

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

December 1-2, 2015

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 the 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. Ms. Botticella agreed to pass along a request for Secretary Burwell's priorities with regard to the White House Native American Affairs Advisory Council. Mr. Micklin noted that among other things, the Tribal Nations Conference sought to establish the advances that President Obama has made in Indian Country and identify goals for the last year of this administration.

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 (IHCA) 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.

Questions and Answers

C: (Ms. Malerba) We are anxious to resolve contract support costs, and I think as we go into this next meeting, one of the things we want to be clear about is that we want a bright line between the past settlement and claims and the policy going forward.

The goal is to minimize the need for litigation because if we are litigating all the time it takes the focus and it takes money away from what we need to be doing, which is providing health care services. One of the things that I have seen recommended that the tribes really don't want to do is to get into pilot projects. We want to agree on a policy. We want to be clear about how we define contract support costs going forward, so that we can all leave the table saying, yes, this is how we are going to handle this issue.

We know on the funding side we need to deal with legislative stuff. But on the policy side, we want to get to the point of agreeing about how we do the calculations and then how those calculations are reconciled.

Q: (Ms. O'Neill) My question is about the pending claims. It seems like some of the settlements and negotiations have stalled or slowed down. What do you expect to have settled by the end of this administration? Our own case has been pending for well over two years.

A: (Mr. McSwain) It was always our intention to get all of the analyses done by the end of this year. We do the analysis then we can have a discussion about what is your number, what is our number, and we get to all of the issues.

I want to age all of the claims because we want to make sure we are not having ones that are two years out. As they are moving through, I get notes from attorneys across the country: I am working with a tribe. Here is the range, would you approve the range? So I am approving them daily. If you have some that are bothering you, we need to know so we can help move those.

Q: (Ms. O'Neill) I would like to make a request of the March STAC meeting. I appreciate the graph but maybe add a little more information to it. One piece of information would be aging of the cases.

C: (Ms. Pattea) On this information here, we still are also getting claims from 2013. So now every time a fiscal year ends, there will be claims up to 2013. So there still are those. 2014 was the first year of full funding so it will be up to that point. So there still is some catch up.

C: (Mr. Allen) We are at the point where many tribes that have stabilized for so many years are looking for multi year rates, and they are looking at maybe even fixed negotiations just to make it easier and more manageable for you to be accountable.

One of our agenda items is to enhance the updated indirect and direct cost rates for the tribes so that they are more current. Tribes also want a consistent policy for IHS and the Department of Interior (DOI).

Shifting from policy to the appropriation process, we appreciate this administration's desire to try to shift the CSC into mandatory. That was a proposal that was initiated for this year to try to be permanent next year. As we are discovering, it requires statutory authorization. That is a hurdle we have got to get over.

C: (Mr. McSwain) If we can't get the mandatory because there is too much push back, a third account, indefinite, sort of separates it out and fully funds. A third account gives us a separate account, and it is fully funded, and it is indefinite. So we won't have to worry about annual appropriations issues.

We also are reaching out to DOI. What are they doing going forward so that we are in fact in concert?

The business about pilots, we have had that internal discussion. And I want to agree with you fully, Chief Malerba, that there is no need to go with pilots. Those just delay things. Let's just move to working on the policy.

Q: (Mr. Allen) Is the inflationary rate that will apply to 2016 already established?

A: (Ms. Fowler) We haven't received those assumptions yet. We expect them anytime now. That will come from the Office of Management and Budget (OMB). It is not really linked to the

timing of the continuing resolution (CR) so we expect it -- really, it could be this week. Generally it is either late November/ early December that we receive those.

C: (Mr. Trudell) I am glad we are making progress on the issue of suicides on the reservation. We get so set in these federal regulations, and tribes don't qualify for programs because they don't have the population. To be effective in this area, we will have to bend the rules in some way. We need money to train tribal people to deal with this tribal issue. The coordination needs to be, how can we take these dollars and get them into the communities where they are needed?

