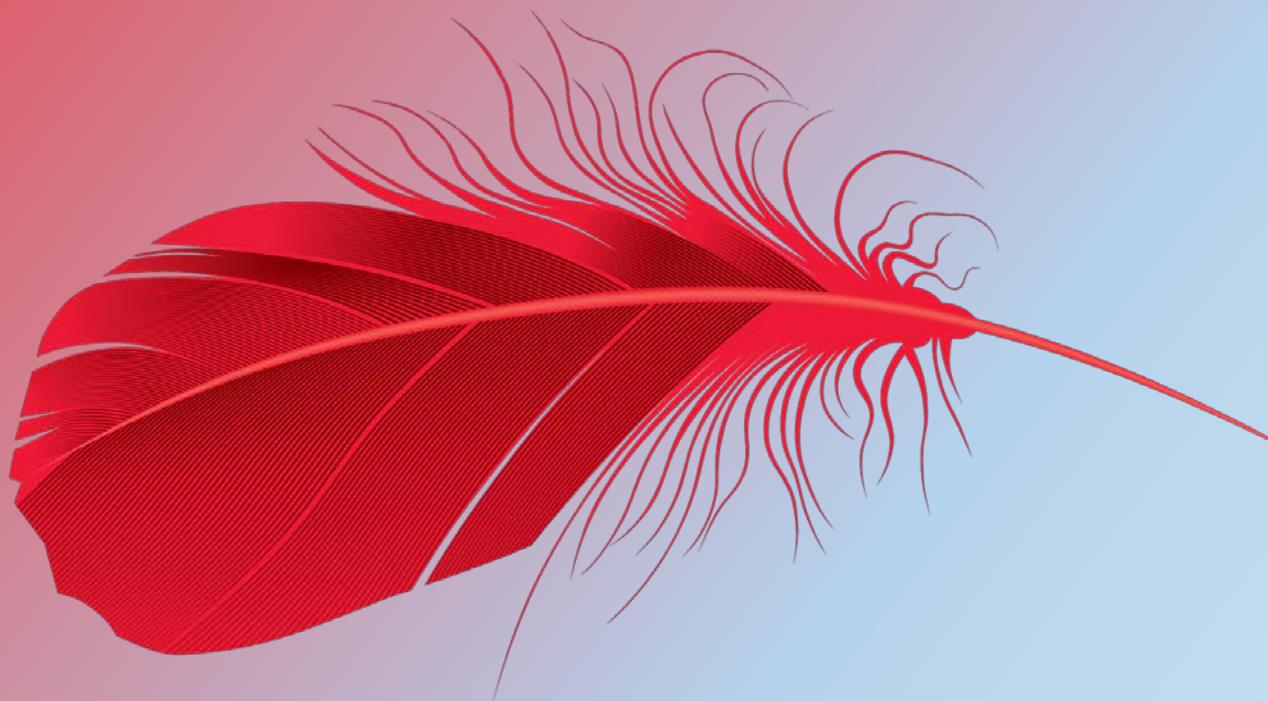




ADMINISTRATION FOR
CHILDREN & FAMILIES

Missing and Murdered Native Americans

A Public Health Framework for Action



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DRAFT

THE COVER

The cover of this Administration for Children and Families Missing and Murdered Native Americans Framework honors all missing and murdered Native Americans and symbolizes our commitment to help stem victimization and contribute to hope and healing. The red color on the cover represents the movement that Native American women and men started long ago to address the tragedy of their missing and murdered relatives.

Native American communities are not alone in fighting against tragic events. The red color also signifies the importance of engaging all American citizens to end this crisis. The blue shade is the official color for the Administration for Children and Families and represents our engagement with Native American communities in embracing a more hopeful future.

The image of a feather honors those who are lost and hope for recovering those who have gone missing. It is an offering for the courage and bravery of those found alive and gifted as a blessing of peace to the loved ones for those who have transitioned from this physical realm and continue their watch for their relatives.

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DRAFT

EAGLE POEM

Joy Harjo

To pray you open your whole self
To sky, to earth, to sun, to moon
To one whole voice that is you.
And know there is more
That you can't see, can't hear;
Can't know except in moments
Steadily growing, and in languages
That aren't always sound but other
Circles of motion.
Like eagle that Sunday morning
Over Salt River. Circled in blue sky
In wind, swept our hearts clean
With sacred wings.
We see you, see ourselves and know
That we must take the utmost care
And kindness in all things.
Breathe in, knowing we are made of
All this, and breathe, knowing
We are truly blessed because we
Were born, and die soon within a
True circle of motion,
Like eagle rounding out the morning
Inside us.
We pray that it will be done
In beauty.
In beauty.

*Joy Harjo was appointed as the United States poet laureate in 2019. Born in Tulsa, Oklahoma, in 1951, Harjo is a member of the Mvskoke Creek Nation. She is the author of several books of poetry, including *An American Sunrise* in 2019 and *Conflict Resolution for Holy Beings* (W. W. Norton, 2015). She is a current Chancellor of the Academy of American Poets and lives in Tulsa, Oklahoma. Harjo is the current and first Native American United States Poet Laureate. The Eagle Poem was reprinted with permission.*

ACKNOWLEDGEMENTS

I want to recognize Commissioner Jeannie Hovland, Administration for Native Americans, for listening to, and acting on, the voices of Native American communities who painfully shared stories of their missing and murdered relatives. As a citizen of the Flandreau Santee Sioux Tribe, Commissioner Hovland understood the depth of this longstanding tragedy and championed support for a collective Administration for Children and Families (ACF) response.

With my support, Commissioner Hovland engaged the ACF Tribal Advisory Committee and the ACF Native American Affairs Advisory Council, which is comprised of the heads of ACF program offices. It was through her activism that the idea for an ACF Framework to organize our response and contribute to broader federal government efforts to end the MMNA crisis was born. Together, members of the ACF leadership team and ACF Tribal Advisory Committee have signed the Federal and Tribal Leadership letter in this Framework as a demonstration of our commitment to ending this crisis.

I also want to thank representatives from ACF's program offices—whose names are included later in this document—for collaborating on the content of the ACF Framework. They are equally committed to ending the MMNA crisis and their continued engagement will ensure cross-agency implementation of this ACF Framework. We are in this together!

Sincerely,

Lynn A. Johnson
Assistant Secretary for Children and Families

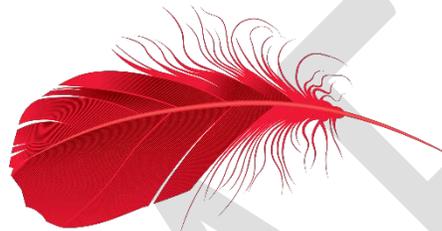
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FEDERAL & TRIBAL LEADERSHIP MESSAGE

Missing and Murdered Native Americans (MMNA) – A Public Health Framework for Action

The United States faces a crisis that requires the attention of leaders at all levels of government in collaboration with Native American communities. The dramatic number of American Indians and Alaska Natives who have suffered from the tragedy of individuals going missing or being murdered is unacceptable. This national crisis was acknowledged through Executive Order (EO) 13898, Establishing the Task Force on Missing and Murdered American Indians and Alaska Natives which President Donald Trump issued on November 26, 2019 (see Appendix 2 for the EO).

The EO is a call to action on the significant problem of the missing and murdered American Indian and Alaska Native to identify a national response. The Attorney General and Secretary of the Department of the Interior are the designated co-chairs of this first-ever Presidential Task Force to ensure high-level and visible leadership. Federal officials from the Departments of Justice, Interior, and Health and Human Services serve as designated members of the Task Force, which is also called the Operation Lady Justice (OLJ) Task Force. In carrying out its directive, the Task Force is coordinating across federal departments, engaging with tribal governments, coordinating with White House officials, and is positioned to engage with other Presidential Task Forces.

This Administration for Children and Families' (ACF) Framework on MMNA is one of the early contributions of the Task Force and will help drive coordination of health and human services policies and programs to help Native American women, men, children, families, and communities address and deal with the consequences of, this tragic problem. The Framework is an essential component of the nation's comprehensive response to the victimization of Native American individuals, and was informed by the voices of federal and tribal leaders, elected Native American state officials, human services programs, urban Indian organizations, and local advocates for Native American issues.

ACF leadership and the ACF Tribal Advisory Council dedicate this work to the countless individuals, families, and communities, who have suffered the loss of a loved one. We stand with you to protect future generations. Together we will work to prevent the conditions that contribute to increased victimization, intervene to improve wellbeing, and support healing.

ACF Federal Leadership

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Deputy Assistant Secretary for Native American Affairs
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Chairman, Bishop Paiute Tribal Council

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Sisseton Wahpeton Oyate

Jonathan Nez, President
Navajo Nation

Jeremy Sullivan, Chairman
Port Gamble S'Klallam

Gail Hatcher, Vice Chairwoman
Klamath Tribes

Lorraine Gougé, Vice Chair
Lac Courte Oreilles Governing Board

Whitney Jones, Executive Director
South Puget Intertribal Planning Agency

HONORING CULTURAL WISDOM

Native American communities hold wisdom that must be acknowledged and respected in all efforts to improve the well-being of their people. In response to barriers to incorporating cultural and traditional practices in national efforts, individuals representing tribal leaders, researchers, and Native American program directors developed the American Indian and Alaska Native Cultural Wisdom Declaration.

They wrote: “This statement is an attempt to motivate and set in motion, culturally derived efforts that will address the present state of health for American Indian and Alaska Native people. . . The intent of this declaration is to address barriers and move towards successful implementation of culturally driven health promotion models of care and healing. This declaration promotes the voice of American Indians and Alaska Natives to ensure success in embedding culturally relevant promotion and healing interventions into health and human service initiatives supported by Tribes, Federal agencies, and other entities.”¹

Among other things, tribal representatives sought improved (1) collaboration among federal agencies whose programs were siloed and impacted the efficient implementation of tribal programs; (2) collaboration between federal agencies and Native American communities, which are charged with achieving similar health and human services goals; and (3) relationships based on trust, respect, acceptance, commitment, support, and financial resources to support programs for Native people.

The American Indian and Alaska Native Cultural Wisdom Declaration was included in the National Tribal Behavioral Health Agenda that was released by the Substance Abuse and Mental Health Services Administration in 2016. The National Indian Health Board and Indian Health Service collaborated on this agenda, which documented health disparities faced by Native Americans and identified strategies that could be taken to address them, individually and collectively.

Tribal nations endorsed the American Indian and Alaska Native Cultural Wisdom Declaration, as did the National Indian Health Board and National

¹ Substance Abuse and Mental Health Services Administration, *National Tribal Behavioral Health Agenda*. Rockville, MD. 2016. Retrieved from: <https://store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NTBH-AGENDA>.

Congress of American Indians through separate resolutions. See Appendix 3 for a full copy of the Cultural Wisdom Declaration.

