2017 Montana

Racial Equity Report

The YWCA Missoula Racial Justice Initiative

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Montana is home to eleven federally recognized Indian Tribes and one state recognized tribe, six reservations, and approximately 78,000 people of American Indian heritage. However, these communities have seen a devastating number of health disparities develop. American Indians and Alaska Natives are dying at a quicker rate than all other Americans. Healthcare is not a one-size fits all. There are critical gaps within Montana’s healthcare system, and too many minorities are falling through the cracks, some not getting help until it is already too late. An NBC report states “half of tribal members said they have to wait two weeks for care they think is urgent – and 71% of Native Americans said they go to the hospital or clinic for primary care compared to 51% of Whites.” Emergency room visits are expensive and those who see this as their only option will choose to live with their ailments until they become intolerable, justifying a trip to the ER. Northwestern Montana has highest percentages for following categories: No Healthcare Coverage (18.6%), Could Not Afford to See a Doctor in Past Year (15.4%), No Yearly Routine Check-Up (38.5%). Eastern and Central Montana also have similar results just slightly lower.

Montana also has a growing population of Latino and Asian minorities, and very recently there are agreements to resettle refugees in Western Montana from all over the world. In the 1970s, Hmong and Vietnamese refugee immigrants settled in the Missoula area, after surviving a tormented history of upheavals and migration, being pushed out of southern China into North Vietnam, Laos, and Thailand.

This section examines the demographics experiencing chronic conditions, behaviors, and those who receive support. It will also discuss the kind of support provided for people of color in Montana in regards to health services, as well as any existing gaps.
Behaviors

Smoking

Montana is in the top third of the nation’s smoking rates. Twenty percent of adults smoke cigarettes and 7% use smokeless tobacco. Most smokers are below the age of 65. Among people of color, the numbers are much higher. There are a number of programs in place for everyone to quit tobacco, including in-person smoking cessation programs, hotlines, and online programs. Most of these programs are offered 2-3 times a year and report high rates of success.

The impact of the Montana Tobacco Use Prevention Program (MTUPP):

- The sale of cigarettes has declined over 50% since 1998.
- Cigarette smoking among youth has decreased 40% since 2001.

In 2014, over 80,000 Montanans called the Montana Quit Line since its launch in 2004, and approximately 32,000 had quit using tobacco by accessing this statewide resource. This one of the most effective cessation quit lines in the US. In 2010, Montana’s quit rate was 40%.

Several programs geared toward Native Americans are also available. The Montana American Indian Quit Line offers Native coaches, 10 weeks of free counseling, and a call line open seven days a week. The American Indian Project address Native Americans both on and off the reservation, uses goals from the MTUPP and the CDC. This program educates members on traditional intents and uses of tobacco plants and helps break bonds with commercial nicotine companies. Finally, Youth Gathering of American Indians is a program that uses evidence-based practices and holistic approaches to wellness and tobacco cessation, which offers a tribal perspective on the burden of tobacco use in Native communities, and allows youth to participate in community projects and activities to better understand their history and heritage. These programs are significant because, used in ceremony, prayers, and healing, tobacco has been a cultural part of Native American traditions for centuries. While there may not be a cultural objection to tobacco, the habituation of smoking caused by nicotine makes smoking particularly problematic. There are also several caveats for Native Americans. On reservations funded by the federal government, tribal members do not pay taxes on cigarettes, making them cheaper and more accessible, leading to much higher rates of smoking in these communities, regardless of the cessation programs available. Tobacco companies have also used images of Native Americans for decades, in addition to targeting ethnic minorities to increase sales. Asthma is one of Montana’s most prevalent chronic illnesses, affecting individuals of all ages, and smoking is also linked to hypertension, risks of stroke, and Chronic Obstructive Pulmonary Disease (COPD), which are some of the leading causes of death and disability.
Alcohol Consumption

Alcohol is Montana’s “Drug of Choice” meaning it is what a majority of people choose over other substances.

- The average Montana resident drinks 3 gallons of ethanol per year – 18% more than national average, and Montana’s consumption of alcohol is higher than national average by every measure.
- 24% of Montana adults report being excessive or binge drinkers. Binge drinking, alcohol addiction, and drunk driving are all a factor in the highest rates of mortality in Montana. In 2012, drunken driving deaths among 21-34 year olds were the highest in the nation at 21.4%, compared to the national average of 6.7%.

Young people in Montana are at a higher risk than youth in other states. The Behavioral Health Barometer report states 8.3% of Montanans ages 12 and older were dependent on or abused alcohol within the last year, and only 6.1% of all Montanans needing treatment received it. More significantly, adolescence substance use is a major problem among reservation-based Native American students.

- A nation-wide study in 2016 reported Native American alcohol consumption as the same or less than White Americans, but reservations across the country are lacking in support for alcohol treatment.
- In Montana, reservations are in need of more alcohol treatment centers than anywhere else in the state.
- Native Americans have highest death rate of alcohol poisoning at 49.1 per million – no other race comes even close. (Second Highest: Hispanics – 9 per million.)
- While substance abuse has been linked to historical trauma in Native American communities, there is no clear cause, so efforts to reduce substance use rates among Native Americans will be less effective until a better understanding can be established.
The Addictive and Mental Disorder Division (AMDD) assessed the need for treatment and prevention services in Montana. Among 31 state-approved programs there are three Tribal, four Urban Native American Programs, and five Federally Qualified Health Care Centers in Montana. 27 of 31 contracted providers must provide services to all individuals regardless of age. Aksi required to identify evidence-based practices to address age, race, ethnicity, priority populations, etc. as part of their treatment programming and continuation application for funding. In other words, women, minors, adults, Native Americans will all have a specific evidence-based treatment program tailored to their rehabilitative needs.

**Suicide**

Year after year, Montana is ranked in the top 5 states for high suicide rates. As of 2016, Montana has the highest rate of suicide in the nation, at double the national rate. Native Americans in Montana between 2010-2011 had a 27.2% suicide rate compared to 22.2% for White Americans. In 2014, White Americans died by suicide at a much higher frequency. Out of the 243 suicides, 216 were white, 21 were Native American, 4 were Hispanic, 1 was Asian, and 1 African American. However, according to the Montana Suicide Review, “the numbers don’t accurately depict the severity of the issue,” as white Americans constitute nearly 90% of the Montana population, while Native Americans comprise 6.5%, Hispanics 3.3%, and African Americans less than 1%.

Contributions to these high rates are a combination of environmental and psychological factors, including social isolation, less access to services and help, alcohol consumption, and underlying mental illness such as depression. But for Native Montana communities, the high frequency of suicide has been particularly devastating in so many ways. The grieving process takes time, and with little time between tragedies, it seems Native Americans are always in a state of grief. Suicide was often not spoken of in a number of tribes until two to three decades ago, as it was considered taboo. Lack of support often leads to poor mental health and depression, or maladaptive coping skills such as substance abuse.

Montana also ranks among the top three states for exposure to Adverse Childhood Experiences, which research suggests creates a high risk of health and social problems, both in childhood and later in life. Students in alternative high school programs and American Indian students had extraordinarily high rates of depression (as high as 50% among subgroups), alcohol and prescription drug use, and attempted suicide.

- Montana ranked 44th when examined for prevalence of behavioral problems and access to services to treat these problems.
- The state ranked 49th on the availability of these services for youth.
Adolescents suffer the worst in Montana and see a dramatic increase in both drug and alcohol abuse between the ages of 12-17, with Native American teens making up the most of these numbers.

Depression is one of the most treatable disorders with an 86% success rate when treated with medication and therapy. While there is programming in place such as the Montana Strategic Suicide Prevention Plan, many of these needs are still not being addressed in communities of color. Untreated mental illness is a common cause of poor outcomes for other illnesses such as heart disease, diabetes, asthma, and others. Among those treated for physical ailments, many also suffer from mental illness or addiction. When left untreated, mental illness affects the costs of rural hospitals and clinics, as well as police and corrections, who may be required and unequipped to respond to people in mental health crisis.

**Chronic Conditions and Symptoms**

Chronic diseases are the leading cause of death and disability in the United States, but are among the most common, costly, and preventable of health problems. Hypertension and high cholesterol are the most common high risk conditions, and cancer, cardiovascular diseases, and diabetes account for the majority of hospitalizations and deaths in Montana.

Men, especially Native American men, are dying at a faster rate than all other Montanans. Nationwide, Native Americans and Alaskan Natives live an average of 19 years shorter than white Americans.

**Asthma**

The prevalence of asthma is significant due to higher rates of smoking in ethnic minorities. About 52% of adults and 36% of children with current asthma in Montana report symptoms indicating that their asthma is not well or very poorly controlled. Sixty percent of adults and children with asthma have had to place some limitations on their activities. 1 in 10 adults with asthma report they are unable to fill an asthma medication prescription due to cost.

