

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

December 1-2, 2015

Executive Summary Report

Tribal leaders challenged the federal government to take more risks to create more innovative programming during the final 2015 meeting of the Secretary's Tribal Advisory Committee (STAC). STAC members repeatedly called for greater flexibility, creativity and leadership as they seek solutions during the last year of the Obama Administration. Even as Indian Country advances on such issues as Public Law 102-477, problems from the Affordable Care Act (ACA) employer mandate threaten to push several tribes into insolvency. And once again, the suicide epidemic in Native communities dominated the agenda. In the absence of the committee's chair and co-chair, Will Micklin led the meeting.

Members Present for Roll Call: Ron Allen (Portland Area), Chester Antone (Tucson Area), Russell Begaye (Navajo Area), Judy Elaine Fink (California Area), Leonard Harjo (Oklahoma City Area), Lynn Malerba (Nashville Area), Gloria O'Neill (Alaska Area), Arlan Melendez (Phoenix Area), Roger Trudell (Aberdeen/Great Plains Area), and Robert McGhee and William Micklin (National At-Large Members). (Quorum Met)

Action Items

Administration for Children and Families (ACF)

- Ms. Chaffin of the Office of Community Services (OCS) suggested a working session with tribes to continue discussing how P.L. 102-477 can work with the Low Income Home Energy Assistance Program.
- Commissioner Sparks Robinson will talk with ACF leadership about advocating for additional flexibilities for facilities in tribal communities. Tribes want to get maximum use out of these limited resources.

Generation Indigenious

- Ms. Ecoffey recommended providing a fuller schedule of Gen-I regional events, dates, preregistrations and so on to STAC members during the March 2016 meeting.
- The STAC website will be updated to include links to other Tribal Advisory Committees. Within the next few weeks, Ms. Ecoffey will share the master calendar of everything going on at Department of Health and Human Services (HHS) with STAC members.
- Mr. McSwain will check on the status of a tribal health and well-being coordination plan.

Secretary's Tribal Advisory Committee Meeting

December 1, 2015

Welcome and Meeting Logistics

Attending STAC for the first time was Angela Botticella, Principal Deputy Director of the Office of Intergovernmental and External Affairs (IEA). Ms. Botticella served in place of IEA Director Emily Barson, who is currently out on leave. Following introductions, STAC members approved the meeting agenda without objection.

The STAC meeting dates for 2016 are as follows:

- March 1-2, 2016
- June 7-8, 2016
- September 13-14, 2016
- December 6-7, 2016

Reappointments will occur in February 2016. Stacey Ecoffey is the contact person for those who want to resubmit for reappointment, said Mr. Micklin.

Indian Health Service (IHS) Issue Discussion

Robert McSwain, Principal Deputy Director

IHS continues to focus on these agency priorities developed during the past seven years:

- Renew and strengthen tribal partnerships -- The Indian Health Care Improvement Act (IHCIA) added a dimension for urban Indian programs called conferring. In response, IHS developed and issued a confer policy last fall. Mr. McSwain also participated in listening sessions within the 12 IHS areas. The in-person sessions included site visits to tribal and urban facilities. Further, IHS conducted sessions at four national tribal meetings. The agency will share what staff learned from those visits.
- Improving Indian Health Service programs and systems.
- Improving access and quality of care.

Transparency/accountability will serve as an operating principle for all IHS priorities.

Other key focus areas include

- The budget -- The President requested \$5.1 billion for the Indian Health Service.
- Contract Support Costs (CSC) -- IHS continues to settle claims as it looks to the future in terms of accurately projecting costs and obligations. The agency has settled more than 70 percent of all claims. As of November 20, IHS has extended 1,290 settlement offers to tribes. A total of \$745.5 million has gone to tribes for contract support cost claims.
- Affordable Care Act -- Outreach and education are ongoing.

