

Thank you for inviting me to testify to the U.S. House of Representatives, Natural Resources Committee's Sub-Committee on Indigenous People of the United States. My name is Anita Fineday. I currently serve as the Managing Director of the Indian Child Welfare Program at Casey Family Programs which is headquartered in Seattle, WA. Casey Family Programs was founded more than 50 years ago, as an operating foundation, Casey has invested to support improvements in programs, services and public policy that benefit children and families in the child welfare system. Casey provides comprehensive child welfare information to support policymakers in safely reducing the need for foster care. Casey also provides analysis and information to support decision-making, bolster system integration, build capacity and support sustainability.

Casey has worked in Indian Country for more than 30 years, building partnerships with tribal governments, providing technical assistance, co-managing direct services to children and providing training on topics such as Title IV-E direct and pass-through funding opportunities, the Family First Prevention Services Act, trauma-informed care, safety and risk assessments, child and infant mortality and peer to peer sharing of best practices between tribal nations. The Indian Child Welfare Program honors tribal sovereignty and recognizes the Indian Child Welfare Act as the gold standard of child welfare practices.

I have worked with Casey Family Programs as the Managing Director of the Indian Child Welfare Program for eight years. Prior to that I worked for 14 years as the chief judge for my tribe, the White Earth Tribal Nation located in northwest Minnesota. I

have served on the “Attorney General’s Advisory Committee on American Indian/Alaska Native Children Exposed to Violence” which issued a report in November 2014. The charter of the Attorney General’s Report mandated that members of the American Indian/Alaska Native advisory committee conduct four hearings and up to six listening sessions nationwide to learn from key practitioners, advocates, academicians, policy makers, and the public about the issue of American Indian/Alaska Native children exposed to violence in the United States in and outside of Indian country. The report concluded in part that:

Despite the tremendous efforts of tribal governments and community members, many of them hindered by insufficient funding, American Indian and Alaska Native (AI/AN) children suffer exposure to violence at rates higher than any other race in the United States. The immediate and long term effects of this exposure to violence includes increased rates of altered neurological development, poor physical and mental health, poor school performance, substance abuse, and overrepresentation in the juvenile justice system. This chronic exposure to violence often leads to toxic stress reactions and severe trauma; which is compounded by historical trauma. Sadly, AI/AN children experience posttraumatic stress disorder at the same rate as veterans returning from Iraq and Afghanistan and triple the rate of the general population. With the convergence of exceptionally high crime rates, jurisdictional limitations, vastly under-resourced programs, and poverty, service providers and policy makers should assume that *all* AI/AN children have been exposed to violence. .

I currently serve on the “Alyce Spotted Bear and Walter Soboleff Commission on Native Children” which is a bi-partisan commission created by Senator Murkowski and then Senator Heidi Heitkamp charged with holding hearings and conduct a comprehensive study of the programs, grants and resources available for Native children, both at government agencies and on the ground in Native communities, with the goal of

developing a sustainable system that delivers wrap-around services to native children. I am not providing testimony on behalf of the Commission on Native Children today.

In my work as the chief judge I presided over many child welfare proceedings and directly observed the trauma, lack of resources and lack of integrated, culturally services available for tribal member youth, children and their families. In my work with Casey Family Programs we work with many tribes across the country who experience the same limitations.

The legislation which created the Alyce Spotted Bear and Walter Soboleff Commission on Native Children” states that “More than one in three Native American children reside in poverty. The upsetting circumstances facing Native children include generational poverty, adolescent depression, high rates of abuse, a general lack of educational opportunities. Suicide rates for Native children ages 15-24 are 2.5 times the national average and is the second leading cause of death in that age group. While the overall rate of child mortality in the US has decreased since 2000, the rate for Native children has increased 15 percent. At 67%, American Indian and Alaska Native students had the lowest four year high school graduation rate of any racial and ethnic group in the 2011-12 school year. On some reservations Native women are murdered at ten times the national average and 84 percent of Native women have experienced violence in their lifetime.

