of harm and families at risk of having their children removed from their care.

Funding for child abuse and neglect prevention in Indian Country is very limited. Most funding for child welfare services comes from federal sources, such as the Bureau of Indian Affairs or Department of Health and Human Services (DHHS). Because tribal funding in child welfare overall is very limited, available funding is often used to support non-prevention services, such as foster care or child welfare case management. What little prevention-specific funding is available, is only available to very few tribes and is allocated in very small amounts. The majority of IV-B, Subpart 2 grants, are under $20,000 (the minimum amount). Most of these grants go to support family services and not prevention.

State governments, while also lacking access to adequate prevention funding, still receive funding from sources for which tribal programs are not eligible, such as the Title XX Social Services block grant and the Child Abuse Prevention and Treatment Act (CAPTA) formula grants. In addition, each state now has a children's trust fund that funds ongoing child abuse prevention.

PROGRAM:	**Title XX Social Services Block Grant**
DHHS Division:	Office of Community Services
FY 2009 Enacted:	$1.7 billion capped entitlement

LEGISLATIVE RECOMMENDATION:

1. Amend the authorizing statute to provide a three percent set-aside for tribal governments.

BUDGET RECOMMENDATION:

1. Increase the overall appropriation by three percent to support a tribal set-aside and hold state allocations harmless.

JUSTIFICATION:

The Title XX Social Services Block Grant is a national program that was intended to provide social services for children and families throughout the United States. However, funding from Title XX is allocated only to state and territorial governments. Consequently, Indian children and families on reservations or trust lands receive virtually no benefit from this national program.

Tribal governments, whose communities have some of the greatest needs of any population in the United States, were given virtually no thought during the development of a number of federal block grants in 1981, and, as a result, tribes receive very little benefit from them. Most of these 1981 block grant programs: 1) contained no provisions for funding to tribes; 2) were based on formulas that by definition left most tribes out of the funding loop; or 3) provided tribes with a very marginal level of funding. Most notable among the block grants that ignored the needs of tribal governments is the Title XX Social Services Block Grant.

Another description of tribal access to Title XX and other federal social service and child welfare funds is provided in a report by the DHHS OIG, *Opportunities for Administration for Children and Families to Improve Child Welfare Services and Protections for Native American Children* (August 1994). The report documented that tribes receive little benefit or funding from federal Social Security Act programs, specifically Title IV-E Foster Care and Adoption Assistance, Title XX Social Services Block Grant, and Title IV-B Child Welfare Services and Family Preservation and Support Services (now called "Promoting Safe and Stable Families") appropriation. While tribes receive a three percent allocation under both of the Title IV-B programs (about $17.5 million combined in FY 2007), there is no direct funding available to tribes under the much larger Title IV-E and Title XX programs.

In order for tribes to receive funding under these programs, they have had to rely on states to share a portion of their allocation. This option has been available in only a handful of states and in amounts that are extremely small. Not surprisingly, the above-mentioned OIG study, in listing options for improving service to tribes, stated that the surest way to guarantee that Indian people receive benefits from these Social Security Act programs is to amend the authorizing statutes to provide direct allocations to tribes.

With regard to funding passed through from the state to tribes, the OIG report states:

In 15 of the 24 states with the largest Native American populations, eligible tribes received neither Title IV-E nor Title XX funds from 1989 to 1993. In 1993 alone, these 15 states received $1.7 billion in Title IV-E funds and $1.3 billion in Title XX funds.

Nine of the 24 states reported that some tribes in their states received Title IV-E and/or Title XX funds in 1993.

Eight states reported that 46 tribes received $1.9 million (0.2 percent) of the states' $82 million Title IV-E funds, while four states reported that 32 tribes received $2.8 million (0.3 percent) of the states' $98 million Title XX funds.