I had the same question about the diabetes dollars. Diabetes continues to grow on our reservation so what are we doing wrong in using those dollars?

C: (Mr. McSwain) We have some reports on the diabetes trend lines. Maybe we could send out a Dear Tribal Leader letter with the latest on diabetes attached.

Regarding your other point, we shouldn't have to bend the rules. We should make the rules that say, we have small populations also that should be able to apply. Maybe we could have two tiers -- one is large, and one is smaller -- so everyone can participate.

C: (Mr. Harjo) Regarding suicide, this is a crisis, and we are concerned about the pace of the crisis response. For all of its success, one of the shortcomings of the Special Diabetes Program is that at best only about 35 to 40 percent of tribes actually have an active diabetes program initiative at their level. Even fewer have a methamphetamine and suicide prevention program at their level.

For this program to be effective, we need effective resources on the ground in each community that wishes to have an effort. I think this effort requires trained responders: People in the community who have the training to evaluate and work with those who are contemplating suicide so they can provide culturally responsive solutions. We believe we need resources on the ground in our communities.

This is an emergency situation, and the Secretary and the Administration have acknowledged that. We want them to take a look at their ability, under executive authority, to create programs funded from the resources already available -- but not available to Indian Country -- to make that response quick and effective. We believe it is in the purview of the President and the Secretary to take various programs from IHS, SAMHSA and others to bring those resources together to create it. We wouldn't have to seek additional funding if we could access the funding that is available in a coordinated manner through tribes at the local level.

C: (Mr. McSwain) We as granting agencies should be mindful of having our tribal advisory committees to help us map out how we should be working together, not just individually but collectively. We also have talked about how can we use the Intradepartmental Council on Native American Affairs (ICNAA) as a means to be able to have agencies work together to pool our resources. We all have legislative authorities we have to bridge but we are not talking about -- a certain amount of that is discretionary. We should seek out those discretionaries.

We are trying to spread -- even \$13 ½ million doesn't go very far when you are talking about 566 tribes. And of course diabetes, even with \$150 million, is not hitting every tribe. It shouldn't be just those funds. It should be other funds as well.

C: (Ms. Malerba) When you think about there is funding at the Department of Justice (DOJ), the Bureau of Indian Affairs (BIA), SAMHSA, HHS, IHS -- there are so many pots of funding available, but it is very difficult for tribes to access that funding, and it actually makes tribes compete against one another.

If it is a crisis, I think it is important that the Administration look to find ways to smooth out the funding and to make an impact on this issue. It has to be at the local, community level. There is work being done with the Johns Hopkins Center for American Indian Health around suicide prevention but it is all paraprofessionals at the local level.

I can't underscore enough the fact that it has to be a coordinated effort among the agencies, not just to coordinate efforts but to coordinate the funding.

C: (Mr. Allen) I want to underscore the value of self-governance and 477, which are pieces of legislation and authorities of the tribe to take limited resources and to consolidate them to the benefit of the welfare of our people. The challenges in our communities are complex, and these resources are intended for different needs that we are experiencing, but they work together.

I think this administration needs to recognize that they are intended to collaborate. We need the Administration to be more creative and resourceful on how to make that happen so our governments can take these resources and use them more effectively to address the many needs of our communities.

C: (Ms. O'Neill) I am hopeful that as you hear our comments on suicide, that we have something concrete. We have been talking about this now for several STAC meetings. We need to look at what has worked. Then how do we pull funding in across the agencies, pool that funding and develop support and programs that meet the needs of our people? People want flexibility because the issue itself is so complex.

What I hope to hear tomorrow during the roundtable is something that we can imagine or frame out based on what we know success looks like. We need to stop talking and start figuring out how we work together and what makes sense.

C: (Mr. Melendez) I liked the question that Chairman Trudell asked about whether or not we were making any progress with diabetes. I think that has to do with statistics and how we use them. I am not sure the data really answers the question that we are asking at the local level.