According to the SAMHSA:

American Indians and Alaska Natives have consistently experienced disparities in access to healthcare services, funding, and resources; quality and quantity of services; treatment outcomes; and health education and prevention services. Availability, accessibility, and acceptability of behavioral health services are major barriers to recovery for American Indians and Alaska Natives. Common factors that influence engagement and participation in services include

availability of transportation and child care, treatment infrastructure, level of social support, perceived provider effectiveness, cultural responsiveness of services, treatment settings, geographic locations, and tribal affiliations.

Citation: Substance Abuse and Mental Health Services Administration. *Behavioral Health Services for American Indians and Alaska Natives*. Treatment Improvement Protocol (TIP) Series 61. HHS Publication No. (SMA) 18- 5070EXSUMM. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Disproportionality in out of home placement rates:

According to “The State of Washington DCYF Racial Disparity Indices Report (2018) American Indian/Alaska Native children were almost twice as likely to be reported to DPS as white children. From 2011 to 2017 AI/AK had the highest number of intakes by child protection services at 85.31 per 1000 in 2017 while white children had a rate of 50.40. Disproportionate out of home placement rates are common in states such as Alaska, Washington, Montana, South Dakota, Minnesota and Oklahoma, states where there are significant native populations.

Based on the national (publicly available) 2017 AFCARS data:

- In Minnesota in 2017, American Indian/Alaska Native children had an in care rate of 120.3 per 1000, while African American children were in care at a rate of 12.4, Latino children at a rate of 7.5 and White children were in care at a rate of 3.9 per 1000.
- In Alaska in 2017, American Indian/Alaska Native children had an in care rate of 36.7 per 1000, while African American children were in care at a rate of 8.6, Latino children at a rate of 7.5 and White children were in care at a rate of 8.4 per 1000.
- In Washington in 2017, American Indian/Alaska Native children had an in care rate of 20.7 per 1000, while African American children were in care at a rate of 11.3, Latino children at a rate of 5.8 and White children were in care at a rate of 5.9 per 1000.

- Nationally in 2017, American Indian/Alaska Native children had an in care rate of 16.0 per 1000, while African American children were in care at a rate of 9.1, Latino children at a rate of 4.7 and White children were in care at a rate of 5.2 per 1000.

There are also success stories in Indian Country: The Navajo Nation has successfully obtained direct IV-E funding which will partially reimburse them for funds expended for out of home placement and related costs. They have accessed this direct federal funding to increase capacity and services for youth and families. The Navajo Nation is working to reduce the disproportionate placement of Navajo children in foster care. President Nez of the Navajo Nation is working to create an environment of Hope for Navajo youth residing on the reservation. President Nez has traveled to every district of the Navajo nation carrying a message of hope and resilience based upon culture, language and tradition.

Unfortunately only 20 tribes out of 574 have directly accessed these funds. Title IV-E of the Social Security Act reimburses states approximately 50% of their out of home placement costs. Tribes became eligible to access this same federal funding stream in 2008 however they must meet the same reporting requirements as states. The Port Gamble Tribe was the first tribe in the country to directly access these funds has less than 100 children in foster care. They must meet the same reporting requirements as the State of Washington with thousands of children in care. The reporting requirements serve as a strong disincentive for tribes to access this federal funding stream.

There is also a message of hope on the Ft. Berthold Reservation in North Dakota. The Mandan-Hidatsa-Arikara (MHA) Tribe has recently built a child advocacy center, worked in partnership with the State of North Dakota to empower the voices of Native youth and

recently opened a behavioral health center that will provide services to residents both on and off the reservation.

The Salt River Pima-Maricopa Indian Community in Scottsdale, AZ is also creating a community of hope by transforming their entire tribal government to be trauma-informed. SRPMIC is also a direct IV-E tribe. When they received their first IV-E reimbursement it spurred more tribal investments in a community center and increased services for tribal members.

In conclusion: There are success stories in Indian Country regarding services for children and families however those success stories are rare. Most tribes lack the resources to build the infrastructure to provide adequate services to their members. Tribes want to be the protectors of their children and families, given the opportunity tribes will step up and be successful.