

**Department of Health and Human Services
Secretary's Tribal Advisory Committee Meeting
Washington, DC**

September 17-18, 2013

Executive Summary

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on September 17-18, 2013, at the Hubert H. Humphrey Building in Washington, DC. The meeting provided an opportunity for the STAC to converse in-person and hear updates and engage in discussion on the Department of Health and Human Services (HHS) budget, human service issues, Intradepartmental Council on Native American Affairs (ICNAA), HHS data, tribal state relations, Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Affordable Care Act (ACA), and staff and operating divisions' work on Indian issues and initiatives. The STAC also prepared for a discussion on its priorities with HHS Secretary Kathleen Sebelius, met with the Secretary, and addressed its business items. Throughout the meeting, the STAC was afforded numerous opportunities to engage with HHS leadership, program staff, and agency officials. The meeting was facilitated by the STAC's Chairman Gary Hayes. The following members were present for the roll call: Gary Hayes, Aaron Payment, Steve Cadue, Roger Trudell, Cathy Abramson, Rex Lee Jim, Gloria O'Neill, Cheryl Frye-Cromwell, Steven Ortiz, Arlan Melendez, and Chester Antone. A quorum was met.

As the meeting transpired, the following action items were recorded:

1. Paul Dioguardi agreed to distribute tentative dates to the STAC for its next meeting once the dates for the White House Tribal Nations Conference were made available; and Gary Hayes indicated that committee members could then email Stacey Ecoffey their input on the dates so a final decision could be made.
2. Norris Cochran agreed to follow-up on the issue of advance funding to tribes, saying it was not an option he had heard previously addressed.
3. Norris Cochran agreed to speak with his policy official, the counterpart to Julian Harris, to request that an Office of Management and Budget (OMB) representative provide a budget presentation to the STAC and hear from the committee about challenges confronting Indian Country.
4. Cathy Abramson agreed to provide an analysis that shows that Indian Health Service (IHS) should be exempt from sequestration in 2014-2021, to Norris Cochran through Stacey Ecoffey (who agreed to copy and distribute it).
5. Norris Cochran agreed to provide information on targeted funding outside of IHS for tribes, in response to Steve Ortiz's request for data on non-IHS programs tribes are participating in.
6. In response to a request that she write a clarifying letter on the IHS' position concerning the Dental Health Aide Program (DHAP), Yvette Roubideaux agreed to look into concerns about a letter from Dr. Chris Halliday, written 3 to 4 years ago, that is being used as "support" to say the Federal Government/agencies oppose the DHAP.

7. Gary Hayes requested that Stacey Ecoffey distribute to the STAC an electronic copy of the PowerPoint presentation on rebooting (which talks about budget issues) that was given to participants at the National Indian Health Board (NIHB) Consumer Conference. [He said “Jennifer” would email her the file.]
8. Brian Sivak agreed to work with Yvette Roubideaux to distribute information to the STAC on the Health Data Initiative (HDI). [He said they have a broad philosophical document, as well as a specific execution plan of work activities.]
9. Damon Davis agreed to work with Lillian Sparks to develop a prototype for her request for a single reporting mechanism for all human service activities at the Administration for Children and Families (ACF) that would allow tribes to input their data and generate a report to help understand how their Head Start, Temporary Assistance for Needy Families (TANF), or Child Care programs are making a difference in the lives of children and families, as well as shape policies put forth by ACF.
10. Gloria O’Neill agreed to provide a write-up to Brian Sivak on Cook Inlet Tribal Council’s project to use TANF savings to build a video game that will engage participants in work participation hours so he can share it with one of the teams working in the HHS Ignite Program (under the auspices of the Idea Lab) that is working on a video game to improve health.
11. Mirtha Beadle encouraged the STAC to provide feedback on the resource list regarding suicide prevention that was distributed during the meeting.
12. Regarding the marketplace.cms.gov website, Mayra Alvarez welcomed the STAC’s feedback on additional AI/AN-specific information to be posted.
13. Yvette Roubideaux agreed to check on the status of contracts with providers in Arizona, per Chester Antone’s request.
14. Cindy Mann agreed to look into the denial notices that Ken Lucero mentioned New Mexico would be sending out to applicants who are eligible under Medicaid expansion and apply between now and the end of the year.
15. Per Cathy Abramson’s request, Chiquita Brooks-LaSure agreed to take back the message to the Communications Office that additional training for call center staff is needed, particularly around Native concerns.
16. Chiquita Brooks-LaSure agreed to provide the name of a contact person at the Center for Consumer Information and Insurance Oversight (CCIIO) for Ken Lucero to engage with about tribal concerns in New Mexico on the health insurance exchange and the No Wrong Door policy.
17. Geoff Roth agreed to provide the STAC with links to the YouTube training videos on the Health Insurance Marketplace.
18. Isabel Garcia agreed to send a link to the Federal Register announcement for the National Institutes of Health’s Genomic Data Sharing Policy update to Stacey Ecoffey.
19. The STAC was encouraged to contact the Office of Minority Health’s Tracy Branch to learn more about the recommendations or to provide feedback on the Presidential Advisory Council on HIV/AIDS’ resolution on the needs of male-bodied two-spirit individuals living with or at risk of HIV.
20. Craig Wilkins agreed to find out for Roger Trudell if his region would get an award notification if funds were increased for the Center for Disease Control and Prevention’s (CDC) Capacity Building grants, as they were recommended for funding but not awarded due to budget constraints.