I am interested in how we use the data, whether or not it is the responsibility of us running it through the Resource and Patient Management System (RPMS) and somebody telling us at the area office of the questions we have or whether we are supposed to dissect that out of the local level with our own information technology (IT) systems. And who analyzes all the things we are talking about? The question on suicide, is that because it is really happening in rural areas or is it

in the cities too just as much? Is that kind of analysis at the tribal level or is Indian Health Service going to answer that question?

C: (Ms. Beadle) We have been talking about a National Tribal Behavioral Health Agenda that brings together all the priorities that tribal leaders have around mental health and substance abuse issues. Flexibility is part of that discussion. So it is coordination at the national level, between tribes and federal agencies, and also at the more local level. We are having a meeting this month with all of the federal agencies that you have asked us to bring to the table to talk about these critical issues -- Justice, the Environmental Protection Agency (EPA), and Department of Labor (DOL). The goal is to get this agenda out by early next year.

C: (Mr. McSwain) Just for everyone's benefit, I did send a letter out on something called the Data Mart. The Data Mart, which we will stand up by spring, will -- we have created through the National Data Warehouse the ability to retrieve all your data that you have been wanting to send to us from your various systems, not just Resource and Patient Management System (RPMS).

We can take your files, your data, and actually host it to the extent that you send it to us. It will be available to you so you can pull it out. The Data Mart is where we will actually, for the first time ever, be able to capture all the data.

C: (Mr. Allen) The main issue for us is that our data is consolidated into the RPMS database so that the user pop is populated for our tribe. So based on what you just said, sometime early next year we are going to engage on how that is going to -- we are going to collaborate so our information is aggregated into the RPMS database so that our user pop is accurate.

C: (Mr. McSwain) Right.

Q: (Mr. Micklin) Who is the point of contact for the Data Mart?

A: (Mr. McSwain) It is Frances Frasier, who is the acting director for the office of public health support.

HHS Budget Updates

Norris Cochran, Deputy Assistant Secretary for the Office of 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 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.

Questions and Answers

C: (Mr. Allen) A weeklong CR is the most inefficient way of running the federal government. It is agonizing for us. For the most part, we borrow money to carry out these federal functions.

We appreciate the Administration's support for the mandatory for CSC, which requires authorizing legislation to move into that category. For '16 and maybe even '17, it protected against the use of direct programs that serve Indian tribes but we want the Administration to advocate for an authorizing legislation.

C: (Mr. Micklin) There is a request that IHS area offices make known their third-party revenue residuals and how they are budgeted and their intended uses. Is that being contemplated at this point? This derives from the employee union settlement issue. Tribes were surprised about the source of funding that was available. Looking forward, will there be transparency on what funds are available in IHS area offices from third-party revenues, and their intended uses?

C: (Mr. Allen) And making sure that the Administration and IHS collaborate with the tribes' objectives. That government-to-government process is important.

C: (Mr. McSwain) What that told us was that we need to have that conversation between the tribes being served and that particular service unit.

C: (Mr. Harjo) We were one of the tribes rather surprised at how our funds were being used. As we have looked into this situation and discussed it more at the area level, we do hope we will get a more standardized report on third-party. We also want to get that same information on appropriated funds because one of the things we are running into is, as part of this discussion at this table, what happened to the appropriated funds for that year?

We don't always see how those funds are being used at the service unit level. That is one level that we would like to see added to that report. We don't have the information to assist in redirecting some of those funds to better meet the needs of our patients. Second, you don't have the flexibility to respond to the needs that we may identify in the service unit.

We would like to, in addition to third-party funding -- the budgets and how they are being spent -- we would also like to see what the federal appropriated levels are.

With this new information we would like to be able to work with you and reach a tribal service unit agreement on reapplying some of those funds that may not be spent in a given line item. Maybe we could move some funds to another area of need.

