



CHILD WELFARE

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”⁴⁶ Therefore, Congress must promulgate a budget that empowers tribal nations to provide programs and services necessary to safeguard their children and strengthen their families. A report from the Attorney General’s Advisory Committee on American Indian and 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.”⁴⁷

This recommendation above underscores the inequity in federal child welfare funding that tribal nations face as compared to state governments. Tribal governments receive approximately one-half of one percent of all federal child welfare funds while their children represent approximately two percent of the United States population under the age of 18 and four percent of the child welfare population.⁴⁸

Across Indian Country, tribal nations 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, many tribal nations work simultaneously in numerous jurisdictions across the country, to improve coordination with state and private child welfare agencies and court systems. Tribal nations’ enduring service to children, families, and communities persists in the face of elevated risk factors for child abuse and neglect.⁵⁰

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.”⁵¹ The recommendations below suggest funding increases that would provide tribal nations with sufficient child welfare funding and provide necessary support in tribal efforts to heal children and families.

Key Recommendations

DEPARTMENT OF THE INTERIOR

Interior – Environment Appropriations Bill

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

- *Appropriate \$93 million for the three discretionary grant programs under this law (\$30 million for the Indian Child Abuse Treatment Grant Program, \$60 million for the Indian Child Protection and Family Violence Prevention Grant Program, and \$3 million for the Indian Child Resource and Family Service Center Program), which will provide vital new funding to help tribal nations prevent and treat child abuse and neglect in their communities.*

The Indian Child Protection and Family Violence Prevention Act (P.L. 101-630) (ICPFVPA), was enacted to fill funding gaps in tribal child welfare services – specifically child abuse prevention, child protection, and child abuse treatment – and to ensure better coordination between child welfare and domestic violence programs. The ICPFVPA authorizes funding for two tribal programs: (1) the Indian Child Protection and Family Violence Prevention Program, which funds prevention programming, investigations, 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. The ICPFVPA also authorizes funding to create Indian Child Resource and Family Service Centers in each of the BIA regional areas. These centers – staffed by multi-disciplinary 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. Representative Gallego (AZ) and Representative Cook (CA) recently introduced, H.R. 4957, a bipartisan bill to reauthorize the ICPFVPA. H.R. 4957 updates key terms, increases the authorization levels for the Indian Child Abuse Treatment Grant Program and the Indian Child Protection and Family Violence Prevention Program, and streamlines the Indian Child Resource and Family Services Centers into one national center.

There is an incredible need for family violence prevention and treatment resources in American Indian and Alaska Native (AI/AN) communities. As recently recognized by Congress in the Violence Against Women Reauthorization Act of 2013 (P.L. 113-4), AI/AN women are more likely than any other population to experience intimate partner violence. A DOJ study found that more than four in five AI/AN adults have experienced some form of violence in their lifetime.⁵² Among AI/AN women, 55.5 percent have experienced physical violence by intimate partners in their lifetime, and 56.1 percent have experienced sexual violence.⁵³ Over 90 percent of the offenders are non-Native. 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 1,000.⁵⁴ These problems are intricately intertwined. Studies show that in 49 to 70 percent of cases, men who abuse their partners also abuse their children,⁵⁵ while child abuse investigations reveal violence against the mother in 28 to 59 percent of all cases.⁵⁶

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, be involved in the juvenile and criminal justice systems have long-term mental health needs, and have lower earning potential than their peers.⁵⁷ Financially, child maltreatment costs tribal communities and the United States \$210,012 per victim.⁵⁸

Tribal nations, like states, need adequate resources to effectively prevent and respond to child abuse and neglect in their communities. However, unlike states, tribal nations do not have meaningful access to HHS Child Abuse Prevention and Treatment Act Program (CAPTA) grant programs. The programs authorized under ICPFVPA were created to fill this gap, but without appropriations for them, tribal nations are left without funding for child protection and child abuse prevention services.

