



Cross-Systems Issues



With regard to cross-systems issues, the Commission received evidence about the importance of multidisciplinary flexibility in program and funding streams, of more and more highly qualified professional Native and non-Native staff across all sectors, of more consistent funding through set-asides and noncompetitive grant processes, and of incentivizing programs that deliver success.

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Create and expand mechanisms that allow Native entities to integrate and/or consolidate funding streams to support more multidisciplinary programs for Native children and youth

Congress and executive branch agencies responsible for addressing the needs of Native children and youth shall develop a strategy that a) supports the creation of locally driven, cross-systems, integrated responses to the needs of Native children and youth, and b) funds such approaches with flexible, noncompetitive, and sustained funding streams that are directly accessible by Native communities. The strategy shall allow the creation of programs that are Native-community driven; engage local stakeholders and rightsholders; allow integration of local Native communities' unique cultures and healing traditions; serve both Native children and their families; and comprehensively address prevention, intervention, and treatment needs. Further, to support this strategy:

- Congress shall increase the total funding dedicated to creating, assessing, bringing to scale, and maintaining former and new solution- and prevention-focused pilot, demonstration, and permanent projects, including projects that create opportunities for Tribes and local entities to

consolidate all funding streams dedicated to children and youth (for example, child welfare/IV-E, truancy, public health, child wellbeing, early childhood, Head Start, education, and juvenile justice funding) and thereby create new and innovative community-specific approaches to family and community wellbeing regardless of the source of Federal funding.

- Congress and all executive branch departments and agencies shall expand P.L. 102-477 and P.L. 93-638 contracting and compacting to include all programs that serve Native children and youth and eliminate barriers to combining funds across agencies and Federal departments to better support holistic approaches to Native child and youth wellbeing through consolidated funding, braided services, and maximum flexibility.
- All executive branch agencies shall mandate the creation of multidisciplinary, interagency, cross-departmental, and cross-agency teams to address issues such as (but not limited to) child welfare, mental and behavioral health, cultural awareness, and traditional medicine to facilitate greater consolidated funding, braided services, and maximum flexibility, and these teams shall include representatives of Tribal Advisory Committees.

While Federal funding to support Native children and youth flows from multiple Federal agencies—including the Departments of the Interior, Education, Health and Human Services, Labor, and Justice—Tribes and Tribal organizations do their best to serve families, children, and youth holistically, utilizing resources from the various departments and agencies to create wraparound services that integrate complementary programs.

Such integration is easier where Federal rules support integration, collaboration, and single reports. For example,

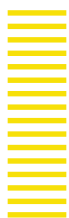
P.L. 102-477 allows a Tribe or Tribal organization to combine certain Federal funds made available for employment, training, and related services programs into one holistic employment and training P.L. 477 Plan designed and carried out by the Tribe, which allows for a consolidated strategy, budget, and report. Tribes and Tribal organizations using P.L. 477 have successfully eliminated silos to maximize their Federal funds, realize greater programmatic self-determination, and drive client success. Similarly, Self-Governance compacting allows Tribes and Tribal organizations to reallocate scarce funds to meet the most crucial needs of

their people. Effective use of P.L. 93-638 Self-Determination contracting can generate similar results. In fact, these arrangements align with a large body of research pointing to greater Tribal economic, social, environmental success and greater community wellbeing when Native nations are put in the decisionmaking and financial “driver’s seat.”

However, barriers remain to realize the full potential of a comprehensive, integrated approach. The P.L. 477, Self-Governance compacting, and Self-Determination contracting are limited in scope and should be expanded to include all Federal child welfare, education, and juvenile justice funds. Many other funding streams that have the potential to

improve Native children’s lives are not even included in these opportunities. For example, while the Bureau of Indian Affairs distributes some funding for roads to Native communities, the bulk of Federal infrastructure dollars are under the jurisdiction of the Department of Transportation. The ability to combine Department of Transportation funding with education program and infrastructure dollars could make a real difference in facilitating increased school attendance in remote areas, including Alaska Native villages and rural areas of the lower 48 states. Such fully integrated funding most effectively supports efforts to improve outcomes for Native children and youth.

“ We know that there are multiple factors that contribute to the challenges that our families are facing. We know that the problems as well as the solutions are multifaceted.”