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

Geoff Roth, Office of Intergovernmental and External Affairs

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

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, American Indians/Alaska Natives (AI/AN) 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.

Questions and Answers

Q: (Mr. Trudell) In Nebraska, there are no plans to expand. What happens to the Indian population there?

A: (Ms. Marx) Unfortunately it is too bad Nebraska has not expanded Medicaid but there still is time. But that is why the change in the Marketplace is important, because what we are finding in states that have not expanded Medicaid, there really is this gap in coverage. A lot of Medicaid programs traditionally only provide services to pregnant women, children, disabled and elderly.

With Medicaid expansion, Medicaid is now available to individuals age 19-64 but only if the state decides to expand to those groups. So in Nebraska, if you have individuals who don't qualify for Medicaid, a lot of tribes have tried, through a tribal sponsorship program, to pay the premiums on behalf of their members and enroll them in the Marketplace.

And under a limited cost-sharing plan, those individuals who fall below 100 percent of federal poverty level (FPL), they cannot take advantage of the advanced premium tax credits that help reduce the premiums but what we have seen in tribes such as in Oklahoma, they will pay the full premium but get their members enrolled in the Marketplace. They can enroll in a limited cost-sharing plan, which means that there is no cost sharing, no co-payments/deductibles, when they receive services from an IHS Tribal or urban facility.

And if they have a referral and seek services through a qualified health plan, there is no cost sharing. So there is a benefit by enrolling in limited cost-sharing plans.

Q: (Mr. Trudell) But in the case where three out of the four tribes in Nebraska don't have the resources to pay for the premiums, then you are basically saying there is no benefit?

A: (Ms. Marx) Well, I think -- I don't know if it is a 638 tribe but I know that the 638 tribes have a little bit more flexibility to use third-party resources to help pay for premiums. I would have to defer to Indian Health Service if it is an IHS operated facility, and what funds can be used to pay premiums there.

Q: (Mr. Trudell) That is an interesting concept to use 638 dollars to pay for those premiums. Is that allowable?

A: (Mr. Roth) There is a project with self-governance, there was a joint meeting between the direct service tribes advisory group and the self-governance advisory group where they came together and decided that they would work this proposition, the ability to buy premiums for direct service tribes.

The concept is really to self-govern a portion of funds from IHS to purchase premiums in the Marketplace while the facility is still operated by IHS.

Q: (Mr. Trudell) That is good for direct service tribes and good for self-governance tribes but what about the tribes that just contract under 638? Not self-governance.

A: (Mr. Roth) The 638 tribes would have the ability to purchase as well. If they put in the contract they are able to do -- the authority exists.

Q: (Mr. Trudell) Is that in writing somewhere?

A: (Mr. Roth) Yes, and that is completely legal.

Q: (Mr. Trudell) Is South Dakota actually expanding or are they in some kind of maybe we will, maybe we won't?

A: (Ms. Wachino) I think there is a very strong interest. Their ambition is to move forward in the next legislative session.

Q: (Mr. Trudell) Somebody mentioned the Department of Veterans Affairs (VA). What role are they going to have?

A: (Ms. Marx) I think I mentioned VA when I was talking about our trainings, that we bring in the Veterans Administrations staff to talk about benefits and services available to veterans, including AI/ANs but I don't think the VA would have -- they are not going to have a role with 100 percent Federal Medical Assistance Percentages (FMAP). This is for Medicaid.

Q: (Mr. Trudell) The issue that comes up all the time is, are the Veterans Administration and the Indian Health Service current on their agreement? Is that somehow part of all this? Has it even been accomplished?

A: (Mr. McSwain) On the question of our relationship with VA, right now we can bill VA for services we provide in our programs, and tribes can as well. If the tribes work out an arrangement with VA, they can be reimbursed for direct care. The piece that is still undone is the purchase referred care. That is another issue we will have to work with the VA on.

C: (Mr. Allen) I would like to recognize Jim Roberts because we want to ask a 1915(b) question.