BIA Indian Child Protection and Family Violence Prevention Program

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$0	\$0	\$0	Child Abuse Treatment: \$10 million Child Abuse and Violence Prevention: \$30 million Child Resource Centers: \$3 million

DEPARTMENT OF THE INTERIOR

Interior – Environment Appropriations Bill

BIA Welfare Assistance Program

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

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

AI/AN child welfare programs and social service agencies need to have the resources necessary to support families in times of crisis and uncertainty. AI/AN adults – including parents and kinship caregivers – are unemployed on reservations at a rate more than two times the unemployment rate for the total population.⁵⁹ 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.⁶⁰ The crippling of Native economies before the self-determination era left tribal communities with few economic opportunities, high unemployment, and overwhelmingly impoverished. The barriers to employment vary region to region in Indian Country, but include geographic remoteness, a weak private sector, poor basic infrastructure, and even a lack of basic law enforcement infrastructure. These conditions make the programs funded under welfare assistance an important safety net for AI/AN families.

The General Assistance Program provides short-term monetary assistance for basic needs such as 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. The needs of those who rely on this program far exceeds the funding that Congress provides.

The Child Assistance Program provides payments for children who must be cared for outside their homes in foster care, adoptive, or guardianship placements, especially for those children who are not eligible for other federal child welfare services like those funded under the Title IV-E Foster Care and Adoption Assistance program. One of the primary needs recognized in the national needs assessment performed by the National Child Welfare Resource Center for Tribes was access to funding for care providers licensed within their own communities.⁶¹ The Child Assistance Program is the primary funding source dedicated to support these homes. Insufficient funds too often require tribal nations 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. We strongly urge Congress to increase the funds for this program, as the needs are much greater than previously appropriated amounts.

The current funding for the Welfare Assistance Program also does not begin to meet the needs of tribal communities. For example, in FY 2016, based on BIA Financial Assistance and Social Service Reports (FASSR), actual Welfare Assistance expenses were \$93 million, leaving tribal nations with an out-of-pocket shortfall of \$18 million. We know that this shortfall has since grown. 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 to \$80 million to provide tribal governments the resources they need to support families and children in crisis.

BIA Welfare Assistance Program

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$76 million	\$76 million	\$74.734 million	\$80 million

DEPARTMENT OF THE INTERIOR

Interior – Environment Appropriations Bill

BIA Tiwahe Initiative Program

- Fully fund the Tiwahe Initiative in FY 2021 at the FY 2020 level, and consider making the program permanent and expanding needed resources for all tribal nations.

BIA's Tiwahe Initiative was established in 2015 to improve the health and wellbeing of families in tribal communities, and to reduce poverty, substance abuse, domestic violence, and associated outcomes such as youth suicide. The Tiwahe Initiative includes two components: one featuring a recurring funding increase for all tribal nations that operate Social Services and ICWA programs; and another containing additional Tiwahe funding support for demonstration/pilot programs at six tribal locations (representing 61 tribal nations and Alaska Native villages) to develop improved coordination and delivery of services (which could offer a model for other tribal nations). Tiwahe funding includes BIA programs of Social Services, ICWA, Courts, Housing Improvement Program (HIP), Job Placement & Training, and the Public Safety Recidivism Reduction Initiative.

Tiwahe was intended as a five-year demonstration program, and upon completion of the five-year program period, if tribal nations evidenced success through performance measures identified in their Tiwahe plans, the program and funding would thereafter continue. The Tiwahe Initiative has provided critical investments to strengthen families and communities and has proven successful.

Congress has supported the Tiwahe Initiative since it began, citing the importance of providing culturally appropriate services with the goals of empowering individuals and families through health promotion, family stability, and strengthening tribal communities as a whole. FY 2019 was the fifth year of the Tiwahe Initiative, and participating tribal nations report that the program has helped them conduct more effective analysis of community needs and program redesign to support families and family self-sufficiency. It is in the interest of all tribal nations that operate Social Services and ICWA programs, the tribal demonstration sites, and all of the children and families benefitting from the initiative that Congress fully fund the Tiwahe Initiative in FY 2021 at the FY 2020 level. NCAI further requests that Congress expand the program with more resources for all tribal nations and make the Tiwahe program permanent.

DEPARTMENT OF THE INTERIOR

Interior – Environment Appropriations Bill

BIA Indian Child Welfare Act Program

- Increase the Indian Child Welfare Act On or Near Reservation Program appropriations to \$22 million.

As the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence 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."⁶² ICWA was a response to national findings that public and private child welfare agencies were systematically removing AI/AN children from their homes, communities, and culture in order to place them in non-Native foster and adoptive homes.