A commitment to cultural and traditional practices is equally important today, as the United States grapples with the crisis in the victimization of Native American people. ACF provided input into the National Tribal Behavioral Health Agenda and continues to honor cultural wisdom as the preeminent condition for effectively collaborating with tribal nations and other stakeholders to end the tragedy of MMNA. ACF's commitment is reflected in one of four pillars for this Framework which focuses on Native American culture, language, and traditional practices.

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ADMINISTRATION FOR CHILDREN AND FAMILIES

ACF was created on April 15, 1991. ACF is one of 11 Operating Divisions within the U.S. Department of Health and Human Services (HHS) and oversees programs that address the needs, strengths, and abilities of communities and special populations including Native Americans. ACF's mission is to foster health and well-being, by providing federal leadership, partnership, and resources for the compassionate and effective delivery of human services.

ACF is comprised of 19 offices, including the Office of Regional Operations, which represents 10 regional offices around the country. ACF administers more than 60 programs with a budget of approximately \$60 billion and works with state, tribal, local agencies, and other non-profit organizations. ACF is the second largest component of HHS and envisions that its work will contribute to children, youth, families, individuals, and communities, who are resilient, safe, healthy, and economically secure.

ACF program offices that provide support for Native American communities include the following:

- Administration for Native Americans
- Children's Bureau
- Family and Youth Services Bureau
- Office of Child Care
- Office of Child Support Enforcement
- Office of Community Services
- Office of Early Childhood Development
- Office of Family Assistance
- Office of Head Start
- Office on Trafficking in Persons

The ACF MMNA Framework will guide the collaborative work of ACF program offices and Native American communities around policy, program, and supportive areas. This Framework will serve as a component of the HHS effort to more fully address MMNA. Broadly defined, public health is what we do, as society, to assure conditions for people to be healthy.² The public health approach is used by diverse sectors to identify root causes of the problem and implement interventions that address risks. Collectively, public health efforts are part of a comprehensive national strategy to

² David Satcher and Eve J. Higginbotham, "The Public Health Approach to Eliminating Disparities in Health." *Am J Public Health*. 2008 Mar;98(3):400-3. doi: 10.2105/AJPH.2007. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2518593/>.

protect Native American women, men, children, and elders from going missing or being further victimized by violence.

The Framework also uses a protective factors approach to support four pillars, as follows: (1) culture, language, traditional practices; (2) economic mobility; (3) prevention of the conditions that contribute to MMNA; and (4) the social determinants of health (i.e., economic stability, prevention of homelessness and unstable living arrangements, food security, early childhood education and family supports, and access to critical human services to reduce vulnerability and victimization). ACF program offices are committed to working together and leveraging critical services and resources.

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SECTION 1: WHY AN ACF FRAMEWORK?

MMNA: The Tragedy of Violence and Victimization

There is no national definition for the phrase MMNA. A missing person can be described as an individual who, voluntarily or involuntarily, cannot be located because his or her whereabouts are unknown.³

There is limited data about missing Native American children. However, data from Amber Alerts in Indian Country indicate that 7,700 Native American youth in the U.S. were identified as missing in 2016. This number is estimated to be higher but shows that 1 in 130 Native American children likely go missing each year.⁴

Many adults who go missing return home safely. From a law enforcement perspective, adults have the right to go missing and their return home does not necessarily create a case requiring follow-up. However, from a public health perspective, an individual's return home does not necessarily reflect resolution of the issues that caused the individual to go missing. The factors contributing to individuals going missing in the first place may relate to issues that present threats to health and safety.

The distinct issues of going missing and being murdered have generally been addressed together in response to similar risks—exposure to the various forms of violence, substance use, unstable housing, limited financial resources, poor education, and other issues—that come together and result in negative outcomes for individuals. While the more recent attention on MMNA has been focused on Native American women and girls, the risks also affect Native American men and boys and increase their vulnerability, as well.

"We have had a number of tragic deaths in the past 10 days. They were almost exclusively children. I know that we all grieve with the parents and send our condolences and prayers of comfort for the families impacted by these tragedies. No parent should have to bury their children."

It has become obvious that this is a dangerous time for our people this is especially true of our young people and our young adults who face many safety threats that were unheard of 15 to 20 years ago.

We now find ourselves in a situation where we need to be more vigilant about protecting the up and coming generation."

*President Bordeaux,
Rosebud Sioux Tribe*

³ Operation Lady Justice Consultation Framing paper, March 2020.

⁴ "National vs. Native Missing Youth Statistics," Amber Alert-Indian Country. Retrieved from: <https://amber-ic.org/wp-content/uploads/2017/11/NationalvsNativeMissingYouth.pdf>.

Violence, Victimization, and Public Health

The victimization of Native Americans is not new. Beyond the historical trauma perpetrated against Native American people, the U.S. Department of Justice's (DOJ's) Bureau of Justice Statistics (BJS) issued a report in 1999 titled, *American Indians and Crime*. DOJ intended the report to serve as the "first step in a vigorous BJS effort to document issues of crime and justice affecting American Indians."⁵ The report found that American Indians were victimized more than any other population at every age and their population specific victimization rate was twice that of other races.

American Indians and Alaska Natives suffer disproportionately from domestic violence, dating violence, sexual assault, psychological aggression, stalking, and child abuse and neglect, among other forms of violence. According to a 2016 report by DOJ's National Institute of Justice, Native American women and men across the life span continue to have the highest rates of victimization, with 84.3 percent of women and 81.6 percent of men experiencing violence in their lifetime.

The most common forms of victimization for both Native American women and men were psychological aggression by an intimate partner, physical violence by an intimate partner, sexual violence, and stalking. While Native American women faced rates that were greater than Native American men for physical violence by an intimate partner (55.5 percent compared to 43.2 percent), sexual violence (56.1 percent compared to 27.5 percent), and stalking (48.8 percent compared to 18.6 percent), the rate for psychological aggression by an intimate partner was higher for Native American men compared to Native American women (73 percent compared to 66.4 percent).⁶ American Indian and Alaska Native female victims reported physical injuries requiring services, including medical care. However, more than a third (38 percent) were unable to receive care.

It is important to underscore that violence is not just a crime, but it is a public health problem that results in physical and emotional wounds. The American Public Health Association defines public health as the promotion and protection of the health of people and the communities where they live, learn, work and play.⁷ The field of public health is broad and includes services provided by social workers, physicians, nurses,

⁵ Lawrence A. Greenfeld and Steven K. Smith, "American Indians and Crime." Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 1999, NCJ 173386. Retrieved from <https://bjs.gov/content/pub/pdf/aic.pdf>.

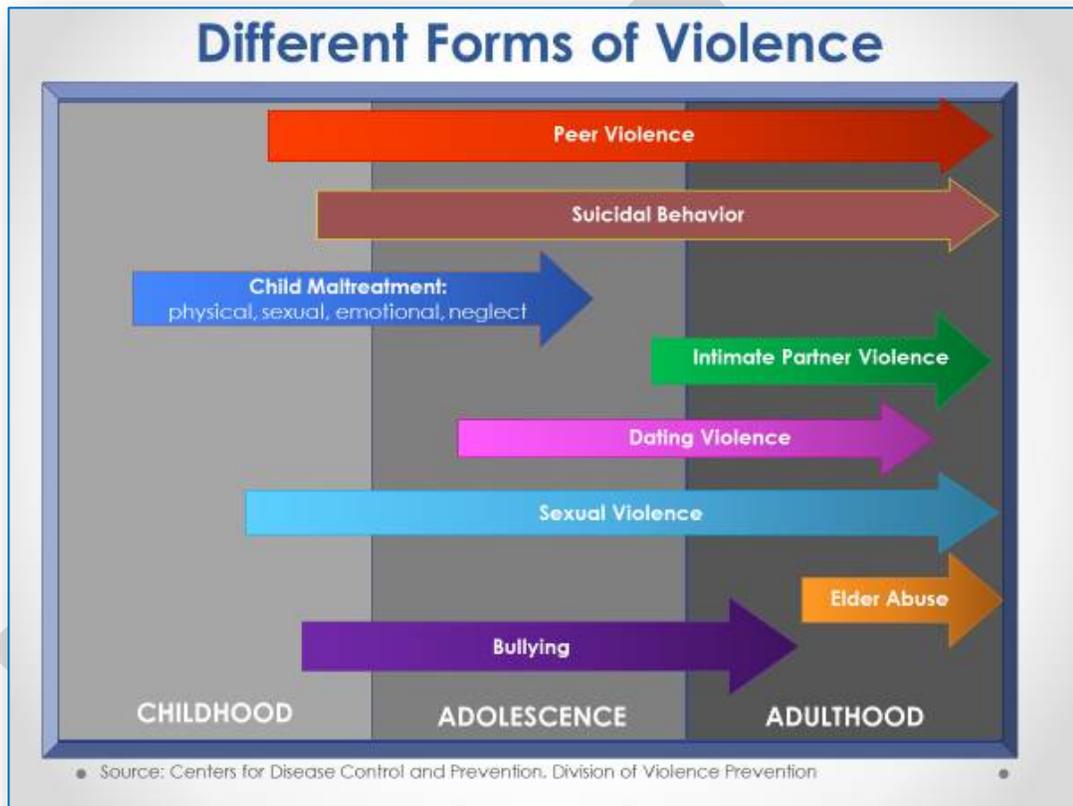
⁶ André B. Rosay, "Violence Against American Indian and Alaska Native Women and Men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey." Washington, DC: U.S. Department of Justice, National Institute of Justice, 2016, NCJ 249736. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/249815.pdf>.

⁷ "What is Public Health," American Public Health Association. Retrieved from <https://www.apha.org/what-is-public-health>.

epidemiologists, and other professionals; the work of scientists and researchers; actions of policymakers; and efforts of others whose work contributes to the well-being of communities.

Among the different forms of violence, peer violence, suicidal behavior (self-inflicted violence), and sexual violence impact individuals across childhood, adolescence, and adulthood (see Chart 1 below). The impact of violence is not limited to the victim and perpetrator; violence affects families and society, at large.

Chart 1



Source: Centers for Disease Control and Prevention. *Connecting the Dots An Overview of the Links Among Multiple Forms of Violence* (https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf)

The Centers for Disease Control and Prevention (CDC) publishes data on the 10 leading causes of death in the U.S. population, including by race and gender. Suicide (self-inflicted injury) ranks as the second leading cause of death for Native American women and girls, aged 1-19 (17.1 percent) and third for those 20-44 years (9.6 percent). Homicide ranks as the fourth leading cause of death for Native American women and girls, aged 1-19 (5.5 percent) and sixth for those 20-44 years (4.3).⁸

⁸ Centers for Disease Control and Prevention, *Leading Causes of Death - Females - Non-Hispanic American Indian or Alaska Native - United States, 2017*. Retrieved from <https://www.cdc.gov/women/lcod/2017/nonhispanic-native/index.htm>.