Q: (Mr. Roberts) I am addressing a 1915(b) waiver issue that is going on Idaho. We think that also this issue is -- although it is a different set of circumstances, but some of the issues that are still germane to the Idaho issue will crop up again in Washington's pending 1915 waiver that will integrate behavioral health services and chemical dependency and is currently getting ready to be submitted to CMS sometime in the next 30 to 60 days.

Over the last six months we have been working with the state of Idaho in consultation about several ongoing issues since the establishment of this managed care system in Idaho's behavioral health program. A lot of it has to do with:

- Auto enrollment of AI/ANs into managed care.
- Reimbursement issues in terms of timely payments back to tribal programs through the managed care process.
- Contracting issues where the managed care plans have not offered tribes contracts to become network providers, although that issue is alleviating itself a little bit in the course of the consultation process.
- There are still problems with the contract that is being offered by the managed care, where they are imposing certain types of requirements for prior authorization and reimbursement issues. These are barriers to timely access to care.

We have gone on record and have included a number of letters back to CMS on this issue. CMS would like to convene a conference call with the Idaho tribes around this issue. So thank you for that.

The concern we have is that a lot of the requirements the state is imposing in this process are protected in statute in terms of Indians being auto assigned to managed care. And I understand that there might be some circumstances where they can be required to be enrolled in managed care plans but if there is not a network presence of Indian providers in the network, they can be disenrolled. There must be an opt-out process.

I think we still have a way to go, and I think Idaho is pressing on tribes to concede to some things just so they can get this done by the December 31 deadline. What we would request is that unless there is some consensus arrangement between the tribes of Idaho and the state that we agree to, both from the state and the tribes, that CMS would allow the state additional time to resolve these issues with the tribes.

And also give us time. We tried to hurry up and get these conference calls done, and not always can we get all the people on a call. What we would prefer is let's set a date either in January or February and let's give this process the due diligence that it needs.

The path that is going forward, to my knowledge, on this 1915 and tribal issues -- and I do track waivers in Indian Country from across the United States -- I think the Idaho tribes have made significant progress on this issue with the state. And given the state's historical relationship with the tribes in that region, I think that this is a really good thing.

I think the precedent that is being set here with Idaho tribes will also have application for other tribes nationally.

C: (Ms. Wachino) We are happy to do a call but we will have to think about the timing. I am not sure what is driving the state's December 31 deadline.

C: (Mr. Roberts) There is a letter that the state sent during the middle of last week. I didn't get a chance to review it until the flight here but there are some concerning items that are included in Dick Armstrong's letter.

The state indicates that it does not have the resources to run a parallel system that includes a fee for service system and the managed care system. But yet the tribes, over the inception of this waiver, have had to use significant resources to address billing and auto enrollment issues as well as access to care concerns in terms of referrals and not being able to be seen because the person didn't see a network provider.

It is almost insulting that the state has to expend its resources around the implementation of these waivers but yet the tribal resources are of no importance.

There is also some wording that is included in the attachment that kind of proffers a memorandum of agreement that would be developed during this waiver process. There are about

five points in that agreement but three of the points are very ambiguous. We need more time to work out some tangible objectives that we can clearly define with a set deadline of those items and issues and what the outcome of those will be.

I yield the chair back to the chairman.

Q: (Ms. O'Neill) As we expand the service for our population, we have some big challenges to overcome. One of the issues that we are focused on right now is 100 percent Federal Medicaid Assistance Percentage for non-emergency travel and referred care. When will you be able to provide policy guidance on that?

A: (Ms. Wachino) We hope to address that in the state health official letter that we are trying to release this month. We have been very interested in wanting to address access issue.

C: (Mr. Antone) I want to get some comments on the Arizona 1115 waiver that the Tohono O'odham Nation approved last week. It is basically on these three items, which I had discussed here previously:

- the lifetime limit of five years
- non-emergency Medicaid medical transportation, and
- instituting a work requirement

I also wanted to know the status of that proposed CMS policy change on Medicaid services delivered through IHS and 638.

