



Statement of

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Chairman Tester, Vice Chairman Barrasso and members of the Committee, I am pleased to appear at this hearing to discuss early childhood development and education in Indian Country. I want to take a moment to congratulate Chairman Tester as he convenes his first hearing as the Chairman of this Committee and to thank the former Chair, Senator Cantwell, for her work to improve the outcomes for children and families in Indian Country. The Department of Health and Human Services (HHS) looks forward to continuing to work with the Chairman and the other Members of this Committee.

It is my honor to serve as Deputy Assistant Secretary and Interdepartmental Liaison for Early Childhood Development at HHS's Administration for Children and Families (ACF). Here at HHS, I am responsible for the Tribal Home Visitation, Child Care, Head Start and Early Head Start Programs and the Race to the Top – Early Learning Challenge program, which we jointly administer with the Department of Education.

I am a native of Montana and was born and raised on the Flathead Reservation in Northwestern Montana. In fact, I volunteered in one of the first Indian Head Start Programs on the Flathead Reservation and that experience influences many of my decisions today. My first position in the early learning field was on the Northern Cheyenne Reservation where I was hired by the Tribal Community Action Program to set up a child care program, following that I set up a preschool program for children aged two to five at the St. Labre Indian Mission. I witnessed first-hand the difference that such programs can make for our Native American children's school readiness and for their families' stability.

I bring this background to my current position and that is why I am so pleased to be here today. I am passionate about the need to better serve our Native American communities. Through ACF's work with tribes, we are seeing improved conditions in Indian Country. For example, in Minnesota we funded the Alliance of Early Childhood Professional to expand preschool program capacity to provide challenging and stimulating learning environments in the Dakota and Ojibwe languages. Children in the program report a new sense of self-awareness, improved academic performance and more active participation in school. The wider Ojibwe and Dakota community also reported a renewed sense of pride and hope as they see children speaking their Native language. As one teacher said, "If we revitalize our language, we revitalize our people."

Another ACF funded project, a summer camp in the Native Village of Afognak, Alaska, is connecting children with their heritage and helping them form positive, supportive relationships with Tribal elders. These youth are also demonstrating improved communication and conflict resolution skills.

Despite the progress being made, there is much work that remains to be done. In the 2010 to 2011 school year, the percentage of children and youth served under the Individuals with Disabilities Education Act was highest for American Indians/Alaska Natives. In 2010, approximately 28.4 percent of the AI/AN population lived in poverty compared to approximately 15.3 percent of the total population. In 2010, unemployment on Indian reservations was at approximately 50 percent and 49 percent of AI/AN children lived with parents who lacked secure employment compared to approximately 33 percent of the total U.S. population. In 2010, of those aged 25 and older, approximately 77 percent had a high school diploma and

approximately 13 percent had a bachelor's degree, compared to approximately 86 percent and 28 percent respectively for the entire U.S. population. The AI/AN population has approximately 1.6 times the infant mortality rate of the non-Hispanic White population and AI/AN infants are approximately 1.7 times as likely to die from Sudden Infant Death Syndrome (SIDS). They are approximately 2.5 times as likely as Non-Hispanic White infants to have mothers who began prenatal care in the third trimester or did not receive prenatal care at all. Children in AI/AN families are more likely to experience violence, substance abuse and neglect. A study of Adverse Childhood Experiences (ACES) in seven tribes found that approximately 86 percent of participants had one or more adverse experiences and approximately 33 percent had four or more. Finally, approximately 28 percent of AI/AN households with children were food insecure, compared to approximately 16 percent of non-AI/AN households.

Given these facts, HHS is moving forward through a number of programs to improve the well-being and education of AI/AN children. ACF has four important programs that serve children prenatally through school entry that I will discuss. These efforts mirror the President's Early Learning Initiative, which starts with home visiting as the entry point for early childhood services through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and also includes:

- The Child Care and Development Fund;
- Early Head Start and Head Start Programs;
- The Race to the Top – Early Learning Challenge Program; and
- The Tribal Early Learning Initiative.