Asthma is an ambulatory condition that, if well-controlled, should not be treated in the emergency room or inpatient setting. A typical charge for a hospital stay for a serious asthma attack is $8,700, which places a burden on many low-income and minority families, who may let serious cases go untreated.

**Diabetes**

While rates of diabetes are increasing in the US, diabetes is also a chronic disease that affects ethnic minorities disproportionately on the national level, and lead to
higher rates kidney disease, coronary artery disease, and other conditions in minority communities. In Montana, 8% of adults have diabetes, but in Native Americans, the rate is 2.5 times higher than then general population, and is increasing.

**Obesity**

The WHO defines an overweight body mass index as a BMI between 25.0 and 29.0, and reports of overweight individuals in Montana are slightly higher than the national average. And while obesity ratings for all adults in Montana (63%) are slightly lower than the national average (64%), 75% of American Indian and Alaskan Natives are medically obese with a BMI >30.0.

**Services and Support**

**Women’s Health**

While women’s health is a particularly important topic for the YWCA, the health of minority women in the region is not well documented. The Center for Disease Control and Prevention collects data from participating states in a project called the Pregnancy Risk Assessment Monitoring System, but Montana does not participate in this survey. While there is some data for high prevalence of drug and alcohol abuse during pregnancy, there is no hard data on primary care or treatment. This leaves gaps for addressing women’s health needs, and especially the health of minority women.

However, in 2016, Montana developed the Health Survey of Montana’s Mothers and Babies, which is similarly modeled to the Pregnancy Risk Assessment Monitoring System. This survey will be mailed each month to a random 30% of new mothers aged 18 or older, and will be used to identify health problems experienced by mothers and their babies and to improve maternal and infant health, with the aim to reduce infant morbidity and mortality. This will be the only source of state-wide, population-based information about mother’s attitudes and behavior before, during, and immediately after pregnancy, and may have some limitations, as the survey will be lacking in data for teen pregnancies.

Birth rates are higher for American Indian women than for white women in Montana, and while teen pregnancies have been declining since 2009, Native American women ages 15-19 are especially affected. In the case of an unwanted pregnancy, 89% of counties do not have a clinic, making seeking services unequally accessible to rural areas of Montana.

“Although many different factors contribute to the problem of inadequate access to pre-natal care, an underlying cause is the nation’s patchwork, non-systematic approach to making pre-natal services available.”

– Institute of Medicine, 1985
A 2008-2012 study on the Adequacy of Prenatal Care Utilization in Montana noted that 85-86% of pregnancies received adequate prenatal care. Around 3% of mothers received inadequate care, and another 3% received adequate-plus care (the best kind of care). Less than 1% received no care at all during their pregnancy. For mothers who received less than adequate care, most were under 20 years of age, American Indian or Alaskan Native, unmarried, with education less than or equal to a high school diploma. Adequate-plus care was significantly lower among AI/AN women. If a risk factor was involved in the pregnancy, they were more likely to have received prenatal care. Fetal, neonatal, and infant death was 5-9 times higher for women who received no care at all.

**Funding, IHS, and Insurance**

The number one problem in healthcare is lack of funding. Underfunded medical facilities are forced to cut out certain services, usually higher cost procedures, and focus more on routine check-ups and procedures.

- 71% say they have to wait two weeks for care they believe is urgent.
- Half claim they have to go to the hospital or clinic for primary care.
- 6.5% of Montana is Native American but make up only 1.6% of all health insurance marketplace enrollees.
- 27% of Native Americans and Alaska Natives surveyed say they have a primary care provider.

Limited funding on reservations for healthcare, procedures, and surgery means communities are unable to keep up with the demand with the prevalent medical conditions affecting Native Americans. There is no help for Native Americans living off the reservation. Many Native Americans find the lack of support a large factor in having to choose between potential career or life opportunities and their health.

The Snyder Act of 1921 and the Indian Health Care Improvement Act, passed in 1976, provided explicit legislative authorization for federal provision of healthcare services to members of federally recognized American Indians tribes and for the conservation of the health of Indian communities. Both were meant to address the health status of Native Americans and Alaska Native, which ranked far below the general population. Decades later, the health status of Native Americans and Alaska Natives is still ranked very low, nationwide. In some places, AI/AN fare even worse than African Americans or Hispanics.

Many Native Americans are not aware that Indian Health Services is not considered insurance unless they are currently living on the reservation. Even
then, people are encouraged to get insurance or Medicaid so they may have proper coverage and access to appropriate healthcare.

- IHS is primarily a rural healthcare delivery system that uses its own hospitals, outpatient health centers, and smaller health stations.
- IHS contracts with tribes under the Indian Self-Determination and Education Act to operate these services.
- If a service is not available through its own facilities, IHS purchases these services from non-tribal, private sector hospitals and health practitioners. At these facilities, healthcare services are provided free of charge to eligible AI/AN people.

However, there are significant drawbacks to IHS. IHS services tend to provide for members living on or near reservations. Over two-thirds of Montana’s Native Americans do not live on reservations, meaning IHS is not made available to urban Indians, and provides services to only 2.2 million of the 5.2 million people who identify themselves as solely or partially AI/AN. Those living on reservations may often choose between opportunities in urban areas and the adequate support the IHS provides them on the reservation, meaning that certain career or education opportunities are not as available. For urban Indians, it is important to keep in mind that over 160,000 Indigenous people were forcibly moved from their reservations into cities to promote their assimilation into American society. As a result, many Indians lack access to healthcare and other benefits granted to them when they lived on reservations, and many federally recognized Indians no longer have access to health services through IHS if not living on or near a reservation.

IHS is critically underfunded. Tribal leadership estimates a need of approximately $18 billion for Indian healthcare. However, for the 2016 fiscal year, IHS was given a budget of only $6.16 billion. Because of this large gap, IHS hospitals provide a limited range of diagnostic and therapeutic services than community hospitals do.

Urban Health makes up only 1% of IHS program funding. For urban Indians, or Native Americans living in cities and not on reservation, Urban Indian Health Organizations are large providers. These are general independent non-profit clinics that provide outpatient health services and referrals to urban Indians on an income-based, sliding-fee scale. Services are not free; patients are asked to pay what they can afford. In addition to IHS funding, Urban Indian Health Organization receive their income from patient fees, public and private insurers, tribal funds, and a mix of public and private grants. More than half are certified as qualified health centers, making them eligible for additional federal funds. Services are restricted only to primary care, and referrals for inpatient hospital care.

“The ones we’ve made sicker due to health disparities are now lacking the access to healthcare due to disparities.”

–Linnea Capps, Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare
What can be done to achieve health equity?

The concept of health has evolved from the absence of illness to a multi-faced construction of mind, body, and spirit. As Western Montana’s demographics continue to change, minority health is disproportionately affected. Our communities are comprised of many social determinants that affect overall health and quality of life for ethnic minorities in the region. The health disparities of these populations is also affected by (and often rooted in) historical trauma, discrimination, displacement, and poverty. In order to overcome disparities, we must individually address these factors.

More specific studies on the health of minority, and particularly Native communities are necessary for better clarity. Tribal members will have their own unique concerns about their communities, and should not be grouped together simply due to geographic proximity, community type, environmental exposure, access to resources and services, and economic development.

However, much of the systemic challenges in healthcare for ethnic minorities in Montana are due to lack of funding, and for AI/ANs, a lack of coordination between IHS, the state system, and the federal government. The health of a population remains one of the best indicators of social inequality. Minority health suffers nationwide due to many social and economic disparities, and Montana is no exception. The question is what can Montana do to care for the health of its minority populations?
Victims’ rights have taken decades to reach the encompassing structure they have today in order to protect those who face violence. Cities with higher populations, such as Missoula, Billings, Bozeman, and Butte, have become havens for social services and non-profit organizations aimed at helping individuals in varying situations of need. The lack of diversity in Montana and little support for people of color has an impact on their experience. This section discusses the gaps between low-income individuals residing in rural areas and their access to state funded social and legal services. Also integrated into this section is personal testimony to express the negative stereotyping, racial profiling, and the personal attacks that people of color, immigrants, and refugees endure daily. This section further discusses the refugee resettlement process and the expected push back on the immigration ban.

This section also looks at the high rates of violence against American Indians and Alaska Native women in Montana, as well as child sexual abuse and child neglect. In Montana, there is a link between abuse and incarceration – as in, those who are incarcerated were more often abused either physically or emotionally at some point in their lifetime. Lastly, this section will take a closer look at incarceration for men, women, and youth is examined and the process these individuals go through after being apprehended for criminal activity both on and off Indian Reservations.
Legal Advocacy

In Montana, crime victims have several ways to pursue safety, victim advocacy, and support.

