The U.S. Department of Health and Human Services

Supplemental Response to the Not One More: Findings & Recommendations of the Not Invisible Act Commission

November 2024

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Letter from Patrice H. Kunesh, Chair of the Department of Health and Human Services Intradepartmental Council on Native American Affairs

Dear Members of the Not Invisible Act Commission:

The U. S. Department of Health and Human Services (HHS) was honored to have three representatives serve as commissioners on the Not Invisible Act Commission (NIAC), one each from the Administration for Native Americans, the Indian Health Service, and the Substance Abuse and Mental Health Services Administration. I was one of the HHS commissioners and have been profoundly and personally moved by this experience. Through the NIAC's work, HHS is not only better informed about the extent and depth of tragedy and trauma experienced by Native Americans and Alaska Native people and communities, but also is compelled to do whatever is needed to fully address the chronic crises of Missing and Murdered Indigenous People (MMIP) and Human Trafficking (HT) in Indian country.

The enclosed HHS response supplements the United States' initial March 2024 federal response to the NIAC Recommendations, *Not One More: Findings and Recommendations of the Not Invisible Act Commission*. HHS provided an initial response on February 8, 2024, to the federal response from the Departments of the Interior (DOI) and Justice (DOJ) to the Commission's Report. Several operating division principals requested an opportunity to provide additional information about HHS's public health, safety, prevention, and intervention efforts, along with restorative practices and healing. Thus, the Secretary's Intradepartmental Council on Native American Affairs coordinated this department-wide response to NIAC's recommendations.

The Commission's dedication to this process is truly commendable. *Wopila tanka* (thank you) for your efforts and commitment to seeing this difficult work through. Through your work, we honor the families and survivors who came forward to share their stories and those of their family members. There is great urgency in finding solutions and healing our people.

Patrice H. Kunesh

Commissioner, Administration for Native Americans
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EXECUTIVE SUMMARY OF HHS RESPONSE TO THE NIAC FINDINGS AND RECOMMENDATIONS

The Not Invisible Act Commission Findings and Recommendations suggests a whole-of-government response to the MMIP and HT crises in Indian country and urban areas. These recommendations require specific and tailored responses as well as an interagency approach to effectuate lasting systemic federal changes.

The Department of Health and Human Services accepts the NIAC recommendations directed to its operating divisions. This response is premised on the heavy recognition that American Indian and Alaska Native (AI/AN) people and communities suffer grossly disproportionate rates of violence that, when compounded by socioeconomic inequalities, result in higher-than-average rates of homicide and circumstances leading to loved ones going missing and/or experiencing human trafficking.

HHS is committed to harnessing its funding and program resources to confront the epidemic of violence against Native people. We also will continue to prioritize working collaboratively with Native communities, federal, state, and local partners in a collective, whole-of-government effort to prevent violence and provide healing supports.

ACKNOWLEDGEMENT OF HARM AND COMMITMENT TO PREVENTION AND HEALING

Safety and security are essential for thriving communities, their residents, and local economies. In many ways, however, providing for public safety in Indian country has been a long standing and challenging issue due to harmful federal Indian policies and chronic underfunding of resources. Research indicates that Native people have long experienced violence and crime victimization at exceptionally higher rates than non-Native people. This chronic exposure to violence stems in large part from the federal government's policies of forced removal, assimilation, termination, and boarding schools, which disconnected Native people from their land, language, identity, ceremonial practices, and culture. Further compounding this trauma was the separation of Native children from their families and traditional lifeways. While Native communities often draw on their inherent resilience and cultural ways to cope, they struggle to overcome generations of broken systems of law and order and human service supports.

HHS acknowledges its critical role in addressing the historical and current violence across Indian Country and providing essential supports for the prevention of violence and healing that extends to individuals, families, and whole communities. As the federal agency responsible for protecting the welfare of children and families, HHS is committed to helping mend the wounds, prevent the violence, and support the overall health and well-being of Native people.

HHS is further committed to enhancing its coordination of services and response with our federal partners. In doing so, we also recognize the responsibility to honor our Nation-to-Nation responsibility and elevate the capacity of Tribal governments by recognizing their essential roles

in delivering programs and making decisions about their use of funding and resources. In making these investments, HHS intends to provide Tribes maximum funding flexibility allowed by law and supports Tribal self-determination.

HHS'S ROLE IN NIAC

Three representatives from HHS Services were designated federal Commissioners on the NIAC:

- Indian Health Service, Senior Advisor to the Director, Joshuah Marshall
- Substance Abuse & Mental Health Services Administration, Director of the Office of Tribal Affairs and Policy, Captain Karen Hearod
- Commissioner of the Administration for Native Americans, Patrice H. Kunesh

In addition, HHS provided mental health support to the Commissioners and the hearing participants. This support was outside the scope of the Not Invisible Act, but a necessary and meaningful resource to individuals sharing traumatic experiences and those bearing witness.

NIAC'S RECOMMENDATIONS TO HHS

The NIAC Report's recommendations to HHS generally focus on social and medical services specifically related to the prevention, intervention, healing, and response to violence and trauma.

FEDERAL PARTNERS' RESPONSES TO NIAC FINDINGS AND RECOMMENDATIONS

On November 1, 2023, the NIAC transmitted its final report *Not One More: Findings and Recommendations of the Not Invisible Act Commission* to DOJ, DOI, and Congress pursuant to Section 4 of the Not Invisible Act of 2019. DOJ and DOI submitted their statutorily mandated federal response on March 5, 2024, and HHS submitted its initial comments to the DOJ and DOI response on February 8, 2024.

DOI and DOJ's joint response is complete but focuses on the NIAC's recommendations directed to their respective agencies. Although a formal response was not required from agencies except DOI and DOJ, HHS provided initial "critical comments" only to the DOI and DOJ responses. This supplemental HHS response addresses additional areas of interest included in the NIAC recommendations and works to supplement the federal response.

HHS RESPONSE TO MMIP CRISIS

HHS has been long involved with and engaged in providing services and resources to address the dual crises of MMIP and HT.

In response to Executive Order (EO) 14053, Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing and Murdered Indigenous People (November 15, 2021) HHS developed the HHS MMIP Prevention Plan, a comprehensive plan to support prevention efforts that reduce risk factors for victimization and increase protective factors. HHS's plan, entitled *A Comprehensive Plan to support prevention efforts that reduce the risk*

factors for victimization of Native Americans and increase protective factors, includes strategies for improving mental and behavioral health, providing substance abuse services, providing family support, including high-quality early childhood programs for victims and survivors with young children, and preventing elder abuse, gender-based violence, and HT.

The plan also includes community-based strategies that improve community cohesion, cultural connectivity and preservation, educational programs to increase empowerment and self-advocacy, and strategies to encourage culturally and linguistically appropriate, trauma-informed, and victim-centered service delivery to Native Americans, including for survivors of gender-based violence. Importantly, HHS's MMIP Prevention Plan highlights HHS engagement with Tribes, Urban Indian Organizations, Tribal Organizations and Indigenous researchers, advocates, survivors, and community members.

Other HHS operating divisions developed MMIP-related actions and commitments. Some of these are summarized in Appendix B and included in the responses to the NIAC recommendations.

The next section of this document refers to the Chapters, Findings, and Recommendations in the *Not One More: Findings and Recommendations of the Not Invisible Act Commission*. It is followed by HHS responses to those recommendations.

HHS RESPONSES TO RECOMMENDATIONS

CHAPTER 1, COMMISSION SUBCOMMITTEE 1: LAW ENFORCEMENT & INVESTIGATIVE RESOURCES—IDENTIFYING/RESPONDING TO MMIP AND HT

Finding E: The lack of clarity on how and when missing person's reports are filed, in what jurisdiction, and who assumes responsibility creates great confusion for family members and friends and often delays the response to missing persons which in turn increase the missing person's risk of harm.

Recommendation E3: HHS must mandate that any foster care agencies receiving federal funding report immediately any missing Tribal juvenile to their corresponding Tribe.

Response: The Administration for Children and Families (ACF)'s Children's Bureau (CB) supports foster care agencies that receive federal funding reporting a missing Tribal citizen in a timely manner. However, HHS does not have statutory authority to mandate this recommendation. This is a policy issue that will require legislative action.

Finding I: Innovations like improved Law Enforcement case management, victim advocates, and multi-disciplinary teams must be instituted to aid investigations across jurisdictions and support families from the initial report on through investigation and prosecution.

Recommendation I2: The DOJ Office for Victims of Crime (OVC) and the HHS Office of Trafficking in Persons (OTIP) must support, offer, and ensure culturally appropriate services are

available to survivors of human trafficking.

Response: OTIP is implementing seven grant programs providing assistance to populations that include Indigenous communities. Grant-funded comprehensive case management services must include helping clients navigate systems of care, direct services, and/or community referrals for healthcare, including traditional healing services. Additionally, OTIP award recipients are provided individualized training and technical assistance (T/TA). In FY 2023, OTIP's National Human Trafficking Training and Technical Assistance Center (NHTTAC) worked with five recipient organizations to implement their T/TA plans focused on improving outreach strategies for specific populations, including Indigenous populations.

Additionally, Indian Health Service (IHS) established the Forensic Nursing Consultation Program contract, which was awarded in September 2023. This five-year contract was awarded to Texas A&M University Center of Excellence in Forensic Nursing. The contract focuses on culturally appropriate training, education, and technical assistance for healthcare providers to become trained as Sexual Assault Nurse Examiners/Sexual Assault Examiners/Forensic Nurse Examiners (SANEs/SAEs/FNEs) and receive ongoing training and education as it relates to best practices to ensure confidence and competence in practice. The contract also offers training and education on all victimization types, including nine hours of human trafficking continuing education for all IHS, Tribal, and Urban Indian Organization (I/T/U) nurses and medical providers.

CHAPTER 2, COMMISSION SUBCOMMITTEE 2: POLICIES & PROGRAMS—REPORTING AND COLLECTING DATA ON MISSING, MURDERED, AND TRAFFICKED PERSONS

Finding A: Accurate data on Native Americans are necessary for federal, state, local, and Tribal governments to monitor conditions and make informed policy and spending decisions. Unfortunately, there is a lack of available data at all levels of government but especially at the national level to ascertain the extent of the problem of (1) missing AI/AN persons, (2) homicides and violent deaths of AI/AN people, and (3) AI/AN individuals who are trafficked. Understanding these issues and determining how best to address them requires accurate accounting that can inform the development and implementation of solutions and the appropriate allocation of resources.

Recommendation A8: Federal science agencies that direct or support national victimization studies must ensure the inclusion and representativeness of AI/AN peoples to include special studies (e.g., AI/AN oversamples, reservation-level victimization data) appended to ongoing national data collection efforts (e.g., Bureau of Justice Service's (BJS) National Crime Victimization Survey [NCVS], CDC's National Intimate Partner and Sexual Violence Survey [NISVS], National Institute of Justice's National Baseline Study [NBS]), including question(s) regarding murdered, missing, unidentified, and trafficked persons, families of such, if such case were resolved, and other pertinent questions.

Response: HHS recognizes the importance of accurate and community driven data to address the MMIP crisis and that intersectional data is essential for the development of interventions, effective

programing, and new funding streams. Current methods of data collection and consolidation have not allowed for a comprehensive assessment of the long-term impacts, and community wide implications of missing, murdered, and trafficked persons.

The Centers for Disease Control and Prevention (CDC)'s NISVS is an ongoing survey that collects the most current and comprehensive national and state-level data on intimate partner violence, sexual violence, and stalking victimization. Summary reports from NISVS can be found at https://www.cdc.gov/nisvs/documentation/index.html. CDC continues to make efforts to ensure the representativeness of AI/AN persons in NISVS.

In 2010, CDC conducted an oversample of AI/AN participants through the NISVS. This oversample data collection was supported by the National Institute of Justice (NIJ), who also produced the summary of findings, which are available in the report, Violence Against American Indian and Alaska Native Women and Men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey

In 2023, CDC began a new official NISVS data collection of U.S. noninstitutionalized adults. The sampling strategy was randomized to U.S. household addresses, with data collection continuing during the 2024 calendar year. CDC is currently processing the data and expects to release findings later in 2024.

Additionally, The Agency for Healthcare Research Quality (AHRQ) is currently leading preliminary discussions with HHS partners and Tribal stakeholders in regard to the feasibility of conducting a national survey building off of the Survey of American Indians and Alaska Natives, conducted in 1987 in partnership with IHS, to include, MMIP, and all issues related to MMIP, violence against native people and access to care for victims of violence the Survey of American Indians and Alaska Natives. Preliminary data was collected on home health care, health expenditures and traditional medicine, with 20% of the respondents being interviewed in traditional Native languages. AHRQ has created position who brings lived experience in AI communities, specializing in AI/AN health, data collection, and program design.