In addition to these programs, the Administration for Native Americans, an office within ACF, supports projects targeted to education, including early education. We also work collaboratively with the Department of Education, which administers the Individuals with Disabilities Education Act (IDEA). IDEA Part C and Part B, Section 619 funds are distributed directly to Tribes through the Bureau of Indian Education for the coordination of services for AI/AN children with disabilities. Finally, we are currently working to implement the Early Head Start/Child Care Partnerships funded this year by the Omnibus Appropriations Act.

Tribal Home Visiting

The Tribal Home Visiting Program is administered by ACF in collaboration with the Health Resources and Services Administration (HRSA) and is funded by a three percent set-aside within the MIECHV Program. The Tribal program supports the development of happy, healthy, and successful AI/AN children and families through voluntary, high quality, culturally relevant, home visiting services that address critical maternal and child health, child development and early learning, family support, and child abuse and neglect prevention needs and promote linkages among the various early childhood programs. Home visiting programs serve pregnant women, expectant fathers, parents and primary caregivers of children from birth through kindergarten entry.

The Tribal Home Visiting Program is an evidence-based program. ACF conducted a systematic review of home visiting models previously implemented in tribal communities and found that

none met HHS “evidence-based” criteria for use with AI/AN populations. Home visiting models selected by tribal home visiting grantees are considered “promising approaches” and must be rigorously evaluated to contribute to the evidence base. Models selected by tribal home visiting grantees include Parents as Teachers, Family Spirit, Nurse Family Partnership, Parent-Child Assistance Program, Healthy Families America, SafeCare, and Healthy Steps.

To date, we have competitively awarded 25 grants totaling \$32.5 million to three cohorts of tribes, consortia of tribes, tribal organizations and Urban Indian Organizations. Tribal interest in the program is very strong; over 100 tribal entities from 25 states have applied for funding. Tribal Home Visiting grantees, such as the Confederated Salish and Kootenai Tribes and the Northern Arapaho Tribe on the Wind River Reservation, are located in 14 states, including Montana, Wyoming, Washington, Arizona, Alaska, New Mexico, and Minnesota. Grants were awarded for five-year periods. Additionally, HRSA’s state Home Visiting Program in 11 states is currently working with 24 tribal communities to provide evidence-based home visiting services.

ACF provides extensive technical assistance to grantees through a Tribal Home Visiting Technical Assistance Center, the Tribal Home Visiting Evaluation Institute and a Tribal Early Childhood Research Center that supports leadership and promotes community-based participation in the research and evaluation of the program.

Tribal Home Visiting grantees have had many successes in developing, implementing, and evaluating programs that meet the needs of their communities. This includes using the needs assessment process as a community engagement strategy; involving elders and community members throughout planning, implementation, and evaluation; capacity building for implementation of evidence-based practices, data collection, research, and evaluation; innovations in cultural adaptation and service delivery; and service integration and systems building. The Tribal Home Visiting grants have been seen by many tribal communities as a source of hope, transformation, and healing to recover from generations of trauma and loss.

As a part of the Tribal Home Visiting Program, we are exploring possible ways to validate an early childhood development screening instrument in Native American populations to ensure that children are appropriately and adequately screened for developmental delays as early as possible. We know that the earlier delays are identified, the sooner children can receive the services they need, and the better their odds for success will be.

Additionally, tribes or tribal organizations receive MIECHV funds from states via subcontracts. Eleven state MIECHV programs are currently working with 24 tribal communities to provide evidence-based home visiting service. Through statewide needs assessments these tribal communities have been identified as at-risk communities and have been prioritized to receive state MIECHV funding.

Child Care and Development Fund

In tribal communities, the Child Care and Development Fund (CCDF) plays a crucial role in offering child care options to parents as they move toward economic self-sufficiency, and in

promoting learning and development for children. CCDF, which is authorized by the Child Care and Development Block Grant (CCDBG) Act, is a dual purpose program with a two-generational impact, uniquely positioned to support both school readiness and family economic success. CCDF provides access to child care for low-income parents in order to enable them to work and gain economic independence, and it supports the long-term development of our Nation's most disadvantaged and vulnerable children by making investments to improve the quality of child care.