The Office for Victims of Crime (OVC) has since funded 52 victims’ programs throughout the U.S. Since 1988, the OVC established the Federal Crimes Victim Division and the Federal Crime Victim Assistant Fund, which assists crime victims in need of immediate assistance such as; crisis counseling, temporary shelter costs, travel costs for court proceedings, and defraying of emergency medical expenses.

The Victim Assistance in Indian Country Program, formed in 1998, helps develop reservation-based victim-assistance services in rural/remote areas where service is limited for crime victims to receive advocacy, bilingual counseling, 24-hour crisis support, and transportation.

Children’s Justice Act (CJA) Partnerships for Indian Communities funds federally recognized tribes so they can determine methods of investigations, prosecution, and handling of child physical and child sexual abuse cases and reduce trauma for child victims. There has been $1.5 million provided and 38 programs under CJA have been developed and aimed to train multi-disciplinary teams, revise tribal codes, and establish advocacy for child abuse and improve case management and treatment services.

Marsy’s Law – passed in 2016 – essentially elevates the existing victims’ rights already in place to the constitutional level. It expands the definition of a victim to anyone who suffers direct or threatened physical, psychological, or financial harm from a committed or attempted crime. There is controversy over whether this law is necessary to fully protect all victims; or if improving and refining the current rights in place would be equally as effective. Marsy’s Law could potentially slow down the court process and infract on the constitutional right to a fair and speedy trial while increasing an already extensive workload for courts and prosecutors. It leaves the door wide open to anyone [even remotely] associated with the victim to claim they were affected by a crime, even if it is a nonviolent misdemeanor (American Civil Liberty Union of Montana, 2016).

VINE (Victim Information & Notification Every Day) is a free and open, confidential, automated telephone, text messaging, and email system that provides custody status information about adult felony offenders under MT DOC supervision – in both prison and community-based facilities and programs.

The Restorative Justice Program is an advocacy organization which promotes healing for the victims, families, communities, and offenders. With a trained facilitator, the victim and offender can discuss face-to-face the changes the crime has brought to their lives. The offender also has the option of writing an accountability letter to the victim(s) if consent is given.
When it comes to advocacy, rural areas and access to advocates and legal resources must be taken into consideration. Out of Montana’s 56 counties, 46 are considered rural and hold around 44 percent of the total population with an average poverty rate of 16.6 percent. Blaine County, home of the Fort Belknap Reservation, shows the highest poverty rate at 28 percent. Due to their small populations and low economic opportunities; rural areas have difficulty sustaining local, private attorneys. Areas in extreme geographic isolation with poor governments see vicious cycles of social issues and have difficulty engaging residents in existing social services which could help address some of the underlying causes of legal inaction. Residents who make just above the poverty requirements but just below a living wage are unable to receive federally funded legal aid services while also being unable to afford an attorney at urban market price. Unmet legal needs for migrant workers, elderly, disabled, or veterans have been identified throughout the state; and a breakdown in social relationships between government and residents. The personal resources it takes to travel to nearby urban areas impacts the general motivation to seek out legal services. For tribal communities, access to fully informed attorneys with investment in tribal interests would positively impact the well-being of Native peoples across Montana’s seven Indian Reservations.

Montana Supreme Court has created an Access to Justice Commission working on addressing the lack of legal services available to low-income individuals everywhere in the state. Legal problems are extremely common, however not every person with a legal problem can act on the desire to get help. This could be due to financial or physical inabilities or barriers created by high urban market prices for attorneys and the lack of attorneys working in rural areas.

While Legal Aid Services are available for some low-income individuals, the fact is that many Montanans who are struggling financially to meet their annual basic needs cannot begin to think about paying for legal representation. Legal Aid Services has only 13 full-time attorneys and 20 people on staff – for the entire state of Montana. And to even qualify, the annual income of a household must fall below 125% of the federal poverty line. Households throughout the seven federally recognized Indian Reservations show the highest poverty rates in the state with an average of 30.6 percent, but reaches 85% on some reservations (Hungry in Montana Report, 2016). However, even 85% below the poverty rate does not qualify for additional services. These numbers paint a clear picture of the gap between urban and rural communities and the severe lack of access to justice brought on by funding issues, unemployment, poverty, and location.

In addition, federal funding for legal aid services underwent extensive financial cuts from 2010 to 2015 of approximately 45 million dollars. The Court Help Program assists individuals who are unable to afford an attorney and do not qualify for federal legal aid but the program does not provide attorneys or aid. This program aims to serve the individuals that are representing themselves in civil court proceedings. It will help them to meet procedural requirements, to articulate their cases clearly to court officials and other parties, and provide them
with legal resources and information. 2012 data from Montana state court showed that 54% of those that were involved in domestic cases were unrepresented making it the most prominent type of case the Court Help Program assists. These types of places are not common on reservations and American Indians do not have the proper access to these court help programs.

**Discrimination, Hate Crimes, or Hate Speech**

Aside from the large Native American population, Montana does not show much ethnic diversity. It has been considered a prime location for White Nationalist groups to establish themselves and spread their bias and hatred throughout the state and inducing fear in marginalized racial groups. Incidences of hate crimes in the U.S. motivated by a racial, ethnic, or ancestry bias, make up 59.2% of all hate crime targets; followed by religious bias, sexual orientation bias, gender identity bias, disability bias, and gender bias.

Data from the 2015 Hate Crimes Report, shows total of 14 hate crimes in Montana, a significant decline from 2013 and 2014 data, which showed a total of 44 and 37 respectively. Hate crimes in Montana seem are expressed through aggravated and simple assaults most often. However, at the University of Montana campus there have been reports since the election of discrimination and threats on African-American and Native American students. During the construction of the Payne Native American Center on the University of Montana campus, someone put up a sticker saying “Save the White Race! Earth’s Most Endangered Species!”; it was quickly removed. As recently as 2016, One student, Dejianna Ahanonu, experienced severe racial discrimination off-campus at her apartment building when she found a note on her car with an upside down picture of Africa and the phrase “RUN HOME MONKEY” typed across the picture of the continent, and in February 2017, a gay couple were assaulted outside a Missoula bar by a man shouting homophobic slurs. A transgender student at Missoula College, Jame Wallack, had to withdraw from school when the harassment from other students became too overwhelming and put her in a deep depression. Wallack sees Montana as a conservative state without much acceptance for the transgender community. Lawrence Blackwell, a Missoula resident, won a lawsuit against his neighbor when she yelled racial slurs at him in his own front yard and threatened to have him removed from his home.
These are only a few stories that help represent the bias that is portrayed in both residential Montana or within college and university sanctions. For example, the University of Montana has 8,000 students and only 76 students are Black. African Americans in Montana are a severely understudied aspect of the state’s history and although they make up less than 1% of the population, they have been here since the earliest days of the European presence. The President of the Black Student Union LeShawn George said, “Sometimes it feels like you’re a single cocoa puff floating in a bowl of milk … just surrounded by a sea of white.” Although a humorous statement, it could not reflect the demographics of Montana any better; with only 0.6% of Montana identifying as Black or African-American. It is difficult for people of color to live in Montana in peace because in counties where the Black population is zero, there seems to be a misunderstanding between the two ethnic backgrounds and some are unable to find common ground with others in their community.

Immigrants endure extensive scrutiny from U.S. citizens but few facts are known about individuals living in dangerous war zones who are seeking asylum and a higher quality of life. Missoula has had a big part in the resettlement of refugees and saw the first of many when the Hmong from Southeast Asia resettled here more than 30 years ago, with the help of the International Rescue Committee. In the last five months of 2016, forty-six men, women, and children Africa and Iraq – a majority being Congolese – were resettled in Missoula through a combination of efforts between the IRC and the volunteers at Soft Landing Missoula.

Mary Poole – founder and director – began the non-profit organization Soft Landing Missoula after pictures of 3-year-old Syrian boy, Alan Kurdi washed up ashore a Turkish beach surfaced in the news. The members of Poole’s book club at the time sprang into action and wanted to help bring families from war-torn lands to Montana and help them adjust socially and culturally, and to ensure their safety. “Missoula has been absolutely great, and I know other cities would be perfect to settle refugees in if only the people in these cities were on board. Not everyone is and I understand that.” Poole expresses high regard for the Missoula community and its warm welcome to the refugees and the Soft Landing initiative. As of January 2017, President Donald Trump issued an executive order which put a ban on all Syrian refugees entering the United States until the screening process can be tightened. This was a direct hit on Soft Landing’s goal of resettling 125-150 refugees by the end of fiscal year 2017. Trump has cut Obama’s initial determination from 110,000 to 50,000, leaving more than half of all refugees without assistance.