To prevent these troubling practices which regrettably still occur today, ICWA provides protections to tribal nations and AI/AN families in state child welfare and judicial systems. It also recognizes the sovereign authority of tribal nations to provide child welfare services and adjudicate child welfare matters. To implement these provisions, ICWA authorized grant programs to fund child welfare services on or near reservations and for ICWA support in off-reservation, urban Indian programs.

ICWA funding is the foundation of most tribal child welfare programs. In order for AI/AN children and families to receive the best possible services in tribal and state systems and allow tribal nations to assist state agencies and courts, adequate funding must be provided to tribal governments to support their child welfare programs. At the time that ICWA was passed in 1978, Congress estimated that between \$26 million and \$62 million would be required to fully fund tribal child welfare programs on or near reservations.⁶³ Adjusted for inflation, this would be \$193 to \$459 million in today's dollars. Current funding levels fall far short of this estimate. As AI/AN children are still being removed from their families and tribal nations in high numbers through efforts of those who seek to circumvent the law and ignore the best interest of AI/AN children, NCAI urges Congress to increase the Indian Child Welfare Act On or Near Reservation Program appropriations to \$22 million. Additionally, the Tribal Interior Budget Committee has placed ICWA funding as its top priority for FY 2021.

- *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 tribal nation, but also with urban Indian child welfare programs. These programs provide assistance to states and the child's tribal nation, and provide culturally appropriate child welfare services. For this reason, ICWA authorizes child welfare funding for urban Indian programs. From 1979 to 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 living off-reservation increased. This funding must be reinstated. NCAI recommends a \$5 million appropriation to support AI/AN children and families living off-reservation.

BIA Indian Child Welfare Act Program

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
BIA Tiwahe Initiative Program	\$263,000	\$270,000	\$270,000	\$1 million
On-Reservation ICWA Program	\$19.08 million	\$19.154 million	\$14.431 million	\$22 million
Off-Reservation ICWA Program	\$0	\$0	\$0	\$5 million

DEPARTMENT OF THE INTERIOR**Interior – Environment Appropriations Bill****BIA Social Services Program**

- *Provide \$55 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 and navigate 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 who are performing services for tribal nations 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.”⁶⁴

Technical support is one area where roles and responsibilities remain unclear, as demonstrated by BIA’s social services contracts with tribal nations. The contracts, or annual funding agreements, state that the BIA will provide technical support with social services issues as needed. Contrary to these agreements, tribal nations report insufficient or nonexistent technical support. In some cases, tribal nations could wait up to three weeks before receiving a response, or they might receive no response at all.⁶⁵

As the BIA assessment describes, the Social Services Program is drastically underfunded, and tribal programs, families, and children suffer as a result. Recent increases as part of the successful Tiwahe Initiative (which decreased crime in implementing tribal communities by 56 percent over three years⁶⁶) are to be commended and the momentum must be continued. Another \$5 million must be appropriated for this program – children and families depend on it. This increase will ensure that basic child protective services are provided in tribal communities across the country, that tribal nations have access to meaningful training and technical assistance, and that the BIA has the resources necessary to fill service gaps. The Tribal Interior Budget Council estimated an unmet need of \$32 million over the current enacted levels during tribal budget formulation for FY 2017.

BIA Social Services Program

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$52.832 million	\$53.084 million	\$51.474 million	\$55 million

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 \$110 million to provide additional access to tribal nations who are currently not eligible to apply based upon the funding formula.

The Promoting Safe and Stable Families Program provides funds to tribal nations 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 tribal nations under each program. All tribal nations 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 tribal nations with approved plans. Based on this formula, tribal nations who would qualify for less than \$10,000 are not eligible to receive any funding. This means that many tribal nations, typically those 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.”⁶⁷

This is in stark contrast with state child welfare systems where AI/AN children are three times more likely to be removed from their homes – as opposed to receiving family preservation services – than their non-Native counterparts.⁶⁸ Tribal nations 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.⁶⁹

The Promoting Safe and Stable Families Program offers support for those culturally based services that tribal nations 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 tribal nations 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 tribal nations are ineligible for this formula grant. Increasing this program to \$70 million (still \$130 million below the authorized appropriation) could help dozens of new tribal nations access this funding and augment the programming of the 130 tribal nations and consortia currently funded.

