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Before the Senate Committee on Finance
Hearing on "Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare System"
April 25, 2006

Honorable Chairman Charles E. Grassley, and the Honorable Senator Max Baucus from the great state of Montana, and members of the committee, the Confederated Salish and Kootenai Tribes of the Flathead Nation (CSKT or Flathead Nation) appreciates this opportunity to present you with testimony on the "Fostering Permanence: Progress Achieved and Challenges Ahead for American's Child Welfare System". Before offering remarks on this important topic of fostering permanence, which greatly impacts Indian Country and the Country in general, here are the summary recommendations of the Flathead Nation:

- **That the Tribes share of the annual Title IV-B child welfare services budget within HHS ACF be increased to a level of at least 3% of the overall appropriation. The CCDF funds, which are in HHS ACF, earmark a set per cent for Tribal grantees. The same is suggested for Title IV-B Child Welfare Services that are allocated to the Indian Nations.**

- **That the Tribes share of Title IV-B Promoting Safe and Stable Families be increased to a mandatory set aside level of 3% (for both mandatory and discretionary programs) dedicated to the Indian Nations. The Deficit Reduction Act provided for a $40 million increase for Title IV-B, Part 2 and it is expected that this will be incorporated into the reauthorization bill; thus, an increased tribal allocation will simply result in a larger percentage of the increase going to tribes than would have been the case – it will not result in any reduction of funding to states.**

- **Title IV-E Foster Care and Adoption Assistance – The current law only allows tribes that have agreements with states the opportunity to operate this program, and currently there are less than 70 tribes that have these agreements. Our Tribe, other Tribes and a number of states support direct funding of tribes under Title IV-E. In 1994 the Office of Inspector General for DHHS examined tribal access to Social Security Act programs and identified several barriers to the passing through of funding from states to tribes and concluded that the surest way to fund tribal programs was direct funding (OEI-01-93-00110). The CSKT Tribes support this recommendation as well as the Pew Commission and the Affiliated Tribes of the Northwest (ATNI).**

- **Other sources of funding to support tribal foster care and adoption assistance services are also scarce. This has resulted in many tribes having to ask tribal members to provide these homes without any subsidy and limited support, creating a much higher risk for tribal foster homes to fail. This situation is something that no state nor Tribal nor federal government can tolerate. Legislation in Congress has been pending to provide direct tribal access to Title IV-E. We think it is time.**

- **<u>President's Flexible Funding Proposal</u> – We agree with the President that child welfare reform is needed and should address issues of financing. From the descriptions that we have heard, the President's proposal would make some tribes eligible for a reserved amount of funding to provide child welfare services, including foster care services. This is an important acknowledgement of the role that tribal governments play with their tribal children and families, and we thank him for this. To help us further evaluate this proposal, we need to see an official written description, which several tribes and Indian organizations have asked for, but have not received. We are also supportive of Assistant Secretary Horn's openness to allowing tribes that don't currently have full capacity to be eligible for this funding if they provide a plan for building that capacity. Our biggest concern at this point without a written description to evaluate is the amount of funding being suggested - $30 million annually. This amount would not enable every tribe that wanted to operate foster care the ability to do so. The Congressional Budget Office estimates that at least $68 million per year is needed to fully provide all tribes with foster care services under Title IV-E. We think this amount is fair and would recommend that the President increase the amount they are reserving for tribes to this amount.**

- **The identification of a commission/entity to evaluate the health care implications and health care needs as poor isolated Indian reservations struggle with the health impacts and costs of serving "Meth" affected children and families. The "Meth" epidemic is going to and will continue to have a catastrophic affect on both the Indian Health Service[1] budget and the States Medicaid budgets.**

- **That the real issue impacting the child welfare system in Indian county is an issue of Poverty. The Administration must offer a meaningful poverty reduction program in order to have lasting effect on the child welfare system. On our reservation, nearly 80% of those families who are referred for suspected abuse and neglect are**

[1] Indian Health Service is typically funded at 59% of need and the limited funding does not anticipate nor provide for the costs of the following: physical therapy, speech therapy, anger management, sensory integration dysfunction issues due to the affects of the drugs. The costs to care for meth affected children in the foster care system and their treatment is going to be significant.

unemployed. Children in families with poverty experience abuse, neglect, addictions, crime, and sometimes even death.

Background: The CSKT reservation is a result of the cession of tribal lands made by the Salish, Kootenai, and Pend d'Oreilles Indians under the Hellgate Treaty of 1855. In the Hellgate Treaty the Tribes ceded over 20 million acres of ancestral land (much of what is now considered western Montana) in exchange for a reservation of title to lands within an area of 1.3 million acres in northwestern Montana. In 1904, Congress opened up the Flathead reservation to allotment and widespread transfer of tribal land into the hands of individual tribal members and ultimately to non-Indians took place. Beginning in the 1940's, the CSKT began to recover some of the lands over which the Tribes had lost ownership. Currently, we have over 600,000 acres of land in trust, almost 71,000 owned by the Tribe in fee, as well as over 36,000 acres owned in fee by individual tribal members, within the reservation. The Flathead Nation has been on the cutting edge not only of land consolidation in Indian Country, but also in the exercise of tribal self-determination.

