

**RESOLUTION # 19-04-06
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**



**RESOLUTION # 338-08-19
CALIFORNIA RURAL INDIAN
HEALTH BOARD**

JOINT RESOLUTION

**A CALL TO CONGRESS TO ENACT MANDATORY APPROPRIATIONS IN SUPPORT OF THE
NATIONAL CHILD TRAUMATIC STRESS INITIATIVE**

- WHEREAS,** the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents 43 federally-recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people in the Northwest; **AND**
- WHEREAS,** the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a Tribal organization under P.L. 93-638 that represents 52 federally-recognized Tribes through its membership of 16 Tribal Health Programs in California and is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California; **AND**
- WHEREAS,** the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN people; **AND**
- WHEREAS,** the National Center for Child Traumatic Stress (NCCTS), is part of the National Child Traumatic Stress Initiative (NCTSI), under the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the Department of Health and Human Services (HHS); **AND**
- WHEREAS,** the purpose of NCTSI is to improve the quality of trauma treatment and services in communities for children, adolescents, and their families who experience or witness traumatic events, and to increase access to effective trauma-focused treatment and services for children and adolescents throughout the nation; **AND**
- WHEREAS,** the initiative is designed to address child trauma issues by creating a national network of grantees—the National Child Traumatic Stress Network that works collaboratively to develop and promote effective trauma treatment and services for children, adolescents, and their families exposed to a wide array of traumatic events; **AND**
- WHEREAS,** NCCTS awards grants and block grants to federally-recognized AI/AN Tribes and Tribal organizations through an extremely detailed application process with unrealistic time frames, submission of two separate budget proposals with budget justifications and extensive supporting documents; **AND**

WHEREAS, Tribes and Tribal health clinics, especially small Tribes, face barriers such as limited access to broadband wireless, computers, and unfamiliarity with the grant application process, putting them at a disadvantage to be awarded grants through NCCTS; **AND**

WHEREAS, grants, if awarded, may not exceed \$6 million per year; **AND**

WHEREAS, in November 2014, according to the Attorney General's Advisory Committee on AI/AN Children Exposed to Violence: Ending Violence so Children Can Thrive [the Committee] found,

- AI/AN children suffer exposure to violence at rates higher than any other in the United States; and
- 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; and
- Chronic exposure to violence often leads to toxic stress reactions and severe trauma, which is compounded by historical trauma; and
- AI/AN children experience post-traumatic stress disorder at the same rate as veterans returning from Iraq and Afghanistan and triple the rate of the general population; and
- With the convergence of exceptionally high crime rates, jurisdictional limitations, vastly under-resourced programs, and poverty, it is likely that *all* AI/AN children have been exposed to violence; **AND**

WHEREAS, according to SAMHSA's 2012 National Survey on Drug Use and Health (NSDUH),

- 5.2% of AI/AN youth had a major depressive episode (MDE) and 2.6% had an MDE with severe impairment; and
- 11% of AI/AN youth had specialty mental health services during the past year with services provided in a range of settings from education and juvenile justice settings to general and specialty health settings; **AND**

WHEREAS, according to the SAMHSA and the Center for Disease Control and Prevention, AI/AN youth are disproportionately impacted by suicide; **AND**

WHEREAS, according to the Committee, critical Tribal funding has been cut for housing, law enforcement, child welfare, juvenile justice, health care and education, negatively impacting the children in Tribal communities; **AND**

WHEREAS, according to the Committee, a routine lack of funding, in violation of the trust obligations to AI/ANs and their children, negatively impacts AI/AN children in Tribal communities; **AND**

NOW THEREFORE BE IT RESOLVED, the CRIHB and NPAIHB urge Congress to enact mandatory appropriations for programs that provide critical services and care to AI/AN children and youth.

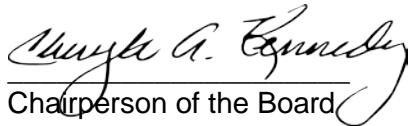
BE IT FURTHER RESOLVED, the CRIHB and NPAIHB also urge Congress and the Executive Branch to uphold treaties and existing law and trust responsibilities by directing sufficient funds to AI/AN Nations to bring funding into parity with the rest of the United States in order to effectively address violence in their communities, prevent children from being exposed to violence, and respond to those children who need to heal.

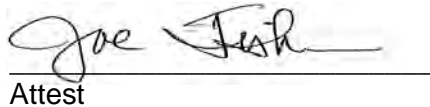
CERTIFICATION

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of NPAIHB and CRIHB (**NPAIHB** vote 26 For and 0 Against and 0 Abstain; **CRIHB** vote --- For and 0 Against and 2 Abstain) held this 18th day of July 2019, in Lincoln, CA and shall remain in full force and effect until rescinded.

**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**

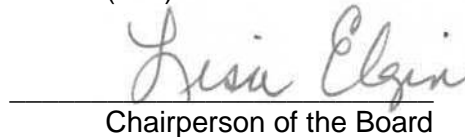
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Chairperson of the Board


Attest

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INDIAN HEALTH BOARD, INC.**

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Chairperson of the Board


Attest