Other updates:

- Mary Smith is the new Deputy Director for the Indian Health Service. As the first ever political at the deputy level within IHS, Ms. Smith will take the lead on behavioral health issues.
- Reports coming out of the Special Diabetes Program show that the prevalence is beginning to level off. The program is a model for chronic care. IHS has combined the Healthy Heart Program into the Community Directed Diabetes Program, which has increased the amount of funding available for the first time in about 10 years.
- Every area where IHS held a listening session is experiencing problems with suicide, particularly with the youth. Alaska has dropped slightly but the state still triples the suicide rates in the lower 48. As it seeks to address behavioral health concerns, IHS continues to coordinate efforts with the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA) and other agencies. Tribal leaders must help that coordination occur at the local level as well, said Mr. McSwain.
- As part of the Zero Suicide Initiative, every IHS health care provider must look for distress indicators even during routine medical appointments. Through this effort, IHS will use its health system to remain alert and identify at risk patients of all ages.

HHS Budget Updates

Norris Cochran, Deputy Assistant Secretary for the Budget

Mr. Cochran met with STAC members during a critical week for both the current fiscal year and the budget that will go up on February 1, 2016. House leaders and the White House signaled an openness to extending the current continuing resolution for one week.

Regarding the 2017 budget, staff expect to receive a first reaction from the Office of Management and Budget (OMB) soon. The 2017 budget is the last policy statement that the Administration will put forward. Leaders may push the '17 appropriations until after the election. The caps level out in '17, said Mr. Cochran.

In response to a question from Mr. Allen, Mr. Cochran said that of the \$50 billion in 2016, \$25 billion will go toward defense while the remaining amount goes to non-defense. Congress also grew the size of what is called an Overseas Contingency Operations (OCO) fund and allowed for \$6 billion from that source to go for non-defense.

In 2017, the Contingency Operations Funding levels out. The cap will still be equally split, so '17 will still be above '16 but not at the same pace of growth, said Mr. Cochran.

Mr. Cochran also covered these points.

- Transition efforts for the end of the Obama Administration have not formally begun. In the next calendar year, staff will begin providing key information about the population, health and ongoing efforts in Indian Country.

- Through the Nonrecurring Expenses Fund, money is available for capital acquisitions. Mr. Cochran reported a \$5 million grant for IT investments for IHS. Funding opportunities of \$45 million and \$60 million for construction are part of the budget process. The House and Senate both took action that would make the fund unavailable in 2016 but staff continue to make the case for these critical funds.

Affordable Care Act (ACA), Centers for Medicare and Medicaid Services (CMS)

Geoff Roth, Office of Intergovernmental and External Affairs

Kitty Marx, Director, Tribal Affairs Group, Centers for Medicare and Medicaid Services

Vicki Wachino, Deputy Administrator, Centers for Medicare and Medicaid Services

Tribal ACA outreach efforts focused again on reaching Native Americans in urban communities. Activities have included Days of Action and other enrollment events in Phoenix, Dallas, Tulsa, Anchorage, and Oklahoma City.

Medicaid has worked closely with the Indian Health Service on outreach events. Staff continue to test and develop outreach materials. Ms. Marx also clarified that under the Marketplace, AI/ANs can enroll in a zero cost-sharing plan if they have a federal poverty level of 100 to 300 percent. For a federal poverty level below 100 percent, they can enroll in a limited cost-sharing plan.

Other points of interest:

- Training will occur in 12 cities, including Phoenix, Omaha, Albuquerque and New York City. These events will educate third-party business office coordinators, Assistors and Navigators on the Marketplace, basics on Medicaid and Medicare, and information from the Veterans Administration and Social Security Administration.
- Montana and Alaska have both moved forward with Medicaid expansion. Conversations with South Dakota also have begun.

Employer Mandate Discussion

Allison Grigonis, Senior Director of Cabinet Affairs, White House

Geoff Roth, Office of Intergovernmental and External Affairs

Kristi Martin, Office of Health Reform, Office of the Secretary

Lisa Wilson, Centers for Consumer Information and Insurance Oversight (CCIIO)

Tribes continue to express concerns about the employer mandate and how it is affecting their facilities when they provide insurance to member and nonmember employees. A cross section of tribes recently spoke at the White House about this issue, offering insight on how the mandate operates on the ground in tribal communities. Tribes seek more consultation on the issue as well

as an administrative solution. Tribes also expressed support on a legislative fix that has been introduced.