The executive order has undoubtedly slowed down the refugee resettlement process but since it was issued, twelve refugees have arrived in Missoula with the help of the IRC and Soft Landing. U.S. District Judge James Robart lifted Trump’s immigration ban in Seattle, Washington and refugees from seven countries flooded into the U.S. while they had the chance. The president’s chief of staff expects to see future executive orders put into effect and an appeal filed with the 9th Circuit Court in response to Judge Robarts’ actions.
Violence Against Women and Children

The 2015 Status of Women Report, collected and published by the Montana Women’s Foundation, has scored Montana a D- and ranks it 45th for the well-being of women. Nearly 1 in 5 women and 1 in 71 men have been raped at some point in their lives. However, American Indian women are two and half times more likely to experience sexual assault than any other race; and 1 in 3 Native women will experience attempted or completed rape in their lifetime. The Sexual Assault Resource Team Initiative began on reservations in 2012 and includes federal and tribal prosecutors, victim specialists and advocates, tribal agencies and programs, local and federal law enforcement, and healthcare representatives all in place to help Native women on reservations. The Reauthorization of Violence Against Women Act passed in October 2016 and enables prosecution of anyone – tribal or non-tribal – who commits domestic violence against tribal women.

There are many reasons people do not report their victimizations. Fear of deportation or revocation of immigrant status keeps many undocumented women from reporting violence, and language is often another barrier to seeking help. On Indian Reservations, many women have distrust for the Federal prosecuting system and usually do not receive justice when they do take the perpetrator to court. Law enforcement might not take them seriously if they had
been intoxicated at the time of the assault, and may discourage women from taking further action. Women are afraid they will face blame from law enforcement, or if they are close with the offender, then they are less likely to report out of fear of getting that person in trouble.

Native women face unique challenges with the complexity of jurisdictions between tribal, state, and federal law enforcement officials. The Federal Government is responsible for prosecuting non-Native people who commit crimes on reservations against tribal members. However, the Federal Government only prosecutes a fraction of these perpetrators, allowing for thousands of Indigenous women to be sexually assaulted, murdered, or go missing, sweeping cases from Indian Country under the rug for decades. This is a message sent to Native women at a very young age is that their lives do not matter — “We want to know a life is worth as much on the reservation as it is off,” says State Representative and Crow tribal member Carolyn Pease Lopez. The Bureau of Indian Affairs, federal government, and tribal officials have kept quiet on this issue. In response to this inaction there are numerous people dedicating their time to bringing missing and murdered Indigenous women to light across Canada and the United States.

Missoula Council Woman Ruth Ann Swaney trusts that if media begins to cover these tragedies and injustices on tribal communities, awareness will grow and action can be taken. “There is so much going on and not enough resources to bring in help, and it’s overwhelming.” Swaney believes thinking about culture and how it plays into this epidemic is crucial to the turnaround. There are victim services available on Indian Reservations and certain protections. However they are not culturally centered and do not include ceremonial and tribal healing of the spirit, so these services may fall short when assisting Indigenous peoples. Most the people who stand up and speak out for Native Americans, are Native Americans. “If no one else will support us or speak out for our rights then we must do it ourselves,” Swaney expressed. Her work on Missing and Murdered Indigenous Women began two years ago, and has been a challenging road due to the emotionally charged topic of sexual victimization and domestic abuse. It is not an easy thing to talk about for anyone, but she sees this as an “opportunity to bring forward the voices of people who were excluded and disenfranchised and begin to move things forward.”

Child Abuse and Neglect

In 2013, out of the 13,277 total referrals Montana received, there were 7,137 reports of child abuse and neglect that were referred for further investigation. During 2013, 4.5% of all case referrals were of a sexually abusive nature and a 36.2% increase in children living apart from their families in out-of-home care since 2009. Nearly 20% of children in out-of-home care were American Indian or Alaska Native and 7% were Hispanic, while the majority are white. Within the Child Welfare Workforce there has been documented staff shortages, high
caseloads – averaging 24-31 children per case worker, high employee turnover rates, and low salaries are all factors that impact the delivering of services to children, getting them permanent homes, and keeping them safe. Less than half of all people sexually victimized on reservations will report child abuse, and those under 18 will face an even bigger challenge in reporting because minors are often not taken seriously.

**Domestic Violence**

From 2000 to 2012 there were 112 fatalities due to Intimate Partner Homicide in Montana, averaging out to around 9 per year. In 2015, that number jumped to 16 people, adults and children, killed by former spouses or partners, all before the end of September showing a drastic fluctuation in violent crime.

What’s more is that domestic violence impacts ethnic minorities disproportionately. Eighty percent of all American Indians and Alaska Natives experienced physical and/or emotional violence, both on and off reservations. 38 organizations in Montana provide domestic violence services. The most common category is Emergency Services, which provide safety planning and danger assessment. The least common category is Counseling Services. Spanish is spoken at 35% of these organizations, and 9% have Sign Language.

**Incarceration**

Montana prisons and jails housed around 6,500 inmates both male and female within the years 2013 and 2014. There were approximately 3,700 in the prison system in 2014 and 2,870 in the jail system in 2013. Probation population averages around 8,362 and parole population sits around 1,020 citizens of Montana. In 2012 there were 97 people serving life sentences and 53 people serving life without parole. Montana is home to only one private prison in Shelby, which houses roughly 1,400 inmates. Private prison inmates in Shelby filed numerous complaints with Montana American Civil Liberties Union about restrictions to spiritual and religious practices. They were not allowed to hold ceremony or prayer in the prison, which is a fundamental and constitutional right to inmates.

Montana is no exception to national statistics, which show a deep racial inequity within the criminal justice system. In Montana prisons, men outnumber women by far – 3,311 and 388 respectively – and the African American population also outnumbers the White prison population.
• Nationwide, American Indians and Alaskan Natives are incarcerated at a rate 38% higher than the national average and typically face longer sentences than white people for the same crimes, and Native men are incarcerated at four times the rate of white men.

• Native Americans are more likely to be killed by police than any other racial group. Native populations constitute a third of the caseload in Montana, and Native women constitute approximately 25% of the total female prisoner population.

• Native Americans make up nearly 20% of Montana arrests, even though they are only 7% of the Montana population.

Despite these statistics, Montana is one of four states that does not report data on ethnicity to the Bureau of Justice Statics, nor is it provided in the corrections’ individual annual reports in the state department for various reasons, one of them being funding for data collection. This data is critical to addressing racial disparities in the criminal justice system.

Consequences of high incarceration rates include limited employment prospects, housing instability, family disruption, a stigmatized view of a person once convicted, and felony disenfranchisement. Families suffer when there is a parent taken from the home and the financial burden of the single-parent household sets in. Once the person is released from prison, they may have major limitations on their employment options because most people do not want to hire felons. This stigma is felt disproportionately by people of color because of the already existing stigma minorities face. Due to concentrations of poverty and imprisonment in some places, the entire community feels the effects and these disparities weaken the justice system’s potential and undermine perceptions of justice.

The Youth Court System in Montana

Youth of color have been highly overrepresented in the justice system for decades. While youth incarceration has declined sharply in the last decade, racial disparities have increased. In Montana, young African Americans and Native Americans are 26% and 13% more likely to be committed.

• Lack of Therapeutic Group Homes on Flathead and more than likely on other reservations in MT.

• Out of the 36.2% Montana children who were living apart from their families in out-of-home care, 18.7% were American Indian/Alaskan Native, 6.7% were Hispanic, and 17% were more than one race.

• In Montana, American Indians are twice as likely to end up in the foster care system than the general population.

The purpose of providing therapeutic services in group home settings is to improve functional ability and reduce the impact of mental disability by alleviating emotional disturbances and reversing or changing patterns of behavior.
that are maladaptive. An intensive wraparound service is provided and is usually directed at youth with complex emotional, behavioral, and mental health needs. Mental health facilities on Indian Reservations are beginning to create their own systems of care using Indigenous methodologies (i.e., trauma-informed therapy) to treat mental illness and to heal the spirit. It is imperative that culture be considered when creating treatment teams, treatment plans, and diagnosing Native individuals.

Juvenile probation is an integral part of the youth court system and each of the 22 judicial districts have a youth court judge. Most referrals to youth courts are in the form of tickets or reports from law enforcement. Youth Courts were originally designed to keep youth out of the adult criminal justice system and prove to be effective in helping District and Youth Courts from over-burdening of minor offenses.

The Juvenile Justice and Delinquency Prevention Act of 1974 (JJPDA) was created to protect juveniles from being housed in adult prisons due to the traumatic nature experienced by youth in adult prisons. States have significantly reduced and ended reliance on incarceration and as of now the lives of many youths have been improved significantly from the JJPDA.