Data for non-Hispanic American Indian and Alaska Native men is equally troubling. Suicide ranks as the second leading cause of death for Native American males, aged 1-19 (23.3 percent) and 20-44 (14.8 percent). Homicide ranks as the third leading cause of death for Native American males, aged 1-19 (8.1 percent) and fourth for those aged 20-44 (7.0 percent).⁹

There are clear correlations between the factors that contribute to MMNA and human trafficking. The Department of Homeland Security indicates that human trafficking involves the “use of force, fraud, or coercion to obtain some type of labor or commercial sex act. . . Traffickers might use violence, manipulation, or false promises of well-paying jobs or romantic relationships to lure victims into trafficking situations.”¹⁰ Other factors that increase the susceptibility of individuals for being trafficked include those that contribute to social determinants of health, such as psychological or emotional vulnerability, economic instability, and lack of a social safety net.

Data from the Human Trafficking Hotline, funded by the ACF Office on Trafficking in Persons (OTIP), show that reported cases referencing the Native American community between 2010 and 2019 has steadily grown. The most common form of reported trafficking referencing the Native American community is sex trafficking, and of the overall reported cases, nearly 39 percent are minors.¹¹

⁹ Centers for Disease Control and Prevention, *Leading Causes of Death - Males - Non-Hispanic American Indian or Alaska Native - United States, 2017*. Retrieved from <https://www.cdc.gov/healthequity/lcod/men/2017/nonhispanic-native/index.htm>.

¹⁰ “What Is Human Trafficking?” U. S. Department of Homeland Security, Retrieved from <https://www.dhs.gov/blue-campaign/what-human-trafficking>.

¹¹ Capacity Building Specialist, Office on Trafficking in Persons, e-mail, August 3, 2020.

Disproportionality in Human Services Encounters

Disproportionality is a complex issue that is defined as the underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population.¹² For example, while the extent of disproportionality varies by local jurisdiction, the rates for American Indian and Alaska Native children in the child welfare system are among the highest. A 2016 *Issue Brief on Racial Disproportionality and Disparity in Child Welfare* provides racial disproportionality indexes (RDI) for each racial and ethnic group using U.S. Census and HHS child welfare data. An RDI was calculated for each point in the child welfare continuum, including identification of victims by child protective services, children entering and existing foster care, children in foster care, children waiting to be adopted, and children waiting to be adopted with public agency involvement.

Based on the proportion of American Indian and Alaska Native children in the U.S. population, they had either the highest or second highest RDI compared to children of other races. For example, the RDI for entering child welfare was the highest for American Indian and Alaska Native children, a rate that is 2.7 times their representation in the population, and notably higher than Blacks/African Americans who had the second highest rate of 1.6. Other rates demonstrate that American Indian and Alaska Native children are also disproportionately higher in terms of their representation in the child welfare system and also in exiting the system.¹³

The disproportionality of Native American children in the child welfare system poses concerns for their protection. A 2017 report on child maltreatment found that American Indian or Alaska Native children had the highest rate of victimization at 14.3 per 1,000 children.¹⁴ Overall, the common forms of maltreatment of children included neglect, physical abuse, sexual abuse, and psychological maltreatment, most of which were previously described as forms of violence.

¹² "Racial Disproportionality and Disparity in Child Welfare." Child Welfare Information Gateway. November 2016. Retrieved from <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>.

¹³ Ibid.

¹⁴ "Child Maltreatment 2017: Summary of Key Findings," Child Welfare Information Gateway. May 2019. Retrieved from <https://www.childwelfare.gov/pubPDFs/canstats.pdf>.

Beyond A Law Enforcement and Justice Response

The tragedy of MMNA has long been viewed as a law enforcement problem, but a review of the issues related to violence reveal a range of problems that require a multi-system response. The data show that these individuals may have faced health and human services concerns that increased their vulnerability to negative outcomes and that multiple opportunities to prevent and/or intervene may have been missed. Because of the relationships among these factors, it is important to collaborate on actions that more comprehensively respond to the problem

Going missing, in and of itself, is not a crime, as many individuals return home or are located. However, there are cases that are unresolved and have potential association with criminal activity. Human trafficking is a crime. Homicide is a crime. Some adults go missing as the result of a crime. While the justice system is a critical component of the response to violence and victimization, a public health and human services response is needed to prevent these tragedies from happening in the first place and to address the consequences – to the individuals, their families, and their communities – when they do happen.

SECTION 2: DEVELOPING THE ACF FRAMEWORK

This section of the Framework provides the context used in developing the organizing structure and areas for strategic action presented in Section 3. Specifically, what information did ACF use to determine the public health/human services actions needed for a more comprehensive approach to address MMNA? Which vulnerable Native American populations are specifically referenced in this Framework for support? What are the components of ACF's public health approach that will guide ACF human services actions over time? What are the ACF programs that will be part of ACF's MMNA Framework? The subsequent information will respond to these questions.

Tribal Input and Engagement

The impact of violence and victimization on Native Americans is significant and the continuing response and commitment to addressing these threats to well-being are unwavering and equally powerful.

ACF has heard from tribal leaders, Native American state legislators, Native American community representatives, Native American youth, federal representatives, and Native American advocates who have been part of conversation with the Administration for Native Americans (ANA), ACF, and HHS. While these voices represent different tribal perspectives, a common theme included continuing to move forward on addressing the contributing factors to Native American people going missing and being murdered, while concurrently addressing other critical national issues. Tribal representatives have been resolute about creating protective environments to prevent more Native Americans from going missing or being murdered and supporting individuals and families in crisis. There was a resounding message throughout the meetings and discussions: There is hope!

Meetings that focused on or provided input on the MMNA crisis are as follows:

- On March 12, 2020, the OLJ Task Force hosted a listening session during the Department of Interior (DOI) Tribal Interior Budget Committee (TIBC) Meeting in Washington, DC. TIBC members appeared both in-person and via webinar to hear about the work of the OLJ Task Force and provided input and comments for issues and concerns within their communities. The ANA Commissioner is a member of the OLJ Task Force.
- On March 2, 2020, the OLJ Task Force held a listening session with the ACF Tribal Advisory Committee (TAC). The TAC advises the Assistant Secretary for Children and Families.

- On February 25, 2020, the OLJ Task Force held a listening session with the DOJ Tribal Nations Advisory Council (TNLC). The TNLC is a group of tribal leaders selected to advise the U.S. Attorney General about matters involving American Indians and Alaska Natives. The leaders discussed the issues surrounding missing persons and murder cases in their own communities and offered suggestions to help guide the work of the OLJ Task Force.
- On February 13, 2020, the OLJ Task Force held a listening session during the ACF Native American Grantee Meeting in Arlington, Virginia.
- On February 12, 2020, the OLJ Task Force held its first scheduled listening session, in conjunction with the National Congress of American Indians' Executive Council Winter Session in Washington, DC.
- On January 29, 2020, the OLJ Task Force held its first internal meeting at DOI to discuss the work outlined in EO 13898.
- On September 23, 2019, ANA, the National Council on Urban Indian Health (NCUIH), and the National Council of Native American State Legislators partnered on three policy roundtables focused on addressing the crisis of missing and murdered Indigenous women (MMIW) through: (1) health, human and other services/systems required to support a transdisciplinary, intersectional, and comprehensive approach; (2) gathering data that would help identify missing individuals; and (3) addressing survivor and victim protections through federal, state, and tribal efforts. Several of the state legislators had introduced MMIW bills that led to the establishment of state task forces and related actions to respond to MMIW.
- On July 18, 2019, ANA and NCUIH held the Virtual Dialogue with Urban Indian Organizations on Missing and Murdered Indigenous Women (Virtual Dialogue). Chief Executive Officers and representatives of urban Indian organizations (UIOs) were informed about HHS's intent, through ANA and the Intradepartmental Council on Native American Affairs, to address growing community concerns regarding missing and murdered Indigenous women and girls.

ANA and NCUIH co-hosted the Virtual Dialogue to ensure that all proposed MMNA actions incorporate the perspectives of Native American people and providers in urban settings. Speakers for the event included the ANA Commissioner, NCUIH Executive Director, a state legislator who had introduced MMIW-related bills, the Indian Health Service, DOJ, which addressed data and

Indian victims of crime, and U.S. Department of Housing and Urban Development, which addressed housing issues. Virtual participants shared recommendations for the following: (1) filling program gaps for urban Indians, (2) building the necessary capacity within local programs, and (3) supporting additional engagement within urban settings.

Participants shared that domestic violence (13 percent), homelessness (5 percent), human trafficking (4 percent), substance use (4 percent), and transitioning within the foster care system (4 percent) were risk factors for MMIW in their communities. Equally important is that 66 percent of the participants believed that all of the factors identified during the discussion were MMIW risk factors, reinforcing the perspective that a social determinants of health approach was needed to more comprehensively deliver the services and support required by Indigenous women and girls.

Among the comments regarding resources and collaborations to fill gaps was the insufficiency of prevention programs targeting Native American youth, women, and men. Participants shared that addressing homelessness, sex trafficking, employment assistance, and education assistance were all critical needs. Resources and other investments were also needed to more effectively address critical data needs (i.e., collecting and analyzing data on Native Americans, correcting misclassification issues, ensuring access to available data, supporting data sharing/collection agreements, and developing uniform data standards).

Support for research on risk factors pertaining to MMIW and girls and technical assistance to build UIO capacity were discussed, as well. Collaborations among federal agencies and across sectors, such as law enforcement, housing, health care service providers, and education, were strongly encouraged. Finally, participants advocated for increased support for traditional practices, raising the awareness of legislators and policy makers about the plight of MMIW and girls, and sharing survivor stories.

The following meetings provided additional opportunities for information gathering:

- ACF Native American Affairs Advisory Council
- ACF Tribal Advisory Committee Meetings
- DOI Listening Sessions on Reclaiming our Native American Communities (Arizona, Alaska, and South Dakota)
- Violence Against Women Consultation 2019

- HHS Regional Consultations during 2019 (Regions 3, 9, and 10)
- Visits to tribal communities during 2019
- Listening sessions in Hawaii, Guam, and Saipan, June 24 – July 6, 2019
- ANA and OTIP collaboration on a human trafficking session on July 24, 2019, at the ANA Initiatives for Leadership, Empowerment, and Development Native American Youth Summit, which was attended by over 100 Native American youth from across the country.
- ANA and OTIP collaboration on the first Native American-focused Human Trafficking Leadership Academy that took place over a period of 6 months. The Academy focused on cultural and protective factors in the prevention of human trafficking. Participants included survivors and frontline workers who contributed to policy and outreach approaches.
- ANA and OTIP engagement in the Twitter chat on human trafficking in Native American communities, hosted by the U.S. Department of Homeland Security's Blue Campaign, in November 2018.
- HHS hosted the Health and Human Trafficking Symposium in November 2018, which included six expert panels focused on public health progress in responding to trafficking and emerging issues. Two of the panels focused on human trafficking in Native American communities.
- ANA, OTIP, and the Bureau of Indian Affairs co-hosted a listening session on combatting human trafficking, including the impact of human trafficking in Native American communities and its intersection with substance use treatment, intergenerational trauma, and violence prevention.