Overall, tribal communities experience some of the highest levels of social problems of any ethnic group in the United States. Unemployment, drug and alcohol abuse, poverty, school drop-out rates, involuntary removal of children from their homes, and juvenile delinquency rates are all above the national average and, in some cases, the highest in the nation for any ethnic group. While tribes struggle to eliminate these barriers, Indian children and their families are increasingly at risk of falling through the cracks of a severely fragmented and strained social service delivery system.

There is evidence that when tribes have the resources, they provide services that are more effective than state and federal services for Indian communities. For example, a 1988 study conducted for the Administration for Children, Youth and Families and BIA found that, in most cases, tribal child welfare programs were performing at levels equal to or better than state systems. The report noted that "the caliber of child welfare staff in the tribal and off-reservation programs is a powerful asset in the development and delivery services to Indian families." As noted previously, evidence continues to reveal that the most effective services are those that are community-based and community-controlled.

CHILDREN'S MENTAL HEALTH SERVICES – SAMHSA AND IHS

PROGRAM:	**Circles of Care Children's Mental Health grant program Tribal grant program funded under the budget category of Programs of Regional and National Significance**
DHHS Division:	Substance Abuse and Mental Health Services Administration
FY 2009 Enacted:	Approximately $4 million allocated to tribal grantees and technical assistance centers (program and evaluation).

BUDGET RECOMMENDATION:

1. Increase funding allocation for tribal Circles of Care grant program to $8 million a year for fiscal years 2011–2013.
2. Conduct consultation with tribal governments and former grantees to explore the strengths and challenges of this program in helping build tribal children's mental health systems and strategies for program enhancements.

LEGISLATIVE RECOMMENDATION:

1. Establish a specific authorization for the tribal Circles of Care grant program for tribes, tribal organizations, and urban Indian organizations to design systems of care to support mental health care for children, youth, and families in their communities, for technical assistance to grantees, and for evaluation and dissemination of the findings with respect to each such evaluation to appropriate tribal, public, and private entities.

JUSTIFICATION:

The tribal Circles of Care grant program is funded under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Programs of Regional and National Significance. It has been funded at approximately $3.4 million each year since 1998. This funding has allowed between six and eight tribal grantees and one technical assistance and one evaluation contracted provider to support the grantees each year. **This is the only funding program under SAMSHA that tribes do not have to compete with states for** and has been a very valuable asset in helping our tribal governments develop specific children's mental health systems that otherwise would not be possible to establish. This program has been very valuable in helping establish children's mental health services in Indian communities, primarily where before there were no such services available. The need for the grant program is clear with tribal children having very limited access to child trained therapists (one child trained therapist for every 17,000 children) and experiencing some of the highest risks for encountering trauma inducing events (child abuse, suicide, and alcohol and substance abuse) where treatment services are needed.

The Circles of Care grant program began in 1998 and since then has supported 31 tribal communities in developing their own community-based children's mental service delivery system. These grants have significantly increased tribal community awareness of the issues that impact our children's mental health and facilitated community ownership and responses to these issues. This is a very important outcome in terms of supporting sustainable, long-term responses to the traumatic events that our children have and continue to experience. Historically, the responsibility for addressing our children's needs was not given to tribal governments and was instead vested with outside entities, such as state and federal agencies. However, these entities were not able to establish services that could provide long-term solutions that were highly effective in many cases, primarily because they did not promote tribal community ownership of the issues and solutions being addressed, and they were not always in the best position to understand and implement program designs and services that would prove effective.

Other positive outcomes of the Circles of Care grant funding is the development of capacity to compete for and secure additional funds and resources to support a tribal service delivery system for children's mental health services. Twelve out of 16 previously funded Circles of Care grantee communities have been successful in obtaining significant funding to support their children's mental health services. Six of the seven tribal Systems of Care grantees were former Circles of

Care awardees. All of the previous Circles of Care grantees have been able to increase staffing or FTE dedicated to children's mental health services in their communities. In addition, a key measure of being able to maintain community sustainability and prepare for future leadership and advocacy for our programs has been the involvement of youth and family members in each of the grantees projects. Several of the youth and family members from Circles of Care grantee communities have gone on to become service providers in their community and become leaders in advocacy for tribal children's mental health services at a local, regional, or national level.