21. Craig Wilkins agreed to follow-up with the CDC's National Center for Immunizations regarding Steve Ortiz's inquiry about why tribal health clinics can't have a supply of Hepatitis C vaccines.
22. Gary Hayes asked Stacey Ecoffey to consolidate information on the various committee openings per Roger Trudell's request that the information be compiled so his region could get the appropriate people on them.
23. Gary Hayes suggested that the IHS do a presentation on how Hepatitis can be contracted so that IHS clinics can publicize the information.
24. Pamela Hyde agreed, per Gary Hayes' request, to get a report out on follow-up activities from the Tribal Policy Academy.
25. Per Gary Hayes' concern about getting professionals to come to rural areas, Pamela Hyde offered to see if workforce programs can do a tribal focus in terms of attracting professionals to rural/small areas and how to support them when they are the only ones there.
26. Chester Antone agreed to send a resolution to Mary Wakefield on getting reimbursement to IHS [facilities] for servicing illegal immigrants. Mary Wakefield agreed to work with Yvette Roubideaux to see if there was more that could be done on the issue.
27. Chester Antone requested that Dr. Roubideaux have a discussion with the Centers for Medicare & Medicaid Services (CMS) to determine if they supported an extension of the 1115 waiver in Arizona.
28. George Sheldon suggested that the topic of workforce issues be addressed at the next STAC meeting.
29. The STAC was instructed to contact Elizabeth Carr or Stacey Ecoffey to register for the Access to Grants Workshop that will be held October 8-9, 2013.
30. Lillian Sparks agreed to share Gloria O'Neill's recommendation for a 1- to 2-day technical assistance workshop on the grants matrix with the ICNAA.
31. Pamela Hyde suggested that tribal leaders be given guidance about what the language in the law would have to say in order for an agency to do tribal priorities.
32. Secretary Sebelius agreed to forward the STAC's request for a meeting with OMB examiners who are responsible for IHS before OMB makes decisions on the FY 2015 budget.
33. Secretary Sebelius was asked and agreed to consider clarifying the Department's position on the DHAP by writing a letter of support for the innovative program.
34. Cathy Abramson agreed to provide Secretary Sebelius with information from various calls placed into the call center that yielded problematic responses as evidence to support the need for call center staff to be provided with additional training.
35. Aaron Payment agreed to provide Secretary Sebelius with an analysis that shows that the treatment for sequestration as it relates to IHS in 2013 is different than 2014 and beyond.
36. Secretary Sebelius agreed to look into the possibility of the CMS taking on the mission and purpose of Bureau of Indian Affairs (BIA) programs that benefit Head Start recipients, should those programs get zeroed out in the FY 2015 budget.
37. Chester Antone requested that Secretary Sebelius submit a letter to Congress for renewal of the Special Diabetes Program for Indians (SDPI).
38. Secretary Sebelius agreed to revisit options for Indian health facilities to receive reimbursements for care provided to Medicaid eligible individuals up to 138% of the Federal Poverty Level (in states that don't expand Medicaid).

39. Paul Dioguardi agreed to coordinate the inclusion of additional time on the STAC's next meeting agenda for a longer tribal caucus.