Tribal nations 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 (P.L. 112-34). Five tribal court improvement project grantees are currently funded under this program. They are using these funds to strengthen their family courts and better integrate the work of their court with the work of their child welfare system. The State Court Improvement Program provides important opportunities for tribal nations and states to work together to improve child welfare coordination and to improve outcomes for AI/AN children.

Promoting Safe and Stable Families Program, Title IV-B Subpart 2 program discretionary funds (tribal nations eligible for three percent allocation from total amount)

FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
\$99.765 million	\$99.765 million	\$92.515 million	\$100 million
\$2.9 million	\$2.9 million	\$2,775,450	\$3.3 million
\$1 million	\$1 million	\$1 million	\$3 million

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child and Family Services

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

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

Child Abuse Discretionary Activities, including the 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. Tribal nations have access to this program through a competitive grant process that includes states and other entities. However, 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.⁷⁰

The Attorney General's Advisory Committee on American Indian and 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 tribal nations 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."⁷¹ The Child Abuse Discretionary Activities Program is the only funding available to help tribal nations 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 (P.L. 111-320) 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 to \$38 million (a level still well below the \$120 million authorization) to provide the funding necessary to ensure tribal success in this competitive grant process.

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

FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
\$33 million	\$33 million	\$35 million	\$38 million
Dependent upon grantees awarded	Dependent upon grantees awarded	Dependent upon grantees awarded	Increase will fund tribal grantees

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child and Family Services

Community-Based Child Abuse Prevention

- *Increase funding to \$60 million, so that more tribal nations can develop robust community-based child abuse prevention programs.*

The Community Based Child Abuse Prevention line item funds programs that develop and enhance community-based, prevention-focused services that curb child maltreatment by strengthening families. Tribal nations 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 for 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.”⁷²

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 tribal nations to create programs that will be truly effective at preventing child maltreatment – programs which are community-based and tailored to the needs of the local community.

Community-Based Child Abuse Prevention

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$39.764 million	\$39.764 million	\$55.66 million	\$60 million
Tribal (amount shared with migrant populations)	\$397,640	\$397,640	\$556,660	\$600,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Child Welfare Programs

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

- *Restore funding to this vital program to \$280 million to ensure that tribal nations have access to increased flexible Child Welfare Services Program funds for their services to children and families.*

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

The vast majority of tribal child welfare programs operate from a cultural worldview – meaning the ways that culture affects tribal child welfare practice go far beyond incorporating traditional practices into case plans or using cultural services. Culture is infused throughout tribal child welfare programs: it guides the focus, promotes the most effective responses, and improves community support and participation in these programs.

Studies show that culturally tailored programs, resources, and case management result in better outcomes for AI/AN children and families involved in the child welfare system.⁷³ The flexibility of the Child Welfare Service Program allows tribal nations to provide cultural services to families along a continuum, from child protection to out-of-home placement. The Child Welfare Service Program is typically used by tribal nations for in-home services, support services for children in foster care, case management, and training and professional development. Tribal nations use this important funding to tailor their child welfare services to best fit their communities' needs.

Of the 574 federally recognized tribal nations, 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 tribal nations are not participating.

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

FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
\$268.735 million	\$268.735 million	\$268.735 million	\$280 million
~\$6.329 million (estimated)	~\$6.329 million (estimated)	~\$6.329 million (estimated)	~\$7.1 million (dependent on number of applicants)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Health Resources and Service Administration, Maternal and Child Health

Maternal, Infant and Early Childhood Home Visiting Program

- Increase overall appropriations request to \$420 million to guarantee additional tribal grantees access to this program (would provide \$12.6 million for tribal nations).