Youth of color have been highly overrepresented in the justice system for decades. While youth incarceration has declined sharply in the last decade, racial disparities have increased. In Montana, young African Americans and Native Americans are 26% and 13% more likely to be committed. In the past ten years, there has been measurable and significant progress in many areas of youth justice such as increased use of evidence-based services that are known to commonly work and a steep reduction in overall youth incarceration by addressing the harsher treatment and punishments on youth of color. Reform and progress in these areas is slow and all states need better guidance. The Disproportionate Minority Contact developed by the JJPDA, outlined new regulations on the effective efforts taken to reduce justice system involvement for youth of color and racial and ethnic disparities. The JJPDA must move beyond identifying and studying the existence of disparities and begin developing programs to address them, and move toward adopting measurable and significant improvements for youth of color and their families.
What can be done to achieve safety, advocacy, and justice reform?

Rural areas in Montana where access to legal aid is lacking show a desperate need of reform that enables the sustainability of attorneys and provides legal aid to low-income individuals. State officials must consider each community’s specific needs; whether it is a need for more attorneys or for more affordable attorneys. Greater accessibility to these resources is needed for those living in rural parts of the state.

Other areas of concern are the consistent discrimination and hate crimes that take place each in Montana. Financial cuts on the Violence Against Women Act will have a profound impact on future victimizations and inevitably send the message that violence against women is not a real issue and that there are more important things to spend tax dollars on. Thousands of women enduring violence will be left without the help and support they need and lack of access to grants for VAWA will lead to poorer outcomes for survivors. The livelihood of victims is very important and fighting against this financial cut will be key in preserving it. Women of color will especially feel the effects, as they are even less likely to report domestic violence, due to racial and economic challenges. With violence against women being a social issue further down the list of importance, there could be an even greater increase in incarceration as well. Montana cannot afford to lose any social services currently provided because they are already insufficient.

Finally, the criminal justice system is in need of significant reform, beginning from arrests, but continuing throughout the sentencing process. Youth must be paid specific attention to, as early arrests and convictions may lead to additional convictions, as it is difficult to escape the criminal justice system once entered.
When considered as a precursor to employment, childhood education faces stark disparities in Montana. Every school district has a higher percentage of students of color than teachers of color within the public school system. Even in schools on reservations serving primarily Native students, the majority of educators are White. American Indians students are predominantly marginalized, and often have little to no curriculum experience with educators who share their cultural heritage.

In a broader sense, other disparities in education, whether in the lack of school supplies, text books, program funding, or suspensions, have correlated with poverty, less economic mobility, and a lower likelihood of obtaining an advanced degree. In this way, quality of education for all students, and particularly Native students, can provide an outlook on Montana’s future economic landscape.

One such outlook is the relationship between education and employment. Quality of education can be a severe limitation on future employment in Montana, where wages are low, and growth opportunities are scarce. Since the eye-opening report by the Montana Women’s Foundation in 2004, there has been significant improvement in shrinking the wage gap between men and women throughout the state. However, like inequities in education for minority students, there also remains an employment gap for people of color.

This section examines the status and needs of our educational and employment systems, the barriers to quality education and employment, and the disparity seen on and off reservations in Montana. This includes issues of discrimination and the use of discipline against minority students and students with disabilities, with a focus on the school-to-prison pipeline for Native American students.
Education for American Indian Students

The Bureau of Indian Education (BIE) provides educational opportunities to AI/AN by funding elementary and secondary schools. They directly operate 59 schools while the other 124 are operated by the tribes under BIE contracts and grants; all located on 64 Indian Reservations in 23 states. The BIE serves approximately 42,000 Indian students and funds 26 tribal colleges and universities.

2007 Montana State Legislature appropriated $200 per American Indian child in each school. This was to provide funding to school districts and help to shrink the educational achievement gap between Native and non-Native youth. Fourteen percent of the total student population in Montana identifies as American Indian or Alaska Native, and 44.9% of those students are attending a school located on an Indian Reservation.

Despite this, Montana’s rural schools faced severe teacher shortages in 2014 and had over a thousand teaching positions open with a majority in special education, math, and science. American Indians represent at least half of the student body in forty school districts, and 34 of those districts did not meet the standards set by the No Child Left Behind Act – now known as Every Student Succeeds Act (ESSA). Hiring and retaining educators has been most difficult in rural American Indian schools, even when offering educators generous incentives such as paying off their student loans. There are unique challenges at rural schools, such as needing one person to teach multiple subjects at multiple grade levels. Montana’s percentage of Native American teachers has barely increased since the mid-90’s, rising from 1.9% in 1995-96 to 2.3% in 2015.

The poorest school districts in Montana, often located on reservations, tend to serve students with the greatest needs. Furthermore, funding is determined by test scores. This means high-performing schools with more resources are likely to receive more funding, while low-performing schools lack critical resources, reinforcing an already imbalanced system. Increasingly, low-performing schools which continue to see little funding lose accreditation and dissolve, while nearby high-performing schools are often reluctant to integrate. The threat of schools losing accreditation in Montana – such as Helena High School, which faced the possibility of losing accreditation in 2016 – can have a serious impact to students who are unable to bus or travel long distances to work toward a diploma.

Funding also serves as an incentive to push out the low-performing students, and leads to disengagement and dropout. Those most often excluded from educational environments are those in need of extra instructional time and guidance.

Students going to school on an Indian Reservation during 2014 reported higher rates of bullying while consequently 30% of all Native youth reported feeling sad

“Today, the well-mannered racist can use liberal terms like equal opportunity, freedom from government control in social policy, individual choice, and self-improvement to appear reasonable and moral while claiming that non-whites are welfare dependent, immoral, and too lazy to pull themselves up by their own bootstraps. These claims necessitate ignoring the fact that non-whites have been systematically denied well-paying jobs, equal protection under the law, basic education in good schools, and admission to higher education.”

– The Montana Racial Equity Project (Lenses and Frames by The Old White Guy; November 30, 2016)
and hopeless for two or more weeks during the past year. In a darker trend, 8.9% of all Native youth in Montana have attempted suicide, showing additional challenges that affect a student’s education.

**Native American Enrollment**

Schools with the highest percentages of Native students have shown a steady decline in enrollment during the 2015-16 school year from grades 9-12. While Natives going to school outside a reservation show lower dropout rates than those in schools located on reservations, the data fails to show the reasons for dropping out of school. Studies have shown that White students more often drop out due to academic difficulty; while Native students specify attendance as their main hurdle (53.3%). Attendance rates for Native Americans is 88.7% and the average American Indian student is chronically absent, meaning they miss more than ten percent of the school year.

- Only 65% of American Indians in Montana graduated high school compared to 88.3% of White students in 2014.
- 28% of American Indians who graduate high school will enter the university system compared to 46% of White high school graduates.
- 9.7% were given at least one out of school suspension compared to 2% of White students.
- Regardless of race, students located in schools on reservations were twice as likely to be suspended than those in schools off the reservations.
- In 2016, 6.3% of American Indian students dropped out of school.
- Native American students in the seventh and eighth grade are ten times more likely to drop out than their White peers, and in high school are 3.7 times more likely to drop out.

The biggest barrier to higher education for Native Americans is not obtaining a high school diploma. This could be due to various reasons such as economic background, home life, or a mental illness. When a child is living in chronic poverty, they are likely to also experience adverse effects such as depression, violent behavior, substance abuse, high rates of suicide, unhealthy diets, inadequate healthcare, and health problems. Which coincidentally are all social problems currently plaguing AI/AN people the most.

**Discrimination**

In June, 2017, the ACLU of Montana supported a formal complaint from the US Department of Education and the Department of Justice. The complaint alleged that the Wolf Point School District in Fort Peck discriminated against students who are citizens of the Assiniboine and Sioux nations. The complaint also accused the district of mismanaging the Native-specific federal funding that is allocated by congress to support Native students and fulfill treaty obligations.
The Fort Peck Indian Reservation, located in northeastern Montana, is home to a majority Native American population. It is the second largest reservation in Montana, and the region’s fifty-year participation in the boarding school program points to a legacy of racism and discrimination for Native Americans. Community members are concerned that children will face continued hostility toward their culture, and feel unsafe and unsupported in their community.

Of the complaint, attorney Melina Healey who represents the Tribal Executive Board stated, “Native students have been systematically disadvantaged in comparison to their non-Native peers through racially biased enforcement of school discipline policies, inequitable access to school activities, and verbal abuse by teachers and staff. We hope that the Departments of Justice and Education will help grant Native students the education and opportunities they deserve.”