Strengthening Vulnerable Populations

This Framework focuses on improving the well-being of Native American individuals and communities that are supported through a range of ACF programs and technical assistance resources. The primary intent is to move ACF resources upstream to address their needs before vulnerable Native Americans are in crisis. The individuals are Native American women, girls, men, boys, and elders with increased risk for victimization and human trafficking including the following:

- Individuals exposed to trauma (includes historical and modern trauma)
- Children in the foster care system and those who have aged out of the foster care system
- Runaway and homeless youth
- Homeless families and adults
- Lesbian, gay, bisexual, transgender, questioning and Two Spirit
- Individuals with physical and intellectual disabilities
- Individuals with mental and/or substance use disorders
- Victims of violence or exposed to violence
- Victims of prejudice or racism

Pillars of the ACF Framework

To support the collective efforts of ACF's program offices, four pillars have been established to focus and guide our work. The pillars form the foundation for building strategic actions that align with ACF's mission and authorities as well as respond to the input received during consultations and meetings with Native American representatives. The pillars also position ACF to collaborate effectively with Native American communities, federal departments and agencies, and other stakeholders committed to stemming the national MMNA crisis. The four pillars are: (1) culture, language, traditional practices; (2) economic mobility; (3) prevention of the conditions that contribute to MMNA; and (4) the social determinants of health.

Culture, Language, Traditional Practices

Native American cultures, languages, and traditions, including spiritual practices, are connected and build resiliency. Through literature and programs funded by ACF, we have learned that culture incorporates traditional aspects of living that serve as a buffer to poor outcomes. Language also strengthens cultural identify which has been shown to contribute to higher educational attainment and improved self-sufficiency.¹⁵ While each pillar independently holds significance, this first pillar embodies the elements of a

¹⁵ Substance Abuse and Mental Health Services Administration, *National Tribal Behavioral Health Agenda*. Rockville, MD. 2016. Retrieved from <https://store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NTBH-AGENDA>

relational view (i.e., cultural, physical, emotional, and spiritual components) that together support improved well-being.

Economic Mobility

ACF's economic mobility pillar is focused on moving families to independence and self-sufficiency through work, dignity, and respect; growing the capacity for parents and children to achieve their fullest potential through workforce; early childhood development; and integrated human services.

Prevention of Conditions that Contribute to MMNA

ACF's focus on prevention is a commitment to ensuring that resources are moved upstream using a whole-family approach that puts individuals and families on trajectories for long-term health and well-being. This ACF Framework makes prevention a *primary focus for human services*. The intent is to proactively connect families to services before they are in crisis; preventing child abuse, neglect, and other forms of violence; while simultaneously promoting health and positive development.

The levels of prevention include the following:

- Universal prevention approaches that focus on individuals within a particular population. At ACF, this includes early childhood education and Head Start, child care, sexual risk avoidance education, human trafficking, and Native American Language Preservation and Maintenance grants.
- Selective prevention that focus on subpopulations at higher risk for negative outcomes. This includes programs within the Office of Family Assistance, such as Healthy Marriage and Responsible Fatherhood programs and the Health Profession Opportunity Grant Program.
- Indicated prevention approaches that focus on subpopulations that are already experiencing challenges. At ACF, this includes programs within the Children's Bureau, such as Community-Based Child Abuse Prevention Grants and the State Court Improvement Program.

The Social Determinants of Health: Foundation of a Public Health Approach

The HHS Office of Disease Prevention and Health Promotion oversees development of the Healthy People Framework, which establishes the United States' national health objectives each decade. Healthy People 2030 is currently under development and will result in national goals targeting the most significant preventable threats to health. As already discussed, violence is a significant and preventable health threat to American Indians and Alaska Natives.

The Healthy People Framework was used in developing the ACF MMNA Framework because of the following: (1) it is built on a collaboration model for improving outcomes; (2) it is focused on prevention of health threats; and (3) it responds to the social determinants of health, as a means for creating the social, physical, and economic environments necessary for positive health.¹⁶

The social determinants of health have been described as conditions in the environments in which people are born, live, learn, work, play, worship, and age. Beyond health, social determinants affect an individual's functioning, quality of life, patterns of social engagement, and sense of security and well-being. Violence and exposure to crime can be improved through the following domains:¹⁷

- Economic stability: employment, income, job opportunities, and independence and self-sufficiency;
- Neighborhood and built environment: affordable housing, stable living arrangements, and safe neighborhoods;
- Education: early childhood education and development, access to quality education, high school graduation, educational attainment, language, and literacy;
- Food security: availability of and access to healthy foods;
- Community and social context: availability of community-based resources that support community living, recreation, and leisure-time activities through social cohesion (solidarity with community members), social networks/relationships, and emotional support; and
- Health and human services delivery system: access to quality health care and human services and other factors that promote wellness of rural and urban communities.

A Collective ACF Response

ACF is committed to ensuring that all program offices that provide funding and other supports for Native American communities engage, as appropriate, in the strategies outlined in this Framework. This collective approach incorporates prevention, intervention, and healing through a number of programs that respond to factors that increase vulnerability of Native American women and men at different life stages. The intent is to move ACF resources upstream to address needs before Native American people are in crisis and for those who are experiencing tragic situations.

¹⁶ Office of Disease Prevention and Health Promotion. *Healthy People 2030 Framework*. Retrieved from: <https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Framework>.

¹⁷ Office of Disease Prevention and Health Promotion, *Healthy People 2020*. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

ACF program offices will also establish or improve partnerships that (1) advance holistic/integrated tribal services; (2) address effective coordination, training and technical assistance, and grants to Native American communities; and (3) improve communications. To empower individuals, families, and communities, and to support Native American people to recover and heal, the following ACF program offices will identify and scale tribal models and practices that focus on the needs of vulnerable women, men, children, and elders.

Administration for Native Americans

The Administration for Native Americans (ANA) supports community-based projects that promote social and economic independence and self-sufficiency for Native American communities through discretionary grant funding, training and technical assistance, and advocacy and policy development. ANA provides funding through the following grant programs:

- Social and Economic Development Strategies (SEDS)
- SEDS for Alaska
- SEDS for Growing Organizations
- Environmental Regulatory Enhancement (ERE)
- Language Preservation and Maintenance (P&M) and Esther Martinez Immersion (EMI)

The purpose of the SEDS program is to promote social and economic self-sufficiency for American Indians, Alaska Natives, Native Hawaiians, and Native American Pacific Islanders from American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands. The SEDS program supports the principle that social and economic development are inter-related and essential for developing thriving Native American communities. SEDS projects support local access, control, and/or coordination of services; development of stable, diversified local economies to provide jobs and business opportunities; and governance activities to assist communities increase their infrastructure and capacity.

The ERE program supports the capability of Indian tribes to regulate environmental quality based on applicable laws. The intent is to enhance the ability of tribal governments to provide effective stewardship over the lands, water, and air that encompass their Native American communities.

ANA's P&M program supports assessment, planning, development, and implementation of projects that ensure survival and continuing vitality of Native American languages. The EMI program supports Native American language nests and survival schools. The

language nests provide site-based educational programs, childcare, and instruction in a Native American language for children under the age of 7. The language nests also provide classes in the same languages for parents or legal guardians of enrolled children. The Native American Language Survival Schools provide site-based educational programs for school-age students that lead to language fluency and academic proficiency in mathematics, reading, and the sciences.

Children's Bureau

The Children's Bureau works with tribes and tribal organizations to improve the lives of children and families in their communities by providing financial assistance to address their child welfare needs and to promote safe, stable, and thriving families. Support to tribes, tribal organizations, and tribal communities is provided through formula grants, competitive discretionary grants, and technical assistance and capacity building services. Approximately 180 tribes participate in one or more grant programs.

Major grant programs in which tribes participate include the following:

- The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1 of the Social Security Act), which provides funding to child welfare agencies for the following purposes: 1) protecting and promoting the welfare of all children; 2) preventing the neglect, abuse, or exploitation of children; 3) supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; 4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and 5) providing training, professional development, and support to ensure a well-qualified child welfare workforce.
- The Mary Lee Allen Promoting Safe and Stable Families Program (Title IV-B, Subpart 2 of the Social Security Act), which provides funding to support operation of a coordinated program of family preservation services, community-based family support services, family reunification services, and adoption promotion and support services.
- Chafee Foster Care Program for Successful Transition to Adulthood and the Education Training Vouchers program, which provide funds to help youth in foster care and former foster youth, ages 18-21, make a successful transition from foster care to self-sufficiency, by providing educational, vocational, and other services and supports.

- The Foster Care Maintenance Payments, Adoption Assistance, and Guardianship Assistance Programs (Title IV-E of the Social Security Act). Tribes may also participate in the Title IV-E Prevention Services and Kinship Navigator programs.

The Title IV-B and IV-E programs cover the range of child welfare practices from prevention to permanency. Accordingly, many of the programs and services supported involve a percentage of cases involving domestic violence and trafficking.

The Children's Bureau carries out programs by developing program instructions and information memoranda to provide guidance to grantees. The Children's Bureau, through federal staff and contracted technical assistance providers, also offers consultation on capacity building and technical assistance. This assistance often involves strengthening capacities around prevention, safety decision making, and safety planning, including in cases of domestic violence and trafficking, which involve children.

Tribes receiving funding under Title IV-B or IV-E have access to the Children's Bureau's Capacity Building Collaborative, which is composed of three highly integrated centers to serve tribes, states, territories, and courts. The three centers that compose the Children's Bureau's Capacity Building Collaborative are as follows: the Capacity Building Center for Tribes, the Capacity Building Center for States, and the Capacity Building Center for Courts. This structure is designed to help tribes, states, territories, and courts build capacities to improve service delivery and work together toward shared outcomes.

The Children's Bureau's Capacity Building Collaborative delivers a range of services to grantees, including the following:

- Universal Services—designed to increase awareness, understanding, and engagement among a broad audience of agency and court professionals across the country;
- Constituency Services—designed to enhance knowledge, skills, and relationships among cohorts of professionals and peer groups;
- Tailored Services—designed to help individual states, tribes, and courts assess their needs; develop the capacities necessary to improve their performance; and achieve outcomes for children and families; and
- Intensive/Tribal Permanency Project—multi-year capacity building projects to assist tribes in the implementation of an array of culturally responsive permanency options for children in foster care.

Family and Youth Services Bureau

The Family Violence Prevention and Services Act (FVPSA) provides grants to tribes and tribal organizations, including Alaska Natives, to assist in increasing public awareness about primary and secondary prevention of family violence, domestic violence, and dating violence, and provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents.

To address the epidemic of MMIW/MMNA, the FVPSA Program is committed to increasing training and technical assistance on violence prevention for American Indian and Alaska Natives, which also includes lifting up best practices and helping to enhance prevention programming for tribes. The FVPSA Program provided funding to 252 tribes that served over 40,000 men, women, and children who experienced domestic violence in 2019.