CCDF is especially important because it has such a broad reach in Indian Country. CCDF currently provides funding to approximately 260 tribes and tribal organizations that, either directly or through consortia arrangements, administer child care programs for over 500 federally-recognized Indian tribes. By law, tribes receive up to two percent of CCDF funding, or about \$100 million. Tribal CCDF grantees, who served approximately 30,000 children in fiscal year 2011, are generally located in rural and economically challenged areas.

One of the key goals of CCDF is helping children from low-income families access high quality care. Tribal grantees are innovative in how they invest in quality, and many tribal grantees incorporate culturally-relevant activities into their child care programs. Tribes preserve their languages by developing child care curricula that focuses on Native American language. For example, the Chippewa-Cree Tribe of Rocky Boy's Reservation in Montana braided CCDF funding with grant funding from the Administration for Native Americans to create a language immersion child care program for children from birth to age three. The Houlton Band of Maliseet Indians in Maine invited Tribal Elders to teach children traditional stories in their native language. Given the research on the positive cognitive benefits of bi- or multilingualism, these are powerful innovations that have important impacts on young children. Tribal grantees also include traditional song and dance, regalia making, and other cultural activities to enrich children's learning experiences in child care and engage families in their children's care and education.

The CCDBG Act allows Tribal Lead Agencies to use CCDF funds for construction or renovation of child care facilities. Since 1997, 131 new child care facilities have been constructed. Within the new facilities, tribes have also included space for gardens with traditional plants and playgrounds that incorporate Tribal culture into the design.

Tribes also use CCDF to coordinate with Head Start and Tribal Home Visiting Programs and to pool resources. In some tribes, child care and Head Start funds are pooled to provide comprehensive services for tribal families and children. In other tribes, child care provides wraparound services for Head Start in order to accommodate parents' working and educational schedules. The Confederated Tribes of Siletz Indians of Oregon uses CCDF and Head Start funds to pay a quality coordinator who oversees all classrooms at the tribe's child care center and ensures that all activities are developmentally appropriate and that any training needs of the staff are identified and addressed.

In addition, some Tribes use CCDF to provide inclusive child care and coordinated services for children with disabilities to meet the developmental and educational needs of each child. For example, the CCDF Early Childhood Program of the Bois Forte Band of Chippewa in Minnesota

collaborates with the local school's Early Childhood Special Education Coordinator to ensure that children with disabilities are provided appropriate services such as Individual Education Plans and sign language interpreters.

CCDF acts as a key facilitator of tribal-state early childhood partnerships. Indian children have "dual eligibility" and are eligible to receive either state or tribal CCDF services. Tribes work together with states to leverage their CCDF resources and to reduce duplication of services.

Some tribes are also participating or preparing to participate in states' Quality Rating and Improvement Systems (QRIS). QRIS is a rating system of voluntary, higher standards for child care that provides financial incentives and technical assistance to providers as they move to higher standards of quality. QRIS also helps families find quality care by providing them program ratings. These partnerships with states and other federally-funded programs allow tribes to align CCDF with other early care and education programs so that more low-income, tribal children have access to high quality early education.

Head Start and Early Head Start Programs

Since 1965, the Office of Head Start (OHS) has provided funding to AI/AN tribes. In 1965, OHS funded 43 programs in 14 states. Today there are 150 Head Start Tribal programs, including 58 Early Head Start programs across 26 states. Tribal programs serve more than 22,000 Head Start and Early Head Start children and families and provide comprehensive health, education, nutrition, socialization and other developmental services. This represents approximately 50 percent of all AI/AN children and families served by Head Start and Early Head Start. The remaining AI/AN families are served by non-AI/AN Head Start and Early Head Start programs. Total AI/AN Tribal program funding for this year is over \$123 million.