Finding B: The HHS Office of Inspector General (OIG) surveyed state-level foster care systems to determine how many children in foster care went missing over an 18-month period. The survey found that during that period, out of 1,016,895 total children in foster care, 43,679 had been reported missing at some point. The average time a child was missing before they were found was 34 days. This is an informative study to guide future research about the nature of the problem of AI/AN children missing from care.

Recommendation B1: HHS must conduct a study of AI/AN children missing from foster care to determine if states are appropriately reporting AI/AN children missing from care to law enforcement for purposes of entry into the National Crime Information Center Computer's Missing Person File (NCIC-MPF), NCMEC when required, and NamUs for long-term (120 days missing) unresolved AI/AN child cases.

Response: OIG is currently conducting a study of the State of Alaska focused on AI/AN children missing from foster care to determine whether the State complied with federal and State rules before, during, and after the children went missing from care. The public workplan item can be found here: Assessing the Alaska Foster Care Agency's Compliance, Challenges, and Successes

When American Indian and Alaska Native Children Go Missing From Care (hhs.gov)

Additionally, the CB, Administration on Children, Youth and Families (ACYF), ACF, issued a Notice for Proposed Rulemaking on February 23, 2024, to require state Title IV-E agencies to report the following additional information related to the Indian Child Welfare Act's (ICWA) procedural protections:

- Whether the state inquired with certain individuals as to whether the child is an Indian child as defined in ICWA and when the agency first discovered information indicating that the child is or may be an Indian child as defined in ICWA (section 1355.44(b)(3) and (4)).
- Information on whether a court determined that ICWA applies for the child, and whether the court decision included testimony of one or more qualified expert witnesses was included for voluntary and involuntary terminations of parental rights, and removals (section 1355.44(b)(6), (i)(2), (3), and (4)).
- Whether the child's parent or Indian custodian was sent notice in accordance with ICWA (section 1355.44(b)(5)).
- Information on requests to transfer cases to Tribal court (section 1355.44(i)(1)).
- Information on meeting the placement preferences under ICWA (section 1355.44(i)(5)-(8) and (10)-(13)).
- Whether the court determined that the Title IV-E agency made active efforts to prevent the breakup of the Indian family (section 1355.44(i)(9)).

HHS anticipates that gathering more ICWA-related data would help ACF, researchers, and other policymakers better understand the status and experiences of AI/AN children and families interacting with the state child welfare systems and better address the continuing overrepresentation in foster care and other poor outcomes that AI/AN children experience. More complete data collection would provide a foundation for improved policy development, targeted technical assistance, and focused resource. This could assist in efforts to mitigate disproportionality for AI/AN children and families, support pathways to timely permanency for these children, and help maintain the integrity of Tribal communities.

Finding C: There is a commonly held belief that violent crimes and the deaths that result from them are notoriously underreported among AI/AN people. Underreporting and misclassifying crimes and people contribute extensively to the lack of available data on this topic. A better understanding of mortality rates and homicides that occur in Indian country and Alaska is needed to get an accurate number of AI/AN deaths. Acquiring accurate and up-to-date analyses of homicides and mortality data will be essential for determining and implementing resources moving forward.

Recommendation C1: NIJ, in coordination with Bureau of Justice Services (BJS) and CDC, must conduct a study examining the frequency, nature, and causes of homicide and violent deaths of AI/AN peoples that are focused on in-depth contextual characteristics of these cases (e.g., type of homicide [femicide, firearm, gender-related, intimate partner homicide, suicide], demographic information about the individuals involved, incident characteristics, and situational contexts associated with these cases). Of particular importance are analyses that provide the distribution on

a demographic and geographic basis (e.g., Native vs. non-Native, national, state, regional, county, reservation/non-reservation). Separate analyses should be conducted on AI/AN death investigations where the causes of death are classified as 'Undetermined'. These analyses must also provide in-depth contextual characteristics of these cases (e.g., demographic information about the individuals involved, incident characteristics, and situational contexts associated with these cases).

Response: CDC recognizes the importance of in-depth, up-to-date analysis of homicides and mortality data to inform prevention efforts to address murdered, missing, and trafficked persons, and looks forward to working with partners such as NIJ, BJS, and the Federal Bureau of Investigation (FBI) on these efforts. Mortality surveillance data from the National Vital Statistics System (NVSS) and the National Violent Death Reporting System (NVDRS) are both updated on an annual basis and available to the public through NCIPC's Web-Based Inquiry Statistics Query and Reporting System (WISQARS) (https://www.cdc.gov/injury/wisqars/index.html). NVDRS collects information on homicides, suicides, deaths of undetermined intent, legal intervention deaths, and unintentional firearm deaths.

CDC has released several publications that examine the frequency, nature, and circumstances of homicide among AI/AN peoples. Additionally, the annual NVDRS Surveillance Summary (published in CDC's flagship publication, Mortality and Morbidity Weekly Report) includes data on homicides by race/ethnicity, and by death manner, including deaths among non-Hispanic AI/AN persons. CDC has also linked NVDRS data with the Minority Health Social Vulnerability Index (MH-SVI), which is an index of social determinants of health.

The Youth Risk Behavior Surveillance System (YRBSS) was developed by CDC to monitor priority health risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and young adults in the United States, including experiences with violence and behaviors that contribute to violence. The YRBSS consists of biennial national, state, territorial, Tribal, and local school district school-based surveys of representative samples of students in grades 9 through 12 in each jurisdiction, all of which provide AI/AN data (see https://nccd.cdc.gov/Youthonline/App/Default.aspx); however, because the AI/AN population constitutes a relatively small proportion of the U.S. population, the number of AI/AN students included in the YRBS is low. To address this issue, in 2023, the national Youth Risk Behavior Survey included a supplemental sample of AI/AN high school students to improve statistical power and data precision among this group.

Recommendation C2: HHS must establish regional AI/AN maternal and child mortality/death review boards.

Response: The Health Resources and Services Administration (HRSA) supports the National Center for Child Fatality Review and Prevention, which provides technical assistance to state and local entities in conducting child death reviews, inclusive of AI/AN populations. States and localities determine the parameters by which fatality reviews are conducted. In addition, the National Center recently hired a Tribal member to lead this vital work and has already provided technical assistance, training, and networking support to more than 18 Tribes. The Center plans to collaborate with Indian Health Boards and engage experts at Urban Indian Health Centers to create and implement a plan for also engaging AI/AN families living off Tribal lands. Lastly, HRSA's Office of Tribal Affairs has shared resources provided by the center with its network of Tribal

partners to amplify and raise awareness of their efforts across AI/AN communities.

Additionally, CDC supports Maternal Mortality Review Committees (MMRCs) to identify, review, and characterize pregnancy-related deaths; and identify prevention opportunities. CDC is working in collaboration with Tribal partners and urban Indian organizations to explore the feasibility of developing Tribal MMRCs. CDC is planning a Tribal listening session in 2024 to obtain feedback from Tribes, Tribal leaders, and Tribal-serving organizations to share current MMRC engagement with Tribes and Tribal communities and understand important considerations of MMRCs led by Tribes.

Since 2019, in partnership with CDC, the National Indian Health Board has supported activities to understand the unique aspects of Tribally led MMRCs including convening of partners and collaborative learning with Tribal partners. In 2022, CDC began a partnership with the National Council on Urban Indian Health to understand Urban Indian Organization engagement opportunities with MMRCs. CDC currently partners with Chickasaw Nation and Southern Plains Tribal Health Board to strengthen the quality, performance, and infrastructure of Tribal public health systems; inform strategies for improving maternal health; and approaches to Tribally-led public health focused MMRCs. CDC also supports additional Tribal serving organizations and Tribal Epidemiology Centers to explore the feasibility of Tribal MMRCs, including the Albuquerque Area Southwest Tribal Epidemiology Center, the American Indian Health Commission of Washington State, the Rocky Mountain Tribal Leaders Council, and Hummingbird Indigenous Family Services, Alaska Native Tribal Health Consortium, California Rural Indian Health Board, Inter Tribal Council of Arizona, Great Lakes Inter-Tribal Council, and the Urban Indian Health Institute.

CDC has developed a data brief summarizing AI/AN pregnancy-related deaths (Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data From Maternal Mortality Review Committees in 38 U.S. States, 2020 | Maternal Mortality Prevention | CDC).

Further, AHRQ has research, tools, and resources for clinicians related to maternal care, maternal morbidity, and maternal mortality. The AHRQ Evidenced-based Practice Center EPC Program supports the HHS initiative to improve maternal health. See resources in Appendix B.

Finding D: HIPAA, the Health Insurance Portability and Accountability Act, is a U.S. federal law enacted in 1996 to address various aspects of healthcare, including health insurance coverage, medical privacy, and security of protected health information (PHI). While there are exceptions to HIPAA that allow for disclosure in situations involving public health, safety, and emergency circumstances, such as missing persons cases, it is unclear if the Act is impeding the reporting of missing person cases (i.e., Jane/John Doe patients).

Recommendation D1: HHS must assess how HIPAA impedes or facilitates the reporting of unidentified person cases (i.e., Jane/John Doe) by healthcare providers (and other entities handling protected health information) to law enforcement and families. The assessment must include a review of laws and regulations regarding the application of HIPAA under these specific circumstances. The study should survey healthcare providers to assess the number of missing

person cases they could have and did file with law enforcement.

Response: The HIPAA Privacy Rule (45 CFR part 160 and part 164 subparts A and E) establishes a set of national standards for the protection, use, and disclosure of individuals' health information by covered entities (health care providers that conduct certain standard transactions, health plans, and health care clearinghouses) and their business associates. A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and wellbeing. The Privacy Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

The HHS Office for Civil Rights (OCR) has published multiple guidance documents explaining how the Privacy Rule permits, and does not require, the disclosure of protected health information for various purposes, including for public health and emergency circumstances and to law enforcement. In 2014, OCR issued a bulletin addressing HIPAA Privacy in Emergency Situations.

https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/hipaa-privacy-emergency-situations.pdf addresses permitted disclosures to the media and for notification purposes.

In 2004, OCR released a Frequently Asked Question (FAQ) addressing when the Privacy Rule allow covered entities to disclose information to law enforcement (*see* https://www.hhs.gov/hipaa/for-professionals/faq/505/what-does-the-privacy-rule-allow-covered-entities-to-disclose-to-law-enforcement-officials/index.html) that addresses permitted disclosures for law enforcement purposes, such as reporting abuse and neglect and in response to a law enforcement official's request for certain information for the purpose of identifying or locating a missing person.

In 2017, OCR released guidance, Communicating with a Patient's Family, Friends, or Others Involved in the Patient's Care (*see* https://www.hhs.gov/sites/default/files/provider_ffg.pdf), to assist health care providers determining when they can disclose a patient's health information to the patient's family, friends, or other identified by the patient, including addressing scenarios when a patient is incapacitated or unable to agree to a disclosure. Lastly, the Privacy Rule permits the disclosure of an individual's protected health information when authorized by the individual for purposes not permitted or prohibited by the Privacy Rule.

Finding G: There are more than 18,000 federal, state, county, Tribal, and local Law Enforcement Agencies in the U.S., all of which have their standard operating procedures and guidelines for data collection and entry in their agency's case management systems as well as others they may use to help solve cases (e.g., NamUs, NCIC). The Federal Government does not dictate specific classifications or verify race or ethnic origin in the data. In many cases, law enforcement relies on family and friends of the individuals (if known) who go missing to specify race/ethnicity. Similarly, in cases where it is determined that the cause of death was homicide, family, friends, and loved ones are depended on to discern race/ethnicity. Without some form of identification from the missing person (i.e., Tribal enrollment ID card, Certificate Degree of Indian Blood, or some other government document with demographic information) and for those individuals who are presented to Medical Examiner/Coroner offices, public safety, and health professionals are left with exercising visual verification practices or not indicating race or ethnicity at all.

Recommendation G1: CDC's National Center for Health Statistics (NCHS) must develop and implement a nationwide program using different delivery modes to train Medical Examiners/Coroners (MEs/Cs), funeral directors, and physicians on the importance of coding AI/AN decedents correctly and accurately. The CDC must document the training plans and implementation, the number of training sessions convened, types of engagements or services provided, and the number of and professions of those completing the training. The training efforts must also be evaluated for effectiveness, including an analysis of AI/AN data pre-training implementation and post-implementation.