A: (Ms. Wachino) We are looking at the Arizona renewal now. And I think in some of the areas that they have asked for, including the work requirement, we have been clear that we will help support the ability of beneficiaries in Medicaid to work and to seek employment but that we don't consider conditioning Medicaid eligibility on someone seeking or obtaining work as being consistent with the objectives of the program.

With respect to finalizing our policy on the availability of the 100 percent matching rate, that is the policy we are trying to finalize now. We hope to have a letter out to states this month.

Q: (Mr. Antone) In Arizona, we have an agreement with the Arizona Health Care Cost Containment System with one of the non-IHS 638 facilities on our land, wherein they reimburse still for the services. So my question was, if you deliver Medicaid services through IHS and 638, that would allow these two entities to contract --

A: (Ms. Wachino) Understood. The state has mentioned that to me. My hope is that once we finalize the tribal policy, then we will be able to engage Arizona specifically on the proposal it came to us with in its waiver renewal about the particular facilities that it wants to work with and how it wants to work with them. So I think once we have our broad national policy in place, we will be able to follow up with Arizona and work through the issues in their proposal.

Q: (Mr. Allen) I apologize for arriving late. Did someone ask about the concern we have about people getting disenrolled of the Marketplace so they can get enrolled into the Medicaid expansion program? It is taking months, a couple months up to 10 months. It is taking way too long.

Q: (Ms. Wachino) Are you talking about a circumstance when a state is newly expanding and they have to move from Marketplace to Medicaid coverage?

C: (Mr. Allen) Yes.

C: (Ms. Wachino) Yes. So for example, in a state like Pennsylvania or Indiana, which took up the expansion, there is a group of individuals who, prior to expansion are enrolled in Marketplace coverage. And those are people with incomes between 100 and 138 percent of the poverty level. We have been trying to work with states, and it is an operational issue on our part through the Marketplace to make it easier for people to move from Marketplace.

It is taking some time. We are trying to figure out if there are more efficient ways that we can use to help people deselect Marketplace coverage and opt into Medicaid coverage but we aren't there yet.

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.

Questions and Answers

C: (Mr. Trudell) Does anybody else see the irony in this? Tribes spend all their time trying to get more money for health care, and the IRS is spending more time trying to figure out how to get it from us. There are actually more federal agencies than there are tribes. I can see where they are confused on things but this is just plain ironic that we even have to sit here and talk about this issue. All the stuff that we pursue, our treaty obligations -- we don't have a treaty with the

Internal Revenue Service (IRS). We do have one with the U.S. Government, and for them to even think about penalizing us for not providing insurance to non-Indians, that is just ridiculous.

C: (Mr. Micklin) The Rosebud Tribe is facing either a \$5 million policy payment to cover their employee or a \$2 million penalty to the Internal Revenue Service, neither of which they have.

So that would be a perverse outcome if, by advent of the ACA, their government goes into insolvency. The first blush review by general counsel at IRS was not favorable but I am not sure that was a full, rigorous review. That was the commitment of Dr. Buckberg that they would go back and reinterpret the statute given the feedback provided.

C: (Mr. Allen) We met with Treasury and IRS representatives, and we disagree with the way they are interpreting that requirement with regard to how it's addressing tribes as employers when our people are exempt. So it is an issue of inconsistency in the law, recognizing Indians as exempt but not recognizing the tribes of whom they are citizens.

We agree that there is a need for a statutory clarification with regard to how tribal governments are addressed. What we have said to the White House is we are not trying to be exempt as employers but with regard to our citizens who work for us, who are employed by the tribes in that capacity, they need to be treated differently because they are exempt.