**Educational Workforce Diversity**

The professionals graduating most often and successfully entering the educational workforce are predominantly White. Only a quarter of those enrolled in a teacher preparation course are people of color. National data from 2011-2012 shows that 80% of principals in the U.S. are White, 10% are Black, and 7% are Hispanic. The educator pipeline, which supplies teachers and educators for elementary and secondary school workforce, shows a gradual decrease in diversity as one progresses throughout the pipeline. From post-secondary enrollment into a teacher preparation program to entrance to the elementary/secondary workforce, the diversity of the individuals diminishes. In Montana as well as nationally, the percentage of students of color getting their degree in education is significantly lower than in other programs such as business or psychology.

Culture and education are two things that have been lacking in public schools. Efforts to implement the **Indian Education for All Act** in 1972 – which was intended to foster and preserve tribal cultural heritage in public education – are first steps taken by Office of Public Instruction to address school inadequacies and equalize disparities in funding in Indian Country. Indian Education for All Act was an attempt by the MT Legislature to counteract the lingering negative stigma and trauma of Indian boarding schools. In 1972, they failed to reinstate and implement the act due to funding issues and it was ignored for several more years. Dedicating instructional time to American Indian cultures, traditions, and history is imperative to encourage Native youth to gain positive self-image. Ignoring the cultural needs of minority students may negatively impact how they are viewed by teachers and peers and how they will respond in turn academically to these negative stereotypes; whether by internalizing them or looking through them.

This act aims at teaching all students about Native American history and experience and to bring culture and tradition to the classroom. There is an ongoing active recruitment for Native American teachers to help Native American
students improve their academic ability and to show support and understanding of their traditions and way of life. Native educators are vital to the educational success of Native youth due to sharing an understanding of the Native experience. These cultural knowledge gaps put non-Indian teachers at a disadvantage because they are not part of the intertribal sacred traditions.

Minority students with minority teachers are more likely to have higher graduation rates and lower rates of suspensions and expulsions. Sharing culture with students helps them understand what they might be going through (e.g., intergenerational trauma, substance abuse, or suicidal ideations). In 1999, Montana passed a constitutional amendment which made teaching Indian cultural heritage mandatory in all public schools and inspired others states to do the same. However, this cultural education is far from comprehensive, and at times still lacking in cultural competency. Learning to teach students in culturally sensitive ways will take a very long time but in the long run will be crucial to closing the achievement gaps.

The Cost of Discipline

In the U.S., Native boys with disabilities receive the most out-of-school suspensions.

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<tr>
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</tbody>
</table>

Data from the U.S. Department of Education 2014b.

Students who are suspended from school are at a higher risk of dropping out, leading to high fiscal and social costs, according to the UCLA Civil Rights Project. National studies have observed a strong race bias in school discipline, in which students of color and disabled students are removed from their classrooms, suspended, and expelled at rates far higher than White students and non-disabled.

During the 2010-2011 school year, Native students in Montana were four times more likely to be suspended; two times more likely to be expelled; and three times more likely to get in-school suspensions than white students in the same school. Although poverty can be used to explain additional risk for being disciplined, it cannot explain racial differences in referrals, suspensions, and expulsions seen in the data. Parents on reservations have given testimony on schools that have failed to contact them when their child was suspended or expelled. The lack of communication between teachers and parents has proven to be another disadvantage these students are facing.

In addition, 15.1% of American Indians identified as having special education needs. Students in need of special education face suspension, expulsion, and other punishments at disproportionate rates in public schools. Students with disabilities were also two times more likely to get out-of-school suspensions and ten times more likely to be expelled than White students with disabilities. As
these students become adults, they are often likely to have less access to care, and face additional challenges and stigmas in finding employment.

Studies have shown that suspension and expulsion have no impact on behavior and an increase of zero-tolerance policies and punishments in public schools have become mandated regardless of circumstances. There has been an increased reliance on law enforcement officials or school resource officers to handle disciplinary issues that once were the responsibility of educators and administrators. In consequence, many schools will deny admission to individuals with criminal records and most minors who enter the juvenile justice system will not graduate high school.

The School-to-Prison Pipeline

Students who drop out of regular public schools are four times more likely to enter the criminal justice system. The school-to-prison pipeline refers to a variety of systems that effectively relocate the most at-risk schoolchildren out of school and into the juvenile justice system. It is uniquely disturbing for American Indian youth, many of whom are also affected by alarming suicide rates, self-harming behaviors, and mental illness, which consequently cause disturbances at school.

The school-to-prison pipeline affects low-income youth of color, English language learners, people with disabilities, and the homeless. It begins in poor, segregated schools characterized by understaffing, inferior facilities and resources, and inadequate counseling and mental health services.

A mixture of educational policies in under-resourced public schools as well as punitive juvenile justice systems are in part to blame due to their failure to provide education and mental health services for the most at-risk students. Alternatives to entering the justice system are key to derailing the school-to-prison pipeline seen in American Indian youth populations in Montana. If the mental health of American Indian youth is not addressed specifically, they are more likely to attain a criminal record rather than a high school diploma.
Alternative Schools and Programs

Alternative schools are defined by the Montana Healthcare Foundation as “restructured academic programs to serve at-risk students and operated within an accredited public school.” Montana has 28 alternative schools; there is no official tracking system for these programs, which are operated under the full direction of their local school district. They typically enroll students with elevated rates of health risk behaviors and special education needs.

Geographically, youth residing in Eastern Montana have very little access to alternative education program within the public school systems East of Great Falls. Only 17.5% of public schools in Montana run some type of alternative education program with a majority in rural communities. Each district receives a certain amount of funding per student, and has discretion to apply that funding toward an alternative education program and to structure the program. Due to the constant fluctuation in funding, these programs are regularly started and regularly shut down. Some are completely unstructured with no admission requirements while others have clear-cut admissions criteria. Some programs are only for Juniors and Seniors, some require a referral from a teacher or counselor, or signs of being at risk of educational failure. Some reports indicate students in Alternative Education Programs (AEPs) have poor eating habits, frequently get sick, lack exercise, use drugs or alcohol, and have mental health concerns.

- 77% of students in Montana’s alternative education programs are pregnant or have children and/or dropped out from regular schools.
- 39% are receiving in-patient mental health or substance abuse treatment.
- 46% are regularly disruptive.
- 46% were enrolled in alternative program in place of expulsion.
- 54% have substance abuse problems.
- The most pressing concerns in AEPs were grief, trauma, abuse, risky sexual behaviors, and troubling with coping and basic life skills.

The largest differences between AEP students and regular public school students are; mental health, substance abuse, sexual abuse, general health, trauma and abuse. Administrators reported that upwards of 70-90% of the AEPs student population were at or below the poverty line and/or qualified for free or reduced lunch. A high percentage of AEP students come from dysfunctional and troubled family situations where they are exposed repeatedly to deeply traumatic life circumstances.
Unemployment

The Northwestern region of Montana has the highest unemployment rates in the state at 5.5%, and on most reservations in Montana, the need for jobs is dire. Montana Reservations are some of the most economically sensitive regions in the state, with unemployment rates two or three times higher than the surrounding areas.

The Montana Women’s Foundation projected that the equal pay gap will not be closed until the year 2080. Montana ranked 45th for gender equality due to the existing gaps between men and women working in the same fields, and on average, women make approximately 75% of what their male counterparts earn. Single women households with children make up over 49% of all households in Montana, with 32% of employed women working in low-wage jobs. Women show higher rates of economic insecurity than men, are more likely to live in poverty, are more vulnerable to economic hardship, and have less savings to fall back on. In addition, women are less likely to receive unemployment benefits, and when they do, they are shown to be significantly lower, leading more women and their families to depend on Medicaid, SNAP, and housing assistance.

Although, 2015 was an exceptional year of growth for Montana overall, there will be a shortage of workers in future years due to the high number of baby boomers entering retirement, and there has been little population growth among the younger age groups. Economic growth could be stunted for some time.

- American Indian women in Montana make $2,000 less per year than White women. Annually, American Indian men in Montana make $6,000 less than White men.

- American Indians and Hispanics are twice as likely to live in poverty than both White men and women.

- Less than 16% of American Indian women in Montana obtain a Bachelor’s degree, though they are often the head of a single-parent household.
Lack of Childcare as a Barrier to Employment

In addition to the wage gap, Montana is facing a shortage of childcare, ranking 46th out of 50 in the childcare index from the 2015 Status of Women report. The availability and affordability of childcare is one of the key indicators for women’s status in equality. Without it, entire communities feel the impact. Women’s work hours are affected due to school or daycare obligations, making them more vulnerable to poverty, which affects childhood development. The childcare industry in central Montana is strained, according to the *Great Falls Tribune*, and larger cities such as Missoula has also seen a need for childcare.