The size of AI/AN programs varies from the smallest program with just 15 children to the largest program with over 2,100 children, 1,300 of whom speak a Native American language or language other than English in their homes.

Federal staff provides direct oversight and ongoing support to AI/AN programs. Training and Technical Assistance (T/TA) is also provided through three components: Direct T/TA funding to grantees; AI/AN T/TA Centers; and, National T/TA Centers.

Tribal Head Start programs have worked hard to improve quality, focus on school readiness and meet the new teacher credential requirements mandated by the Improving Head Start for School Readiness Act of 2007. Although AI/AN programs face many challenges in meeting the new requirements, they have shown steady improvement since 2008 in increasing the number of teachers with credentials. Today, approximately 70 percent of all preschool teachers have an associate degree and approximately 32 percent of those teachers have earned a baccalaureate or higher degree.

Family engagement and community involvement remain strong within AI/AN Head Start and Early Head Start programs and just last year over 24,000 parents and community members served as volunteers. A majority of tribal programs have partnerships with their local schools,

which result in alignment of school readiness goals, inclusive opportunities and IDEA services for children with disabilities, and successful transition from Head Start to kindergarten.

Approximately eighty-five percent of children served in AI/AN Head Start programs have health insurance and approximately 95 percent have a consistent source of health services, many are served through Indian Health Services. Again, these figures are much higher than those of the general AI/AN population.

In 2011, ACF issued a final rule for the Head Start program that requires grantees to compete, as part of the Designation Renewal process, for further funding if they meet one of seven conditions. This new regulation, central to the 2007 Head Start reauthorization, is a means for continuing to improve quality of grantee services to children. In accordance with the Head Start Act, tribal programs are not required to compete for funding if they meet one of the seven conditions. However, they are required to enter into a 12 month government-to-government consultation and receive intensive training and technical assistance to improve program quality.

At the end of the 12 months, OHS must conduct a re-evaluation to determine if a tribal program will be required to compete for continued funding.

The Office of Head Start continues to honor and respect our government-to-government relationship with all tribes through continued consultation and collaboration throughout the Designation Renewal process. Thus far, all AI/AN programs that have been required to engage in the 12 month consultation and program improvement process and have undergone re-evaluation have been successful and will now receive their first five-year grant.

Race to the Top – Early Learning Challenge

HHS partners with the Department of Education to administer the Race to the Top – Early Learning Challenge program. This program supports 20 states in developing new approaches and systems to raise the bar across early learning and child development programs and to close the school readiness gap.

Although states are the eligible entities for the Race to the Top Program –Early Learning Challenge, many of the 20 Early Learning Challenge grantees are actively implementing the program in AI/AN communities. For example, Minnesota is working directly with four target communities, one of which is the White Earth Reservation which is among Minnesota's poorest communities. Minnesota will fully implement its state plan with intensive concentration in these four target communities through a multi-pronged approach to preparing children for school. Among the activities Minnesota is undertaking with the White Earth Reservation are: supporting scholarships to early childhood educators that would enhance workforce development in the community, providing grant awards to child care providers in the community to provide child care health consultation, and training child care health consultants through the Minnesota Department of Health. Minnesota, as part of its TQRIS expansion efforts, will try to expand high-quality and early care and education to difficult-to-reach families by conducting focus groups with families in high-need communities. Through these focus groups the grantee team

will generate new outreach tactics that are geared toward specific communities, including Native American communities in the state.