HHS staff continue to walk through tribal concerns both internally and with the Department of Treasury and the White House.

Marketplace Enrollment Update

Lisa Wilson, Centers for Consumer Information and Insurance Oversight (CCIIO)

CCIIO has seen the best response to enrollment so far this year. Noting three weeks of data, Ms. Wilson reported that more than 1.6 million consumers have selected coverage, including half a million who are new customers. More than a million existing customers have come back into the Marketplace to shop, compare plans or select the same plan. The system is smoother and more stable, which results in faster response times.

Administration for Children and Families (ACF)

This session provided details on the following areas under ACF:

Indian Child Welfare Act (ICWA) Implementation

Rafael Lopez, Commissioner, Administration on Children, Youth and Families, ACF

Mr. Lopez reported good progress within two ACF areas. To get a look at tribal youth issues across the country by states, ACF has released the report on state consultations with tribes and ICWA implementation from Child and Family Services Plans. The report, which had been delayed for some time, will be available online following its presentation to STAC members.

Data points of interest include:

- In the summary of what ACF received, 16 states, Puerto Rico and the District of Columbia report having no federally recognized tribes. However, some have state recognized tribes.
- 23 states and the District of Columbia did not report any data on the assessment of ICWA compliance.
- 14 of the 30 tribes reported some degree of concern about how the states comply with ICWA or how the states consult and collaborate with tribes.

Mr. Lopez also discussed the Adoption and Foster Care Analysis and Reporting System (AFCARS) Supplemental Notice of Proposed Rulemaking. After undergoing a rewrite under intense timelines, this report has finished ACF review and will move on to departmental review. The report will come back to the staff from OMB in early 2016. After final edits, the report will go out to the public.

Among the report highlights:

- The proposed AFCARS data elements will give tribes previously unavailable data.
- Staff want to use the data to promote effective tribal/state collaborations and consultations.
- ACF also seeks to provide specific training and technical assistance to build state agencies' capacity to comply with ICWA.
- The report will play a key role in developing policies that address inequities and disparate representation that can occur when states don't follow ICWA.

Other updates:

- The Children's Bureau (CB) recently released Tribal IV-E Plan Development Grants
- The Family and Youth Services Bureau (FYSB) also offered Tribal Personal Responsibility Education Programs (PREP) grants as well as Runaway and Homeless Youth Basic Center Program grants.

Tribal Child Care Updates -- the New CCDF Tribal Plan

Rachel Schumacher, Director, Office of Child Care (OCC)

Ms. Schumacher offered the latest details on the OCC and the Child Care and Development Block Grant (CCDBG) Act reauthorized by Congress about a year ago. This act governs the Child Care and Development Fund. Tribes use these funds to offer and improve the quality of child care.

Discussion highlights included these points:

- Since passage of the law in November 2014, OCC staff members have sought consultation with tribes to think about how the child care block grant makes sense for Native communities. The new law promotes family economic stability and child development. More low-income children would have access to high quality child care.
- States must develop their own plans for how to implement this law. Those plans are due March 1. At the option of tribes, states must consult with tribes around the development of those plans.
- A Notice of Proposed Rulemaking, which staff hope to release by the end of the year, would also describe how the law applies to tribes. OCC held five sessions between February and June to solicit tribal input. Listening sessions also occurred at the National Indian Child Care Association meeting.
- To give tribes time to consult with the federal government and digest the provisions of the new law, OCC moved the due date for tribal plans back to July 2016. The plan, which serves as a funding application, spells out a tribe's goals and how it will use the money. Staff seek to release a draft of the plan at the end of December.
- The National Tribal Center will offer intensive regional training to help tribal administrators complete out the plan.

