

Art Martinez, Ph.D. Chumash
Clinical Psychologist/ Tribal Child Welfare Specialist
Tribal Law and Policy Institute
1021 So. Carson Street
Carson City, NV 89701

Re: HR 4957 to Amend the Indian Child Protection and Family Violence Prevention Act

Date: December 2, 2019

Dear Representative Haaland,

Thank you for your insightful questions in response to my testimony before the committee at *Legislative Hearing on H.R. 4957*. The responses below are my best effort to address your questions. My responses reflect my thoughts and opinions only. The opinions of the Tribal Law and Policy Institute may likely have increased depth, which I am not able to present at this time.

Question 1: In your professional experience as a clinical psychologist, what impacts do culturally appropriate services have on the overall wellbeing of tribal members including families and children?

Answer: Native American mental health, trauma response, and trauma-informed services may be seen as collaborative efforts to address the resounding effects of intergenerational and continuing child trauma experiences. The overall wellbeing of the community is embedded in culture and cultural wellness activities. These ways are culturally defined traditions of healing and intervention, which serve to heal the community and families from risks and trauma experiences. Culturally appropriate services build upon the strengths of community rather than deficits. Examples of this culturally informed practice in action include Tribal elders allying with mental and behavioral health service providers. Elders who have the knowledge and expertise to share and infuse cultural values into care and prevention activities.

Additionally, culturally appropriate responses to care and prevention must be founded upon cultural empowerment. In my experience as a psychologist working to serve tribal communities and as a Chumash tribal member, I have consistently found that culturally engaged and empowered services are able to utilize the resilience of cultural ways in addressing child maltreatment based upon Tribal family values promotion and culturally grounded approaches to care. This experience is reaffirmed in many studies that have found efficacy of culturally engaged and empowered strategies to prevention and intervention with disease processes. In a recent finding of an extensive environmental scan of effective models to address and prevent child maltreatment the Center for Native Child and Family resilience found much strength in the effectiveness of culturally engaged models. Theses constructs of intervention and prevention were found to have consistency in strengths and engagement along specific areas or findings:

“**Culture matters.** Many of the Tribally Created models and programs in the literature review addressed a specific Tribal community rather than provide more generic inter-Tribal solutions. Tribal community members also played a key role in the design and implementation of these interventions, often advising or facilitating the programs.

» Models and model-embodying programs in this scan are not only culturally informed in their development but are also infused with cultural resilience factors that reflect Tribal values and traditions.

- » The environmental scan allows us to see that cultural resilience is not just another protective factor, but a domain unto itself.
- » Cultural resilience is fundamental to remediating risks to children and the healing of intergenerational impacts of trauma.
- » Models and programs, through employing a cultural-resilience lens, also allow for a strengths-based understanding of prevention in Indian Country.
- » Illustrative Model: Project Venture promotes several strengths-based, cultural resilience factors, including cultural connectedness, traditional foods, and spirituality and ceremonies.

Mixed modalities enhance learning. Many of the Tribal Creations used mixed modalities, combining experiential learning with curriculum-based learning. The interventions were innovative in their use of ceremony, ceremonial leaders, and storytelling tradition.

- » Other ways that programs and models ensured relevance was through the use of interactive lessons and scripted scenarios that are relevant to Indigenous life.
- » Programs using multiple modalities sometimes used team-teaching approaches to ensure that lessons have a high degree of cultural and linguistic relevance.
- » Illustrative Program: For the American Indian Life Skills model, lessons may be delivered by teachers working with community resource leaders and representatives of local social service agencies. This team-teaching approach is intended to ensure that the lessons have a high degree of cultural and linguistic relevance, even if the teachers are not AI/AN or of the same Tribe as the students.

Cultural guidance and collaboration of efforts may benefit the development of Tribal models and movements of community wellness. Many Tribal Creations resulted from collaboration with Elders, service providers, academic institutions, and grant providers. These collaborations did not dilute the centrality of Tribal goals or needs.

- » A common theme in the programs and models described here is that cultural guidance/collaboration not only informs the development of these efforts but is also the linchpin of implementation. Without cultural resilience, collaboration, and cooperation woven into the fabric of the program, the effort appears to deteriorate.
- » It appears that the development of Tribal adaptation with evidence-based and other promising-practice programs may find great benefit in the culturally specific adaptation of models. The most effective of these efforts appear to be marked by a cultural guidance and by a collaborative and bidirectional learning perspective of developing solutions for Tribal or native communities.
- » Illustrative Model: Peacemaking Circles use the traditional value of balance to establish a foundation for individual and community and to enhance their peace. This balance is achieved when participants learn to initiate a process that begins to build community support, and the circle establishes a working relationship and partnership with the state court system.

Community healing is wellness enhancement. The AI/AN community and its culture are sources for and sites of wellness enhancement.

- » Empowering cultural resilience may likely facilitate community mobilization, which is an important component of community healing.
- » Engaging cultural resilience factors and interventions may increase Tribal agency in developing solutions.

Center for Native Child and Family Resilience. "Center for Native Child and Family Resilience: Environmental Scan." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. October 2019.