We have suggested these ways to administer this in a way that minimizes any kind of concerns of the tribes and liabilities of the tribes:

- We are looking for an administrative remedy to defer basically until we get that part fixed.
- Meanwhile, in terms of how the Administration can address this matter, it could be a little more surgical so that Indians aren't actually counted as our employees. Quite frankly, we have tribes in areas where the majority of their employees are Indian, whether they are members of that tribe or another tribe. But they are still exempt. And they have a handful of non-Indians working for them. As far as we are concerned, count them. And many of these don't fit under the 50 count, which is the threshold that is of concern.

We need feedback from your team. Your team has to tell us, okay, why not? Tell us why not. We need a fix. We don't think this administration wants to do harm to an underserved community. In addition, the Cadillac tax is going to come around the corner here, when 2018 comes around. We have a hard time recruiting talent to our centers and hospitals, and we have to offer them benefits. Now you want to penalize us for giving them too good of a plan. We want some relief on that issue as well.

C: (Mr. Micklin) We are all too familiar that the Congress will build us an imperfect house to move into by enactment of a statute. And so it is with ACA. We are all too familiar with having to work things out. The problem with this is that there is no reasonable workout plan to this because the flaws so significant.

Rosebud is not unique. I am sure there are a number of tribes that could be pushed to insolvency by the effect of the premium payment or the penalty. And IHS is not a Qualified Health Plans (QHP). There is no place to turn from this construct.

Delay is certainly the first avenue for relief where we have time to work this out. And perhaps Congress can fix what we know to be broken. We would not push so hard on this if there was some room for work-outs in this. I see the consequences of this to be dire. We ask for your collaboration on this because it is a weighty issue.

Q: (Mr. Trudell) What happens in between this time we get a fix and we don't get a fix? What is that cost to us as tribes? We are all treaty tribes in the Great Plains, and part of that treaty is a health obligation to the people.

A: (Ms. Grigonis) You have really strong advocates across the Administration who recognize this, who are working hard with people within the bounds of the law, and work with people who aren't familiar with Indian Country to help them come along to what can be done.

C: (Mr. Allen) We provided you with a copy of our proposed draft, a discussion white paper. It has a number of suggestions. I don't know if that is part of the discussion.

C: (Ms. Martin) We have had internal discussions about your proposal so any further feedback you have on those proposals, we would appreciate it as we continue to have discussions.

C: (Mr. Allen) I have been doing this for a long time. I have always found that when the Administration wants to fix something, it finds a way. Find a way to minimize the harm.

Marketplace Enrollment Update

Lisa Wilson, Centers for Consumer Information and Insurance Oversight

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.

Questions and Answers

C: (Mr. Allen) While we have Allison here, I want to raise these issues:

- The federal enrollment website -- we are still looking for a way to provide the summaries and the cost-sharing benefits for our citizens who are enrolled so we can get a handle on what is going on there.
- We still have concerns about the effectiveness of the call centers. We have offered our suggestions, and we want to discuss plan B.
- We still have referral problems, and we raised that issue with regard to applying the limited cost reductions. We did send some comments to CCIIO on a consultation request

on the minimum content of a referral for cost-sharing reductions. We want to know the status of our inquiry.

- We know that Qualified Health Plans are dropping off. What is CCIIO doing about filling in some serious gaps?
- Inconsistent messaging is causing concern about miscommunications and inefficiencies.
- The cost-sharing plans -- we want a position paper or white paper from CMS with regard to -- there are no co-pays or deductibles. The problem is the providers are still billing our tribal citizens.
- When our citizens ask for assistance and they are being told to contact the QHP issuer. And the QHP issuer then tells us to contact the Marketplace. That creates a very angry tribal citizen.
- We appreciate Keven Counihan starting the workgroup but we met in May, and we were supposed to meet in July but we didn't, so we are now in December. We need to reengage to work through these issues. When we meet, we need everybody at the table when we show up. We come from all corridors of Indian Country, and we set the meetings. We just need more respect at the leadership level.