- In Montana, 24% of children under the age of five live in poverty.
- This number increases to 57% for children living in female-headed households.
- The Montana Kids Count data from 2010 recorded roughly 20,000 licensed childcare slots for over 60,000 children under five years old, and very few companies offer on-site daycare.

Inversely, communities that provide subsidized daycare tend to feel positive impacts. Studies show pre-kindergarten childcare and daycare availability is linked to academic and cognitive benefits, higher rates of high school graduation, a decrease in teen pregnancy, a decrease in the use of tobacco, and a decrease in crime. Kids who have gone through pre-k also have a greater chance at future employment, as well as a reduced need for public assistance programs.

Seasonal Employment

The 2007 recession was a relentless hit on the American economy, but single women households were affected the worst after taking into consideration the pre-existing economic challenges. Just two and a half years after the recession, employment opportunities for men increased, but unemployment rates for women remained similar to numbers seen at the end of the recession.

Some inclines in unemployment rates in Eastern Montana have been identified, possibly due to lower oil and gas development during the past year. Many rural areas depend on these types of developments for income and when business slows down during winter months, unemployment rates can reach 90% on some of the more remotely located reservations.

Employment on Reservations

Most of the land owners on Indian Reservations are non-Indian, most of the economic revenue produced on the reservations is going everywhere else except into the tribal community. There is a way to improve the economic conditions of the most rural areas and reservations in Montana, but it is a matter of going back in time, over a hundred years ago, and declaring all the land on each reservation
as tribally owned and should be purchased or leased through the tribe and not through the federal or state government. The checkerboard pattern of land ownership has been detrimental to tribal communities.

Collecting data as simple as population size from reservations can be expensive and time-consuming due to the scarcity of some rural areas and sporadic housing situations. The data that has been collected is difficult to compare and to make any sort of educated decisions on because the sample sizes of some of these communities is so small. There are also cultural and logistical barriers to collecting data in Indian Country, such as distrust in the federal government. The need for each tribe to have their own data set is costly and is something that tribes nor the federal government have been able to put money towards until recently when deciding to reach out. Until 2015, Indian Reservations in Montana were not even included in the statewide unemployment rates collected monthly. By 2015, each reservation had come up with its own methodology for collecting this information.

For ethnic minorities in the state, the challenges are even greater. Reservations have always had higher unemployment rates than areas not ran by the federal government. Fort Peck, Rocky Boy, and Blackfeet Reservations have the smallest real wage rate and employment growth among all five regions of Montana for the past five years.

How Does Unemployment on Reservations Compare to the State of Montana?

Data from 2016 Department of Labor and Industry reporting

Unemployment Rate (Unadjusted)

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In 2015, the Census Bureau reached out to other agencies like the American Community Survey to help with funding and collection of information in Indian country. Self-report and surveys are ideal for Native American populations to form accurate depictions of each tribe. It is essential to collaborate with the tribes and external investigators to improve the accuracy and relevance of the information and to assure its uniqueness to each tribe. Accuracy is imperative when it comes to deciding where grant money or federal dollars go to and how it will be divided out to tribal governments because the needs and issues will vary from one reservation to the next. For instance, the Housing and Urban Development Program gives out 650 million dollars a year to 580 tribes from the Indian Housing Block Grant based on the U.S. Census Bureau which collects data from all AIAN’s in the U.S., not just the individuals living on Indian Reservations. This means those living on reservations, who know their needs best, have not had a say in how much money each program in their community needs until only a couple years ago.

**Growth Opportunities**

The minimum wage in Montana for low-skilled jobs, has risen to $8.05 an hour, which means a person would have to work 57 hours a week just to live comfortably in a one-bedroom apartment. High-wage jobs for those with a college degree are scarce in Montana. This is a large factor in the net outmigration of college graduates to other states. Montana is ranked last or close to last in the U.S. for average wage earnings; across all occupations. The largest gaps are visible within the high-wage occupations such as computer and mathematical, finance and business, management, and legal fields. Montana does not provide many of these high-wage jobs to begin with; therefore the demand is low in comparison to the supply. There is a lack of sufficient opportunities in our state for college-educated workers, specifically those with certain interests or skills in certain fields. Individuals with degrees in health and education are far more likely to have a job within the first year than in any other field (80%). Montana ranks 23rd for cheapest state to live and does not pay comparable wages in any field. There is a large need for health professionals and educators, due to the demand associated with health and education reform; specifically on reservations where health and education have seen a significant decline. A college-educated person from Montana will earn more if they move to another state to work after graduating. Many of Montana’s college-educated workers find themselves in lower wage occupations, which puts low-wage workers at an even greater risk.
What can be done to achieve equitable employment and education for minority communities?

Staff shortages, lack of American Indians on staff, lack of training on how to work with American Indian populations, and little curricular attention to Montana tribe’s cultural heritage are all factors in the academic outcome of American Indian youth. It is up to the school system to reach out to Native American populations and rebuild trust with these communities and decrease skepticism among Native American communities.

There is room for Montanans to look into additional programs and to consider providing funding for schools and students who face the most need. Schools can implement strategies to divert students from entering the criminal justice system by increasing attendance. Efficacy of discipline, such as suspension and expulsion should be reexamined, with consideration of alternatives that address a student’s mental health and wellness.

Providing a greater minimum wage and closing the gender pay gap would give single-parent households (often headed by minority women) a way to ease the financial burden of child or eldercare. Parents in Montana are also greatly in need of childcare. Subsidized or affordable childcare has also been linked to better health and lower crime rates, in addition to increased employment and education opportunities.

Future growth is paramount to Montana’s employment crisis. If Montana could allocate college graduates across occupations in the same proportions as the U.S. economy, Montana’s employment would see a positive shift for both low-wage and high-wage workers, providing the state over 3,000 more college-educated workers working in business and finance or computer and mathematical occupations, over 1,300 more workers in sales and related occupations, and over 600 more workers in legal occupations.
Housing is a basic need. When a family becomes homeless, all other aspects of their life are affected. Finances are strained, safety is compromised, adequate healthcare is rare without financial resources, and even a child’s education suffers when there is no place to study. In the state of Montana, where residents face low employment against an average cost of living, it does not take much to become homeless. But homelessness – especially family homelessness – is not inevitable. Multiple studies show that getting a homeless individual or family into housing as rapidly as possible is one of the most effective ways to address the additional inequities faced by the homeless population.

Ethnic minorities are disproportionately affected by homelessness and face many contributors such as lack of public transportation, child care, and inadequate treatment opportunity for both medical and behavioral health problems, and low employment opportunity. Certain discriminatory practices are ingrained in the choice to fair housing. This section will discuss housing in Montana statewide, focusing on discrimination and demographics of homeownership, renting, and homelessness. This section will also look at the various causes of homelessness in Montana and the dire housing needs on federally owned Indian reservations.
Demographics and Discrimination

A Montana survey done on homeless adults with a high school diploma or less, showed that 27% of them worked full or part-time, 22% spent the previous night with family or friends, 20% slept outside, 18% went to an emergency shelter, and 16% were in transitional housing or a domestic violence shelter. Overall, Native Americans make up 20% of the homeless population in Montana though they are only 6% of the total population in the state.

In Montana, 38.4% of Native Americans living below the poverty line versus 12.7% of White Americans. The highest poverty rates for children are within rural areas and communities, and anti-poverty programs are less successful in rural areas than urban due to factors such as lack of transportation, physical isolation, the stigma of government assistance, and less available healthcare.

Rental Discrimination

In 2003, the U.S. Department of Housing and Urban Development (HUD) conducted a study in Montana, Minnesota, and New Mexico. This was “the first time that HUD has included Native Americans in a study of housing discrimination,” according to Gary Gordon, the executive director of the National American Indian Housing Council.

The study sent test applicants of different ethnicities to multiple locations to apply for housing. The study was conducted in metropolitan areas, and Native American participants were members of various tribes who make up the largest populations in each region. The results determined that Native Americans are
discriminated against more often than any other ethnic minority on the basis of rental housing. Of those surveyed, discrimination against American Indians occurred 28.5% of the time when families or individuals applied for rental housing. Hispanics also faced discrimination at 25.7%, followed by African Americans at 21.6%, and Asians at 21.5%. In Montana, Native American renters experienced consistent adverse treatment comparable to White renters 28.6% of the time.

One noted example was in Billings, where the study found an apartment listed as available, and sent a 43-year-old American Indian woman to inquire. She told the agent she could afford to pay $250-300 per month. However, when she arrived, she was told the apartment had already been rented. Next, a 45-year-old non-Indian woman inquired about the same apartment. She was told that it was available and was offered a walkthrough.

In 2014, the Montana Human Rights commission received fifty complaints of housing discrimination against Native Americans on the basis of race. Other complains of racial discrimination included 37 from African Americans and none from White Americans. Complaints were filed in the areas of housing, employment, government services, public accommodations, and education, but the majority of housing discrimination complaints were filed by Native Americans.