The first day of the meeting began with Chairman Hayes and Paul Dioguardi, Director, Office of Intergovernmental and External Affairs (IEA), providing welcoming remarks. After an invocation by Rex Lee Jim, Vice President of the Navajo Nation, the Office of Budget's Norris Cochran provided the STAC with updates on the HHS budget. He acknowledged the challenges, especially at the local level, resulting from sequestration; and he assured the tribal leaders that his office is trying to communicate the "real world" impact to the OMB. In terms of IHS dollars, he said \$165 million were lost in 2013; and despite the Administration's attempts to get rid of sequestration with new revenues and targeted reductions, he said that under the current law another sequester would be implemented in 2014 if it's not overturned. In terms of 2015, he said the budget process is in the early stages; notwithstanding, OMB has put out guidance requesting that all departments come in at reduced levels relative to the 2014 budget. Mr. Cochran reconfirmed the Secretary and Administration's commitment to making funding to Indian Country a priority. To that end, he said they continue to fight for increases in areas such as child care, mental health, and support services. When asked about the budget request for contract support costs (CSC), Mr. Cochran said there wasn't one for 2015. For 2014, IHS Director Yvette Roubideaux said the President's budget proposal has a \$5.8 million increase for CSC. In response to concerns about how the fiscal woes would impact the ACA, Mr. Cochran said the "direct supports" are funded within the ACA itself. In terms of implementation costs through CMS, he said they have been creative in freeing up money to make sure the Marketplace is ready to launch in the coming 2 weeks. In response to Mr. Cochran's presentation, Councilwoman Abramson called for HHS' support of advanced funding to tribes for 2015. Chairman Payment echoed the sentiment, saying advance funding would be especially useful for Head Start. Mr. Cochran agreed to follow-up on the issue, saying it was not an option he had heard previously addressed.

Dr. Roubideaux led a discussion on IHS issues. In terms of the IHS budget, she said everything was done that could be done to cut administratively in 2013. With thin margins for error, she added that it would be quite challenging if the 2014 budget falls below 2013 levels. Dr. Roubideaux reminded the STAC that Tribal recommendations for the 2015 budget formulation have already been received and she said she plans to meeting with OMB at the end of the month on the matter. She announced the dates for a virtual Tribal Consultation Summit, to be held on October 9-10, 2013, from 2pm – 5pm, EST; and she discussed the DHAP. Regarding the latter, she was asked to write a letter that would make clear the IHS' position on the program. Finally, pertaining to the issue of CSC, Dr. Roubideaux reemphasized her intention to find a solution to the contentious topic.

Damon Davis, Chief Technology Officer's Office, discussed HHS data, particularly the Department's Health Data Initiative (HDI)—an effort to liberate data from the Department's health data stores, i.e., data that they curate, collect, and analyze through various mechanisms. He noted that health care is an area where data can be used for cost reductions, improved efficiencies, and greater effectiveness in delivering health care and human services. To that end, he said the HDI aims to leverage the use of data beyond its initial purposes. Mr. Davis shared the direction of the HDI, saying the new approach includes making healthdata.gov a discovery

zone of resources across the Department and across the country, as well as making the platform more user friendly. After sharing specific goals of the initiative, he closed his presentation with soliciting feedback on what data should be released, used, and how to bring about a culture shift to encourage data transparency.

Chief Technology Officer Brian Sivak joined the discussion, commenting that both the Secretary and Deputy Secretary are behind the HDI 100 percent. He commented on the value of making the data available in responsible ways; and he said his office would soon be releasing a broad philosophical document, as well as a specific execution plan of work activities, for comment.

He also discussed the concept of the Idea Lab, saying it gives people an opportunity to experiment with and explore new ideas.

Mary Wakefield, Administrator, HRSA, accompanied by Dr. Michael Lu, HRSA, and Linda Smith, ACF, joined the STAC meeting to provide an update on the HRSA. Dr. Wakefield first provided an overview of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which supports the development of health children and families through home visiting. She noted that the tribal side of the program is administered by ACF, and then she posed the following questions for consideration:

- How can tribes, tribal organizations, and tribal elders support the success of tribal home visiting programs?
- How can tribes, tribal organizations, and tribal elders help with developing the home visiting workforce?
- How can we work with tribes to build tradition, language, and culture into home visiting programs in a meaningful way?

For his portion of the presentation, Dr. Lu focused his remarks on the state portion of the program; while Ms. Smith primarily discussed the Tribal MIECHV Program. It was noted that a total of 14 home visiting models are deemed evidence-based; there is 3 percent set-aside for Tribal MIECHV programs, as well as a 3 percent set-aside for research and evaluation; and ACF is using a combination of Tribal Home Visiting funds and Head Start money to fund four projects on four reservations to identify how to break down barriers between the Tribal Home Visitation program, Head Start program, and Child Care program to better meet the needs of early childhood in those communities.

