DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

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BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

ON S. 1601, A BILL TO REAUTHORIZE THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT

September 24, 2003

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. Chairmen and Members of the Committee:

Good morning, I am Dr. Charles Grim, 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 Thompson on S. 1601, the Indian Child Protection and Family Violence Prevention Act of 2003.

The IHS has the responsibility for the delivery of health services to more than 1.6 million Federally- recognized American Indians and Alaska Natives (AI/ANs) 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 AI/ANs 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 AI/AN people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

Secretary Thompson, too, has been extremely 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 has recognized the authority provided in the Native American Programs Act of 1974 and reestablished the Intradepartmental Council for Native American Affairs which considers 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 facilities advocacy, 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 besieged by the numbing effects of poverty, lack of resources, and limited opportunity. The Indian Child Abuse and Family Violence Prevention Act (P.L. 101-630) was passed in 1990 and the IHS has since endeavored to meet the spirit and intent of the 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 AI/AN 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 AI/AN 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 AI/AN programs
4. advocate for funding and services for IHS and AI/AN 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 AI/AN families and children.

Some of the actions taken to achieve these goals include:

- The Indian Child Protection and Child Abuse Prevention Demonstration Projects for Mental Health/Social Services for AI/ANs. Directly funded by IHS, this program initiative provided $4,275,019 in financial assistance to federally-recognized Indian tribes or tribal organizations or to non-profit organizations serving primarily AI/ANs to establish programs for child protective services, child abuse prevention (including family violence prevention), and educational programs aimed at child abuse prevention, which were community based and culturally relevant to AI/ANs. The grants spanned the period from August 1997 through July 2002.

  Included over this period were:

  1. Pueblo of Isleta-- provided interventions, activities and community awareness campaigns across the Pueblo. In cases of child abuse and neglect the program supported temporary placement of children out of the home with extended family placements. As a community based program, it collaborated with other treatment providers in the community (Tribal Courts, Isleta Substance Abuse Program, Mental Health, Diabetes Program, Isleta Elementary School and the Isleta Police Department) to provide a more comprehensive child abuse support and intervention safety net than had been possible before.

2. Little Traverse Bay Bands of Odawa - the Grandmother's Wisdom program offered the Odawa membership a counseling/therapy component that provided intensive therapeutic services: 1) A treatment protocol that focused on traditional Anishnabe childrearing practices; worked with the Human Services Department in the child protection program which is the first-point-of contact for Anishnabe families of child abuse or family violence 2) Provide educational outreach training to the public on topics of child abuse, domestic violence issues, anger management, positive parenting, self-esteem.

3. Southern California Indian Center, Inc. - provided both treatment services and prevention education through outreach, crisis intervention and referrals, professional counseling, assistance with emergency services, and educational workshops to the urban Indian population of Southern California, primarily the Los Angeles area.

4. Indian Health Care Resource Center of Tulsa, Inc.- provided individual and family counseling for victims of child abuse/neglect as well as those who have been convicted of child abuse or neglect. Psychiatric services were provided to children who had significant emotional or behavioral problems which would benefit from such treatment.

5. Confederated Tribes of Siletz Indians - conducted child developmental assessments, mental health evaluations, and provided therapy planning to address the children's needs. Therapy often included family therapy for assisting adult care providers to meet their child's needs and promote health, safety and to strengthen parenting skills. This program also worked with 11 counties to allow for Police backup in the event such support was needed for conducting a child intervention/investigation and for emergency services.

- The University of Oklahoma's Project Making Medicine, is funded through an Interagency Agreement with the Administration for Children and Families, Office of Child Abuse and Neglect, DHHS. Project Making Medicine 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 schedule 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. Project Making Medicine has trained over 150 professionals working with Native children on reservations around the country.

- With funds provided by IHS, The University of Oklahoma Health Sciences Center is finalizing the development of a child protection manual available to the IHS, Bureau of Indian Affairs, Tribal and Urban Indian health staff involved with providing child abuse and neglect and domestic violence services in AI/AN communities. The Handbook will be in a format so it can 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 entered into an Inter-Agency Agreement with the Department of Justice, Office of Victims of Crime, to provide $414,000 in funding over a period of four years, from 1999 through 2003, to provide training for IHS physicians and nurse practitioners in the application of forensic and telemedicine equipment in child sexual abuse cases. The funding provided 5 day intensive trainings in forensic evaluation techniques and telemedicine, and included the purchase of telemedicine equipment, coloscopes, and accessories at many Indian health facilities.

- The IHS has developed the Mental Health and Community Safety Initiative (MHCSI) for AI/AN Children, Youth, and Families. This grant program for Fiscal Years 2003 through 2011 (assuming continued appropriations), funds $500,000 annually for cooperative agreements to develop innovative strategies that focus on the mental health, behavioral, substance abuse, and community safety needs of AI/AN young people and their families who are involved in or at risk for involvement with the juvenile justice system. 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 AI/ANs. The MHCSI Planning Phase cooperative agreement program (years 1-3) will fund development of actual services. The Implementation Phase (years 4-8) will follow with the provision of 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). There will be only one funding cycle during fiscal year (FY) 2003.

- Section 408 of P.L. 101-630 requires the IHS (and BIA) to compile a list of all authorized positions within the IHS where the duties and responsibilities of which 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 individual must meet to be appointed to positions having regular contact with, or control over, Indian children. The law also requires that the IHS 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.

- Section 6 of S. 1601 amends section 408 to extend the character investigation requirements to "volunteer and contractor" positions." The IHS regulations, at 42 CFR 136.403, includes volunteers and contractors within the definition of individuals covered by section 408. Section 6 further amends section 408 to specifically require a background check, based on a set of fingerprints conducted by the Federal Bureau of Investigations (FBI) and a review of applicable State criminal history repositories. The IHS regulations, at 42 CFR 136.406, includes these requirements as part of the background investigation of an individual to determine whether minimum standards of character have been met. I have enclosed a copy of the Interim Final Rule as an addendum to my testimony.

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 only served to stabilize an alarming 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 cauldron of despair from which so much of the violence in Indian Country springs.

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 AI/AN communities by consulting with IHS health care facilities, tribes, and urban Indian clinics as well as through collaboration and advocacy 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.