Response: CDC's NCHS is currently implementing a series of educational sessions to improve AI/AN data reporting on death certificates. The initial phase of this program targets funeral directors, as reporting of race and ethnicity information on death certificates falls almost exclusively in their domain. NCHS is engaged with funeral director associations (e.g., National Funeral Directors Association (NFDA), National Funeral Directors and Morticians Association, American Board of Funeral Service Education) to improve reporting of demographic and personal data on death certificates generally, including special emphasis on reporting AI/AN race. NCHS staff successfully developed and presented an exhibit at the NFDA annual conference in 2023 and will lead sessions at additional annual conferences. NCHS is also planning webinars on this topic directed to funeral director association members.

NCHS conducts a periodic assessment of the quality of race and Hispanic origin data by linking Census survey data to death certificates. The latest published study from 2016 can be accessed here: https://www.cdc.gov/nchs/data/series/sr_02/sr02_172.pdf. NCHS is currently updating this study, with publication planned for early 2025.

Finding O: Some Tribes have cultural and religious beliefs that require special mortuary rituals or practices when a Tribal member passes away that the Tribes would like the ME/C offices to honor. ME/C offices are not always equipped to support these rituals and may only sometimes know what customs the surviving family members require. ME/C offices can create a mutually trusting relationship with the community by fostering communication and respect. For example, in North Dakota, the foundation of such a relationship was laid when the state university supported educational work with Native American students in the medical, health science, and graduate/STEM programs. This academic work created a known and trusted environment for the Tribal communities before the provision of forensic science services. Relationships can be strengthened by routinely inquiring whether there are any special rituals or practices the Tribe or the decedent's relatives would like the ME/C office to honor or by working together to identify ways of designing the morgue to accommodate different and diverse groups.

Recommendation O1: CDC must implement a new grant program that offers grants or cooperative agreements to ME/C offices to hire and pay a Tribal coordinator for jurisdictions with a significant number of Tribal cases.

Response: CDC engages with Tribal and state and local partners to collectively address barriers and identify possible solutions to increase the capacity of ME/C offices to honor the mortuary rituals and practices of Tribal members. CDC also works in partnership with DOI's Bureau of Indian Affairs and DOJ's Bureau of Justice Assistance and fully supports the advancement of the work, effectiveness, and impact of their Strengthening the Medical Examiner-Coroner System

Program and the Missing and Unidentified Human Remains Programs.

Recommendation O2: HHS must promote the adoption of ME/C Tribal coordinators for jurisdictions with a significant number of Tribal cases. The recommendation builds trust between the ME/C offices and the Tribal communities, allowing the ME/C to conduct a full medicolegal death investigation and collect evidence properly, meanwhile allowing the Tribal community to practice traditional rituals surrounding death. This recommendation will also ensure that ME/C offices abide by the Native American Graves Protection and Repatriation Act (Pub. L. 101-601, 25 U.S.C. 3001 et seq., 104 Stat. 3048).

Response: Medicolegal death investigations conducted by ME/Cs are crucial to understanding causes of death, monitoring evolving health challenges, and – ultimately – saving lives. The Collaborating Office for Medical Examiners and Coroners (COMEC), established in 2022 works to bring together resources from across the CDC to support the work in the ME/C community. COMEC helps foster coordination among public health surveillance efforts and the medicolegal death investigation community. It also promoted quality and consistency in death investigations and death certification. COMEC hosts a seminar series focusing on medicolegal death investigation and public health, hosts weekly office hours, and inquiries can be sent to MDI@cdc.gov.

CHAPTER 3, COMMISSION SUBCOMMITTEE 3: RECRUITMENT & RETENTION OF TRIBAL & BUREAU OF INDIAN AFFAIRS LAW ENFORCEMENT

Finding B: The impacts of untreated trauma, unresolved grief, [and] physical, mental and spiritual deterioration are devastating not only to the individual officer but to his family and his community. With programs that acknowledge these challenges and offer support and healing, each officer can regain resiliency and pride in their role as a protector of the community and as a valuable human being. Addressing the physical, mental and spiritual needs of BIA and Tribal Law Enforcement will lead to better retention of officers, as well as more stable, productive departments. Healthy officers, practicing self-care, can be models for their communities.

Recommendation B2: Federal agencies, including BIA, DOJ, IHS, and others must focus funding and expertise to create a Task Force or other entity mandated to 1) develop a model Holistic Health Program for BIA and Tribal law enforcement departments through collaboration with successful existing programs, Tribal spiritual leadership, Tribal behavioral health departments and with officers themselves; 2) disseminate this model with training and support for establishing a program that is appropriate culturally to each Tribal community that needs it; 3) Monitor and evaluate the success of each program, making adjustments as needed.

Elements of this model program can include:

- A peer support program where officers at all stages in their careers come together for mutual support and healing. With help from counselors, spiritual leaders, and fellow law enforcement, an officer in need can receive trauma support, grief counseling, and healing in an environment that is supportive and builds good

health and resiliency in officers.
- Education to understand and deal with stress, depression, and anger (your own and others).
- Development of cultural sensitivity and emotional intelligence, including the stages of cultural competency ending with proficiency.
- Resources for officers to use on their own, such as tool kits and online apps for officer wellbeing.
- Opportunities for honest conversation among participants about challenges and strategies for self-care.
- Mentoring where older help younger mature, develop good judgement, deal with stress.
- Sessions where officers share painful experiences, debrief incidents, in a supportive setting.

Response: IHS provides Trauma Informed Care training to all IHS employees including providers to ensure a trauma informed approach is used when providing health care to those who are affected by untreated trauma, unresolved grief, physical, mental, and spiritual deterioration.

IHS offers the web-based training that has been modified and adapted to address the unique experiences, including historical trauma, of AI/AN. Historical trauma is the cumulative psychological and emotional wounding across generations. Training includes various topics, such as:

- **Historical Trauma in AI/AN Communities**
  Focuses on rates of trauma among AI/AN people and the different types of traumas. Addresses impacts of trauma and historical trauma on communities, co-workers, and patients.
- **Evidence-Based Practices and Emerging Best Practices**
  Focuses on treating trauma and historical trauma, and the complex interaction between them. Various evidence-based practices are also discussed.
- **Trauma-Informed and Responsive Workforce**
  Focuses on exploring the impacts of trauma and historical trauma on employees' performance, coworker relationships, and well-being.

The IHS respects and values the work of law enforcement officers, as well as the collaborative, professional approaches made within every multidisciplinary team to fully assist individuals who have experienced violent crime (MDTs, also known as SARTs or CCRTs – Sexual Assault Response Teams or Coordinated Community Response Teams). Recognizing the importance of continued success of the response and maintaining a healthy mentality, it is imperative that all members engage in and practice self-care. Available to everyone, within the forensic healthcare guidebook titled *Forensic Health Care and Caring for American Indian and Alaska Native Patients*, there is detailed information about the MDT, vicarious trauma and burnout with preventative self-care action items, and lastly the resources highlight helpful professional wellness and vicarious trauma resources (e.g., Professional Quality of Life (ProQOL assessment, health measure, and self-care tools, and the Trauma Stewardship Institute).

Recommendation B4: Support legislation (as identified in HR 1292 BADGES Act for Native Communities Act, March 2023) calling for BIA and Tribal Law Enforcement Officer Counseling Resources Interdepartmental Coordination. Specifically, HHS and DOJ must coordinate with BIA to ensure federal training materials and culturally appropriate mental health and wellness programs are locally or regionally available to law enforcement officers working for BIA or Tribal Law Enforcement and who are experiencing occupational stress. The bill also calls for determination of eligibility of these officers to receive services under the Law Enforcement Assistance Program of Federal Occupational Health of HHS, or any other law enforcement assistance programs targeted to meet the needs of law enforcement officers working for federal or Tribal agencies.

Response: HHS is not in a position to support specific legislation. However, behavioral health and trauma-informed practices are priorities across HHS. Through the SOAR to Health and Wellness program, OTIP makes training and technical assistance available to communities across the country on identifying and responding to human trafficking in a person-centered, trauma-informed, and culturally and linguistically appropriate way. SOAR trainings equip professionals working with trafficking survivors to understand and cope with secondary or vicarious trauma.

CHAPTER 4, COMMISSION SUBCOMMITTEE 4: COORDINATING RESOURCES—CRIMINAL JURISDICTION, PROSECUTION, INFORMATION SHARING (TRIBAL-STATE-FEDERAL MMIP AND HT INVESTIGATIONS)

Finding B: Notwithstanding previous efforts to increase collaboration and coordination between Tribal, federal, and state investigatory entities, there still exists gaps in training, expertise, resources, and meaningful collaboration that impacts investigations and services to victims' families in the areas of violent crime against women, MMIP, and HT. Alaska Native communities suffer exponentially from a lack of basic infrastructure seen elsewhere throughout Tribal communities in varying degrees. These and other recommendations must be modified to address these uniquely vexing issues. Tribes must obtain wider access to state/federal search and rescue teams, crime scene investigators, forensic laboratories, and victim services professionals.

Recommendation B3: Recommendations made by the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States should be implemented, pursuant to the Strengthening Families and Preventing Sex Trafficking Act.

Response: OTIP the Office of Family Violence and Prevention Service (OFVPS), and ACYF support the recommendation and remain committed to protecting the safety and well-being of vulnerable children and youth. ACF recently published an information memorandum that provides an overview of federal statutes related to human trafficking among children and youth in the child welfare system and highlights resources to meet those requirements.

In 2021, OFVPS administered $198 million in American Rescue Plan (ARP) supplemental funding to support sexual assault services for adult, child, and youth survivors. These supplemental grant funds were awarded to states, territories, tribes, rape crisis centers, sexual assault programs, Tribal

programs, and culturally specific programs that provide crisis services, trauma-informed support services, and prevention programs for survivors of sexual assault. Specifically, tribes and tribal organizations received $39.6 million in ARP sexual assault supplemental funding that was awarded to 252 tribes. Performance Progress Report data submitted by states, territories, and tribal grant recipients for FY 2022 demonstrate that the ARP Grants to Support Survivors of Sexual Assault successfully expanded access and assistance for survivors of sexual assault including the following highlights: (1) ARP funding reached over one million people, with over half a million survivors receiving adult crisis intervention; (2) State and territory grant recipients provided funding to 841 subgrants to local rape crisis centers and sexual assault programs nationwide; and (3) The most frequent types of supported activities included prevention, support services, health services referrals, sexual assault services, and housing support.

Additionally, through its NHTTAC, OTIP launched an online training module on Responding to Human Trafficking Through the Child Welfare System and microlearnings on Safety Planning and Multidisciplinary Response for Child Welfare Professionals and Human Trafficking Screening for Child Welfare Professionals. OTIP is continuing to develop guidance in response to feedback from states and local organizations.

Furthermore, OFVPS acknowledges the unique needs of victims of HT, who can also be victims or survivors of domestic violence or dating violence and provide services that support their unique needs (45 CFR § 1370.10(d)). HT victims who are not also domestic or dating violence victims may be served in shelter and nonresidential programs provided by other funding mechanisms, such as funds from other federal programs, local programs, or private donors.

Finding F: We believe there is a dearth of knowledge in Tribal communities concerning the services and opportunities offered by [the Office of Violence Against Women] (OVW) and OVC. We recommend OVW and OVC provide new, updated guidance to Tribal prosecutors on the panoply of services offered by the agencies; the benefits of the Tribal Law and Order Act; statutes which directly impact the quality and diversity of services available to Native victims of crime; and funding allowance opportunities directed toward enhanced delivery of Tribal law enforcement and victim/witness services.

Recommendation F5: Violent Crime (VC) Multi-Disciplinary Teams (MDTs) should be created in Tribal communities with adequate funding for support and sustainability of these efforts. Modeled on the existing Child Sexual Assault MDTs running a few decades in some reservations, a VC MDT would focus exclusively on horrendous rates of violence against women and children. The MDT should bring together Tribal, federal, and where appropriate, state law enforcement officials and prosecutors, social services professionals, IHS, and other Tribal medical personnel, grassroots organizations focused on violence against women, victim/witness advocates, and others to concentrate attention on the disproportionate occurrence of violence in Tribal communities against women and children. The MDT should emphasize identifying crime victims not yet officially recognized due to lack of reporting or any other impediment; the gathering of intelligence and other useful material for the continued prosecution of pending investigations; the ongoing monitoring of victims in prosecutions in the litigative stage; the maintenance of open lines of communications with all members of the MDT in the midst of ongoing litigation; 103 the full,

unconditional support of victims and witnesses subpoenaed to testify in court; and the identification of cold, languishing cases.