The CSKT is a Self-Governance tribe, which means that we operate almost all of the programs and services that the federal government, mainly through the Bureau of Indian Affairs and Indian Health Service, would be required to provide were the Tribes not operating them on behalf of the federal government. In addition to the more traditional programs that many tribes operate, we operate the Land Realty program, operate and manage the power utility (Mission Valley Power), and the Financial Trust Services program, including Individual Indian Money (IIM) accounts, as well as most Indian Health Service functions. At the beginning of FY06, we had to give the Contract Health Services program back to the IHS to operate because we would go bankrupt if we continued operating this program. While we are confident that the Tribe is the entity best suited to carrying out all of these activities, they require major obligations of financial support from the federal government.

The CSKT manage both the Child Protective Services (CPS) system and the Foster Care system for those children who are enrolled, eligible for enrollment or who are at least ¼ degree Indian. Last year our agency received over 480 CPS referrals involving over 900 children. As stated earlier the majority of all families referred for suspected abuse and neglect are unemployed. There is a direct relationship between poverty and abuse and neglect ON OUR Reservation. Our unemployment rate is approximately 36%[2]. The average unemployment rate on Montana Indian Reservations is 62%. Due to a combination of limited State/federal IV-E and BIA funds, our ability to respond to the high number of referrals and the need for quick investigations is severely compromised.

[2] Montana Business Quarterly – Economic Status of American Indians in Montana. The University of Montana – Missoula. Bureau of Business and Economic Research – Gallagher Business Building, Suite 231 – Volume 42, Number 4, Winter 2004.

The present IV-E funds and the BIA funds do not provide for total support of foster care families struggling with high needs children. In the last four (4) years we have placed over 30 met affected children in the foster care system and the agency is experiencing tired, worn out caregivers who are now turning children back to us, before we can even achieve permanency for these needy children. The children are being turned back due to the high needs they have the few supports we offer. There are no funds for respite for caregivers; our departmental budget cannot afford it. There are no funds for specialized therapy, other than Medicaid. Caregivers are not trained to deal with the physical and mental health complications that the children present. In addition, caregivers are not trained to deal with the birth parents, when addictions and addictive behaviors are still present.

Children with meth effects have the following behaviors: head banging, constant crying, increased aggression towards siblings and caregivers, sensory integration dysfunction which results in slow and delayed gross and fine motor functions. The impact these children will have on our Nation's public schools will be devastating. They, like us, are not equipped nor funded to deal with these issues.

As everyone knows, good health care systems are essential for maintaining health, and healthy individuals are the keystone of healthy families and healthy communities. Despite the federal government's trust obligations owed to Indian Tribes in the field of health care, Indians remain the minority population with the highest rate of a number of serious diseases in the United States. Further, Indian people have by far the lowest life expectancy of any minority population in the U.S. Alcoholism, diabetes, drug abuse, cancer, heart disease, accidental deaths, and suicide are all rampant in Indian Country. While not all of the burden can be placed on the federal government for the well-being of Indian people, the federal government does have a legal obligation to fund Indian health care services, among other populations.

While Indian people rank highest among occurrences of a number of major diseases among all of the groups for which the U.S. must pay for health care, Indians rank the lowest in terms of per person funding. According to a report issued by the U.S. Commission on Civil Rights, *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*, the federal government pays $5,915 annually per Medicare recipient and $5,214 annually per veteran through VA health care. The U.S. even pays $3,803 annually in health care for each federal prisoner. For Indian people, in contrast, the federal government contributes only $1,914 per person annually. This disparity is completely unacceptable. The government is essentially saying we are only worth half as much a federal prisoner! The Congress must begin to address this stunning inequity and commit to parity funding between tribes and other federal health care beneficiaries. At this time, the CSKT would like to call for a ramping up of the IHS service budget over the next five to seven years to reach parity with other federal health care recipients. This is going to require a concentrated political effort on behalf of advocates for Indian Country in Congress, as nothing less than an increase of $500 million per year for the next five years will get Indian health care to a level of equity with other federal health care recipients. This must be a coordinated approach between the Budget Committees, the Authorizing Committees and the Appropriations Committee but it really must start in FY 07.

If there is no action and no increase in Indian Health Service funding, the general health needs of the Indian community will not be met, when dealing with the increased health care needs of "Meth" affected Indian children.

In summary, the Confederated Salish and Kootenai Tribes appreciate the gracious opportunity afforded to our nation, to present our views and recommendations on improvements to the child welfare system. Our Tribes are committed to the very best for each of our children, as you are to the children of this great nation. Together along with the other Tribes, the Pew Commission and the Child Welfare League, maybe we can make a difference, working on common recommendations and identifying ways to improve the Child Welfare system through hearings such as this.

Thank you.

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