Administration for Native Americans (ANA)

Lillian Sparks Robinson, Commissioner

Commissioner Sparks Robinson offered these updates from ANA:

- The President's budget request included a proposal regarding Generation Indigenous that talked about ANA and Native languages. The request included a \$3 million increase for a Native Language Community Coordination Initiative. The effort will fund communities that have language programs in the areas of early childhood, K-12 settings and higher education settings.
- The funding announcement, which will come out in February, will be available for 90 days.
- A new competition specific to Native youth will focus on building resilience and self-esteem. These grants will fund youth led efforts in terms of design and implementation. The competition will solicit youth reviewers as well.

Office of Community Service (OCS) P.L. 102-477 Inclusion of CSBG

Jeannie Chaffin, Director

OCS oversees the Community Services Block Grant and the Low Income Home Energy Assistance Program (LIHEAP) as well as the Social Services Block Grant, the Assets for Independence Program and the Community Economic Development Program.

Ms. Chaffin addressed these issues with STAC members:

- At the request of tribes, ACF added the Community Services Block Grant to 477.
- After reviewing the LIHEAP statute and the 477 statute, ACF could not add LIHEAP to 477.
- Ms. Chaffin remains open to discussing the flexibilities tribes want with regard to 477 and LIHEAP.

(Whereupon, the meeting adjourned at 5:09 p.m., to resume at 8:00 a.m. on Wednesday, December 2.)

Secretary's Tribal Advisory Committee Meeting

Wednesday, December 2

Mental Health and Suicide Epidemic Discussion

Stacey Ecoffey, Principal Advisor for Tribal Affairs, IEA

Lillian Sparks Robinson, Commissioner, ANA

Kana Enomoto, Acting Administrator, SAMHSA

Robert McSwain, Principal Deputy Director, IHS

Following a tribal caucus and an opening prayer, the STAC meeting resumed at 10:00 a.m. with a discussion on mental health and suicide. This session aimed to provide open dialogue on how HHS can partner with tribes and ensure cross-agency collaboration to address the crisis in Indian Country.

Tribal leaders addressed the following issues during the session:

- Accurate data on attempted and completed suicides
- Tribal ownership/leadership on the issue of suicide in Indian Country
- The Tribal Behavioral Health Agenda and cross-agency efforts
- The use of tribal summits and national campaigns to raise awareness
- The impact of suicide on family members and the community
- A shift to prevention and healthy communities
- The need for funding for tribal facilities as well as greater flexibility in the use of those facilities
- Suicide survivors who can speak to other youth
- Teens who can serve as first responders in the schools

Federal Roundtable Discussion

Comments on the Tribal Behavioral Health Agenda led into a discussion on the Department's work on American Indian/Alaska Native (AI/AN) issues beyond the current administration. In light of the previous conversation on suicide and substance abuse, the behavioral health agenda must continue, said Councilman Antone.

These issues will be key to sustaining the gains achieved during the past seven years:

- Data
- Dollars for research on emergent issues
- Continued focus on Native youth
- The role of the ANA commissioner

- Cross-agency efforts
- Emergent needs for long-term care and Alzheimer's in tribal communities

National Institutes of Health (NIH)

With regard to mental health, NIH plays a complementary role with its sister agencies. The agency funds suicide intervention studies. It also supports a number of studies on depression and other mental health issues among AI/ANs. And the National Institute of Mental Health just issued a request for information on improving mental health outcomes in Alaska Native communities.

Other highlights:

- The new Tribal Consultation Advisory Committee will give NIH input on research and training issues. NIH seeks a director for an office on AI/AN issues within the Office of the Director.
- NIH has a range of summer internships to expose young people to research opportunities. Tribal leaders should encourage their college age members to apply for these internships.

Office of Community Living

Kathy Greenlee reported two promising developments for long-term care in Indian Country:

- Increased emphasis on Alzheimer's Disease
- Focus on developing a guide to help Indian Country providers work with Medicaid at the state and federal level.

Office of Minority Health

The Office of Minority Health Research Center has increased its work in the area of co-infections of Hepatitis and HIV. The effort will focus on specific communities, including AI/ANs.