Response: IHS is ready to participate in MDTs when appropriate and partner with law enforcement and victims' services providers and advocates. Further, IHS Forensic Nursing Consultation Program contract that was awarded to Texas A&M University Center of Excellence in Forensic Nursing provides culturally appropriate training, education, and technical assistance for healthcare providers, that includes a component of best practices as it relates to coordinating with the Multidisciplinary Teams/Sexual Assault Response Teams/Coordinated Community Response Teams (MDT/SART/CCRT). This training includes comprehensive engagement with the MDTs/SARTs/CCRTs and information on how to properly maintain a healthy, professional working relationship with their local MDTs/SARTs/CCRTs, that is inclusive of the healthcare providers, advocacy/behavioral health, law enforcement, child and adult protective services, prosecution, crime lab, etc. This contract provides Sexual Assault Examiner (SAE) training and continuing education/continuing medical education to acquire and/or maintain knowledge and skills related to aforementioned specialty area, which includes clinical skills and laboratory type training.

CHAPTER 5, COMMISSION SUBCOMMITTEE 5: VICTIM AND FAMILY RESOURCES AND SERVICES

Finding A: There has been a historical lack of services for AI/AN victims and families of MMIP and HT that are Native-led, culturally specific, and trauma-informed. Often there are barrier[s] to accessing the services that are available, such as distance, conditions for care, and racist or biased care environments. In extremely rural areas, such as Alaska and Montana, AI/AN victims and families of MMIP and HT face additional barriers to access due to the vast and remote territories to navigate and lack of basic infrastructure. Urban areas bear the burden of providing culturally-relevant resources to an extremely diverse population: 70% of AI/AN people live in urban areas. Further, the system actors with whom urban Indian organizations interact are less likely to have any training or competence in providing culturally relevant services.

This further exacerbates the trauma experienced within AI/AN communities. The needs of MMIP and HT survivors and their families are diverse and complex which means there must be access to multiple pathways of healing, services, and care. Additionally, immediate and extended families of persons who are missing/murdered/trafficked may need emotional, spiritual, [and] mental health support and advocacy following the victimization of a loved one.

Recommendation A1: To build holistic and wrap-around services, Tribal communities require federal funding that is noncompetitive, unrestricted, and flexible for emergency and ongoing supportive, wrap around services that MMIP and HT survivors and families need. Every federal agency funding MMIP and HT programming must adopt this model.

Response: HHS recognizes the importance of wrap around services and flexible funding in

supporting Tribes in self-determination. Working within the limits of the current statutory authority, some examples include funding within The Substance Abuse and Mental Health Services Administration (SAMHSA), OTIP, and OFVPS.

SAMHSA funds four Tribal only grant programs that aim to address mental, and substance use disorders and crisis response in Tribal communities. Although these services don't specifically address MMIP, they do help to build protective factors in communities.

Grants

- Tribal Behavioral Health (Native Connections) (https://www.samhsa.gov/grants/grant-announcements/sm-23-021)
- Tribal Opioid Response (https://www.samhsa.gov/grants/grant-announcements/ti-24-009)
- Support for 988 Tribal Response Cooperative Agreements (988 Tribal Response) (https://www.samhsa.gov/grants/grant-announcements/fg-23-005)
- Circles of Care (https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2023-circles-of-care-nofo.pdf

Additionally, in FY 2023, OTIP provided trainings to strengthen accessibility of OTIP funding to Tribal community organizations, including a webinar in June 2023 on applying for OTIP funding and a series of How-To Guides in January 2024 to set award recipients up for success.

Further, the Family Violence Prevention and Services Act (FVPSA) provides Native American Tribes, Alaska Native Villages, and Tribal organizations grants that are formula (non-competitive) grants. The purpose of these grants is to assist Tribes in efforts to increase public awareness about, and primary and secondary prevention of, family violence, domestic violence, and dating violence, and to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents.

Recommendation A2: Services should be provided through an integrated care model utilizing a public health and safety approach, and include Native-led, culturally specific practices and care. Baseline funding to implement, strengthen, and seek Tribal Technical Assistance to provide continuum of care models for survivors and families of MMIP and HT, such as First Nations Mental Wellness Continuum Framework, must be provided to Tribes, Indigenous-led Community Based Organizations (CBO), and urban Indian organizations.

Response: OTIP funds the Victims of Human Trafficking in Native Communities (VHT-NC) Demonstration Program to directly fund organizations that will build, expand, and sustain organizational and community capacity to deliver services to Native Americans who have experienced a severe form of human trafficking through the provision of direct services, assistance, and referrals. The grant program requires provision of comprehensive, culturally, and linguistically appropriate case management to Native Americans who have experienced sex and labor trafficking; increase identification of Native Americans who have experienced sex and labor trafficking through outreach; and public awareness activities for the local community and organizations that may encounter individuals who have experienced sex and labor trafficking. The VHT-NC Demonstration Program is informed by a whole family approach that focuses equally and intentionally on services and opportunities for clients and their immediate family members living within their households. OTIP is encouraging the establishment of community partnerships

and meaningful engagement of Native American individuals who have experienced trafficking.

Similarly, FVPSA Grants to Tribes (including Alaska Native Villages) and Tribal organizations are formula (non-competitive) and assist Tribes in efforts to increase public awareness about, and primary and secondary prevention of, family violence, domestic violence, and dating violence, and to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents. FVPSA funded Tribes and Tribal organizations receiving FVPSA funds are urged to coordinate activities and/or services with relevant responders, communities, and/or individuals that may enhance the program's provision of support and outreach to victims/survivors and their dependents. This allows for coordination and collaboration among victim services providers; community-based, culturally specific, and faith-based services providers; housing and homeless services providers; and Tribal, federal, state, and local public officials and agencies to provide more responsive and effective services to victims of family violence, domestic violence, and dating violence, and their families.

Recommendation A3: Services should be available to families and survivors as long as they are needed, provided on the basis of family/survivor disclosure and not on the basis of case investigation status, be made available both in-person and through tele-health options, and be culturally relevant. Assistance in accessing services (e.g., technology and transportation) must be included in this programming.

Response: For specific survivor support services, OTIP funds comprehensive, culturally appropriate, and linguistically appropriate case management that is available to survivors of a severe form of HT and their immediate family members as long as they are needed, provided on the basis of family/survivor disclosure and not on the basis of case investigation status. Award recipients must assist clients in accessing services, and both in-person and tele-health services are allowable expenses.

Additionally, OFVPS administers annual FVSPA grants to 252 Tribes (including Alaska Native Villages) and Tribal organizations are formula (non-competitive) grants. The purpose of these grants is to assist Tribes in efforts to increase public awareness about, and primary and secondary prevention of, family violence, domestic violence, and dating violence, and to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents. FVPSA funded services provided by Tribes and Tribal organizations are not based on case investigation status, can be provided in-person and through tele-health options, assistance to access services such as transportation, and include culturally relevant services for survivors.

IHS is also a critical service provider to survivors and has designed a Forensic Healthcare Funding Opportunity (FHFO) that was established to support building a community's capacity for forensic health care program development and expansion through training opportunities for healthcare providers. A total of $10 million dollars, over a five-year period, will be disbursed to 16 sites, and it will ensure services such as medical forensic services and related resources are available to individuals across the lifespan who are affected by violence, including assault, abuse, trafficking, etc.

Based on the first six months of progress reporting, a timeframe between March 2023 and October

1, 2023, more than 1600 hours of education was provided to over 180 healthcare individuals across I/T/U facilities and members of multidisciplinary teams, using these forensic healthcare funds.

The six total FHFO awards (16 sites) include:

1. Chinle Service Unit – R.I.S.E Program. Their goal is to expand the forensic healthcare program, hiring and training staff, offering education.
2. Billings Area (to serve seven federally operated IHS sites). Their goal is to use the FHFO funds to hire a Billings Area – Area Forensic Nurse Consultant. They are establishing programs and service ready units at seven locations within their Area.
3. Great Plains Area (to serve five federally operated IHS sites), with a goal to expand services with equipment purchases (including tele/e-SANE equipment), training, and education for providers.
4. Lawton Indian Hospital is establishing a brand-new forensic health care program and are establishing policy and procedures to see patients.
5. Northern Navajo Medical Center – Shiprock is expanding their services to include both domestic violence and sexual assault medical forensic healthcare.
6. Whiteriver Service Unit is expanding their services, hiring, and training additional staff, offering ongoing education that includes all victimization types.

As a result of this funding opportunity and identification of a lack of a service-friendly nationwide map, IHS has designed an interactive map that houses all active forensic healthcare related service sites. The map audience is targeted for patients who are seeking services, as well as for providers who need to locate the nearest facility for proper transfer of patient care. This map is housed on the "Find Healthcare" IHS webpage, including the direct link to the IHS forensic healthcare webpages.

IHS has also developed two medical forensic examination guidebooks, to enhance care delivery to AI/AN patients, families, and communities affected by violence by providing resources and support to forensic healthcare providers serving in I/T/U settings. The first guidebook titled *Forensic Health Care and Caring for American Indian and Alaska Native Patients* focuses on culturally centered care, trauma-informed care, prevention efforts, program readiness, development and operations, the medical forensic examination, validated/evidence-based safety screening tools for domestic violence/intimate partner violence, the coordinated community response which includes the multidisciplinary team, and list of resources for providers. The second guidebook highlights *American Indian and Alaska Native Patients & Medical Forensic Examination Considerations.* This guidebook includes medical forensic examination considerations based on best practices to care for AI/AN patients (topics include for example, patient care for LGBTQ2S+, elder abuse, child maltreatment, patients with disabilities, HT (including safety screening), MMIP, exam treatment options, strangulation, clinical photography, and more).

Recommendation A4: Financial support for families must be available for both searching costs and costs of replacing lost income. Searches are expensive, and families may devote all their available financial resources to flyers, billboards, and costs of living for children or others left

behind. This may leave other needs to be met including (but not limited to) food, medicine, transportation, housing (including, the original residence and housing where the search effort takes them), childcare, clothing, and household supplies. There must be financial and logistical resources available to family members including elders who raise children who are victims of MMIP and HT. Support required is more than standard foster care support and must meet other special needs for example (but not limited to) medical and dental care and behavioral health services.

Response: HHS is devoted to ensuring families have the healthcare, including mental and behavioral health, resources they need to ensure the well-being of children whose parents or guardians are victims of MMIP or HT. To support this, recipients of OTIP's victim assistance awards, including the VHT-NC Demonstration Program, are permitted to provide cash assistance as a necessary service, which may be used for searching costs and/or replacing lost income under certain circumstances. Additionally, HHS OFVPS provides grants to Tribes (including Alaska Native Villages) to support survivors of domestic violence, family violence, and dating violence at the intersection of HT and MMIP.

Finding B: There is an alarming deficiency in available transitional, long-term, and emergency housing and safe shelter/s for MMIP families and AI/AN HT survivor[s]. In order to access pathways to healing and growth, MMIP families and AI/AN trafficking survivors must first have access to safe, sustainable housing.
Recommendation B1: Increased dedicated funding for Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA) and other agencies that provide housing and residential treatment is required. A funding set aside must be created for the benefit of MMIP and HT families and victims to fund safe homes, residential treatment facilities, transitional shelter, and long-term housing programs specifically for AI/AN trafficking survivors, and emergency and long-term housing assistance for MMIP families (especially those impacted by taking custody of children of a missing or murdered parent).

- Funds need to be available for new construction, building improvements, operations, and maintenance of housing and shelters.
- Barriers to access housing and shelters such as disqualifying rules about substance use and criminal records should be eliminated.

Response: OTIP funds community-based organizations and state, Tribal, and local governments to provide comprehensive case management services and referrals, including housing assistance, to individuals who have experienced a severe form of human trafficking and their immediate family members.

Additionally, FVPSA Tribal formula grant funds are to prevent incidents of family violence, domestic violence, and dating violence, by providing immediate shelter and supportive services. These services may include paying for the operating and administrative expenses of the facilities for a shelter for adult and youth victims of family violence, domestic violence, or dating violence, and their dependents, and may be used to provide prevention services to prevent future incidents of family violence, domestic violence, and dating violence (42 U.S.C. § 10408(b)) as applied pursuant to (42 U.S.C. § 10409(e)).

Recommendation B2: The Commission supports the following recommendations in the National

Workgroup on Safe Housing for American Indian and Alaska Native Survivors of Gender-Based Violence: Lessons Learned:

- Fully fund Indian Housing Block Grants at least to the levels recommended in Department of Housing and Urban Development (HUD) Office of Native American Programs (ONAP) 2017 report in 2023 dollars.
- Fund research on ways that states, and territories creatively use and layer Victims of Crime Act funding to support housing stability for gender-based violence survivors.
- Support and fund T/TA efforts to educate service providers, Tribal governments, Tribal HUD authorities, and other stakeholders on domestic violence and other forms of gender-based violence. Increase Tribal FVPSA funding and statutorily include funding for the Alaska Native Women's Resource Center, StrongHearts Native Helpline, and for Tribal coalitions who provide lifesaving services to gender-based violence survivors in Tribal communities. These statutorily created organizations either do not have their own funding allocation or are completely shut out (in the instance of Tribal coalitions) from accessing lifesaving FVPSA dollars.