In a meta-analysis of culturally empowered and engaged health care engagement Iwelunmor, et al. in "Framing the impact of culture on health: a systematic review of the PEN-3 cultural model and its application in public health research and interventions." conclude:

"a culture-centered approach to health that extends analysis to the totality of the contexts that either inhibit or nurture the individual. In doing so, this approach unpacks assumptions surrounding individual responsibilities or capabilities so as to expand and examine the role other factors play in inhibiting and/or nurturing healthy behavior change. If we are to achieve equity in health through designing and implementing effective public health research and interventions, culture should be a critical factor in framing the way forward."

Tucker, Carolyn M et al. in their work specifically testing the “The effects of a culturally sensitive, empowerment-focused, community-based health promotion program on health outcomes of adults with type 2 diabetes” found:

“Clearly the findings in the present study suggest that the tested culturally sensitive, empowerment focused, community-based health promotion program holds much potential for improving health outcomes among racial/ethnic minority and low-income adults with type 2 diabetes. “

Cultural empowerment includes valuing and uplifting the cultural resources that tribal communities have possessed since time immemorial. It is these tribal cultural resources that allow families to navigate the complexity of trauma. Not surprisingly, those resources allow service providers to address both intergenerational and individualized effects of trauma. The literature is rich with historical layers of trauma experiences, which have impacted and continue to impact tribal families and communities, including the medical, neurological and sociological wellbeing of survivors.

Yet the tenants of recovery and restoration are clearly defined to make the opportunity for community and family health and wellness accessible and clear. These tenants are addressed in to components of care. The first and possibly initial step to restoration of family wellness is to engage a process of intergovernmental and federal truth and reconciliation for the crimes and efforts to deteriorate tribal cultures and families in a purposeful manner. The second component of care, the one of which I have much more direct experience, is trauma-informed provision of care, remediation and restoration for families and children. These tenants of care, which I have written on, are a part of a larger body of recognized care and a growing international body of literature on the significance of trauma-informed models of care in addressing the needs of communities with disproportional and intergenerational trauma effects. Specifically put these tenants of trauma-informed care are as follows:

- Cultural Empowerment
- Safety
- Trustworthiness
- Choice
- Collaboration
- Trauma Resilience and Care systems

Many international and federal agencies have recognized these or similar foundations of care. The mandates to provide these trauma-informed approaches are utilized in many levels of services including schools, law enforcement, and community planning efforts throughout the country. The concepts and mandates to provide trauma-informed care are codified in various statutes, which authorize or govern federal services impacting communities, families and children such as the Families First Act. Yet there is a basic lack of understanding and implementation of these tenants in systems of care to tribal communities be they IHS, BIA or other systems of federally authorized care.

Again, these tenants of trauma-informed care must be engaged initially on a strength-based engagement of a Tribal traditional or cultural practice. In my experience, effective community based and trauma-informed services development may be outlined in the following logic description:

- Cultural Empowerment is critical to the foundations of care in both clinical and community interventions. A lengthy professional body of knowledge points to an essential part of addressing trauma survivorship is to empower the inherent strengths of child, family or community upon which resilience is evident. In tribal communities, this is most recognizable as strength of culture and cultural practices. This component of care is critical as it addresses initially the strengths or self-efficacy of the tribes, communities, and families as survivors of shared adverse experiences. These strengths of effective survivance will be critical in sustaining family and community wellness beyond the defined care systems and lengths of stay. It is also important to be mindful of cultural empowerment as the “voice” which is a critical part of treatment. As many professional will attest, giving “voice” to the survivor, be it child, family or community, is an essential component of trauma recovery. The tribal community has agency in its process of healing and protection of children.
- Safety is an important component of care in as much as safety must be established in setting, location, and approach in all levels of care. This need to establish a safe setting is fundamental in the provision of mental health services yet must be developed over time. Safety can be also expressed as a secure and caring environment and engagement to care which is insular to the community itself. The services are free from judgement or ridicule through word or action.
- Trustworthiness is important in the systemic approach to trauma informed care as a basis feature of care. An approach and engagement in care which ensures, not assumes, confidence, truth in actions and consistency of service is marked by a continuous process of self-examination. The service holds to its commitments or “we do what we commit to doing”. The service is governed by the building of trust in community and services alike.
- Choice dominates the engagement process with communities and care alike. As mentioned previously, the agency rests with the community or family. We emphasis choice in planning of care, enhancing family skills, and in building the upon a growing success of the possible.
- Collaboration with both families and community are critical components of care. Yet in the design of trauma responsive services collaboration and engagement with the child, family and community alike govern the engagement with community-based systems of care. These community based systems of care include cultural practice, family knowledge bearers, and tribal health or wellness systems alike.

- Trauma resilience and care systems importantly address the specific experiences and accessible memories of trauma experiences in community, family, and child alike. These are the coordinated efforts to respond to traumatic experiences of direct experience, community impacts or intergenerational experiences of trauma.