Mortgage Lending Discrimination

Redlining is the practice of denying an applicant a loan for housing in a certain neighborhood, even though the applicant may otherwise be eligible. In Montana, American Indians are 8-10% more likely to have a mortgage application denied than non-American Indians with the same or similar credit, and in general, minority applicants are more likely to have loan applications denied than White applicants.

The 2014 “Analysis of Impediments to Fair Housing Choice” report, sponsored by the Montana Department of Commerce, looked at smaller Montana cities, or “non-entitlement areas,” excluding larger cities such as Billings, Great Falls, and Missoula. The Home Mortgage Disclosure Act Data recorded between 2004 and 2012 showed mortgage denials on the basis of race to African Americans at 34.3%, American Indians at 33.8%, and Hispanics at 29.2%.

Before the mid-90’s the federal government provided little or no access to mortgage financing for Native Americans to purchase a home on their reservation. In 1995, there was an initiative set forth by the Department of Housing and Urban Development, to increase the number of Native American homeowners in Montana and its surrounding states. The Indian Home Loan Guarantee presented equal opportunity for mortgage lending and has begun to shrink the existing gap between White and Native American homeowners. Montana and five surrounding states have collectively risen the homeownership
by 220% between 2005 and 2014. Over three thousand loans totaling more than 595 million dollars has been guaranteed to Native American homeowners on tribal land since 1995. These mortgage loans can be used to purchase or construct a home, it can be financed or paid at closing with a term no longer than 30 years. This program has increased access to capital for Native Americans as well as provided private funding opportunities for tribal housing agencies, allowing Montana families to secure financing on trust land that would otherwise be impossible to access.

Zoning and Checkerboarding

The 2010 “Analysis of Impediments to Fair Housing Choice” report looked at Missoula neighborhoods, and determined that zoning pushed affordable housing to the outskirts of town, creating segregation. Low income families are able to access only six of the 16 residential districts in Missoula where development of long-term affordable housing units is encouraged.

Indian reservations in Montana face an issue known as checkerboarding. The General Allotment Act of 1887 divided up the land on Indian Reservations to the tribe’s members and declared the remaining land “surplus.” The surplus land scattered throughout the reservations was no longer under tribal ownership, and was sold mainly to non-Indians, creating the checker pattern demographic of land ownership seen today. Non-Indians quickly took over the agricultural enterprise by simply having the ability to inventory and choose the land they purchased. Many tribes opposed checkerboarding because of the way it breaks up traditional communal settlements into individual plots. Native Americans were unfamiliar with such an individualized social construct and had become powerless.
Homelessness

Homeless individuals face a variety of problems that keep them from getting a job and finding a place to live on their own. When homeless individuals were asked what it would take to get them into a house or an apartment, they listed rental assistance, help with a rental deposit, and help getting a job as the top three answers. Other causes include disabilities and transportation problems. Substance abuse was ranked as the number one cause of homelessness according to a 2006 Montana survey, followed by employment problems, mental health, lifestyle choice, eviction, and domestic violence.

Urban settings, with larger populations, tend to house a variety of public resources and opportunities, while services in rural areas are disproportionately scarce when compared to places such as Missoula, Billings, and Bozeman. Although homelessness is still an issue in the large, urban areas of Montana, there is less attention and time devoted to developing resources in the smaller rural sections of the state, where homelessness could be fatal, especially during the winter months.

Montana is one of three states in the U.S. that does not spend any state money on housing assistance. Homeless housing is primarily supported by private donations or federal funds, but there is no source of funding from the state of Montana, which means nonprofit organizations must fend for themselves, and many facilities that were put in place years ago are in dire need of updating.

Domestic Violence

Domestic violence is listed as the leading contributor to homelessness for women by the Montana Council on Homelessness. Two-thirds of these women are Native American. Seventy percent of homeless families are headed by a single mother, 43% of which are Native American, 42% are white families, and 9% for Hispanics. This is seen in both rural and urban settings, however, on reservations there may be more opportunities for Native people to find housing with the help of public assistance programs aimed at improving the Native Americans’ quality of life. Domestic violence is a cause behind much of Montana’s “invisible homeless,” or families without a permanent dwelling, who stay with friends, relatives, sleep in cars, or live in motel rooms. In 2015, 105 school districts reported a combined number of 3,075 homeless students. Children make up about 30% of the state’s homeless population, some of whom are unaccompanied minors. Homeless youth are at a greater risk of dropping out of school, as they are trying to meet their basic needs and may not be able to afford books, food, clothing, or hygiene products, let alone stable housing.
The Cost of Homelessness

Millions of dollars are spent on homeless individuals each year through their visits to homeless shelters, ambulance rides, emergency room visits, jail and prison stays, chemical dependency, and mental health facilities. In addition to living in hazardous or unhealthy conditions, those experiencing homelessness can face criminalization from panhandling or trespassing. The cost per day in a Montana jail is $84.47. This is the state minimum and can be higher depending on the county. Medical costs from at-risk and homeless populations estimate to hundreds of thousands of dollars spent annually.

Housing in Indian Country

Poverty is the root of much bigger issues such as chronic disease, homelessness, the educational gap, and the housing scarcity on reservations. Today we see this on almost all Indian Reservations, not only are there more non-Indians living on reservations, data shows they are doing much better physically, mentally, and emotionally than Native people are by every measure. When it comes to the current housing situation on Montana reservations, it is not uncommon to see multiple families living in two or three-bedroom houses. In 2013, Brad Pitt’s organization Make It Right, partnered up with the Sioux and Assiniboine on the Fort Peck Reservation in Montana to build 20 homes for members in need of housing. Fort Peck is one of the most overcrowded reservations in Montana with over 600 families currently waiting for housing. These homes are solar-powered with 3-4 bedrooms, 2-3 bathrooms, and are available to members with income levels at or below 60 percent of the Area Median Income. Homeownership is also an option through Make It Right with a structured, low-income rent-to-own program with an average payoff in 15 years.

It is important to understand that Indian Reservations are not exclusive to Native Americans and there is a lot of jurisdictional confusion and conflict which increases tension and creates a power struggle. Reservations were designed to force Indigenous people out of their comfort zone and into the European way of life by giving them limited options. They were expected to get jobs, earn money, and pay for the commodities they once hunted and gathered freely and with care. Currently Native Americans are displaced in their own communities and have grown dependent on the federal government through social services and geographical barriers.

Methamphetamine production has cost tribes millions of dollars for clean-up and testing of homes when people are evicted for drug use. In 2014, the Confederated Salish and Kootenai Tribes realized that 70% of the 445 rentals provided by the Housing Authority, were contaminated with meth. The Montana Department of Environmental Quality has created a website where there is a list.
of contaminated homes throughout the counties. As of 2016, there were as many as 164 that had been tested and deemed contaminated by the DEQ. There are still hundreds of houses to be tested and millions of dollars going to clean-up and restoration.

When the original Native American owner of the land dies, ownership is inherited by the second generation of their family. Considering a family can grow exponentially over generations, there are often numerous owners of one piece of land whom each collect an individual interest based off the amount of land they are entitled to. Administrative costs have increased drastically for the tribe and will only continue to get worse as a direct result of the General Allotment Act’s division of land to members in 1887.
What can be done to end homelessness and housing discrimination?

A ten-year plan to address the homelessness issue in Montana began in 2007 when staggering statistics were revealed across the state. Montana is one of six states that have seen an increase in homelessness since 2008 in the U.S., below North Dakota. The Flathead Homelessness Interagency Resource and Education’s Five-Year Plan to Address Homelessness identified a Housing First approach as the most effective way to provide housing and services to homeless individuals. The plan cites rapid-rehousing as a successful strategy used by communities nationwide. As most households become homeless from financial crises or domestic conflicts, many families can return to stable housing with short-term assistance. Rapid-rehousing and rental assistance keeps families from becoming completely homeless, evading the crisis before it takes its toll.

However, there are several key areas of focus that need to be addressed if there is going to be a change in the current housing situation and the cost of living in Montana. Affordable housing is one of the biggest needs for urban areas such as Missoula, Great Falls, or Billings. But for both rural and urban areas of Montana, there is the need for addiction treatment, emergency food access, and initiatives for economic development and wage equity. Women, and particularly Native American women, are seeing the worst of it in their wages throughout the state, so it is crucial to provide increased economic mobility for women, who are more likely to be heads of single-parent households. It is also clear that discriminatory practices and policies are ingrained in renting, lending, and land-owning across Montana. In addition to the need for support for at-risk populations, practices should be scrutinized and those who engage in them should face more accountability.
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