It is also important to acknowledge the value of having technical assistance, both program and evaluation-focused, that comes from having Indian organizations with specific experience with these critical issues available to tribal grantee communities. In many different program areas, tribal governments need access to experts that can help plan programs, especially in areas where historically there has not been access to funding or the opportunity to operate programs. The most successful models of service delivery and methods for measuring tribal efforts have to come from within Indian Country.

Circles of Care tribal grantees bring to the leadership in Indian Country the most current and innovative thinking in systems of care planning. Circles of Care planning is used to develop child-centered, family-focused, and community-based programs. The current eight grantees are engaging local communities and families in collaborative partnerships and capacity building for services. All of the Circles of Care project sites advocate for a safe and healthy Indian community and promote a quality level of care tailored to each individual community. External evaluation components assist in the determination of the feasibility of project designs with the potential goal of replication.

However, because the tribal Circles of Care grant program does not have a specific authorization, it risks having its funding reduced or even eliminated in the SAMHSA budget development and implementation each year. Without a specific authorization this critically important program that supports tribal children's mental health activities and services that are not available anywhere else, has to compete with all of the other priorities within SAMHSA and the Administration. Given that this is a small grant program, this also increases the risk for reduction or elimination too.

PROGRAM: **Systems of Care Children's Mental Health grant program**

DHHS Division: Substance Abuse and Mental Health Services Administration

FY 2009 Enacted: Approximately $114 million

BUDGET RECOMMENDATION:

1. Continue budget requests to fund this program at current levels.

LEGISLATIVE RECOMMENDATION:

1. Amend the authorizing statute for Systems of Care Grant Program to allow the Secretary of DHHS to waive or modify the match rate for tribal grantees in consideration of their existing economic capacity and financial resources.

JUSTIFICATION:

Systems of Care tribal grantees bring to communities in Indian Country the most current and innovative thinking to develop child-centered, family-focused, and community-based children's mental health programs and services. The current eight tribal grantees (five existing and three new) are engaging local communities, youth, families, and private and public partners in collaborative partnerships to build sustainable services and programs. The Systems of Care project sites advocate for a safe and healthy Indian community and promote a quality level of care tailored to each individual community, child, and family. External evaluation components assist in the determination of the feasibility of project designs with the potential goal of replication and sustainability beyond the initial funding from SAMHSA. Measures of success in the System of Care program include: 1) emotional and behavioral problems were reduced or remained stable for 89 percent of children and youth with co-occurring mental health and substance abuse diagnosis; 2) school performance improved or remained the same for 75 percent of children and youth served by the grant communities; and 3) almost 91 percent of children and youth with a history of suicide attempts or suicidal ideation improved or remained stable.

In 1992, Congress established the Comprehensive Community Mental Health Services Program for Children and Their Families to support the development of Systems of Care to address the mental health needs of AI/AN children and youth. Starting with the first tribal grantee in 1994, 18 tribal sites have been funded for up to six year grants under Public Law 102-321.

This grant program supports states, communities, territories, and tribal organizations and governments to develop or expand services. The grant process is a competitive grant process and tribal organizations and governments must compete with states, communities, and territories.

Indian children and youth experience risk for trauma at a higher rate than many other racial or ethnic groups. AI/AN children have one of the highest rates of victimization at 15.5 per 1,000 children of the same race or ethnicity, and the suicide rate among young AI/AN males ages 15-24 is two to three times higher than the general U.S. rate. Access to mental health services is inadequate. More than half of those who committed suicide in Indian country had never been seen by a provider, yet 90 percent of all teens who die by suicide suffer from a diagnosable mental illness at the time of death.