Tribal Early Learning Initiative

Since 2012, ACF has partnered with four tribes on the Tribal Early Learning Initiative (TELI). The program supports tribes in their efforts to fully coordinate all early learning programs to better meet the needs of children and families and raise the quality of services to children prenatal through age five. The TELI is a “learning laboratory” focused on quality improvement and innovation. We work with the tribes to identify and address obstacles that could block efforts to meet the needs of their populations. Tribal activities include creating a single tribal early learning program enrollment form to be used by all programs, investing in a data system to allow sharing of relevant data across early learning programs, conducting joint dental services for children and holding joint professional development opportunities across programs. The participating tribes are the:

- Choctaw Nation of Oklahoma
- White Earth Band of Chippewa of Minnesota
- Pueblo of San Felipe of New Mexico
- Confederated Salish and Kootenai Tribes of Montana

The Administration for Native Americans

The Administration on Native Americans (ANA), within ACF, not only supports projects that address poverty, but also related projects supporting education, including early childhood education. Over the last five years ANA has awarded an average of \$40.8 million annually in time-limited project grants to promote social and economic self-sufficiency, including projects that have established, strengthened, or enhanced early childhood services for children and families.

In fiscal year 2013, ANA awarded approximately \$4.1 million in nineteen new language grants combined with \$9 million in continuation funding for forty existing language grants. ANA language funding provides opportunities for Native American communities to assess, plan, develop and implement projects to ensure the survival and continuing vitality of Native American languages and to promote social unity and self-sufficiency. Examples of funded programs include:

- The Crow Tribe of Indians for a Native American language nest for pre-school children enrolled in Head Start and reservation-based child care programs.
- The Salish Language Acquisition Project to provide language training immersion to school teachers to increase the instructional capacity both in schools and in the community.
- The Piegan Institute for instruction in the Blackfeet language to increase parent and community engagement in language learning.

Recent ANA grants have supported the use of Native American language speakers as instructors in Early Head Start and Head Start classrooms, the creation of immersion classrooms in Head Start centers, the development or adaptation of early childhood curricula that is linguistically responsive to Native American early childhood care and education settings, and early childhood teacher development through partnerships with local tribal colleges or universities or through master-apprentice training programs. Because of their flexibility, ANA funds have been critical to language program enhancement, quality improvement for existing or emergent languages, and Native American language instruction.

Beyond its project funding, approximately \$3 million in ANA funding provides T/TA designed to help AI/AN communities develop and sustain self-determined programs that support Native social and economic development strategies and language preservation and maintenance. ANA provides T/TA through four regional training and technical assistance centers. Between fiscal years 2009 and 2012, ANA conducted 771 Project Planning and Development trainings and 1,189 Pre-Application trainings.

The T/TA program vision is for AI/AN community members to gain the skills to help their communities achieve long-range goals. The ANA T/TA program approach is based on facilitating connections of Native community members with federal partners and advocates. In 2012, the regional T/TA centers established Virtual Community Centers (VCCs) as on-line spaces for grantees to network, identify partners, and share information. The Native Languages VCC supports indigenous and Native American language program development and sustainability, as well as seeks to foster greater collaboration amongst ANA language program grantees and practitioners. ANA T/TA centers also conduct webinars on various topics identified by Native communities as needed. In 2012, ANA T/TA centers held a total of 34 webinars attended by 629 participants.

Early Head Start/Child Care Partnerships

Lastly, I would like to thank Congress for appropriating \$500 million to increase the quality of child care for infants and toddlers through partnerships with the Early Head Start program. This means that at least \$15 million will be available to fund partnerships between Early Head Start programs and child care centers and family child care homes in Tribal communities. We believe that these partnerships will have a significant impact in improving access and quality care for AI/AN infants and toddlers.

We have already met with representatives of the tribal child care community to solicit input for this program and are currently developing the details. We are eager to use the lessons learned from the TELI project to inform this work.

As with all of our nation's early learning programs, there is more that could be done to provide more high quality, stable programs for all of our youngest and most vulnerable citizens. As the President's Early Learning Initiative demonstrates, we are committed to learning from what we are currently doing to inform our future home visiting, child care and Head Start programs and to ensure that they in turn are responsive to tribal communities' values, traditions and priorities.

I very much appreciate the Committee's interest in this issue and the opportunity to speak with you today. I look forward to working together to continue to improve services to our American Indian and Alaskan Native communities. I would be happy to address any questions.