Response: HHS supports the White House's Plan to End Gender-Based Violence and is proud to fund the StrongHearts Native Helpline referenced in this recommendation. The StrongHearts Native Helpline is in operation 24-hours a day. This national, toll-free telephone, text, and online chat hotline provides information and assistance to adult and youth victims of family violence, domestic violence, or dating violence, family and household members of such victims, and persons affected by the victimization, including provision of same to support Tribal communities.

The Helpline provides peer support and advocacy, information and education about domestic violence and sexual assault, personalized safety planning, crisis intervention, referrals to Native-centered domestic violence and sexual violence service providers, support finding a local health facility trained in the care of sexual assault and forensic exams, general information about Tribal jurisdiction and legal advocacy resources.

Additionally, OFVPS has supported the Alaska Native Women's Resources Center (AKNWRC) since 2017 which serves as the national technical assistance provider to address the critical need to provide additional support to Alaska Native victims of domestic violence to address the barriers faced by victims, the children who witness such violence, responders, and their communities. AKNWRC is assisting in building the statewide capacity to engage Alaska Native communities and programs and to work collaboratively with community members, Tribal leaders, advocates, and other relevant response systems to develop policies and protocols and improve prevention and response skills.

AKNWRC supports the intervention and prevention of family violence, domestic violence and dating violence by offering statewide information, T/TA specifically designed to reduce Tribal disparities within Alaska Native communities and villages; and enhances the capacity of Alaska Native communities and Tribal organizations to respond to family violence, domestic violence and

dating violence.

OFVPS has included tribal coalitions as allowable subrecipients for the FVPSA American Rescue Plan supplemental funding which provide supports and services for survivors of sexual assault and for survivors from culturally specific communities. More information can be found online via the OFVPS website: The National Indigenous Women's Resource Center Awards $4.95 million in Grants for Culturally Specific Supports for Survivors of Domestic Violence and Sexual Assault | The Administration for Children and Families (hhs.gov) and AKNWRC Awards $4.5M in Grants Support Alaska Native Survivors and their Children | The Administration for Children and Families (hhs.gov). All of the OFVPS FVPSA ARP guidance is available online via the OFVPA ARP portal, ARP Grants Resources | The Administration for Children and Families (hhs.gov).

In 2022, OFVPS awarded a grant to following tribal coalition, the Minnesota Indian Women's Sexual Assault Coalition to serve as a Culturally Specific Sexual Assault Capacity Building Center providing training, technical assistance, resource development and specialized support for American Indian, Alaska Native sexual assault survivors. More information can be found online via the OFVPS website, Meet the new FVPSA Sexual Assault Technical Assistance Providers | The Administration for Children and Families (hhs.gov).

On September 30, 2022, OFVPS awarded $1 million dollars each year until 2025 to the first Formula Capacity Building Center Grant that support States, Tribes, and Coalitions in the national scope of technical assistance on programmatic and administrative functions to build the capacity of Family Violence Prevention Services Act grant recipients specifically regarding best practices in organizational management and infrastructure targeted to local domestic and dating violence programs. Two Tribal entities named the National Indigenous Women's Resource Center (NIWRC) and the Alliance of Tribal Coalitions to End Violence (ATCEV) working with the National Network to End Domestic Violence (NNEDV) were awarded together as a collaborative effort.

Furthermore, SAMHSA has joined its sister Operating Divisions in the HHS, along with other federal agencies, in implementing an interdepartmental approach to addressing and preventing gender-based violence (GBV). SAMHSA is also continuously engaged with external partners and stakeholders, including those with lived experience, to enhance the agency's work. For inquiries regarding SAMHSA's implementation of the GBV National Plan, please email genderbasedviolence@samhsa.hhs.gov

Recommendation B3: All federally funded programs serving MMIP families and AI/AN survivors of HT must seek and use community-based feedback and culturally relevant program evaluation to inform services. The information collected should be implemented within three years to make program improvements, and further evaluation should continue on a rolling basis.

Response: SAMHSA supports the Resiliency in Communities After Stress and Trauma (ReCAST) grant; the purpose of this program is to promote resilience, trauma-informed approaches, and equity in communities that have recently faced civil unrest, community violence, and/or collective trauma within the past 24 months; and assist high-risk youth and families through the implementation of evidence-based violence prevention, and community youth engagement

programs. SAMHSA expects ReCAST to be guided by a community-based coalition of residents, non-profit organizations, and other entities (e.g., health and human service providers, schools, institutions of higher education, faith-based organizations, businesses, state and local government, Tribes, Tribal Organizations, law enforcement, and employment, housing, and transportation services agencies).

Additionally, OTIP partnered with the Office of Planning, Research, and Evaluation (OPRE) to conduct a formative evaluation of the Demonstration Grants to Strengthen the Response to VHT-NC program. The formative evaluation explores project implementation through a participatory and culturally responsive approach. In response to preliminary findings from the evaluation highlighting the need for increased awareness and understanding of HT in Tribal communities, OTIP included public awareness as an allowable activity in the 2023 Notice of Funding Opportunity for the VHT-NC program. For more information on preliminary findings, review the VHT-NC Demonstration program: Interim Report.

Further, OTIP funded the Human Trafficking Leadership Academy (HTLA) which offers leadership development opportunities to survivor leaders and allied professionals. Class 5 of the HTLA, which was jointly funded by OTIP and the ANAHHS Administration for Native ANHHS Administration for Native A, developed considerations on culture as a protective factor for Indigenous youth. HHS organized this fellowship in collaboration with the Center for Native American Youth and Coro Northern California. Fellows were recruited nationally with diverse professional backgrounds, cultures, traditions, and expertise, including survivor leaders, and worked together to provide perspectives on how culture could serve as a protective factor in preventing trafficking among Native youth.

Recommendation B4: Funding to provide these services as well as conduct program evaluations of existing and future services must be provided in a non-competitive, permanent formula grant stewarded by HHS in coordination with BIA and available to Tribes and urban Indian organizations.

Response: HHS would look to Congress for the authority and funding to fully address this recommendation. However, in alignment with this recommendation, in FY 2023, OTIP provided trainings to strengthen accessibility of OTIP funding to Tribal community organizations, including a webinar in June 2023 on applying for OTIP funding and a series of How-To guides in January 2024 to set award recipients up for success.

Recommendation B5: The Centers for Medicare and Medicaid Services (CMS) must develop a new Current Procedural Terminology code for MMIP and HT service providers must be created and utilized in providing care, and a system for alert flags on patient EHRs (Electronic Health Records) must be created to allow for prioritization of services.

Response: The American Medical Association, rather than CMS, creates Current Procedural Terminology codes. However, CMS is in the process of developing level 2 codes for the Healthcare Common Procedure Coding System for MMIP and historical trauma. Resources on HT that could inform CMS efforts include guidance on use of ICD-10 codes for HT and Core Competencies for

Human Trafficking Response in Health Care and Behavioral Health Systems.

In regard to creating alert flags on patient EHRs, EHR developers, rather than CMS, would need to create the flags.

Finding D: Health services are needed for victims/survivors/families of MMIP and HT. There are few practitioners who have expertise in culturally appropriate and trauma-informed physical, mental and behavioral health treatment modalities.

Recommendation D1: HHS must expand federal programs to recruit, train (including tuition payments) individuals to provide physical, mental, and behavioral health services to Tribal communities, including urban Tribal populations, in exchange for serving a minimum of five years providing services to and within Indian country, using a similar model in which IHS utilizes to recruit clinicians to serve within IHS clinics (IHS Workforce Development programs; and NativeForward Bureau of Indian Education STEM career loan-for-service programs). We further ask Congress to appropriate sufficient funds to expand OVC's Developing Future Victim Specialists Program. Under this program, OVC makes grants to Tribal communities to develop a workforce of victim service providers to serve AI/AN victims of crime in isolated locations. By identifying and training prospective victim service professionals in, or from, the communities to be served, Tribal and BIA victim service programs will be better able to fill these positions in remote Indian country and Alaska Native locations, and in turn ensure that victims in these locations get the services they need.

Response: Expanding HHS programs to recruit, train, and provide tuition payment beyond what is currently authorized may require additional legislation. However, HHS is dedicated to advancing the healthcare workforce, and, in particular, recognizes the challenges to staffing medical and behavioral health professionals in Tribal communities. One example of a program designed to expand the healthcare workforce who serve tribes is IHS' Forensic Nursing Consultation Program. This program contract was awarded to Texas A&M University Center of Excellence in Forensic Nursing. Through this contract and related deliverables, they are offering *free* training, education, and technical assistance for I/T/U healthcare providers to become trained as Sexual Assault Nurse Examiners/Sexual Assault Examiners/Forensic Nurse Examiners (SANEs/SAEs/FNEs) and receive ongoing training and education to ensure confidence and competence in practice. Various membership organizations quote $600 per one learner per the Adult/Adolescent course and another $600 for the Pediatric course, this contract is offering the training, plus additional courses for *free*. Every training focuses heavily on best practices as it relates to trauma-informed, patient-centered care, and the training includes various webinar sessions and 9 hours of training that focuses on HT and MMIP. The forensic healthcare guidebook titled *American Indian and Alaska Native Patients & Medical Forensic Examination Considerations* focuses on medical forensic examination considerations based on best practices, and includes a variety of resources (for example, topics include: LGBTQ2S+, HT/MMIP, exam treatment options, strangulation, clinical photography, etc.).

Another example of HHS' work to address this recommendation is SAMHSA's Minority Fellowship Program (MFP), designed to reduce health disparities and improve health care

outcomes of racially and ethnically diverse populations by increasing the number of culturally competent behavioral health professionals available to underserved populations in the public and private nonprofit sectors. The MFP closely aligns with the Affordable Care Act by addressing the current and projected behavioral health workforce shortages and the need to train providers on recovery-based practices. Find more information on the Minority Fellowship Program here. MFP fellowships are open to people pursuing graduate degrees in various fields of behavioral health. Through eight national behavioral health organizations selected by SAMHSA to administer the program, some 400 MFP fellows are awarded educational scholarships and receive training each year under the program.

Finding E: There is a lack of coordination of services to MMIP and HT victims, survivors, and families at the local level. It is often community-based organizations and urban Indian organizations that have extensive experience providing services to MMIP and HT victims and their families, and their presence in the community is often the only thing ensuring that long-term services will be available in the aftermath of a MMIP and HT case.

Recommendation E1: Fully fund the creation, training, and sustainability of Healing and Response Teams (HRT) that will be available to all Indigenous-led CBOs, Tribes, and urban Indian organizations, including Alaska Native Village Statistical Areas and Tribes located in the State of Maine, and not limited by jurisdictional boundaries. HRT will provide victim-centered sources of support, advocacy, resource liaison, healing pathways, and systems navigation using an Indigenous integrated care model in MMIP and HT cases. Funding from DOI, DOJ, and/or HHS must be substantially increased to support CBOs and urban Indian organizations that provide healing, prevention, and responsive services to MMIP and HT victims and their families. Funding must be consistent across jurisdictions but flexible to meet diverse local needs (i.e., Montana and Alaska). Financial support for HRTs in Tribes should come from base funding from DOI, DOJ, and/or HHS. Urban Indian organizations should be supported through discretionary grant programs operated by DOI or DOJ. When Tribal Community Response Plans are fully funded, such funding should be expanded to support HRTs in Tribes.

Response: HHS notes that the DOJ's OVW has responded to this recommendation through a special solicitation: The Healing and Response Teams Special Initiative will support the creation, training, and sustainability of HRT using a Tribal-based model of care to respond to MMIP cases related to domestic violence, dating violence, sexual assault, stalking, and sex trafficking. Within the first nine (9) months of the project, in coordination with OVW, the recipient will identify, make subawards to, and collaborate with three subrecipients acting as pilot sites. The solicitation closed on June 27, 2024, and states that OVW anticipates notifying applicants of funding decisions by October 1, 2024.

Recommendation E2: All entities receiving funding to provide services to MMIP and HT survivors and their families should be permitted to provide cash assistance as a necessary service.

Response to Recommendations E2: OTIP victim assistance awards recipients, including the

VHT-NC Demonstration Program, are permitted to provide cash assistance as a necessary service.

Finding F: There is a lack of funding and resources to support MMIP and HT families to return familial remains or bury the bodies of their loved ones when they are recovered. There must be financial assistance for transportation of family members, transportation of remains and burial costs, carrying out funerary rites, and funerary expenses in MMIP and HT cases.