One of the barriers that can prohibit tribal organizations and governments from applying for the funding are federal match requirements that extend beyond the economic and fiscal capacity of these grantees. Tribal governments in general have much less ability to generate substantial general funds due to severe economic conditions, such as high unemployment and poverty rates. Twenty-nine percent of American Indian children live in poor families and unemployment rates on tribal lands range from anywhere between 20 percent to as much as 65 percent, making it nearly impossible for many tribal communities to establish a self generating tax base. For example, the first through the third year of the grant, the match requirement states that for every three federal dollars the tribal entity must contribute one local dollar. During the fourth year of the grant the match requirement increases and states that for every federal dollar the tribal entity must match one to one. Lastly, in years five and six of the grant cycle, the tribal entity must match two local dollars for every one federal dollar. Often tribal entities will decide not to apply for the funding, or they will request less funding due to the graduated structure of the federal match requirement.

Their success highlights the effectiveness of Systems of Care and partnership building between government agencies and grass root communities.

Finally, bringing Indian tribes more intricately into the planning and implementation process around mental health services reflects federal policies of honoring sovereign nation status and self-determination. Tribal governments will also be better equipped to respond to federal initiatives targeting the provision of services, data collection, and evaluation.

PROGRAMS: **Garrett Lee Smith**
State/Tribal Youth Suicide Prevention Grant
Campus Suicide Prevention Grant

DHHS Division: Substance Abuse and Mental Health Services Administration

FY 2009 Enacted: State/Tribal Youth Suicide Prevention Grant: $29.7 million
Campus Suicide Prevention Grant: $4.9 million

BUDGET RECOMMENDATION:

1. Continue budget requests to fund this program at the FY 2009 level.

2. We recommend that SAMHSA meet with tribal governments to continue discussions regarding improving tribal access to these valuable resources and funding programs. While there are outreach efforts to support tribal participation in these programs, many tribal governments remain largely unaware as to how they can access resources and funding from SAMHSA to address youth suicide.

JUSTIFICATION:

We want to acknowledge and thank SAMHSA for funding programs in the past for which tribes do not have to compete with states, such as the Circles of Care grant program. We also appreciate the efforts to help tribes successfully engage other resources from SAMHSA that are more broadly targeted to states and tribes. We believe the challenges for tribes to successfully access these more broadly targeted resources is an area for further discussion and consultation between tribes and SAMHSA.

With regards to suicide prevention and intervention, SAMHSA administers two grant programs authorized by the Garrett Lee Smith Memorial Act of 2004, including the Campus Suicide Prevention Grant and the State/Tribal Youth Suicide Prevention Grant. The Act is the first federal legislation to provide specific funding for youth suicide prevention programs, authorizing $82 million over three years for both grant programs.

Recipients of the Campus Suicide Prevention Grants may receive up to $100,000 for a period of up to three years. In FY 2008, SAMHSA announced 16 new awardees of the Campus Suicide Prevention Grant program, totaling over $1,477,000 in awarded federal funds. It is worth noting that none of the most recent awardees are tribal institutions of higher education. In fact, none of the grant program's previous grantees have been tribal colleges. This is problematic because tribes have to compete with other institutions of higher education in a competitive grant process. As such, we are recommending that a tribal set-aside of three percent be approved to ensure that tribal colleges will have access to funding.

Conversely, the State/Tribal Youth Suicide Prevention grants have supported many tribal grantees in their efforts to collaboratively combat youth suicide. Currently, SAMHSA has funded a tribal cohort

consisting of 12 tribes and tribal organizations, totaling approximately 16 million in awarded federal funds. Tribal and state awardees of this grant program may receive up to $500,000 for up to three years—with many receiving T/TA from the Suicide Prevention and Resource Center. We commend Congress and SAMHSA for establishing and supporting this important grant program and, most importantly, for supporting tribes in their efforts to prevent and decrease AI/AN youth suicides.