The ACA set aside funds to support five-year grants for the Maternal, Infant, and Early Childhood Home Visiting Program. This innovative program included tribal nations at its inception with a three percent tribal set-aside and currently funds 23 tribal grantees. Tribal grants under this line item fund programs that provide voluntary home-visiting services during pregnancy and to families with young children up to five years old. In-home services and visits funded by this program use models that have been found to be “promising practices” when working with AI/AN families. Tribal programs can now choose from a tribally developed and evidenced-based model (Family Spirits) or culturally adapt an existing mainstream evidenced-based home visiting model. By using models that have been shown to improve maternal and child health, prevent child maltreatment, encourage positive parenting, and promote child development, this program does much to strengthen families and prevent involvement with the child welfare system. These programs are invaluable to the tribal communities who are funded – communities that often face increased risk factors for child maltreatment.⁷⁴

Maternal, Infant and Early Childhood Home Visiting Program

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$400 million	\$400 million	\$400 million	\$420 million
Tribal	~\$12 million (estimated)	~\$12 million (estimated)	~\$12 million (estimated)	~\$12.6 million (dependent on number of applicants)

CHILDREN'S MENTAL HEALTH

AI/AN children and communities grapple with complex behavioral health issues at higher rates than any other population. Tribal nations have often struggled to address challenges to their citizens like mental health, especially when only provided limited flexibility to shape programs in a manner that reflects community values and can utilize proven methods for addressing complex issues. Unaddressed trauma that has occurred within families is an example of the type of challenges that tribal nations face that require resources tailored to the specific community factors that will support healing from complex trauma and reduce the risk for further involvement in other human services systems.⁷⁵ Where tribal reclamation of these systems has been possible, it has led to the design and implementation of effective service systems by and for AI/AN people to promote cultural strength and healing. These tribal systems have already begun to resolve the trauma in their communities.

The most reliable way to transform these broken systems is to support tribal children's mental and behavioral health programs with funding that reflects the need. Funding also must account for the understanding that effective mental and behavioral healthcare 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 tribal nations to integrate mental and behavioral health interventions throughout government services.

It is with this understanding that NCAI strongly recommends the following appropriations. The numbers provided below will help dozens of additional tribal nations access the funding necessary to improve their mental health services.

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Labor, HHS, Education Appropriations Bill****Substance Abuse and Mental Health Services Administration****Programs of Regional and National Significance****Children and Family Programs (includes Circles of Care)**

- Increase funding to the overall budget category to \$8 million, ensure that \$6.5 million is reserved for the tribal Circles of Care program with funding for the tribal technical assistance center restored.

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 mental health programming for Native youth.

Circles of Care is a three-year planning grant that helps communities design programs to serve children with serious behavioral health issues. The goal of this program is to help children access services and find wellness. Specifically, Circles of Care funds the development of the tribal capacity and infrastructure necessary to support a coordinated network of holistic, community-based, mental and behavioral health interventions in tribal communities.

The Circles of Care program is the only SAMHSA grant program with a holistic focus on AI/AN children’s mental health. It is one of only two SAMHSA programs that allows tribal nations and tribal organizations to apply for funding without competing with other governmental entities (states, counties, or cities). There are currently 10 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.⁷⁶ Programs like Circles of Care, which provide communities with the funding needed to plan and build community-based, responsive services and design integrated supports to meet the needs of their youth with behavioral health challenges, are essential to healing AI/AN children. Since its creation in 1998, the Circles of Care program has helped more than 50 different tribal and urban Native communities. These programs have been incredibly successful. The majority of tribal nations who have received these grants have created long-term, sustainable systems of care for their children.

In 2017, SAMHSA awarded 13 new tribal Circles of Care grant programs, which continued through 2019. More than half of the 31 graduated Circles of Care grantees have obtained direct funding to implement their system change efforts through the Child Mental Health Initiative (CMHI) Program (which funds system of care grants), and 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. One notable concern is in 2018, SAMHSA discontinued funding of tribal specific technical assistance services for the Circle of Care grantees through the long funded tribal-specific technical assistance center. This has left Circles of Care grantees with little opportunity to find and secure tribal specific technical assistance, which is critical to their success in establishing quality plans for children’s mental health services.

SAMHSA Children and Family Programs (includes Circles of Care)

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$7.229 million	\$7.229 million	\$7.229 million	\$8 million (\$6.5 million dedicated to Circles of Care grants and a tribal technical assistance center)

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Substance Abuse and Mental Health Services Administration

Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention and Campus Suicide Prevention Programs

- Increase funding to \$40 million for the Youth Suicide Prevention and Early Intervention and Campus Suicide Prevention grant program and \$9 million for the Campus Suicide Prevention grant program to ensure current multi-year grantees can complete the grant cycle and allow for new tribal grantees in FY 2021.