My professional experiences seem consistent with the findings of a body of research well articulated in SAMHSA and the National Child Traumatic Stress Network (NCTSN). The NCTSN emphasizes the importance of culturally based trauma informed care as follows:

Trauma intersects in many different ways with culture, history, race, gender, location, and language. Trauma-informed systems acknowledge the compounding impact of structural inequity and are responsive to the unique needs of diverse communities. Cultural awareness, responsiveness, and understanding are essential to increasing access and improving the standard of care for traumatized children, families, and communities across the United States. Eliminating disparities in trauma services requires culturally responsive involvement across service sectors, communities, organizations, neighborhoods, families, and individuals in order to reduce barriers, overcome stigma, address social adversities, strengthen families, and encourage positive ethnic identity.

<https://www.nctsn.org/trauma-informed-care/culture-and-trauma>

I hope that I have conveyed the critical importance of not only culturally appropriate but culturally engaged services, and not just as best practice but as essential in addressing the trauma as well as building cultural resilience in child, family and community. In my experience as a Clinical Psychologist, these essential components of care are far too often missing in tribal services for families and children most of whom share intergenerational and individualized experiences of trauma.

Question 2: How has Congress' failure to provide adequate funding for the Native American Child Protection Act resulted in uncertainty in tribal communities?

Answer: As mentioned in my written testimony, the federal government has woefully disregarded its trust responsibility through both the services flow to communities and lack of funding. Far too often, statutory commitments of relief and appropriate levels of funding have been legislated yet are missing from the budget requests of the implicated federal agencies serving Tribal communities. To Tribal communities in need, the problems seem systemic and intentional. Based upon these experiences the uncertainty of Tribal communities is based on a lack of trust that prevention and services funding will ever trickle outside of the beltway and into communities of need. Certainly, the budget requests of the agencies involved need to reflect the congressional commitment and the forwarding this trust responsibility to allow for a Tribally and culturally directed process of care.

In its 2018 report titled "Broken Promises: Continuing Federal Funding Shortfall for Native Americans," the U.S. Commission on Civil Rights federal expenditure findings speak to the uncertainty tribal communities experience when planning for the safety and protection of their children and families:

- In 2003 the Commission reviewed funding for the six primary agencies that are primarily responsible for Native American programs: the U.S. Departments of the Interior (DOI), Justice (DOJ), Health and Human Services

- (HHS), Education (ED), Housing and Urban Development (HUD), and Agriculture (USDA). ***The Commission found that funding for Native American programs and services were disproportionately lower than funding for programs and services to other non-Native populations***
- ***Federal programs*** designed to support the social and economic well-being of Native Americans remain ***chronically underfunded*** and sometimes inefficiently structured, which ***leaves many basic needs in the Native American community unmet and contributes to the inequities observed in Native American communities.***
 - More than 20 federal agencies provide targeted services to Native Americans. ***Major programs that are underfunded include:*** 1. DOJ and BIA public safety and justice programs; ***2. Indian Health Service (IHS) health care, behavioral health, urban Indian health, and water sanitation programs;*** 3. DOI programs such as Bureau of Indian Education programs and BIA real estate services and forest, wildlife, and road maintenance programs; and 4. HUD programs that help meet the housing needs of Native Americans and Native Hawaiians.
 - Congress often provides funding for Native American programs in a manner that ***makes long-term planning and budgeting difficult for tribal governments.*** For example, federal funding may be only available in a manner that is unpredictable and inconsistent from year to year, or requires tribal governments to receive or apply for federal money that was initially given to state governments. Funding may also be in the form of competitive grants or temporary pilot programs that expire and are not brought to scale.
 - The federal government ***continues to fail to keep accurate, consistent, and comprehensive records of federal spending on Native American programs,*** either for a given fiscal year or for longer time periods, ***making monitoring of federal spending to meet its trust responsibility difficult.***

As written in my testimony and important to note again, the Indian Child Protection and Family Violence Prevention Act of 1990 authorized \$43 million per year in program funding, which would have been nearly \$1.3 billion over the last 30 years if the promised \$43 million per year had actually been appropriated to address issues of family and child wellbeing. Only a few hundred thousand was ever actually appropriated. The dramatic lack of funding to accompany the Indian Child Protection and Violence Prevention Act has resulted in ongoing disparity of already taxed resources of Tribal health programs and child serving efforts throughout. The lack of funding to address the needs of family comprehensive care and the prevention of maltreatment is dramatically apparent in most Tribal communities. This disparity of funding and resources, as compared to states government services which often end at the borders of the reservation, feeds a marginalized experience of denial care and importantly prevention efforts which impacts tribal families consistently. This at times turns to the blaming of the services providers, services entities, and even tribal officials in pleas to address issues of family functioning and crisis alike. The arduous reporting systems and short term funding of many tribal initiatives to address child and family wellbeing have led to transient rather than sustained services provisions to children as well as contributing to the frustrated hopes of community.

To say that these shared tribal experiences have led to uncertainty grossly understates the issue. These consistent experiences might be better characterized in my professional experience as an experience of marginalization and assaults upon the tribal families.