Before ending the session on HRSA, Dr. Wakefield directed the STAC to the packet of materials for information on suicide prevention activities from the Substance Abuse and Mental Health Services Administration (SAMHSA), HRSA, and IHS; and she asked that they consider for future discussion how the three operating divisions can ensure tribes are aware of and have access to the resources.

George Sheldon, Acting Assistant Secretary, ACF, and Lillian Sparks, Commissioner, Administration for Native Americans, ACF, updated the STAC on human services issues. Acting Assistant Secretary Sheldon began the presentation by noting that the ACF TAC had its first

meeting in July 2013. He went on to say that a visit to the Navajo Nation provided him with additional insight in terms of how ACF programs intersect.

Next, Acting Assistant Secretary Sheldon announced the resignation of ACF Commissioner Bryan Samuels, saying the process is underway to find his replacement. He also indicated that Joo Chang from the Casey Family Programs in Seattle will be joining ACF (on September 23rd) as the new Associate Commissioner for the Children's Bureau; and Bill Bentley will head the Family and Youth Services Bureau (FYSB) beginning on October 1st. Acting Assistant Secretary Sheldon reiterated his commitment to encouraging tribal communities to consider applying directly for IV-E dollars. He said he would ultimately like to get to a point of considering for tribal communities a IV-E Waiver which would allow greater flexibility and utilization of IV-E dollars in child welfare. Before yielding the floor to Commissioner Sparks, Acting Assistant Secretary Sheldon also indicated that guidance to child welfare systems on child trafficking was issued the day prior, saying lesbian, gay, bisexual, and transgender youth and Native American children are particularly vulnerable to be trafficked. He also indicated that ACF is now working with BIA and OMB to implement guidance on "477."

For her part of the presentation, Commissioner Sparks shared discussions that were had at the first ACF TAC meeting; and she provided an overview of the ANA program, particularly addressing the new Sustainable Employment and Economic Development Strategies (SEEDS) program—which looks at economic development strategies being promoted within Native communities. She said 63 proposals for funding were submitted and award announcements will be made by the end of the fiscal year, along with other program award announcements. She said the 19 language grant awardees for the current fiscal year have been determined, 13 of which will be Preservation and Maintenance related and 6 under the Esther Martinez Native Languages Act funding (which focuses on immersion and immersion activities). Finally, Commissioner Sparks said ANA has been working closely with its Tribal Home Visiting, Child Care, and Head Start offices to look at how it might do a better job of messaging how they support Native language programs across ACF; and she indicated that a language summit with the Bureau of Indian Education and the Department of Education is tentatively being planned for fiscal year 2014.

Dr. Roubideaux was joined by the following individuals to update the STAC on the ACA: Mayra Alvarez, Director of Public Health Policy, Office of Health Reform; Chiquita Brooks-LaSure, Deputy Director for Policy, CCIIO; and Cindy Mann, Deputy Administrator and Director, Center for Medicaid and CHIP Services. Ms. Alvarez started the presentation, providing information on enrollment, outreach, and education activities; Ms. Brooks-LaSure updated the STAC on Marketplace activities since the last STAC meeting; Ms. Mann discussed Medicaid expansion and outreach and educational activities; and Dr. Roubideaux shared information related to IHS. Among the highlights from the panel presentation included the following:

- Enrollment into the Health Insurance Marketplace will begin October 1, 2013, and last for 6 months.
- A toll-free Call Center was launched at the end of June 2013.
- IHS continues to support the National Indian Health Outreach and Education Project (NIHOEP), to do area specific outreach and education regarding the ACA.

- Applications are being accepted and trainings are underway to train organizations interested in providing in-person assistance to consumers as certified application counselors.
- Through the Champions for Coverage Initiative, organizations can help spread the word about the Marketplace.
- The marketplace.cms.gov website contains some AI/AN-specific information, as well as PowerPoint presentations, fact sheets, talking points, other tools, and schedules for trainings.
- Rates for the FFM will be available in October.
- 25 states including the District of Columbia have decided to expand their Medicaid program for low-income adults beginning January 2014 (with Michigan beginning in April 1, 2014).
- The Medicaid.gov website will contain state-by-state descriptions of what will be available as of October 1st.
- The CMS Tribal Affairs staff has produced two Health Insurance Marketplace and Medicaid Expansion video products, one which familiarizes AI/AN applicants with the streamlined application process and a shorter video that can be shown in clinic waiting rooms about the application and Indian provisions in the ACA. The videos will be posted on the CMS YouTube website.
- As of October 1, 2013, all IHS staff must be able to answer ACA-related questions or refer the individual directly to a person who can; assist with online applications; have talking points about the Hardship Waiver; and help people understand their choices.
- IHS has a commitment to get one person in all of its federal facilities (in states with the federally facilitated Marketplace) to take the certified application counselor training and is working with CCIIO to accomplish this.
- Additional information concerning the Hardship Waiver is forthcoming.
- IHS is working with CCIIO to get the issue of electronic verifications sorted out and is working on a simple form letter that can be used to verify their IHS eligibility.