The FVPSA Program's violence prevention training and technical assistance initiative is focused on preventing domestic violence from happening in the first place or preventing it from continuing, as well as approaches to lessen the immediate and long-term harms of partner violence. Partnerships are needed to elevate the importance of violence prevention to stem the epidemic of missing and murdered Indigenous women and children.

Office of Child Care

Independence and self-sufficiency is a part of economic mobility. As families and communities move toward widespread economic mobility, so does their ability to protect the vulnerable, a core value throughout Indian Country.

The Office of Child Care (OCC) supports low-income working families by providing access to affordable, high-quality early care, and afterschool programs. OCC administers both the Child Care and Development Fund (CCDF) and the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

CCDF works with state, territory, and tribal governments to provide support for children and their families to find child care programs that will fit their needs, and that will prepare children to succeed in school. Tribal MIECHV strengthens tribal capacity to support and promote the health and wellbeing of American Indian and Alaska Native (AIAN) families, expanding home visiting in tribal communities, and supporting cooperation and linkages between programs that serve Native American children and their families.

Both programs are two-generational programs that provide support to both the parents (and sometimes grandparents) and children. CCDF provides support to low-income tribal families to obtain child care so that parents can participate in work and education activities while delivering early care and education to children to promote their school readiness. The Tribal MIECHV program matches parents and soon to be parents of young children from birth to kindergarten entry with a home visitor (such as a trained nurse, social worker, or trained peer specialist or community health worker) with voluntary services in the family's home or another location of the family's choice. Tribal MIECHV works directly with parents using home visitors to support their health and well-being, while also intervening to promote the health and development of their children. Home visitors provide education on child development and parenting, link families to needed services and supports, and provide families with support in reaching their goals. Tribal MIECHV programs often incorporate tribal and cultural practices, values, and enhancements, promoting the protective factors found within Native traditions.

Both programs are a critical part of early childhood systems in tribal communities, relying on partnerships and connections with other programs and systems in the community to ensure families' needs are met. All of the things that CCDF and Tribal MIECHV do strengthen vulnerable families' protective factors: parental resilience, social connections, concrete supports in times of need, knowledge of parenting and child development, and social and emotional competence of children. These factors protect against the conditions that lead to MMNA.

CCDF Lead Agencies disseminate information to parents, child care providers, and the general public about programs for which families may be eligible. These programs might include substance use treatment services, mental health services, and domestic violence prevention services. CCDF Lead Agencies may use CCDF quality dollars to pay for consumer education efforts. Similarly, Tribal MIECHV disseminates information about their program with the goals of increasing awareness and understanding about home visiting services, reaching prospective families through referrals from other service providers, and building support and community buy-in.

Office of Child Support Enforcement

The Office of Child Support Enforcement's (OCSE) core mission is to assist tribes and states in establishing paternity and obtaining child support. OCSE promotes responsible parenting, family independence and self-sufficiency, and child well-being, and recognizes the essential role of both parents in supporting their children.

Currently, 60 tribes operate child support programs providing services to Native American families consistent with tribal values and cultures. While many tribal members use child support services provided by tribal IV-D agencies, a significant number of Alaska Natives and American Indians use child support services administered by state agencies.

OCSE partners with tribal communities to build child support programs that foster the economic stability of tribal families through consistent and reliable child support payments. OCSE recognizes that many Alaska Native and American Indians face domestic violence and may not seek services due to fears of safety and economic hardships. Training for child support agencies provides caseworkers with information and model practices on safe access to child support services. By creating safe access and supporting economic stability, OCSE strives to reduce the risk factors associated with MMNA.

Office of Community Services

The Office of Community Services (OCS) partners with states, communities, and agencies to reduce the causes of poverty, increase opportunity and economic security of individuals and families, and revitalize communities. OCS's main goals are the following:

- Serve the economic and social needs of individuals and families with low-incomes;
- Provide employment and entrepreneurial opportunities;
- Promote individual economic opportunity and security through the creation of full-time, permanent jobs;
- Support asset building strategies for individuals and families with low-incomes, such as savings, increasing financial capability, and securing assets;
- Assist community development corporations in utilizing existing funding for neighborhood revitalization projects;
- Provide financial and technical resources to state, local, and public and private agencies for economic development and related social service activities; and

- Provide energy assistance to households with low-incomes.

OCS's four social service and community development programs include the following:

- The Community Services Block Grant (CSBG) provides funds to tribes and tribal organizations to support services and activities for low-income individuals and families that alleviate the causes and conditions of poverty in communities. Activities and services address employment, education, housing, nutrition, emergency services, substance abuse, energy, and health care services.
- The Community Economic Development program offers grants to tribes for business start-up or business expansion and the development of new products and services that support projects within their local communities.
- The Rural Community Development program works with regional and tribal organizations to manage safe water systems in rural communities.
- The Low Income Home Energy Assistance Program (LIHEAP) provides assistance on both the state and federal level by applying for benefits, becoming a contractor, or administering and delivering the LIHEAP benefits directly to their tribal households.

OCS's diverse programming complements existing efforts designed to support Indigenous women and address barriers that impact their safety and well-being.

Because CSBG is based on each tribe's needs assessment, it can serve populations that include victims of domestic violence and children who witness it; homeless adults; runaway and homeless youth; lesbian, gay, bisexual, and transgender individuals; individuals with mental disabilities; and those struggling with substance abuse or addiction.

Office of Family Assistance

The Office of Family Assistance (OFA) is responsible for administering the Temporary Assistance for Needy Families (TANF) program. The TANF program provides a fixed block grant of about \$16.5 billion to states, territories, and Washington, DC. Additionally, federally recognized American Indian tribes and Alaska Native organizations may elect to operate their own TANF programs. The TANF program is intended to foster economic security and stability to low-income families with children, as well as a wide range of services that are "reasonably calculated" to address the program's four broad purposes, which are the following:

1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
3. Prevent and reduce the incidence of out-of-wedlock pregnancies; and
4. Encourage the formation and maintenance of two-parent families.

The work of OFA and the TANF program is positioned to support the MMNA initiative in a few ways. TANF funds may be used for activities that support healing. For example, when providing assistance to needy families, and when serving Native American adults in particular, TANF staff should be aware that the person they are serving has probably experienced violence at some point in their life. This points to the need for providing trauma-informed case management. As individuals recover from past trauma, they are more likely to be ready for work.

TANF funds may also be used for activities that are preventive in nature. As families progress toward independence and self-sufficiency, they are also likely to develop protective factors against victimization. Activities aimed at TANF purposes 3 and 4 can also be leveraged. For example, when prevention activities are offered to youth to prevent the incidence of out-of-wedlock births, those activities can also help youth to identify, and avoid, unhealthy and potentially violent relationships. Activities that encourage the formation and maintenance of two-parent families can incorporate tribal wisdom and values. The family bonds and cultural identity that participants develop will also serve as a protective factor.

Families that seek TANF assistance often have needs for other things, such as child care or food assistance. OFA is able to work with sister programs to create awareness in communities most affected by crime against American Indians and Alaska Natives to support healing and address some of the root causes. That work may include drafting a joint letter to tribal and program leaders, hosting conference sessions, or offering virtual technical assistance.

Office of Head Start

The Office of Head Start (OHS) administers grant funding and oversight to the 1,600 agencies that provide Head Start services in communities across the country. OHS also provides federal policy direction and a training and technical assistance system to help grantees in providing comprehensive services to eligible young children and their families. Head Start programs prepare America's most vulnerable young children to

succeed in school and in life beyond school. To achieve this, Head Start programs deliver services to children from birth to 5 years old and their families in core areas of early learning, health, and family well-being. The Head Start program serves about 1 million children and pregnant women in urban, suburban, and rural communities throughout America. Head Start services are provided in centers, family child care homes, or in the family's own home. This includes services to over 21,000 tribal children from birth to 5 years old and their families in tribal communities across 26 states.

OHS enjoys a government-to-government relationship with 155 federally recognized tribes. Through direct federal to tribal partnership and support, training and technical assistance, and Head Start National Centers, OHS works to support tribal Head Start programs in meeting the needs of the children and families in their communities. Head Start programs work with each family they enroll to develop Family Partnership Agreements (FPAs). These FPAs include family specific goals, which may include education, employment, housing, health and mental health, and well-being. Head Start programs support these families to accomplish the goals identified. To accomplish this, a significant part of the work Tribal Head Start programs do is connecting tribes and tribal families with both internal and external service providers to promote the healthy development of children. These resources also support children and families to overcome the challenges they face and support the mitigation of factors that may put children and their families at risk for negative outcomes. Some of these challenges include homelessness, children in foster care, substance misuse or addiction, and domestic violence.

Head Start programs work closely with various divisions within their respective tribe that support direct Head Start services, which may include human resources, fiscal service, TANF, social services, law enforcement, and the Indian Health Service /Tribal Health Department(s). OHS's efforts are extended through the OHS collaboration office, which collaborates at the federal, state, tribal, and local levels. This gives OHS a unique lens, which allows for a broader range of resources and partnerships to enhance services to OHS communities at all levels.

Annual conferences and OHS-sponsored events are utilized for spreading awareness, education, professional development, and communicating key updates. Additionally, information, guidance, and support is disseminated through the Early Childhood Learning and Knowledge Center website, information memorandums, webinars, zoom meetings, and other social media communication platforms.

OHS provides grant and program oversight through the Head Start Aligned Monitoring System. Programs undergo federal reviews to ensure they are providing high-quality

Head Start programs and operating in compliance with the 2007 Head Start Act, Head Start Program Performance Standards, and federal fiscal requirements.

Office on Trafficking in Persons

The Office on Trafficking in Persons (OTIP) is responsible for the development of anti-trafficking strategies, policies, and programs to prevent human trafficking, build health and human service capacity to respond to human trafficking, increase victim identification and access to services, and strengthen health and well-being outcomes of trafficking survivors.

OTIP funds the Domestic Victims of Human Trafficking and Outreach Program, the Strengthening the Response to Victims of Human Trafficking in Native Communities (VHT-NC) Program, and the Human Trafficking Youth Prevention Education Program. All three grant funding opportunities include special consideration for applicants which intend to serve American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders. The VHT-NC Program awards bonus points specifically for organizations with prior experience in meaningfully addressing the missing and murdered Indigenous people crisis in its geographic region and/or service area. In fiscal year (FY) 2021, OTIP anticipates awarding \$1.3 million to at least five local service providers to deliver services to Native American victims of severe forms of human trafficking and build community capacity to further address this issue over a 3-year project period.

Through the National Human Trafficking Training and Technical Assistance Center (NHTTAC), OTIP provides short-term and specialized training and technical assistance aimed at building the capacity of professionals, organizations, communities, and local systems to respond to human trafficking from using the public health framework. Through these efforts, OTIP has developed several public-facing materials for Native American youth and health care and social service providers and Native American communities on human trafficking. NHTTAC also administers the Human Trafficking Leadership Academy, which brings together social service professionals and trafficking survivors to develop their personal and professional leadership skills, while responding to a particular class-specific research question to inform federal anti-trafficking efforts.