Other highlights:

- A Southwest Tribal Hepatitis C summit will occur in February or March 2016.
- Minnesota will host the Fifth Annual Hepatitis C Tribal Summit in May 2016.
- During the ACA Native American Week of Action, staff released the infographic presented to STAC members during the last meeting. Feedback from the committee helped staff better explain enrollment for AI/AN populations.
- One point of continuity for tribes is the AI/AN Health Research Advisory Council (HRAC). The council, which held will hold its quarterly meeting later in December, will extend its work and priorities into the next administration.

Centers for Disease Control and Prevention (CDC)

These CDC activities have had a positive impact on Indian Country:

- The CDC public health capacity survey, which looks at the public health infrastructure for Indian Country. The project, which will extend for a few years, will result in a report on that serves as a follow-up to the 2010 report on public health activities within Indian Country.
- Efforts to engage CDC staff as well as states to ensure tribal consultation -- The Tribal Support Unit has been attending funding opportunity meetings with different centers, institutes and offices to present tribal concerns and information. Last year CDC provided more than \$34 million in grants to Indian Country.
- Discussions during Tribal Advisory Committee (TAC) meetings on how the CDC can assist Indian Country in addressing adverse childhood experiences and preventing suicides.

Health Resources and Services Administration (HRSA)

Seeking continuity and stability, HRSA will focus on these Native issues:

- During HRSA's September consultation, tribes asked the agency to beef up its staffing at headquarters and in the regions. Three staff members now manage AI/AN activities.
- HRSA now brings tribal organizations together to talk with staff about challenges and barriers. Also in September, staff received good feedback from rural health programs that target AI/ANs.
- Approval in the National Health Service Corps program is now automatic for tribal-serving organizations and Urban Indian programs. The number of eligible sites has now jumped from 60 to more than 670. As a result, about 450 National Service Corps providers work in tribal and Native-serving populations, particularly in Alaska.
- HRSA has provided 9 awards for health professions training, specifically targeted to AI/ANs. In addition, the agency has about 200 Native American reviewers.

Administration for Native Americans:

Native youth will remain the focus during the next year, said Commissioner Sparks Robinson. Staff continue to seek better programming for children and teens in tribal communities.

Commissioner Sparks Robinson also highlighted several ANA goals to sustain tribal efforts during the next administration. Those goals include:

- Develop a national Training and Technical Assistance Center that concentrates on Native youth and families and allows for research and evaluation. The center also will provide materials, resources and training for service providers and community members.

- Increase the number of Native American reviewers across all staff and operation divisions.
- Continue to boost tribes' access to grant dollars.

Generation Indigenous

Lillian Sparks Robinson, Commissioner, ANA

Stacey Ecoffey, Principal Advisor for Tribal Affairs, IEA

For the next phase of Generation Indigenous, Native youth events will occur during the upcoming regional tribal consultations. In partnership with the White House and the Department of Interior, HHS will host activities with the youth and expose them to federal work out in the regions. These efforts will build hope and provide details on jobs and internships within HHS.

Other highlights:

- The I-LEAD proposal will be available in mid February.
- The program will include projects based on stress management and coping, strength-based training curricula, healthy behaviors, historical trauma and the role of positive parenting.

Secretary Sylvia Burwell

Secretary Burwell took a moment to pause and reflect on STAC accomplishments before looking forward to the last big year of the Obama Administration. During this critical time, for example, health issues dominate the priority list for the White House Native American Affairs Advisory Council. Tribal behavioral health remains an important concern as well. STAC members hope to see actual dialogue between the council and Tribal leaders at some point.

Tribal leaders also asked the Secretary to focus on the themes of permanency, sustainability and flexibility as they raised these issues:

The Affordable Care Act: Challenges with the call centers and other issues keep tribal citizens from enrolling in ACA, said Mr. Allen.

Intergovernmental liaison: Tribes recommend creating a position in the ACF Assistant Secretary' Office who plays a similar role to the one Ms. Ecoffey plays for HHS. Given all the ACF programs that must collaborate and coordinate -- services for youth and communities as well as available resources -- tribes seek an individual who can coordinate with the assistant secretary to help those programs perform better. STAC members suggested forming a workgroup to identify what that career position would look like.