The first day of the STAC meeting closed with the committee members meeting in a closed session to prepare for the follow day's meeting with HHS Secretary Kathleen Sebelius.

The second day of the meeting began with STAC members meeting in a closed session. Once the meeting officially opened, the STAC was updated on staff and operating divisions' work on Indian issues and initiatives. Updates were provided for and by the following:

- **Administration for Community Living (ACL)** – Jason Bennett, Chief of Staff
- **National Institutes of Health (NIH)** – Isabel Garcia, Deputy Director, National Institute of Dental and Craniofacial Research,
- **Office of Minority Health (OMH)** – Nadine Gracia, Deputy Assistant Secretary for Minority Health, and Director, Office of Minority Health
- **Centers for Disease Control and Prevention (CDC)** – Craig Wilkins, Acting Associate Director for Tribal Support
- **Substance Abuse and Mental Health Services Administration(SAMHSA)** – Pamela Hyde, Administrator

Following the updates, the STAC members discussed specific issues and shared tribal priorities with the federal representatives. Among those priorities included: funding, workforce development, early childhood education, and Indian child welfare. Details on the HHS federal members' presentations and corresponding discussions, as well as details on other agenda sessions and associated questions, comments, and answers, are provided under separate cover.

During her update on the ICNAA, Commissioner Sparks also discussed tribal state relations. She said the STAC's Tribal State Relations Subgroup most recently met in early September in Albuquerque to discuss its priorities: outreach to tribes via new venues and forums; CMS activities related to implementation of the ACA; tribal consultation requirements that are part of the ACA; and child welfare issues. She said they also talked about data, particularly the transparency of data when states' collect it on behalf of the tribes; and she reminded the group that the HHS Tribal Consultation Policy has a section that talks about tribal state relationships and includes the topic of data transparency. After sharing information from the group's visit with the Commissioner on Indian Affairs in North Dakota, Commissioner Sparks said they've also spoken with representatives from New Mexico and Maine, saying they are expanding their role in facilitating conversations between states and tribes. In terms of ICNAA activities, she provided the following highlights: the Access to Grants Workshop will be held October 8-9, 2013; the Tribal Self-Governance Report has been completed; ICNAA will be providing technical assistance on the grants matrix, which is in the final stages of completion; and ICNAA's newest priority is data, both health and human service data.

Secretary Sebelius joined the meeting, first thanking Chairman Hayes for his leadership of the STAC. She commented on her visit to Navajo Nation, saying it gave her an opportunity to see some of the ongoing challenges faced by Indian Country and the unique challenges of the Navajo. The Secretary expressed her pleasure that they were able to clarify that tribes operating 477 projects now have additional flexibility to use funds to meet the needs of their community; and she noted the importance of the beginning of the 6-month campaign for open enrollment into the Health Insurance Marketplace that will begin on October 1, 2013, and the ongoing campaign for Medicaid expansion in states that have yet to accept the federal offer. Finally, the Secretary acknowledged the angst around the issue of CSC, commenting that she looked forward to working with them on the issue and making it clear that she discouraged any effort to use Dr. Roubideaux's re-nomination as a leverage point to try to negotiate on the issue.

After the Secretary's comments, Chairman Hayes invited the STAC members to present the committee's priorities to her. Among those priorities included the following: funding (especially for Head Start); settling CSC issues; supporting the DHAP; enhanced training for Call Center staff (especially related to AI/AN concerns); increased tribal set-asides; and support for the renewal of the SDPI.

As the meeting drew to a close, the STAC agreed to schedule its next meeting in conjunction with the timing of the White House Tribal Nations Conference. The meeting ended with Chairman Hayes thanking the committee members for their contributions and Councilman Antone providing a closing prayer.