OTIP commits to recognizing the intersectionality of human trafficking with the epidemic of MMNA through direct services, public awareness, and training and technical assistance efforts. Through NHTTAC, OTIP will continue to work with indigenous subject matter experts with professional and lived experience in the development, delivery, and evaluation of training and technical assistance. In partnership with ANA, OTIP commits to updating the Native Youth Toolkit to Combat Human Trafficking and the SOAR for Native American Communities online training in FY 2021. Finally, OTIP

will continue to partner with ANA and other federal agencies to raise awareness of this issue at the national, regional, and local levels.

Policy, Program, and Supportive Opportunities

The previous section provided information on the breadth and scope of ACF programs and the support that is available to Native American communities through most of the ACF's 60 programs. A review of the aforementioned factors that increase vulnerability of Native Americans to going missing or being murdered juxtaposed against the ACF programs available to Native American communities point to a set of policy, program, and supportive opportunities, including the following:

- Coordinated economic development projects that more fully address the needs of Native American children, youth, and families with low income.
- Collaborations to expand availability of low-income housing and shelter services.
- One-stop demonstration projects that coordinate accessible services in a Native American community to better support families, especially in times of critical need.
- Addressing the unique needs of Native American victims of human trafficking who are also survivors of violence.
- Coordinated technical assistance for Native American communities that require multi-faceted support.
- Addressing the knowledge, skills, and capacity of the tribal human services workforce.
- Ensure parents and caregivers of vulnerable Native American children receive needed supports.
- Improving access to critical public health data.

SECTION 3: ORGANIZING STRUCTURE FOR ACTION



In FY 2019, ACF program offices provided nearly \$1 billion in support to tribal communities. These funds and other resources available through ACF present important opportunities to better tackle the issues that contribute to Native Americans who go missing or are murdered. ACF programs improve or support delivery of quality services; address the economic and social needs of children, families, and communities; and also provide children the opportunity to live positive and productive lives. All of these factors are critical for providing Native Americans, who may already be vulnerable, the supports to prevent or minimize the potential for victimization.

ACF's human services actions will complement actions by other HHS agencies, DOJ, and DOI for a more comprehensive federal strategy on MMNA. The ACF response will be facilitated through agency-wide collaborations that are driven through the relational program opportunities on their contributions to the domains of the social determinants of health. Chart 2 shows the ACF program offices whose work contributes to each domain.

Chart 2

ACF Program Office Engagement by Social Determinant of Health (SDOH) Domain

SDOH Domain	ACF Program Office
Economic stability	<ul style="list-style-type: none"> • Administration for Native Americans • Family and Youth Services Bureau • Office of Child Support Enforcement • Office of Community Services • Office of Family Assistance
Neighborhood and built environment	<ul style="list-style-type: none"> • Family and Youth Services Bureau • Office of Community Services • Office of Child Support Enforcement
Education	<ul style="list-style-type: none"> • Family and Youth Services Bureau • Office of Early Childhood Development • Office of Head Start • Office of Child Care • Office on Trafficking in Persons
Food Security	<ul style="list-style-type: none"> • Administration for Native Americans • Office of Community Services • Office of Child Support Enforcement • Office of Early Childhood Development • Office of Head Start • Office of Family Assistance
Community and Social Context	<ul style="list-style-type: none"> • Administration for Native Americans • Children's Bureau • Family and Youth Services Bureau • Office of Community Services • Office of Child Care • Office of Child Support Enforcement • Office of Head Start • Office on Trafficking in Persons
Health and Human Services Delivery System	<ul style="list-style-type: none"> • Administration for Native Americans • Children's Bureau • Family and Youth Services Bureau

Protective Factors Approach

ACF will use a protective factors approach to improve economic mobility, increase prevention efforts with respect to (and counter risk factors that contribute to) the conditions for Native Americans going missing or being murdered. The risk factors are the social determinants of health that result in economic instability, housing instability, limited educational and development opportunities, food insecurity, reduced community cohesion and support, and limited access to quality health care and human services.

Protective factors are individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events. These factors also increase an individual's ability to avoid risks or hazards and promote social and emotional competence to thrive in all aspects of life, now and in the future.¹⁸ They also are strengths-based, can inform cultural prevention strategies targeted to Native American populations, and have been shown to improve well-being.

The Framework includes the following five protective factors:¹⁹

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

The Framework also includes a strategic action that focuses on raising awareness of the crisis of MMNA across sectors and organizations that can contribute to improving well-being. An important part of this strategic action is strengthening and advancing partnerships to prevent the conditions that lead to Native Americans going missing or being murdered in the first place.

The Strategic Actions

ACF's strategic actions are organized by each of the protective factors as defined by the Center for the Study of Social Policy. The actions are written broadly to create a space for as many ACF program offices as possible to engage collaboratively to leverage the weight of ACF's programs and include partners where appropriate. The number of

¹⁸ "Protective Factors," Centers for Disease Control and Prevention, Division of Adolescent and School Health. Retrieved from <https://www.cdc.gov/healthyyouth/protective/index.htm>.

¹⁹ "Core Meanings of the Strengthening Families Protective Factors," Center for the Study of Social Policy. 2015. Retrieved from <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>.

strategic actions included within each protective factor focuses on those believed to have the greatest impact potential and do not reflect a priority, one over the other. Collectively, all of the strategic actions are required to strengthen resiliency, in partnership with Native American communities.

Parental Resilience

This protective factor builds the ability of parents and caregivers to manage stress and function well when faced with challenges, adversity, and trauma.

- 1.1 Provide technical assistance and resources to raise the capacity of Native American grantees to build self-regulation skills (e.g., coping, healthy help-seeking behaviors, and conflict resolution) among parents/caregivers and to support healing.
- 1.2 Support economic mobility demonstration projects (involving two or more ACF programs) that support coordination of services across Native American programs to promote employment, education, financial literacy, and entrepreneurship.

Social Connections

The purpose of this protective factor is to foster positive relationships that provide emotional, informational, instrumental cultural, and spiritual support.

- 2.1 Engage ACF Native American grantees across program offices in trainings on best practices for promoting healthy relationships.
- 2.2 Identify and encourage cross-program innovations to connect Native American families to tradition, culture, and community especially during times of social distancing.

Knowledge of Parenting and Child Development

This protective factor will help Native American parents and caregivers understand child development and develop parenting strategies that support physical, cognitive, language, social and emotional development, and self-regulation.

- 3.1 Support peer sharing among ACF Native American grantees serving families with children to build parents' knowledge of child development and parenting skills.

Concrete Support in Times of Need

Supporting Native American individuals and communities was a topic raised consistently during conversations with tribal leaders and representatives regarding the ACF MMNA Framework. This strategic action responds to this request and is intended to promote access to concrete supports and services, including economic supports that address community-specific needs and to help minimize stress caused by challenges, when needed.

- 4.1 Launch an initiative to establish “one-stop shop” approaches across ACF programs in Native American communities to support coordinated delivery of services for vulnerable populations.

Social and Emotional Competence of Children

Addressing the social and emotional competence of Native children and youth is intended to improve family interactions to help children and youth develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

- 5.1 Organize Native American children and youth events across ACF programs to build cultural identity and social and emotional competence.
- 5.2 Improve online and physical safety for Native American children and youth, by educating and sharing tools with ACF grantees.

Raise Awareness and Establish Prevention Collaborations

The following strategic actions are critical to building and leveraging multi-faceted public health efforts to bring about reductions in the number of Native Americans who are vulnerable to going missing or being murdered.

- 6.1 Build awareness among ACF Native American grantees, technical assistance providers, and human services professionals about the crisis of MMNA and the role of ACF programs in preventing the conditions that contribute to MMNA among vulnerable Native American populations.
- 6.2 Train ACF staff on protective factors as a means for advancing and supporting their incorporation into all ACF programs serving Native American communities.

- 6.3 Allocate bonus points for relevant discretionary grant programs to applications that demonstrate their commitment to preventing MMNA, by promoting the protective factors and/or addressing human trafficking by implementing critical strategies.
- 6.4 Establish collaborations across sectors, including among federal partners, such as the CDC; Native American advocates; Native American legislators; human services providers; tribal law enforcement; tribal judges; and other critical partners on violence prevention for Native American communities.
- 6.5 Support public health data analysis and reporting focused on violence against Native American communities and human trafficking.

ACF is developing an implementation strategy that outlines the steps its program offices will take collaboratively following the release of this Framework.

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SECTION 4: TRAINING & TECHNICAL ASSISTANCE

ACF program offices support a range of training, technical assistance, and/or other services that can assist Native American grantees and/or communities seeking to address factors that contribute to the increased vulnerability of Native American women, men, girls, and boys. In different ways ACF program offices support capacity building and engage in public awareness efforts that include Native American communities. Examples of relevant program office areas of engagement or connection include:

Examples: Areas of Engagement or Connection	Program Office								
	ANA	CB	FYSB	OCC	OCS	OCSE	OFA	OHS	OTIP
Capacity Building	X	X	X	X	X	X	X	X	X
Coordination and Linkages	X			X				X	
Domestic Violence	X	X	X	X	X	X			
Employment	X				X				
Housing and Shelter			X		X				
Human Trafficking	X	X	X						X
Public Awareness & Info Dissemination	X	X	X	X	X	X	X	X	X
Training, Technical Assistance, & Support	X	X	X	X	X	X	X	X	X

The following information outlines the training, technical assistance, and/or supports organized by ACF program office, resources relevant to MMNA, and hotline numbers supported by federal government agencies.

Training and Technical Assistance Centers

Administration for Native Americans (ANA)

ANA provides training and technical assistance (T/TA) to prospective applicants and current grantees in planning, developing, conducting and administering ANA projects, short term in-service training for personnel working on ANA-funded projects, and upon denial of a grant application, technical assistance in revising a grant proposal. There are four T/TA centers:

[Alaska Region](#)

Three Star Enterprises LLC
185 E. Nelson Ave
Wasilla, Alaska 99654
Toll free: (800) 948-3158
Local: (907) 745-3606

[Pacific Region](#)

Ka'ānani'au, LLC
98-1238 Ka'ahumanu Street, Suite #203
Pearl City, Hawai'i 96782
Toll Free: (844) 944-9544
Phone: (808) 485-8182

[Eastern Region](#)

Miami Tech Solutions, LLC
1950 Roland Clarke Place, Suite 210B
Reston, Virginia 20191
Toll Free: (888) 221-9686

[Western Region](#)

Miami Tech Solutions, LLC
1950 Roland Clarke Place, Suite 210B
Reston, Virginia 20191
Toll free: 1(855) 890-5299

[Children's Bureau](#)

The Children's Bureau's [Child Welfare Capacity Building Collaborative](#) (comprised of the Center for States, Center for Tribes, and Center for Courts) helps public child welfare agencies, tribes, and courts enhance and mobilize the human and organizational assets necessary to meet federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children, youth, and families.