Recommendation F3: MMIP and HT service providers receiving federal funding for their services should be permitted to utilize funds to provide cash assistance to MMIP families for funerals and related expenses.

Response: Recipients of OTIP victim assistance awards, including the VHT-NC Demonstration Program, are permitted to provide cash assistance as a necessary service, which may be used for funerals and related expenses under certain circumstances. Cash assistance for FVSPA grant recipients is not statutorily authorized, and a legislative authorization would be needed to remove the prohibition on providing direct assistance to survivors as stated in section 408(d)1 of the FVPSA statute.

Finding G: There are opportunistic actors who take advantage of searching and/or grieving MMIP and HT families. There should be protection for families from predatory practices such as mediums, psychics, untrained advocates, fraudulent medicine people, private investigators, or anyone practicing or acting with malice.

Recommendation G2: Federal agencies, policy makers, and agencies receiving federal funding for MMIP and HT programs must use established best practices for protecting the confidentiality and agency of MMIP and HT families and never exploit the families' stories for gain (e.g., to raise funds without the family's permission).

Response: HHS takes survivor confidentiality seriously. OTIP requires all award applicants to provide OTIP with a description of how protected personally identifiable information and other information that is considered sensitive consistent with applicable federal, state, local and Tribal laws regarding privacy and obligations of confidentiality, will be collected and safeguarded. The applicant must provide the methods and/or systems that will be used to ensure that confidential and/or sensitive information is properly handled and, if applicable, address the process for subrecipient(s) and/or contractors. Applicants must also, provide a plan for the disposition of such information at the end of the project period. Additionally, OTIP has adopted specific practices to ensure that its communications deliverables are aligned with best practices for protecting the confidentiality and agency of the people being represented. OTIP also trains recipients and other partners on these practices. Further, HHS's 2024 Human Trafficking Prevention Month toolkit and supplemental webinar covered best practices in public awareness and outreach activities, including ethical storytelling.

Additionally, as a provider of comprehensive medical and behavioral health services, IHS protects personally identifiable information and other information that is considered sensitive consistent with applicable federal, state, local and Tribal laws regarding privacy and obligations of confidentiality and has established processes regarding the collection and safeguarding of

patient records. The IHS Indian Health Manual (IHM) serves as best practices, specific policy and procedural instructions to support professional services, Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), Privacy Rules, Privacy Acts, Records Management, etc. In addition to the IHM, the IHS has developed patient safety and privacy training for employees. As an example, the Information Systems Security Awareness (ISSA) training was developed in accordance with National Institute of Standards and Technology (NIST) guidelines on information technology security awareness and training. All employees are mandated to complete this training annually.

Finding J: In some areas, resources available through telephone hotlines are the most accessible (or only) resource for MMIP and HT victims and families.

Recommendation J1: HHS must make funding available for hotlines serving MMIP and HT victims and families to have crisis advocates and counselors available, so that they can provide more than referrals to callers.

Response: HHS acknowledges the importance of hotlines serving MMIP and HT victims and the need for families to have crisis advocates and counselors available. OTIP funds the National Human Trafficking Hotline, 1-888-373-7888 or text 233733, a 24/7, confidential, multilingual resource that provides information and service referrals for people at risk for, currently experiencing, or who have experienced HT. People can contact the Hotline through call, text, webchat, or email and receive immediate support through safety planning and connection with resources in their area, including case management, legal advocacy, health and mental health care, and assistance in locating and securing emergency or permanent housing. *See* National Human Trafficking Hotline.

Additionally, in July 2022, SAMHSA released the 988 three-digit dialing code to reach the 988 Suicide and Crisis lifeline. SAMHSA also funded the–Support for 988 Tribal Response awards. The purpose of these cooperative agreements is to provide resources to improve response to 988 contacts (including calls, chats, and texts) originating in Tribal communities and/or activated by American Indians/Alaska Natives. With this program, SAMHSA aims to: (1) ensure American Indians/Alaska Natives have access to culturally competent, trained 988 crisis center support through existing and/or new 988 Lifeline centers; (2) improve integration and support of 988 crisis centers, Tribes, and Tribal organizations to ensure there is navigation and follow-up care; and (3) facilitate collaborations with Tribal, state and territory health providers, Urban Indian Organizations, law enforcement, and other first responders in a manner which respects Tribal sovereignty.

Further, since 2017 OFVPS has supported a subgrant for StrongHearts Native Helpline each year. The StrongHearts Native Helpline is in operation 24-hours a day. This national, toll-free telephone, text, and online chat hotline provides information and assistance to adult and youth victims of family violence, domestic violence, or dating violence, family and household members of such victims, and persons affected by the victimization, including provision of same to support Tribal

communities.

On July 29, 2024, OFVPS published a forecasted discretionary grant opportunity with an estimated award amount of $2,998,125 for the Family Violence Prevention and Services (FVPSA) Discretionary Grant Program, National Indigenous Domestic Violence Hotline, to operate a national domestic violence hotline to provide information and assistance to American Indian and Alaska Native adult and youth victims of family violence, domestic violence, or dating violence; family and household members of such victims; and persons affected by the victimization. The purpose of FVPSA's National Indigenous Domestic Violence Hotline is to provide crisis intervention and support, help users and callers identify problems, priorities, and possible solutions and options, including making plans for safety and a plan of action. FVPSA's National Indigenous Domestic Violence Hotline will be staffed by advocates with a strong understanding of Indigenous cultures and jurisdictional issues in Indian Country impacting survivors' safety, maintain a comprehensive database of service providers with expertise in serving Indigenous communities, and provide nationwide referrals to domestic violence shelters, outreach programs, social service agencies, programs that address the needs of children exposed to domestic violence, legal assistance agencies, economic self-sufficiency programs, and other related service providers.

Finding K: Wellness and prevention of violence for Indigenous people centers on connection to land, language, and culture. The intentional and systematic disconnection of AI/AN peoples form their land and identity has hindered and removed access to Indigenous Social Determinants of Health. The results have been increased acts of violence, and decreased pathways to healing and development across the lifespan. By utilizing a public health and safety approach, and fully funding prevention programs that increase access to Indigenous Social Determinants of Health there will be increased wellness outcomes and preventions of future violence across AI/AN communities. There are also many Indigenous Social Determinants of Health that create a strength-based approach to protective factors that should be integrated into funding models.

Recommendation K1: Prevention efforts should address runaways facing risk of trafficking, violence, criminal justice system involvement. ACF should develop and disseminate culturally appropriate, trauma-informed prevention programming.

Response: OTIP funds grants to local education agencies to provide HT prevention education to students and school staff through its Human Trafficking Youth Prevention Education (HTYPE) Demonstration program. Additionally, the Look Beneath the Surface public awareness and outreach campaign includes materials designed to reach runaway and homeless youth. OTIP is currently collaborating with other offices across ACF to host a series of listening sessions on children who have gone missing to inform programming.

Additionally, ACYF's Family Youth Services Bureau (FYSB) frequently serve individuals who are at high risk for human trafficking or have experienced trafficking. FYSB's anti-trafficking work integrates human trafficking prevention and intervention into FYSB's program frameworks by using a public health, trauma-informed, survivor-centered, and positive youth development

approach. FYSB's anti-trafficking efforts integrate the Bureau's priorities to ensure its anti-trafficking work is always connected to the broader efforts of advancing equity and justice nationwide. These key FYSB priorities include racial, gender, and LGBTQ2S+ equity and equality; partnerships and collaboration; and the inclusion of individuals with lived experience.

FYSB also provides funds to Tribal communities to create their own culturally specific, appropriate, and trauma informed prevention, and supplies T/TA to support Tribes' development of their prevention programming. Examples include Tribal Personal Responsibility Education Program (Tribal PREP); Tribal PREP projects promote proven and culturally appropriate methods for reducing adolescent pregnancy, delaying sexual activity among youths and increasing abstinence and contraceptive education among sexually active youth in native communities and promoting positive youth development including avoiding risky behaviors. Programs must educate young people in at least three of the six congressionally mandated subject areas below:

- Healthy relationships, including marriage and family interactions.
- Financial literacy.
- Parent-child communication.
- Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.
- Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity.
- Healthy life skills, such as goal setting, decision making, negotiation, communication and interpersonal skills, and stress management.

Recommendation K2: Subcommittee 5 echoes Subcommittee 2's call to establish culturally specific, trauma informed, integrated care prevention programs for youth who have been exposed to violence. Congress must fully fund Section 3209 of the Indian Child Protection and Family Violence Prevention Act, which gives DOI and HHS jurisdiction to start Indian Family Justice Centers for every region. Furthermore, Congress should direct the DOI and HHS to start the Memorandum of Understanding process.

Response: HHS is ready to work with DOI to implement the Indian Child Protection and Family Violence Prevention Act as soon as Congress makes funding available. Currently, in alignment with this recommendation, HHS supports relevant youth programs. One such program is SAMHSA's Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance program This program provides resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with serious emotional disturbances, and their families. This program supports the implementation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI). With this program, SAMHSA aims to prepare children and youth with or at risk of serious emotional disturbances for successful transition to adulthood and assumption of adult roles and responsibilities.

Recommendation K3: Programming and services shall be community specific, but incorporate culturally appropriate, trauma informed integrated care models. Congress shall direct the HHS OFVPS to create sustainable funding streams for intimate partner violence and HT, as well as MMIP and HT prevention and response programs that allow for language and cultural programming that integrates intergenerational health and healing through traditional ceremonial practices.

Response: FVPSA funded programs incorporate culturally appropriate and trauma informed care model, including the provision of culturally and linguistically appropriate services (42 U.S.C. § 10408(b)(1)(E)). All FVPSA grant recipients are expected to implement evidence-based, evidence-informed, and/or promising strategies that regularly engage input and feedback from people with lived experience who are survivors of family violence, domestic violence, dating violence, and sexual assault, and their children into their needs assessments. FVPSA grant recipients will ensure that these activities are meaningful, trauma-informed, and grounded in the lived experiences of survivors and their children.

Recommendation K4: In order to address vulnerabilities of AI/AN children, parents, caregivers, and those at risk of experiencing HT, we request Congress to reinforce the commitment of and provide funding for the Office of Early Childhood Development (OECD) and OTIP to collaborate and align efforts to: 1) Prioritize early childhood development and ensure that anti-trafficking education and messaging is integrated into early childhood development service delivery in states, territories, Tribes, counties, and local communities; and 2) Support anti-trafficking efforts and prevention within Early Childhood Development programs and early learning service delivery systems.

Response: The health and safety of young children is paramount for HHS. While OTIP funds human trafficking prevention education for K-12 through the HTYPE Demonstration program, the office does not yet fund age-appropriate content for Early Childhood Development programs due to funding limitations. However, OECD and OTIP have strong partnerships, and OECD does have funding and authority to provide robust child safety technical assistance across early childhood program types. Additionally, the Office of Head Start within OECD directly monitors child health and safety in Early Head Start and Head Start programs nationwide, including appropriate child release procedures, mandated reporter requirements for all staff, and incident reporting and response.

Recommendation K7: Under Family First Prevention Services Act, Congress must authorize federal financial participation for culturally grounded programs and models, rather than solely evidenced-based programs and models, administered by Tribes with Tribal-state Title IV-B or Title IV-E agreements.

Response: On July 30, 2024, ACF issued new policy guidance through the Child Welfare Policy Manual (CWPM) responsive to this recommendation. The new policy provides more flexibility to Tribal governments to use prevention services adapted to the culture and context of tribal communities when they have Title IV-E agreements with state child welfare agencies (see: CWPM 8.6 Q/As #1 and #2). Previously, only Tribes directly operating the Title IV-E Prevention Services Program were able to receive federal funding to implement cultural programs not yet rated by the Prevention Services Clearinghouse. Now this flexibility is also available to Tribes participating in the Title IV-E Prevention Services Program through a state-Tribe agreement.

Additionally, OPRE issued an undated Prevention Clearinghouse Handbook that is intended to foster opportunities to consider prevention efforts grounded in diverse cultural contexts. (Handbook of Standards and Procedures, Version 2.0 | Title IV-E Prevention Services Clearinghouse (hhs.gov))

Finding L: Survivors of trafficking have experienced trauma that is compounded when system actors and victim service providers are not knowledgeable about how to support them and there are systematic barriers on their pathway to healing and justice.

Recommendation L1: All federal programs addressing MMIP and HT must require grantees and program beneficiaries to create policies to decriminalize persons coerced or forced into criminal acts by their traffickers.