JERILYN CHURCH
Mniconjou Lakota

Chief Executive Officer, Great Plains Tribal Leaders’ Health Board

Great Plains/Midwest Regional Hearing, Commission on Native Children

CASE STUDY

COOK INLET TRIBAL COUNCIL:

INNOVATING AND IMPLEMENTING PUBLIC LAW 102-477

Public Law 102-477, as amended, allows a Tribe or Tribal organization to combine Federal employment, training, and related services funds from 12 departments into one all-inclusive contract or compact with the Department of the Interior. Through P.L. 102-477, Tribes and Tribal organizations can address workforce and supportive services comprehensively and holistically—and because it allows for one plan, one budget, and report, they also can offer these services with maximum operational flexibility and minimum administrative burden.

Cook Inlet Tribal Council (CITC) has operated a 477 Plan since 1994. With a focus on the workforce challenges and supportive services priorities of the Native community it serves, CITC has streamlined processes, eliminated redundancies, and provided more and better benefits through a holistic, wraparound approach. A key component is the improved coordination offered by its “one-stop shop”—while always valuable to clients, this model has proven vital when the community faces economic and environmental challenges.



Data bear out CITC 477's success. Under CITC's 477 Plan (now integrating 15 programs), Federal TANF, Child Care and Development Fund, Community Services Block Grant, Workforce Development and Native American Training and Career monies combine with Alaska Native Education program funds (and others) to provide better coordination across family support programs, reduce poverty, and make homes safer for children and youth. In 2022, for example, CITC 477 clients realized an average hourly wage gain of more than \$10 per hour. Over the last five years, combined Federal vocational training grants assisted more than 40 students in earning General Education Development (GED) degrees and offered more than 430 youth summer and afterschool employment opportunities that fostered life skills, employability, and career development.

In the words of one young person whose journey through high school and into employment was aided by CITC's consolidated education, employment, and training services, "People who are living along the poverty line, they're just trying to make it—and that's really hard. And it'd be ten times harder without CITC." Where there is a need to do more for Native children and youth as effectively as possible with limited resources, CITC's 477 Program is a valuable model.



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Create more Tribal set-asides, to be distributed as noncompetitive formula funds

Wherever states and localities receive Federal formula funding for a social service, juvenile justice, education or health program, or any other program that could serve Native children and youth, and Tribes and Tribal organizations do not, Congress shall create a Tribal set-aside that is commensurate with need, and the set-aside percentage shall be established as a floor not a ceiling. Congress also shall ensure that urban Indian organizations and Native Hawaiian organizations also have access to set-aside formula funds for Native people.

State and local governments have the benefit of annual formula funding to support their prevention, intervention, and response activities regarding child welfare, juvenile justice, education, and health issues. However, Tribes and

Tribal organizations do not have similar access. Even if Tribal set-asides are available, many programs do not operate by formula, and others, even if operating by formula, do not create parity with states and local governments or meet the disproportionate need in Native communities. These disadvantages will be remedied by sustainable, annual Tribal set-asides administered by formula funding (rather than unpredictable and burdensome grant programs, whether competitive or noncompetitive) and provided at a level of parity based on need as compared to non-Native systems.

Secondly, Tribal set-asides must be a floor, not a ceiling, which will allow Federal agencies the flexibility to increase funding available based on need above the required set-aside. The Child Care Development Fund (CCDF) is instructive here: when the reauthorization passed in 2014, the Tribal set-aside language changed from “not more than 2%” to “not less than 2%.” Because the proportion of Native children eligible for CCDF monies is larger than the proportion of eligible non-Native children, this language has resulted in the Tribal set-aside increasing year by year, commensurate with need, and with quick and effective distribution via formula without a competitive process.

“ We need not only to have Native teachers, counselors, and social workers, but we also need Native leadership, directors, principals, and superintendents.”

JASON DROPIK
Bad River Band of Lake Superior Ojibwe
President, National Indian Education Association

Southern Plains/Eastern Oklahoma Regional Hearing, Commission on Native Children

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Create incentives to expand and strengthen the workforce serving Native children and youth

Across all domains that have an impact on Native children and youth, including child welfare, juvenile justice, early childhood through higher education, and physical, mental, and behavioral health, Congress shall appropriate funds to increase the quantity and quality of professionals who serve Native children and youth, and the executive branch shall create and implement workforce development programs to fulfill this recommendation, coordinating as needed across departments and agencies.