Mr. Greenberg welcomed the opportunity to talk with tribes about this issue. The assistant secretary noted, however, the challenge of detracting from the role of ANA.

Suicide and mental health: Lack of facilities, medical staff and resources prohibit tribes from solving mental health or substance abuse issues right in Native communities. Navajo President Begaye also reported that the Navajo Nation has seen 10 suicides during the last 11 or 12 weeks. Tribes ask for an HHS sponsored summit to address this issue. An aggressive national media campaign would follow that effort to target tribal members from Head Start to high school and beyond.

Data collection: No one seems to be keeping good records on the number of suicides in Indian Country. Navajo Nation is getting almost no data from IHS, said President Begaye. Tribes want data on suicides and attempts.

Secretary Burwell asked for further details on the issue of data collection and suicides, noting that IHS doesn't see them all. Such data and statistics typically from local coroners and law enforcement. Tribes reported these challenges:

- Agencies work in silos and don't communicate with each other.
- Native communities have limited resources. Santee Sioux Nation, for example, doesn't have its own coroner, said Chairman Trudell.
- Responsibility: Who should track this information -- IHS or local tribes? The issue highlights the tension between trust responsibility and government-to-government relationships.

In response to a question from Secretary Burwell, Ms. Enomoto said SAMHSA gets information from CDC. CDC receives information from the states. Tribes and HHS must think about creating a strategy for reporting suicides in Indian Country.

Councilman McGhee also proposed a suicide data assessment tool that lists all the questions a tribe must ask. Tribes would submit the data to the federal government, which would analyze and provide reports on what's happening in the regions or across the country. Ms. Enomoto stressed the importance of community and health system surveillance. The local effort can feed up into national data. Councilman Antone, however, said tribal data often is not considered credible.

Tribes that receive suicide grant funding perhaps could be a source of information. These tribes must submit data as part of grant reporting, said Councilman Antone.

RPMS: Data issues connect closely with IT concerns. Although IHS has implemented the Data Mart system, tribes that have opted out of RPMS may not continue to put data into the system. Data remains key to solving many tribal concerns, said Chairman Melendez.

Employer mandate issue: Many tribes aren't in a position to expend dollars on insurance, particularly if most of their employees are IHS eligible anyway. Tribes request a delay in implementation for a year while the Treasury Department and other federal leaders identify some administrative or legislative remedies to address the contradictions in the law. STAC members want Secretary Burwell to work with Treasury to affect those remedies.

Contract support costs: STAC members appreciate the Department's leadership in trying to move contract support into a more permanent position. Tribes request the Secretary's continued advocacy as well as closure to the claims process. Mr. McSwain reiterated that almost 70 percent of all claims are settled. Further, IHS will complete all analyses by the end of the month for all claims pending right now.

Flexibility: STAC members continue to press for the addition of LIHEAP and Head Start in 477. This change would allow tribes to use resources creatively to serve their unique communities. 477 have helped tribes determine their own destiny, said Ms. O'Neill.

Ms. O'Neill also asked the Department to reconsider these regulations that are part of the addition of CSBG in 477:

- Tribes must wait at least a year before including CSBG in their plans. Ms. O'Neill asked the Secretary to look at that timing issue.
- Tribes must submit three years of clean audits. As a 477 grantee, that is already a requirement.

On the topic of flexibility, Councilman McGhee asked how tribes could combine funds to address major issues such as suicide or substance abuse. With that strategy, however, the federal government would be making the decision about priorities, which would reduce flexibility and input at the local level.

Child care: Tribes appreciate the increase of discretionary child care funds, with the rate increasing from 2 percent to 2.5 percent. STAC members ask the Secretary to continue to hold the line or increase that amount over time. Tribes also request the flexibility to invest child care discretionary dollars into child care facilities.

ICWA: Councilman McGhee thanked the Secretary for the new ICWA data elements within the AFCARS. Tribes would like to get the process completed during the Obama Administration.

Secretary Burwell thanked the STAC members for the ongoing dialogue as the federal government and tribes continue to work through these issues.

(Whereupon, the meeting adjourned at 3:41 p.m.)