[Center for Tribes](#)

The Center for Tribes collaborates with American Indian and Alaska Native nations to help strengthen tribal child and family systems and services in order to nurture the safety, permanency, and well-being of children, youth, and families. The Center for Tribes also maintains the [Tribal Information Exchange](#), an information and resource sharing service focused exclusively on Tribal child welfare.

[Center for Courts](#)

The Center for Courts focuses on building the capacity of state and tribal court improvement programs to improve child welfare practice in the courts and legal community.

[Child Welfare Information Gateway](#)

Child Welfare Information Gateway promotes the safety, permanency, and well-being of children, youth, and families, by connecting child welfare, adoption, and

related professionals, as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more.

[Center for Native Child and Family Resilience](#)

In 2017, the Children’s Bureau awarded a 5-year cooperative agreement to JBS International, Inc. to establish a Quality Improvement Center (QIC) on the prevention and intervention of child abuse and neglect in American Indian and Alaska Native communities. The QIC, now called the Center for Native Child and Family Resilience, will gather, generate, and disseminate knowledge regarding effective practice models for strengths-based, culturally relevant, trauma-informed, and preventive services and interventions for all forms of child maltreatment. A total of five projects have agreed to partner with this Center to build and enhance their culturally based prevention and intervention efforts.

[Family and Youth Services Bureau](#)

The [National Indigenous Women’s Resource Center](#) supports culturally grounded, grassroots advocacy, and provides national leadership to ending gender-based violence for American Indian and Alaska Native tribes, Native Hawaiians, as well as tribal and Native Hawaiian organizations through the development of educational materials and programs, direct technical assistance, and the development of local and national policy.

[Office of Child Care](#)

OCC supports CCDF and Tribal MIECHV grantees in various ways. Among the most important way is through the training and technical assistance network. ACF’s Early Childhood Training and Technical Assistance system offers CCDF administrators information, tools, training, and other supports. The system brings together resources from child care, Head Start, and health partners. It focuses on ensuring that all early childhood systems and programs have access to the highest quality materials.

The Tribal Home Visiting Evaluation Institute (TEI) provides technical assistance to tribal home visiting grantees on benchmarks, data, evaluation, and continuous quality improvement. TEI is housed at James Bell Associates.

[Programmatic Assistance for Tribal Home Visiting \(PATH\)](#) provides technical assistance to tribal home visiting grantees on home visiting program

implementation and integration of home visiting services in the broader early childhood system.

Office of Child Support Enforcement

OCSE [Regional Offices](#) provide training and technical assistance to tribal child support program staff.

Office of Family Assistance

Peer Technical Assistance (TA) facilitates the sharing of information across state and local agencies implementing the TANF program. The goal of Peer TA is to establish linkages among TANF agencies and their partners serving TANF and low-income families at the state, county, local, and tribal level. The [Peer TA website](#) acts as a dissemination and communications vehicle, supporting the Peer TA Network in the provision of technical assistance, facilitating a dialogue among organizations serving TANF and low-income families, and helping organizations learn about innovative programs and the latest research around effective strategies to successfully support TANF and low-income families on a path to self-sufficiency.

Office on Trafficking in Persons

[National Human Trafficking Training and Technical Assistance Center](#) (NHTTAC) delivers T/TA to inform and enhance the public health response to human trafficking. NHTTAC can:

- Educate health care, behavioral health, and social service professionals on how to identify, treat, and respond appropriately to potential victims of human trafficking
- Provide skilled trainers with specific subject matter expertise for your training event or speakers for your conference
- Enhance professional development of individuals and multidisciplinary teams through scholarships to attend regional or national conferences
- Increase survivor representation at conferences and events by offering scholarships to hosting organizations

Resources

- [Sex Trafficking in Indian Country Webinar](#) (Grantee Webinar)
- [Addressing Human Trafficking in Native Communities](#) (Grantee Webinar)
- AMBER Alert in Indian Country – the Training and Technical Assistance Program (AATTAP) provides a variety of NO FEE virtual, online and classroom training opportunities to improve the investigative response to high risk victims in tribal communities. The program is designed to increase collaboration between tribal, local, state and federal partners to improve skills, and develop effective policies and best practices to protect and safely recover endangered missing, exploited and abducted children.
- [Native Youth Toolkit to Combat Trafficking](#)
- [National Missing and Unidentified Persons System \(NamUs\)](#) allows investigators, forensics professionals, and the public to cross-reference records of missing persons and unidentified remains, and helps bring answers to families of the missing
- [Project Catalyst Toolkit on Interpersonal Violence](#)
- [The Sexual Violence Indicators Guide and Database](#)
- [HHS Office on Women’s Health Relationship and Safety Resources](#)

Hotlines

- National Human Trafficking Hotline - is a 24/7, confidential, multilingual hotline for victims, survivors, and witnesses of human trafficking
[1-888-373-7888](tel:1-888-373-7888)
- National Runaway Safeline - Confidential and nonjudgmental support for youth who are thinking of running away or already have
[1-800-RUNAWAY](tel:1-800-RUNAWAY)
- StrongHearts Native Helpline - Confidential and anonymous helpline for those affected by domestic and dating violence
[1-800-79NATIVE \(9-7233\)](tel:1-800-79NATIVE)

- National Domestic Violence Hotline – is a 24/7 confidential service that supports victims and survivors of domestic violence
[1-800-799-SAFE \(1-800-799-7233\)](tel:1-800-799-SAFE)
- National Suicide Prevention Lifeline – Network of over 160 crisis centers that provide 24/7 service to anyone in suicidal crisis or emotional distress
[1-800-273-8255](tel:1-800-273-8255)
- National Center for Missing & Exploited Children – information clearinghouse and national resource center on issues related to victims, missing, and exploited children
[1-800-THE-LOST \(800-843-5678\)](tel:1-800-THE-LOST)

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APPENDIX 1: ACF REPRESENTATIVES

Development of the ACF Framework on MMNA included representatives from program offices across the agency. The ACF program offices involved include the: Administration for Native Americans (ANA); Children's Bureau (CB); Family and Youth Services Bureau (FYSB); Immediate Office of the Assistant Secretary (IOAS); Office of Child Care (OCC); Office of Child Support Enforcement (OCSE); Office of Community Services (OCS); Office of the Executive Secretariat (ES); Office of Family Assistance (OFA); Office of Head Start (OHS); Office of Legislative Affairs and Budget (OLAB); Office of Planning, Research and Evaluation (OPRE); Office of Regional Operations (ORO); and, Office on Trafficking in Persons (OTIP).

The ACF Native American Affairs Advisory Council Liaisons (NAAAC-L) established teams who met to develop components of the Framework on MMNA and will meet to ensure coordinated implementation. The teams include Strategic Actions, Communications, Partnerships, and Data. Members of the Strategic Actions Team are listed immediately below followed by other NAAAC-L members and ACF representatives.

NAAAC-L Strategic Actions Team

- Mirtha Beadle, Acting Deputy Commissioner and Senior Policy Advisor to the Commissioner, ANA
- Savannah Emerich, Policy and Program Advisor
- Moushumi Beltangady, Senior Advisor to the Alyce Spotted Bear and Walter Soboleff Commission on Native Children and Senior Policy Advisor Tribal Home Visiting, OCC
- James Henry, Tribal Child Care Program Specialist, OCC
- Stan Koutstaal, Division Director, Tribal TANF Management and Regional Operations, OFA
- Beth Pfenning, Program Specialist, OTIP
- Nancy Mathieson, Program Specialist, Region 10, OCSE
- Maxine Maloney, Program Operations Branch Chief, OCS
- Jane Golden, Tribal Liaison, Community Services Block Grant, OCS
- Vikki Pretlow, Energy Assistance Program Specialist, OCS

NAAAC-L and ACF Representatives

- Gail Collins, Director, Division of Program Implementation, CB
- Carlette Randall, Child Welfare Program Specialist, CB
- Scott Trowbridge, Child Welfare Program Specialist, CB
- Shena Williams, Senior Program Specialist
- Michelle Sauve, Executive Director, ICNAA and Intergovernmental Affairs Specialist, ANA
- Amy Zukowski, Director, Division of Program Evaluation and Planning, ANA
- Carmelia Strickland, Director, Division of Program Operations, ANA
- Meresa Stacy, Executive Officer, ANA
- Kenneth Akwuole, Senior Management Analyst, ANA
- Kristi Synold, Program and Management Specialist, ANA
- Teresa Rose, Program Assistant, ANA
- Kelly Njike, Project Consultant, ANA
- Roshelle Brooks, Management Analyst, ES
- Jolleen George, Acting Deputy Director, OCS
- Jae Sulton, OCS
- Monica Adams, Child Support Program Specialist, OCSE
- Melissa Johnson, Director, Division of Regional Operations, OCSE
- Rebecca Kantsiper, Child Support Program Specialist, OCSE
- Tristan Anderson, Child Support Program Specialist, OCSE
- Kesha Rodriguez, Supervisory Child Support Program Specialist, OCSE
- Denise Edwards, Branch Chief, Tribal TANF Management, OFA
- Tonya Davis, Program Specialist, OFA
- Todd Lertjuntharangool, Regional Program Manager, Region XI, OHS
- Donald Wyatt, Senior Program Specialist Region XI, OHS
- Shelly-Ann Sinclair, Program Analyst, OLAB
- Aleta Meyer, Social Science Research Analyst, OPRE
- LaKesha Pope Jackson, Regional Administrator, Region 6, ORO

APPENDIX 2: EXECUTIVE ORDER 13898



66059

Federal Register

Presidential Documents

Vol. 84, No. 231

Monday, December 2, 2019

Title 3—

Executive Order 13898 of November 26, 2019

The President

Establishing the Task Force on Missing and Murdered American Indians and Alaska Natives

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to enhance the operation of the criminal justice system and address the legitimate concerns of American Indian and Alaska Native communities regarding missing and murdered people—particularly missing and murdered indigenous women and girls—it is hereby ordered as follows:

Section 1. Purpose. My Administration has heard the ongoing and serious concerns of tribal governments regarding missing and murdered members of American Indian and Alaska Native communities, particularly women and girls. To address the severity of those concerns, top officials within the Federal Government will coordinate and engage with the tribal governments.

Sec. 2. Establishment. (a) There is hereby established the Task Force on Missing and Murdered American Indians and Alaska Natives (Task Force), co-chaired by the Attorney General and the Secretary of the Interior (Secretary) or their designees.

(b) The Department of Justice shall provide funding and administrative support as may be necessary for the performance and functions of the Task Force. The Attorney General, in consultation with the Secretary, shall designate an official of the Department of Justice to serve as the Executive Director of the Task Force, responsible for coordinating its day-to-day functions. As necessary and appropriate, the Co-Chairs may afford the other members of the Task Force an opportunity to provide input into the decision of whom to designate as the Executive Director.