Response: OTIP has implemented this recommendation by requiring recipients of its victim assistance awards to develop a service delivery protocol that reflects considerations specific to individuals with a criminal record directly resulting from their trafficking experience, such as the additional barriers they face to accessing housing. Moreover, all personnel and subrecipient staff who interact with individuals who have experienced HT must complete at least 10 hours of training in connection with HT each budget period, including training on the relationship between HT and forced criminality. Finally, recipients must conduct comprehensive case management services that include helping clients navigate systems of care, direct services, and/or community referrals for expungement or vacatur of criminal records related to an individual's HT experience.

Recommendation L2: All federal programs addressing MMIP and HT must offer resources and T/TA to expunge records for criminalized victims.

Response: OTIP requires all personnel and subrecipient staff of award recipients who interact with individuals who have experienced human trafficking must complete at least 10 hours of training in connection with HT each budget period, including training on the relationship between HT and forced criminality.

Additionally, recipients must conduct comprehensive case management services that include helping clients navigate systems of care, direct services, and/or community referrals for expungement or vacatur of criminal records related to an individual's HT experience. OTIP is developing policy guidance to clarify for award recipients that legal assistance for criminal record relief is an allowable expense.

Finally, OTIP has authorized its award recipients and subrecipients to help individuals petition consumer reporting agencies to block adverse credit information resulting from their trafficking experience.

Finding M: Children and youth in foster care, child welfare, and juvenile justice systems face increased risk for being trafficked.

Recommendation M3: HHS must leverage formula and discretionary funding for child welfare systems to encourage those systems to require special support for foster homes that house children and youth who have been trafficked to address risk of future harm.

Response: HHS acknowledges how critical stability for young survivors. Current law does exempt programs providing high-quality residential care and supportive services to children and youth who are victims or at risk for becoming victims of sex trafficking from otherwise applicable time limits on claiming reimbursement for congregate care. However, it is not a statutory mandate for child welfare systems. There is currently no other special funding relating to this type of placement. Congressional action and additional funding are needed for HHS to implement this recommendation as a requirement.

Recommendation M4: HHS must leverage formula and discretionary funding for child welfare systems to encourage those systems to remove restrictions on social workers disseminating materials on missing and runaway foster children.

Response: HHS acknowledges the need for formula and discretionary funding for child welfare systems as noted in response to M3. HHS also acknowledges a need for social workers to have the flexibility to disseminate materials on missing and runaway children, which is currently restricted in law related to child welfare involvement. Any changes in confidentiality requirements may require a legislative change.

Recommendation M5: HHS must leverage formula and discretionary funding for child welfare systems to encourage those systems to develop specialty wraparound services for repeat runaway/missing children and youth.

Response: HHS acknowledges the need for wraparound services for this population of youth. While, congressional action and funding would be needed to require funds be used for a specific service, Title IV-E agencies are required to demonstrate to the Children's Bureau that they have policies and procedures in place for identifying, documenting, and determining services for children under state child welfare supervision at risk for, or who have experienced, human trafficking, and for determining a child's experiences while missing from care.

In December of 2022, ACF issued a joint Information Memorandum (IM) from the ACYF and OTIP to elevate resources available to assist states in meeting these legal requirements intended to protect children and youth in the child welfare system. The IM provides an overview of federal statutes related to children missing from care and highlights resources to meet those requirements, including guidance, best practices, recommendations, training, and technical assistance.

ACYF and OTIP also co-developed two microlearnings for frontline child welfare professionals to strengthen screening, multi-disciplinary service provision, and safety planning and a toolkit for child welfare agencies is currently in development. The Children's Bureau and OTIP also work closely together on information sharing and providing training and technical assistance to assist title IV-E agencies in meeting federal requirements and to share information related to best practices.

Recommendation M6: DOJ, HHS, and DOI must develop policy and technical assistance for state and Tribal courts interested in developing alternative court programs for runaway Tribal

youth. This could include providing grant funding for states and Tribes, as well as Tribal code review and updates to develop a legal framework to address status offenses committed by Tribal youth.

Response: In September 2023, the White House Council on Native American Affairs (WHCNAA), DOJ, BIA Office of Justice Services Tribal Justice Support, ANA, and the U.S. Department of Agriculture (USDA) sponsored the Path to Healing Wellness Conference, which was hosted by the Penobscot Nation and Passamaquoddy Tribe in collaboration with the five Tribes of Maine.

Tribal Healing to Wellness Courts bring together community-healing resources with the Tribal justice process using a team approach to achieve the physical and spiritual healing of the participant and the wellbeing of the community.

ACF supports Wellness Courts through the Tribal Court Improvement Project grants and the ANA's Social and Economic Development Strategies grants. For example, ANA is currently funding a three-year project (2023-2025) with the Southern California Indian Law and Justice Center (SCILJC). SCILJC will assist their Tribal partners within the spectrum of Tribal Governance and Juvenile justice by creating a model juvenile code for diversion to address juvenile challenges while promoting wellness within the participating Tribes. The communities served by the SCILJC experience higher rates of poverty, which has been shown to influence poor performance at schools, lower standardized testing, higher rates of dropouts, and have higher rates of crime. The project will develop a model youth code that will assist Tribes in creating their own Children's Code(s). Forty-eight youth in the 9th-12th grade will receive Law Related Education and Tribal Governance Training. This project promotes and protects the health and well-being of AI/AN and families by creating and improving social and economic opportunities for Native youth and families through targeted legal education and development programs.

Finding N: Surviving children and siblings in MMIP and HT families experience significant trauma which puts them at risk for negative outcomes.

Recommendation N1: HHS must provide funding for mentoring programs for surviving children and siblings of MMIP and HT to address their ongoing need for support from persons who know their communities and understand the trauma experienced by these children.

Response: HHS acknowledges the need for culturally specific mental and behavioral health services for family members of MMIP and HT victims. OTIP funds direct service providers to provide comprehensive case management services and referrals to individuals who have experienced a severe form of HT and their immediate family members. Mentoring programs are an allowable expense in some circumstances.

An additional example of programs and projects promoting this priority in Tribal communities is Project AWARE | SAMHSA Cooperative Agreements for School-Based Trauma-Informed Support Services (TISS) and Mental Health Care for Children and Youth. The purpose of the

Project AWARE (Advancing Wellness and Resiliency in Education) program is to develop a sustainable infrastructure for school-based mental health programs and services. AWARE grantees build collaborative partnerships with the State Education Agency (SEA), Local Education Agency (LEA), Tribal Education Agency (TEA), the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth.

Grantees leverage partnerships to implement mental health-related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services. With this program, SAMHSA aims to promote the healthy social and emotional development of school-aged youth and prevent youth violence in school settings.

Finding O: Persons providing services (including both victim services and T/TA) do not always have the training and expertise to provide appropriate services in Tribal communities.

Recommendation O1: DOI, HHS, HUD, and DOJ and any other applicable agency must ensure employees and contractors are properly trained and equipped and have appropriate supervision to effectively work with MMIP and HT victims, survivors, and families. Those agencies, including DOI, HHS, HUD, and DOJ must create effective methods of oversight through their performance management systems for employees and contractors interacting with MMIP and HT victims, survivors, and families, and hold those actors accountable for successfully performing doing their jobs. Employees that perform at unacceptable levels as defined by their performance management systems must be removed, and not transferred to other assignments.

Response: All HHS OTIP personnel receive training and appropriate supervision to effectively work with HT victims, survivors, and families. OTIP's NHTTAC requires staff to complete SOAR Online modules. NHTTAC also has in-house crisis response protocols and ethics training. All NHTTAC researchers are required to have active certificates in ethics and data protection. For OTIP's public awareness and outreach campaign contract, OTIP provided training on principles of inclusive health communications, including working with victims, survivors, and families. All work on this contract was closely monitored and immediate feedback provided.

Additionally, FVPSA-funded programs are strongly encouraged to safely screen for and identify victims of HT, who are also victims or survivors of domestic violence or dating violence and provide services that support their unique needs (45 CFR § 1370.10(d)). Annually, OFVPS coordinates training and technical assistance provided by FVPSA funded national, special issue, and culturally specific resource centers who provide training trauma-informed services, culturally appropriate screening and assessment to respond to the needs of survivors of domestic violence, dating violence, sexual assault, and trafficking. For example, the FVPSA funded National Health Resource Center on Domestic Violence supports an online curriculum for advocates, service providers, and health care providers on screening and addressing intimate partner violence and HT in health settings, **https://ipvhealthpartners.org/**.

Further, FVPSA grant recipient the National Resource Center on Domestic Violence developed and maintains the Runaway and Homeless Youth and Relationship Violence Toolkit which provides training, tools, and resources for youth service providers, homeless service providers, domestic violence programs, and trafficking providers, **https://www.nrcdv.org/rhydvtoolkit/**. Additionally, the FVPSA funded National Center on Domestic Violence, Trauma, and Mental Health developed an integrated approach to creating accessible, culturally responsive, and trauma informed (ACRTI) domestic and sexual violence (DSV) services and organizations. This healing-centered approach draws on myriad perspectives: the voices and experiences of survivors, advocates, and clinicians; the insights of social and political movements; and qualitative and quantitative research on the needs of survivors and the programs that serve them. Annually, NCDVTMH offers trauma-informed training and technical assistance to FVPSA grant recipients. Additional information can be found online via the NCDVTMH website, **https://ncdvtmh.org/our-work/acrti/**. Lastly, FVPSA grant recipient, NRCDV developed an online special collection training and educational resource for service providers on best practices for addressing domestic violence, sexual assault, and human trafficking, **https://vawnet.org/sc/human-trafficking-domestic-violence-and-sexual-assault**.

Recommendation O3: All federal agencies and state and Tribal governments must require annual Implicit Bias training for staff and contractors who work with MMIP and HT victims, survivors, and families.

Response: As HHS' lead on supporting HT survivors and families, OTIP's SOAR to Health and Wellness program includes training on implicit bias.

Finding Q: Recruitment and retention of MMIP and HT advocates, victim navigators and other direct service providers is low due to high burnout rates. Systems and community-based care/service providers who work on MMIP and HT cases experience burnout, compassion fatigue, and experience vicarious trauma.

Recommendation Q2: DOI, DOJ, HUD, and HHS (or any federal agency providing MMIP and HT programming) must provide appropriate, standards-based training, support, and clinical supervision for MMIP and HT service providers whose salaries are paid through federal funds (i.e., grant funding, contract funding, direct funding, or other funding).

Response: Recipients of OTIP victim service awards require training on HT for any personnel, including, if applicable, subrecipient staff who interact with individuals who have experienced HT. With the approval of the Federal Project Officer, grant funds may be used to support training when training is unavailable locally or when there is a cost for training participation (e.g., contracting trainers, registration, travel, continuing education units, etc.). Priority should be given to grant-funded staff who have mandated continuing education requirements related to licensure for their anti-trafficking efforts. All personnel and, if applicable, subrecipient staff who interact with individuals who have experienced HT must complete at least 10 hours of training in connection with HT each budget period.

Prime recipients may also receive ongoing, tailored T/TA through NHTTAC with the goal of

promoting capacity building through their period of performance. This technical assistance is available across a variety of formats, including coaching/mentoring, conference calls, webinars, and training. Topics will be determined in consultation with prime recipients and may include, but are not limited to, effective strategies around survivor engagement; housing; diversity, equity, inclusion, and accessibility; direct outreach by population; subrecipient monitoring and evaluation; sustainability and succession planning; and collaboration.

Finding T: All government personnel who interact with MMIP and HT victims and families should prioritize educating people about their rights.

Recommendation T1: Law enforcement, victim services personnel, and others who interact with victims and their immediate and extended families should be trained to provide information to victims about these rights. MMIP and HT survivors and their surviving family members may have guaranteed federal rights.

Response: HHS values the importance of survivors' and families knowing and understanding their rights as they work to heal and move forward. Recipients of OTIP victim assistance awards must conduct comprehensive case management services that include helping clients navigate systems of care, direct services, and/or community referrals for advocacy and information about crime victims' rights and services.

The formula FVPSA grants are awarded to states, territories, and tribes to provide shelter, supportive services and hotlines for survivors and their dependents. Supportive services can include trauma informed case management, safety planning, legal advocacy, and social services navigation assistance. Some examples of individual legal advocacy are FVPSA funded programs staffing advocates to support with accessing legal services to low-income attorneys and or pro-bono local legal programs; support navigation of the criminal and civil legal processes for survivors and their families, such as protective and restraining orders, options and limitations of legal concerns including options that don't involve law enforcement or courts, family law concerns such as custody and visitation, child support issues, prosecutorial processes with their abusers, providing learning moments in civil and legal systems such as administrative processes, working with survivors in providing time and space to decide options and other legalities that survivors and their families are facing. In addition, OFVPS administers FVPSA funding for national, special issue and culturally specific resource centers who provide training and technical assistance in the trauma-informed and culturally specific approaches for supporting survivors and their children reaching out for services and supports. Additionally, OFVPS funds state coalitions who provide training for service providers on FVPSA statute protections and requirements for services including rights to confidentiality and voluntary participation in any FVPSA funded service.

