

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

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DEPUTY DIRECTOR

INDIAN HEALTH SERVICE

BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

ON S. 1899, THE "INDIAN CHILD PROTECTION AND FAMILY VIOLENCE  
PREVENTION ACT AMENDMENTS OF 2005"

March 15, 2006

STATEMENT OF THE INDIAN HEALTH SERVICE  
HEARING ON THE  
REAUTHORIZATION OF THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE  
PREVENTION ACT

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Mr. Chairman and Members of the Committee:

Good morning, I am Robert McSwain, Deputy Director of the Indian Health Service (IHS). Today, I am accompanied by Dr. Jon Perez, Director, Division of Behavioral Health, IHS. We are pleased to have this opportunity to testify on behalf of Secretary Leavitt on S. 1899, the "Indian Child Protection and Family Violence Prevention Act Amendments of 2005".

The IHS has the responsibility for the delivery of health services to more than 1.8 million Federally-recognized American Indians and Alaska Natives through a system of IHS, tribal, and urban (I/T/U) operated facilities and programs based on treaties, judicial determinations, and Acts of Congress. The mission of the agency is to raise the physical, mental, social, and spiritual health of American Indians/Alaska Natives to the highest level, in partnership with the population we serve. The agency goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to the service population. Our foundation is to promote healthy American Indian/Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

Secretary Leavitt has also been proactive in raising the awareness of tribal issues within the Department by contributing to our capacity to speak with one voice, as One Department, on behalf of tribes. As such, he recognizes the authority provided in the Native American Programs Act of 1974 and utilizes the Intradepartmental Council for Native American Affairs to consider cross cutting issues and seeks opportunities for collaboration and coordination among Department programs serving Native Americans. The Council serves as an advisory body to the Secretary and has responsibility to assure that Native American policy is implemented across all Divisions in the Department including human services programs. As Vice-Chair of the Secretary's Council, the IHS Director facilitates advocacy within the Department, promotes consultation, reports directly to the Secretary, collaborates directly with the Assistant Secretary for Health, advises the heads of all the Department's divisions and coordinates activities of the Department on Native American health and human services issues.

Our Indian families are strong, but many are besieged by the numbing effects of poverty, lack of economic resources, and limited opportunity. The Indian Child Abuse and Family Violence Prevention Act (title, IV of P.L. 101 630) was enacted in 1990 and the IHS has since endeavored to meet the spirit and intent of that Act. In 1996 the IHS instituted the Domestic Violence and Child Abuse Prevention Initiative to address more directly the concerns regarding violence against women and child abuse and neglect in American Indian/Alaska Native communities.

The initiative's purpose is to improve the IHS, tribal, and urban Indian health care response to domestic violence by providing education, training, and support to health care providers. The overarching goal is to improve health care providers' capability to provide early identification and culturally appropriate responses to victims of familial violence, particularly women and children, in American Indian/Alaska Native communities.

In support of the initiative, the IHS works independently as well as collaboratively with other federal agencies concerned with domestic violence issues to:

1. provide programs and products.
2. provide training and training materials.
3. identify other resources and potential funding streams for American Indian/Alaska Native programs.
4. seek to identify sources for funding and services for IHS and American Indian/Alaska Native tribal community clinics and organizations that provide services to domestic violence victims and their children.
5. facilitate the development of protocols on domestic violence that are being implemented in IHS clinics and hospitals to ensure that victims of domestic violence receive appropriate treatment and referrals.
6. insure the quality and character of the IHS staff providing services to our American Indian/Alaska Native families and children.

Some of the actions taken to achieve these goals include:

The IHS and the Bureau of Indian Affairs (BIA) published the *IHS/BIA Child Protection Handbook* in 2005. It contains a wealth of information for everything from forming child protection teams to offering model tribal legislative language for child protection codes on reservation. In addition, it is a comprehensive guide to child protection for community programs. The Handbook is also connected to the University of Oklahoma's Center on Child Abuse and Neglect website ([www.ccan.ouhsc.edu](http://www.ccan.ouhsc.edu)), so up-to-date information is shared in realtime with programs nationally. We are submitting a copy of the handbook on CD as part of this testimony for the Committee's information and use. We believe it is a landmark publication and a means to support communities with limited resources for such efforts.

As part of this overall approach, a train-the-trainer child protection model project is funded through an Interagency Agreement with the Department's Administration for Children and Families, Office of Child Abuse and Neglect. As part of this program, the University of Oklahoma's Making Medicine project was funded for several years and trained over 150 professionals working with Native children on reservations around the country. Currently the project is being implemented by Support Services International, Inc. The project is a 2-week, culturally sensitive training program on the treatment of child physical and sexual abuse with consultation and follow-up. Once the participant completes the 2-week training, the Project Making Medicine staff schedules an on-site visit at the participant's local community and assists the participant in conducting a community wide training in the prevention and awareness of child

abuse and neglect.