In 2007, NICWA, in partnership with SAMHSA and other organizations, held a two and a half day American Indian and Alaska Native Summit on Youth Suicide Prevention, Intervention, and Healing. The primary goals of the summit were to provide an opportunity for tribal communities to further mobilize their local effort, and to receive support and advice from tribal experts in the fields of suicide prevention, intervention and healing. Seven tribes were invited, and each tribe brought with them a team of six delegates to work through a series of planned phases to enhance their communities' initiatives. The tribes explored five areas including environment, mission, infrastructure, resources, and policy. Many of the delegates expressed a need for discretionary and dedicated funding that would allow the tribes to put together a comprehensive campaign to address the issue of healing in their respective communities.

Our recommendation is to provide tribes more opportunities and greater access to SAMHSA's service and infrastructure grants by including tribal representation in the discussion on how to enlarge the scope of services and resources available that will ensure and support capacity building, evaluation, and sustainability of community-based programs and services.

PROGRAM: **Indian Health Services (IHS)**
Mental Health and Social Services

DHHS Division: Indian Health Service

FY 2009 Enacted: approximately $67.7 million

BUDGET RECOMMENDATIONS:

1. Our recommendation is to increase the Administration's budget request under this area from the FY 2009 enacted amount of approximately $67.7 million to $90 million for FY 2011, and target the majority of this increase to improving responses to children's mental health issues, such as child abuse and suicide prevention and treatment.
2. We would also encourage IHS to collect and report annually data that specifically focuses on children's mental health needs and the services and funding that is used to support services to this population. This will help policymakers and advocates better understand the needs and service responses to these most critical issues.

JUSTIFICATION:

IHS Mental Health and Social Services are funded from the same account. It is difficult, if not impossible, to identify how much of the IHS funding under the Mental Health and Social Services budget category goes to mental health services, particularly mental health services for children. The same can be said of Contract Health Services—those funds that are used by IHS and tribes to purchase health care outside of the IHS system when the IHS or tribal health program cannot provide the necessary services. IHS has acknowledged in its own budget request in the past that specialized health services for populations such as children are often minimal. We do not see any significant changes in funding levels or policy that would lead us to believe that this has changed significantly since 2001.

Recent IHS Budget Justifications have painted a bleak picture of the mental health services available in Indian communities: "The most common Mental Health/Social Services Program model is a tribally operated, acute crisis-oriented outpatient service staffed by one or more mental health professionals. Medical and clinical social work services are usually provided by one or more social service workers who provide family intervention for child abuse, suicide, domestic violence, parenting skills, and marital counseling, as well as discharge planning and support for hospitalized patients. Partial hospitalization, transitional living, and child residential and mental health programs are generally not provided. Inpatient services are provided under contract with local hospital psychiatric units. Other emergency and long-term hospitalizations are provided through contracts by or with county and state mental hospitals. Such hospitals rarely offer culturally relevant services, such as traditional healers, in their programs." (FY 2006 pages IHS.16–17).

There is, according to IHS, approximately one psychologist per 8,333 AI/ANs as compared to one per 2,213 for the general population. When you ask how many of these psychologists are trained to work with children and have a dedicated practice with children, the number available decreases by half. SAMHSA data shows AI/ANs have the highest rates of mental distress of all ethnic and racial groups. These statistics illustrate the crisis in mental health care for AI/AN children, both in terms of the seriousness of need and the capacity to meet those needs. The

recent attention to the high rate of youth suicide in Indian Country further reinforces the need to improve responses and resources for this most vulnerable population.

We believe the urgent and very serious level of need for these services to children and youth requires additional resources. IHS has been making efforts with existing resources to address these needs, but further system and service improvements are needed that cannot be done with existing levels of funding.

For questions regarding this testimony, please contact David Simmons of the National Indian Child Welfare Association at desimmons@nicwa.org or call (503) 222-4044. ext.119.

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