CHAPTER 6, COMMISSION SUBCOMMITTEE 6: OTHER NECESSARY LEGISLATIVE & ADMINISTRATIVE CHANGES

Other Legislative and Administrative Recommendations

The Subcommittee discussed several other recommendations that require legislative action but

they do not fit neatly into the categories above. These are important and are included below.

Recommendation K13: HHS must restore the ICWA-related 2016 Adoption and Foster Care Analysis and Reporting System (AFCARS) data elements.

Response: On February 23, 2024, ACF published a Notice of Proposed Rulemaking (NPRM) to amend the AFCARS regulations to require state Title IV-E agencies to collect and report data elements related to the procedural protections of the ICWA. The NPRM proposes to require state Title IV-E agencies to collect and report additional information on:

a. Whether the state inquired with certain individuals as to whether the child is an Indian child as defined in ICWA and when the agency first discovered information indicating that the child is or may be an Indian child as defined in ICWA.
b. Information on whether a court determined that ICWA applies for the child, and whether the court decision included testimony of one or more qualified expert witnesses was included for voluntary and involuntary terminations of parental rights, and removals.
c. Whether the child's parent or Indian custodian was sent notice in accordance with ICWA.
d. Information on requests to transfer cases to Tribal court.
e. Information on meeting the placement preferences under ICWA.
f. Whether the court determined that the state Title IV-E agency made active efforts to prevent the breakup of the Indian family.

Recommendation K19: In state child and family services plans (Title IV-B), the Administration must require states to report disproportionate entries into foster and use the analysis to demonstrate how the states are addressing racial equity and cultural needs in community-based service selection, array, and contracting.

Response: HHS currently requires states to report according with this recommendation annual data reporting (AFCARS) and through the Child and Family Services Reviews (CFSR).

Appendix A: Acronym List

ACF	Administration for Children and Families
ACL	Administration for Community Living
ACYF	Administration on Children, Youth, and Families
AFCARS	Adoption and Foster Care Analysis and Reporting System
AI/AN	American Indian/Alaska Native
AHRQ	Agency for Healthcare Research and Quality
ANA	Administration for Native Americans
BIA	Bureau of Indian Affairs
BJS	Bureau of Justice Statistics
CB	Children's Bureau
CBO	Community Based Organizations
CDC	Centers for Disease Control and Prevention
CLAS	Culturally and Linguistically Appropriate Services
CMHI	Children's Mental Health Initiative
CMS	Center for Medicare & Medicaid Services
DOI	Department of the Interior
DOJ	Department of Justice
BJEO	Executive Order
FHFO	Forensic Healthcare Funding Opportunity
FNE	Forensic Nurse Examiner
FVPSA	Family Violence Prevention and Services Act
FYBS	Family and Youth Services Bureau
GBV	Gender Based Violence
GGB	Grants Governance Board
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
HRT	Healing and Response Teams
HT	Human Trafficking
HUD	Department of Housing and Urban Development
I/T/U	IHS, Tribal, and Urban Indian Organization
ICNAA	Intradepartmental Council on Native American Affairs
ICWA	Indian Child Welfare Act
ID	Identity Document
IEA	Office of Intergovernmental and External Affairs, Tribal Affairs
IHS	Indian Health Service
LE	Law Enforcement
LEA	Local Education Agency
ME/C	Medical Examiner/ Coroners
MMIP	Missing and Murdered Indigenous People
NAAAC	Native American Affairs Advisory Council
NAHASDA	Native American Housing Assistance and Self Determination Act
NamUS	National Missing & Unidentified Persons System
NBS	National Baseline Study
NCHS	National Center for Health Statistics

NCIC	National Crime Information Center
NCIC-MPF	National Crime Information Center's Missing Person File
NCIPC	National Center for Injury Prevention and Control
NCMEC	National Center for Missing and Exploited Children
NCVS	National Crime Victimization Survey
NFDA	National Funeral Directors Association
NH	Native Hawaiian
NHTTAC	National Human Trafficking Training and Technical Assistance Center
NIAC	Not Invisible Act Commission
NIJ	National Institute of Justice
NISVS	National Intimate Partner and Sexual Violence Survey
NOFO	Notice of Funding Opportunity
NPRM	Notice of Proposed Rulemaking
NVDRS	National Violent Death Reporting System
NVSS	National Vital Statistics System
OECD	Office of Early Childhood Development
OFVPS	Office of Family Violence Prevention Services
OIG	Office of Inspector General
OMB	Office of Management and Budget
ONAP	Office of Native American Programs
OPRE	Office of Planning, Research, and Evaluation
OTIP	Office on Trafficking in Persons
OVC	Office for Victims of Crime
OVW	Office on Violence Against Women
PI	Pacific Islander
Project AWARE	Advancing Wellness and Resiliency in Education
SAE	Sexual Assault Examiner
SAMHSA	Substance Abuse and Mental Health Services Administration
SANE	Sexual Assault Nurse Examiner
SEA	State Education Agency
SED	Serious Emotional Disturbance
SMHA	State Mental Health Agency
SOAR	Stop Observe Ask Respond
SOC	System of Care
STAC	Secretary's Tribal Advisory Committee
T/TA	Training and Technical Assistance
TAC	Tribal Advisory Committee
TCRP	Tribal Community Response Plan
TEA	Tribal Education Agency
TISS	Trauma Informed Support Services
Tribal PREP	Tribal Personal Responsibility Education Program
UIO	Urban Indian Organization
USDA	U.S. Department of Agriculture
VAWA	Violence Against Women Act

VHT-NC	Victims of Human Trafficking in Native Communities
WHCNAA	White House Council on Native American Affairs
WIAQARS	Web-based Injury Statistics Query and Reporting System
LGBTQ2S+	Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Two-Spirit, and the plus reflects the countless affirmative ways in which people choose to self-identify

Appendix B: Resource List

HHS ACF MMNA: A Public Health Framework for Action

In 2020, ACF developed the *Missing and Murdered Native Americans: A Public Health Framework for Action* (MMIP Framework) in collaboration with the ACF Tribal Advisory Committee (TAC). The goals of the MMIP Framework focus on prevention and recovery:

- Incorporate culture, language, and traditional practices to build social and physical resiliency.
- Promote economic well-being through workforce development, education, and skills-building to increase earnings and success in school, work, and life.
- Elevate *prevention* as a *primary focus for human services* and proactively connect families to services before they are in crisis and preventing all forms of violence while promoting health and positive development.

HHS ACF MMIP Action Plan (2023)

Over the course of two years, 2022-2023, ACF's TAC identified several new ways to activate this plan. ACF adopted many of these recommendations into its Strategic Plan and Priorities and funded the hiring of an MMIP subject matter expert to serve as a senior advisor to the Commissioner of the Administration for Native Americans and assist with ACF MMIP related activities.

In October 2023, ACF released an updated MMIP Action Plan entitled, *Culture is Prevention: A Strength Based, Culturally Grounded Journey Toward Prevention, Intervention, and Healing*. ACF recognizes that enduring change must be grounded in culture and self-governance. The MMIP Action Plan blends cultural values with the four public health pillars of ACF programs and services to Native people and communities: prevention, intervention, healing, and response.

The updated ACF MMIP Action Plan both responds to Executive Order 14053 (2021) on Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing or Murdered Indigenous People (MMIP) and further aligns with Executive Order 14112 (2023) on Reforming Federal Funding and Supporting Tribal Nations To Better Embrace Our Trust Responsibilities and Promote the Next Era of Self Determination, which seeks to meaningfully reform federal funding to reduce administrative burdens and bureaucratic process and reduce complex application and reporting requirements. Specifically, the ACF MMIP Action Plan advances the whole of government commitment to addressing the MMIP crisis and sets out a multipronged approach to advance ACF's work in preventing violence to Native people and promoting healing from historical trauma. Importantly, the plan adopts responsive administrative processes such as equity, self-governance, and Indigenous knowledge, and identifies ways to leverage ACF's grant funding, community engagement, and rulemaking authority.

Homicide Publications using NVDRS data:

Petrosky, E. Mercer Kollar, L.M., Kearns, M.G., Smith, S.G., Betz, C.J., Fowler, K.A., Satter,

D.E. (2021). Homicides of American Indians/Alaska Natives – National Violent Death Reporting System, United States, 2003-2018. MMWR Surveillance Summary, 70(No. SS-8). DOI: 10.15585/mmwr.ss7008a1. https://www.cdc.gov/mmwr/volumes/70/ss/ss7008a1.htm?s_cid=ss7008a1_w

Petrosky E, Blair JM, Betz CJ, Fowler KA, Jack SP, Lyons BH. Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014. MMWR Morb Mortal Wkly Rep 2017;66:741–746. DOI: http://dx.doi.org/10.15585/mmwr.mm6628a1External

Liu GS, Nguyen BL, Lyons BH, et al. Surveillance for Violent Deaths—National Violent Death Reporting System, 48 States, the District of Columbia, Puerto Rico, 2020. MMWR SurveillSummar 2023;72(No. SS-5):1-38. DOI: https://dx.doi.org/10.15585/mmwr.ss7205a1

Publications related to Missing or Murdered Indigenous People

Satter, D.E., Mercer Kollar, L.M., Antone, C.L., Arambula Solomon, T.G., Carr, E., Connolly, M., Cordova-Marks, F., English, K., Flores, M., Jr., Gonzales, P., Holiday, T.R., Jacobs, B., Kahn-John, M., Moreland, A., New Breast, T., Ponce, N.A., Smith, S.G., Stately, A., Weahkee, R., Weber, S.B., O'Gara, D. (March 2021). American Indian and Alaska Native Knowledge and Public Health for the Primary Prevention of Missing or Murdered Indigenous Persons. Department of Justice Journal of Federal Law and Practice, 69(2), 149-188. https://www.justice.gov/usao/page/file/1383296/download or PMCID: https://pubmed.ncbi.nlm.nih.gov/34734212/

Rollman, J.E., Thomas, M., Mercer Kollar, L.M. et al. American Indian and Alaska Native violence prevention efforts: a systematic review, 1980 to 2018. Inj. Epidemiol. 8 (Suppl 2), 72 (2021). https://doi.org/10.1186/s40621-024-00488-3

Publications related to Improving Data Quality using Analytic Techniques to Address Racial Misclassification

Jones, S.E., & Satter, D.E. (2022). Implications for Coding Race and Ethnicity for American Indian and Alaska Native High School Students in a National Survey. Journal of Health Care for the Poor and Underserved 33(3), 1245-1257. https://doi.org/10.1353/hpu.2022.0110.
Resources

CDC Violence Prevention Factsheet

CDC works to prevent violence against AI/AN people, as highlighted in this factsheet: https://www.cdc.gov/injury-tribal/media/pdfs/Violence-Against-Native-Peoples-Fact-Sheet.pdf Development studies include: (1) a descriptive study on Hispanic/Latino homicides in the United States with an emphasis on intimate partner-related homicides; (2) an examination of associations between strength-based indicators and other indicators, including violence experiences, among AI/AN high school students; (3) reports are being drafted for release addressing risk and protective factors related to experiences with violence and behaviors that

contribute to violence among AI/AN students, including LGBTQ2S+ AI/AN students, utilizing the YRBS oversample data. CDC is open to participating in conversations with NIJ and the BJS on the feasibility of conducting a study in coordination with these agencies.

AHRQ Resources

AHRQ's Quality & Patient Safety Programs by Setting: Hospital Labor and Delivery Units. Content last reviewed July 2023. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/patient-safety/settings/labor-delivery/index.html

Efficacy and Safety of Screening for Postpartum Depression. Content last reviewed June 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/research/findings/postpartumdep.html

The Contribution of Diagnostic Errors to Maternal Morbidity and Mortality During and Immediately After Childbirth: State of the Science. Content last reviewed September 2021. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/diagnostic-safety/resources/issue-briefs/maternal-mortality.html

Toolkit for Improving Perinatal Safety. Content last reviewed July 2023. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/patient-safety/settings/labor-delivery/perinatal-care/index.html

Publication Related to Addressing Discrimination in Healthcare, a Determinant of Maternal Care Seeking Behavior

Zestcott, C.A., Spece, L., McDermott, D. et al. Health Care Providers' Negative Implicit Attitudes and Stereotypes of American Indians. J. Racial and Ethnic Health Disparities 8, 230–236 (2021). https://doi.org/10.1007/s40615-020-00776-w