With funds provided by IHS, the University of Oklahoma Health Sciences Center has completed a child protection manual available to the IHS, Bureau of Indian Affairs, and Tribal and Urban Indian health staff involved with providing child abuse and neglect and domestic violence services in American Indian/Alaska Native communities. The Handbook is formatted to serve dual purposes as a training manual (goals, objectives, agenda, small group activities, etc.) and/or as a technical manual (statistics, definitions, indicators, legal and ethical responsibilities, group dynamics, confidentiality, referrals, treatment issues, standard forms/templates, resources, etc.)

The IHS has developed the Mental Health and Community Safety Initiative (MHCSI) for American Indian/Alaska Native Children, Youth, and Families. This grant program currently receives annual funding of \$400,000. For FYs 2003-2006, the project has operated under cooperative agreements to develop innovative strategies that focus on the mental health, behavioral, substance abuse, and community safety needs of American Indian/Alaska Native young people and their families who are involved in or at risk for involvement with the juvenile justice system. Beginning in FY 2007 the projects will be implemented as grants. This effort was first initiated through the White House Domestic Policy Council to provide federally recognized Tribes and eligible Tribal organizations with assistance to plan, design, and assess the feasibility of implementing a culturally appropriate system of care for American Indians/Alaska Natives. The MHCSI Planning Phase (years 1-3) cooperative agreements will be completed at the end of FY 2005 with an Implementation Phase beginning in FY 2007 which will provide program services planned in the first phase. An important focus will be to integrate traditional healing methods indigenous to the communities with conventional treatment methodologies. One of the primary foci of the program is child abuse and neglect: to identify and develop systems of care for victims of child abuse and neglect who are involved and/or at risk of being involved with the juvenile justice system. These cooperative agreements are established under the authority of 25 USC 1621h(m). Plans are to continue funding of only one cycle for each of the fiscal years.

Section 408 of P.L. 101-630 requires the IHS and the BIA to compile a list of all authorized positions within the IHS where the duties and responsibilities involve regular contact with, or control over, Indian children; to conduct an investigation of the character of each individual who is employed, or is being considered for employment in a position having regular contact with, or control over, Indian children and; to prescribe by regulations the minimum standards of character that an individual must meet to be appointed to positions having regular contact with, or control over, Indian children. The law also requires that the IHS and BIA regulations prescribing the minimum standards of character ensure that none of the individuals appointed to positions which involve regular contact with, or control over, Indian children have been found guilty of, or entered a plea of nolo contendere or guilty to, any felonious offense, or any two or more misdemeanor offenses under Federal, State, or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children.

Section 408 (c) requires that Tribes or Tribal organizations who receive funds under the Indian Self-Determination and Education Assistance Act, P.L. 93-638, employ individuals in positions involving regular contact with or control over Indian children only if the individuals meet standards of character no less stringent than those prescribed under the IHS regulations.

The IHS published an Interim Final Rule establishing minimum standards of character and the regulations became effective November 22, 2002. The final regulations incorporate technical amendments enacted by Congress on December 27, 2000, pursuant to section 814, the Native American Laws Technical Corrections Act of 2000. The final regulations established that the minimum standards of character have been met only after individuals, in positions involving regular contact with or control over Indian children, have been the subject of a satisfactory background investigation and it has been determined that these individuals have not been found guilty of, or entered a plea of nolo contendere or guilty to, any felonious offense, or any two or more misdemeanor offenses under Federal, State, or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children.

The results of the efforts highlighted above, as well as the increased IHS and tribal emphasis on daily clinical identification of and care for victims of abuse have served to stabilize, not reduce this problem. Data indicate an average of approximately 4,500 clinical contacts a year related to child abuse, neglect, and the psychological after effects of such victimization. The number of contacts has remained at approximately the same level for several years. It is high, it is unacceptable, it happens for many reasons, but it does not happen in isolation from the economic and social problems plaguing Indian Country. It will take resources, not only for IHS, but for a broad range of federal and tribal support to improve not just clinical services for abuse victims, but to positively affect the underlying economic and social conditions from which so much of the violence in Indian Country springs. IHS's FY 2007 budget request includes a total of \$212 million for behavioral health (mental health, alcohol and substance abuse), an increase of 5% over FY 2006.

The IHS plans to continue its present projects and initiative efforts to address domestic violence and child abuse and neglect. It will also seek to expand services within American Indian/Alaska Native communities by consulting with IHS health care facilities, tribes, and urban Indian clinics as well as through collaboration with other federal agencies because the goal of reducing and ultimately preventing violence among our families and against our children will require all our efforts. I am confident in IHS's commitment to that goal and its ability to effectively and innovatively use the resources it is given to maximum positive effect. There is a long road ahead of us, but we are prepared to continue our efforts to address these important issues.

Mr. Chairman, that concludes my prepared remarks and I would be pleased to answer any questions you or other members of the Committee may have.