Sec. 3. Membership. (a) In addition to the Co-Chairs, the Task Force shall be composed wholly of full-time, or permanent part-time, officers or employees of the Federal Government and shall include the following members:

- (i) the Director of the Federal Bureau of Investigation;
- (ii) the Assistant Secretary for Indian Affairs, Department of the Interior;
- (iii) the Director of the Office on Violence Against Women, Department of Justice;
- (iv) the Director of the Office of Justice Services, Bureau of Indian Affairs, Department of the Interior;
- (v) the Chair of the Native American Issues Subcommittee of the Attorney General's Advisory Committee;
- (vi) the Commissioner of the Administration for Native Americans, Department of Health and Human Services; and
- (vii) such representatives of other executive departments, agencies, and offices as the Co-Chairs may, from time to time, designate.

(b) In performing the functions set forth in sections 4 and 5 of this order, the Co-Chairs and members may designate representatives of their respective departments, agencies, offices, or entities under their direction to participate in the Task Force as necessary, and the Co-Chairs may also direct coordination with other Presidential task forces. In carrying out its functions, the Task Force shall coordinate with appropriate White House officials, including the Senior Counselor to the President, the Assistant

to the President for Domestic Policy, and the Deputy Assistant to the President and Director of Intergovernmental Affairs.

Sec. 4. Mission and Functions. (a) The Task Force shall:

(i) conduct appropriate consultations with tribal governments on the scope and nature of the issues regarding missing and murdered American Indians and Alaska Natives;

(ii) develop model protocols and procedures to apply to new and unsolved cases of missing or murdered persons in American Indian and Alaska Native communities, including best practices for:

(A) improving the way law enforcement investigators and prosecutors respond to the high volume of such cases, and to the investigative challenges that might be presented in cases involving female victims;

(B) collecting and sharing data among various jurisdictions and law enforcement agencies; and

(C) better use of existing criminal databases, such as the National Missing and Unidentified Persons System (NamUs), the National Crime Information Center (NCIC), and the Combined DNA Index System (CODIS) including the National DNA Index System (NDIS);

(iii) establish a multi-disciplinary, multi-jurisdictional team including representatives from tribal law enforcement and the Departments of Justice and the Interior to review cold cases involving missing and murdered American Indians and Alaska Natives;

(iv) address the need for greater clarity concerning roles, authorities, and jurisdiction throughout the lifecycle of cases involving missing and murdered American Indians and Alaska Natives by:

(A) developing and publishing best-practices guidance for use by Federal, State, local, and tribal law enforcement in cases involving missing and murdered American Indians and Alaska Natives, to include best practices related to communication with affected families from initiation of an investigation through case resolution or closure;

(B) facilitating formal agreements or arrangements among Federal, State, local, and tribal law enforcement to promote maximally cooperative, trauma-informed responses to cases involving missing and murdered American Indians and Alaska Natives;

(C) developing and executing an education and outreach campaign for communities that are most affected by crime against American Indians and Alaska Natives to identify and reduce such crime; and

(D) developing, in partnership with NamUs, a public-awareness campaign to educate both rural and urban communities about the needs of affected families and resources that are both needed and available.

Sec. 5. Reporting. (a) No later than 1 year after the date of this order, the Task Force shall develop and submit to the President, through the Assistant to the President for Domestic Policy, a written report regarding the activities and accomplishments of the Task Force, the status of projects the Task Force has not yet completed, and specific recommendations for future action of the Task Force.

(b) No later than 2 years after the date of this order, the Task Force shall develop and submit to the President, through the Assistant to the President for Domestic Policy, a final written report regarding the activities and accomplishments of the Task Force.

Sec. 6. Termination. The Task Force shall terminate 2 years after the date of this order, unless otherwise directed by the President.

Sec. 7. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

A handwritten signature in black ink, appearing to be the signature of Donald Trump, located on the right side of the page.

THE WHITE HOUSE,
November 26, 2019.

[FR Doc. 2019-26178
Filed 11-29-19; 11:15 am]
Billing code 3295-F0-P

DR

APPENDIX 3: AMERICAN INDIAN AND ALASKA NATIVE CULTURAL WISDOM DECLARATION

This statement is an attempt to motivate and set in motion, culturally derived efforts that will address the present state of health for American Indian and Alaska Native people. American Indian and Alaska Native tribes are diverse and unique in culture and traditions but share a common history in our relationship with the Federal government and common goals for improving the lives of our people. We hope this statement will be accepted and supported by American Indian and Alaska Native tribes as a statement of intent that will move us forward in preserving and promoting our identities and cultural and spiritual beliefs and practices while practicing our respective traditional wisdom in health protection that has been passed from generation to generation.

As indigenous people, we possess the culturally relevant knowledge and expertise to address and enhance the overall health and well-being of all American Indian and Alaska Native people across the country. We also expect this statement will be honored and implemented by U.S. Federal Agencies, state agencies, and private and non-profit organizations charged with improving the health status of American Indian and Alaska Native people.

BACKGROUND

Native Americans are experiencing vast health inequities as evidenced by high rates of cancer, diabetes, trauma, mental and substance use disorders (including suicide), and unintentional injury. Present efforts to address the health status of American Indian and Alaska Native- people remain marginally effective in alleviating these health disparities. While research and programs consistently recommend that prevention and health care programs also implement traditional practices and philosophies, barriers exist that prevent the successful implementation of culturally tailored health promotion and healing interventions.

The intent of this declaration is to address the existing barriers and move towards successful implementation of culturally driven health promotion models of care and healing. This declaration promotes the voice of American Indians and Alaska Natives to ensure success in embedding culturally relevant health promotion and healing interventions into health and human service initiatives supported by Tribes, Federal agencies, and other entities.

WE BELIEVE...

We honor the ancestral cultural knowledge, wisdom, ceremony, and practices of American Indian and Alaska Native tribes. Our respective cultural knowledge is sacred and has been practiced for centuries as evident in our shared inter-tribal survival and resilience. This traditional cultural wisdom predates the U.S. Constitution. We are experts of our own cultural wisdom. Our wisdom has been passed down orally from generation to generation, and the depths of our wisdom remains within the hearts and minds of our people. Our cultural wisdom exists solely for us. It is tribe specific and this sacred knowledge exists to benefit our health, our well-being, and the health and well-being of future generations. Our cultural wisdom is guarded and protected



because of the history of broken promises and broken trust we have experienced over and over again. Our cultural wisdom will remain protected. Our cultural wisdom will continue to be transferred orally, as it has been in the past. Our worldview on health and healing is holistic, encompassing the body, mind, spirit, nature and our environment.

WE WILL....

We will preserve and implement our cultural wisdom as a means to promote health and well-being in our communities through stories, songs, prayers, rituals, and ceremonies and other traditional practices. Our respective traditional wisdom, ceremonies, language, and customs will be implemented in our communities to benefit our present and future generations while we honor the ancestral and sacred elements of this knowledge and control its use and dissemination. All details of cultural wisdom will remain authentic to traditional ways of being, knowing, and doing. We will integrate authentic cultural interventions alongside existing healthcare promotion efforts to ensure a culturally tailored and culturally relevant approach to health promotion and healthcare delivery for American Indian and Alaska Native people.

WE KNOW....

We know that Native American wisdom exists within our stories, language, ceremonies, songs, and teachings. We know our Native ways are effective. We know that these ways are different from the Western worldview. We know we are experts in practicing and implementing our traditional ways to enhance the health of our people. We know our ways are unique and specific to Tribal groups. The authenticity of our Native American cultural wisdom is acknowledged and validated by our families, our clans, our communities. This knowledge has been validated for centuries by our ancestors. This knowledge exists within American Indian and Alaska Native communities, it is known by our people, and we will protect this sacred knowledge.

We expect the following from those agencies that have power, authority and funding relevant to American Indian and Alaska Native health including Tribal, State, Federal, private and non-profit organizations:

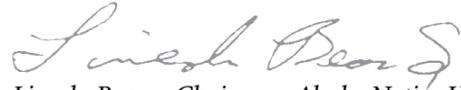
- ▶ TRUST
- ▶ RESPECT
- ▶ ACCEPTANCE
- ▶ COMMITMENT
- ▶ SUPPORT
- ▶ FINANCIAL RESOURCES

And to ensure the success of this declaration we recommend the following:

- Respect our intent to keep sacred knowledge private and allow details of this cultural knowledge and wisdom to remain with the knowledge keepers (elders, traditional healers, storytellers, and American Indian and Alaska Native people).
- Support our unique ideas and models of health and healing interventions that may not fit typical or standard western approaches.
- Modify your requirements to fit the relevant traditional tribal paradigm or allow room for flexibility when evaluating proposals submitted by American Indian and Alaska Native tribal nations.
- Provide adequate time and financial resources required to work in rural and remote areas, with hard to reach populations and within the legal frameworks of sovereign nations.
- Trust the Nations to deliver their culturally derived interventions.
- Accept our distinct American Indian and Alaska Native cultural ways of being, knowing and doing.
- Support our authority to practice American Indian and Alaska Native culture as practiced for generations, without modification, without restriction.
- Support the cost of structuring innovative and culturally tailored models of health promotion through advocating for additional funding in the form of budget increases and specific grant funding that targets unique American Indian and Alaska Native health promotion efforts.

The following individuals, Tribes/Nations and Other American Indian and Alaska Native community agencies and organizations support this statement.

SIGNATORIES



Lincoln Bean – Chairman, Alaska Native Health Board



Vernon Miller – Chairman, Omaha Tribe of Nebraska



Aaron Payment – Chairman, Sault Ste. Marie Tribe of Chippewa Indians



Andy Joseph, Jr. – Tribal Council Member, Confederated Tribes of the Colville Reservation



Tina Richards – Tribal Business Council Member, Susanvi Indian Rancheria



Wilfrid Cleveland – President, Ho-Chunk Nation



Rita Jefferson – Tribal Business Council Member, Lummi Nation



Tom Johnson, Jr.

Tom Johnson, Jr. – Chairman, Sun'aq Tribe of Kodiak

Chester J. Antone

Chester Antone – Tribal Legislative Council Member, Tohono O'odham Nation

Marilyn M. Scott

Marilyn M. Scott – Tribal Council Member, Upper Skagit Indian Tribe

Marty L. Wafford

Marty Wafford – Chairperson, Southern Plains Tribal Health Board

Patsy M. Bain

Patsy M. Bain – Tribal Council Member, Makah Tribe

Thomas Beauty

Thomas Beauty – Chairman, Yavapai-Apache Nation

Lester Secatero

Lester Secatero – Chairman, Albuquerque Area Indian Health Board

Patrick Marcellais

Patrick Marcellais – Tribal Council Representative, Turtle Mountain Band of Chippewa Indians

Vinton Hawley

Vinton Hawley – Chairman, Pyramid Lake Paiute Tribe

Lisa Elgin

Lisa Elgin – Tribal Administrator, Manchester-Point Area Band of Pomo Indians