The GLS State/Tribal Youth Suicide Prevention and Early Intervention Program provides four-, three-, and one-year grants to states, tribal nations, 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.⁷⁷ 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 support 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 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 funded at \$9 million.

Garrett Lee Smith Suicide Prevention Programs

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
State/Tribal Youth Suicide Prevention and Early Intervention Grant Program	\$35.427 million	\$35.427 million	\$35.427 million	\$40 million
Campus Suicide Prevention Program	\$6.488 million	\$6.488 million	\$6.488 million	\$9 million

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Substance Abuse and Mental Health Services Administration

American Indian and Alaska Native Suicide Prevention

- Provide \$5 million to ensure there is adequate assistance available to tribal communities working to support the mental wellbeing of AI/AN youth at risk for suicide.

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 more than 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 more than 9,000 community members in prevention and mental health promotion. NCAI urges Congress to increase funding to \$5 million to allow for more of these important activities to continue.

SAMHSA American Indian and Alaska Native Suicide Prevention

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$2.931 million	\$2.931 million	\$2.931 million	\$5 million

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

- Increase funding for the Tribal Behavioral Health program to \$50 million (\$25 million for each of the two programs).

In FY 2019, SAMHSA funded Tribal Behavioral Health Grants at \$40 million (\$20 million in the Mental Health appropriation and \$20 million in the Substance Abuse Prevention appropriation). NCAI recommends a combined \$50 million in FY 2021 to continue to address the expansion of suicide prevention, mental health, and substance abuse activities for Native communities.

These are competitive grants designed to target tribal communities 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.⁷⁸ Although these statistics are troubling, with adequate resources tribal nations are best able to serve these young people and help them heal before they reach adulthood.

There is growing evidence that Native youth who are culturally and spiritually engaged are more resilient than their peers. Research has revealed that 34 percent of Native adolescents preferred to seek mental or substance abuse services from a cultural or religious oriented service provider. In other research, American Indian caregivers preferred cultural treatments (e.g., sweat lodge, prayer) for their children and found the traditional-based ceremonies more effective than standard or typical behavioral health treatment.⁷⁹

This funding provides flexible opportunities allowing tribal nations to tailor their mental and behavior health interventions to the unique needs of AI/AN children families and communities. This program is currently the only source of federal substance abuse prevention funding exclusively available to tribal nations.

SAMHSA

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Mental Health Appropriation				
Tribal Behavioral Health Grants	\$15 million	\$20 million	\$20 million	\$25 million
Substance Abuse Prevention				
Tribal Behavioral Health Grants	\$15 million	\$20 million	\$20 million	\$25 million

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, HHS, Education Appropriations Bill

Substance Abuse Mental Health Services Administration

Children’s Mental Health Initiative (Systems of Care)

- Increase funding to \$135 million to allow for the continued support of the current cohorts of Children’s Mental Health Initiative Systems of Care Grants and allow for new grantees in FY 2021.

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 Children’s Mental Health Initiative System of Care Grants. AI/AN communities are eligible for, and recipients of, each of these grants, but must compete with non-tribal applicants to receive these funds.

Children’s Mental Health Initiative System of Care Grants support a community’s efforts to plan and implement strategic approaches to mental health services. These approaches are based on important principles, they must be family driven; youth-guided; strength-based; culturally and linguistically responsive; and meet the intellectual, emotional, cultural, and social needs of children and youth. Since 1993, approximately 200 total projects have been funded, dozens of which have been in tribal communities. Currently, nine tribal communities are funded by 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.⁸⁰ Evaluations studies of System of Care have indicated return on investment from cost-savings in reduced use of in-patient psychiatric care, emergency room care, and residential treatment even when other community or home based care is provided. There are also cost savings from decreased involvement in juvenile justice systems, fewer school failures, and improved family stability.⁸¹

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 tribal nations to access these funds and create real systems change. For these reasons, funding should be increased to \$135 million for FY 2021.

SAMHSA Children’s Mental Health Initiative

	FY 2018 ENACTED	FY 2019 ENACTED	FY 2020 ENACTED	FY 2021 RECOMMENDED
Total	\$112.5 million	\$125 million	\$125 million	\$135 million