- Congress shall fund all Federal agencies and programs intended to serve Native children and youth, whether through direct service, contracts, or grants, at a level necessary for offering wages, salaries, and benefits that attract and retain an appropriately sized, high-quality workforce.
- Congress shall fund and Federal agencies, working in collaboration with Tribes, Tribal organizations, and Native Hawaiian entities, shall create, strengthen, and expand workforce development initiatives, programs, pipelines, and partnerships intended to attract, train, and retain qualified professionals in these fields of service in Native communities. With regard to the health care workforce serving Native communities in particular:

- » The Indian Health Service, Health Resources and Services Administration, and other Federal agencies with a mandate to improve health care staffing in Native communities and for Native organizations shall identify current and past programs that successfully assisted Tribes and Native organizations to partner with Tribal colleges and universities, nontribal colleges and universities, state government bodies, and others to create training pathways (rotations, internships, postdoc programs, professional development, immersion programs and incentive programs, etc.) and to place health care professionals in Native communities.
- » The Department of Health and Human Services shall improve access to and equity for loan repayment programs for all health care providers serving Native nations, communities, and organizations by identifying the hurdles that limit participation by Tribal health departments, Tribal programs, and Native organizations in loan forgiveness programs and by designing specific approaches to overcome those hurdles so that all health care providers serving Native communities are eligible for Federal loan forgiveness at the same or greater levels as others, such as Veterans Administration, Public Health Service, Department of Defense, etc.

Representatives testifying from every sector during the hearings lamented the lack of adequate funding to attract and retain an appropriately sized, high-quality workforce. One remedy to this problem is well known—increased wages, salaries, and benefits, offered at a level adequate to attract more and more qualified professionals to child welfare, juvenile justice, childcare, early childhood education, K-12 education, and physical, mental, and behavioral health programs serving Native children, youth, and their communities. Other solutions, particularly for workforce development, must be more tailored to the field and local

environment. Health care offers an example and a model for other professions. The Commission stressed the importance of providing trainees with in-community experience and mentoring, career advancement opportunities, and loan forgiveness as a means of growing the workforce and of both developing and attracting quality personnel. Notably, the Commission's recommendation is for loan forgiveness for any health care provider serving a Native community, not only Native health care providers (whose loans also are addressed by Recommendation 16).

CASE STUDY

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM TRAINING PROGRAMS

For those living in rural Alaska, visiting a medical professional is rarely easy. Some communities are accessible only by plane or boat, medical needs are significant, and patients' cultural and linguistic backgrounds can affect diagnoses and treatments. The Alaska Native Tribal Health Consortium (ANTHC) responds to these challenges through a set of programs that educates village residents to serve as primary providers.

Alaska's Community Health Aide Training Programs—which are now more than 55 years old—combine intensive education at training hubs with home community-based distance learning and service in a village clinic. The tiered training system leads to certification at different proficiency levels depending on the extent of the education pursued. Certified Community Health Aides receive further guidance through the use of an electronic Community Health Aide Manual, which helps ensure consistent treatment, and through telemedicine consultations with referral physicians in regional centers, which help ensure quality care.



Community Health Aides/Practitioners (CHA/Ps), often the sole fulltime health providers in rural communities, receive comprehensive training that enables them to offer diverse care, from well-child visits and vaccinations to emergency first aid. Over time, ANTHC has expanded the range of health aide services, introducing an oral health care program in 2004. Dental Health Aide Therapists (DHATs) complete a two-year Associate of Dental Health Therapy degree, which equips them to perform routine dental procedures and identify serious dental issues. Next, in 2009, ANTHC in collaboration with other Tribal health organizations initiated a certification program for Behavioral Health Aides (BHAs), training them to provide basic counseling services covering mental health conditions or substance use addictions.

Today, health aide education and the services that all three health aide disciplines provide are a central feature of the statewide, Tribally managed health care system. More than 500 CHA/Ps provide health care to at least 170 villages, serving more than 158,000 Alaska Natives. Seventy-five remote villages utilize DHATs, who provide over 40,000 Alaska Native people access to regular dental care, reducing the need for emergency dental services. And, more than 220 individuals serve as BHAs throughout the state, with the BHA training center enrolling over 100 unique students per quarter. In control of its own health system, ANTHC has created unique and innovative programs to improve access and better serve remote villages across the state.



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Incentivize positive progress against indicators of social distress in Native communities

Federal grant and/or funding programs shall be designed to incentivize positive progress and prevention, so that Tribes and other Native communities making gains against recidivism in juvenile justice or disproportionality in child welfare, or against other indicators of social distress such as anti-suicide initiatives are not penalized with less frequent grant awards and/or reduced funding due to the very success those funds are designed to achieve.

Federal agencies often require justifications in grant applications based on deficit or need, an approach that fails to reward successful efforts that can and should be sustained. While Federal funding should respond to the acute needs of Native children and Native communities, protocols and budgets also should be flexible enough to respond to and incentivize success. An approach to funding that can support needs-based or strengths-based programming has the greatest potential to address some of the most intractable issues Native people face. This recommendation argues for across-the-board attention to funding language and for changes to be made to application requirements that focus only on deficits.