C: (Ms. Wilson) Regarding consumers who are getting the hot potato treatment, going between the plan and the call center, we are very committed to follow up on the casework issue. We are more than happy to troubleshoot on that issue. We have been willing to look at individual cases. I hope that you can see our personal commitment and that we are making forward progress.

C: (Mr. Allen) The key is communication. How do we make sure that those who are carrying out these services for our communities know whom to call so they can break these logjams? It is not just about us on the front lines. We also have to make sure all of our team members, who actually care for these citizens, know what to do when they get a call.

Administration for Children and Families

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.

Questions and Answers

Q: (Mr. Trudell) In gathering all that information, was there any mention, or did you run across anything that addresses Indian children that meet the one fourth requirement that the government says you have got to be but are not one-fourth of any particular tribe? Those kids are lost in the cracks but they are still Indian children.

I don't know what is wrong with us, all of us as tribes, including Santee Sioux. We recognize other Sioux blood but we don't recognize tribes' blood. Yet we live in Nebraska and the chances of one of our young men or young women marrying into Omaha Winnebago or Ponca is pretty standard. I have a concern about that but I don't know how it can be addressed.

A: (Mr. Lopez) One shouldn't assume that a child is or isn't Indian. They should ask. In the act of asking, we begin to turn around the culture of losing children.

We have tried to address that by making sure we were asking specific questions. If a child is found to be an Indian child, making sure that we are asking questions on both biological parents. That is important to establish lineage.

I think we have been able to solve that. Will it work perfectly? We really don't know.

Q: (Ms. O'Neill) You mentioned technical assistance. I think that is going to be so very important to tribes. What is your idea in setting up a structure that will really support how we bring about this change, how we look into the community to create different types of partnerships using various funding sources that may not have anything to do with the Department.

For many years in tribal communities we have gathered resources from various pots of funding just to make sure that we have an ICWA program and the resources necessary to respond to families in crisis.

A: (Mr. Lopez) It is a little bit of trying every which way to institutionalize this work. Some of them are the most basic things. If someone is having a particular challenge with a state, that is where our federal role plays a perfect opportunity to say, how can we help?

Second is using existing tools that are from multiple funding sources. So rather than looking at it as this pot of money or this program is just for ICWA, how do we institutionalize this work across the organization?

Third, there are a variety of formal mechanisms that states receive and can access technical assistance depending on their funding stream, and weaving in the importance of thinking about ICWA in multiple ways is one of the things we are trying to do.

Q: (Mr. McGhee) We all know the report did not address the ICWA compliance. You know, how do we deal with it? How do we get the report out to tribes and get them engaged to start working to address this issue and the challenges when it comes to the compliance?

And then you mentioned that you formed a group with the Department of Justice and the Bureau of Indian Affairs to also address this issue of ICWA non-compliance. What is the Children's Bureau doing individually to address this issue and in coordination with them?

A: (Mr. Lopez) We are helping to lead the effort with the interagency workgroup with the Department. We are going to look at what is in our wheelhouse around compliance. In the world we function in, it is about what money do we give you. If we are giving you money from the Children's Bureau or Family Youth Services Bureau, then we have a relationship related to that dollar and what is happening with those dollars.

On the issue where we are working with the interagency workgroup, we are trying to come together and test out a model state self-assessment that we have been working on for the last couple of months that we hope to have ready by early 2016 so states could begin the self-assessment and figure out where are they having difficulties around collecting information and being more proactive with ICWA. And then using that information in partnership with the Children's Bureau to direct to your resources.

Another issue is we are developing promising practices, where other states are doing better. If state X is doing better than state Y on ICWA compliance, let's actually form a webinar or figure out how to do this. It is a proactive versus a punitive approach. This is expected information, and we will help you get there.

Q: (Mr. McGhee) How do you plan to target the report out?

A: (Mr. Lopez) The Children and Family Services Plan Report? It will be placed on the ACF website and we will work with Commissioner Sparks Robinson, with Stacey Ecoffey here, our colleague Allison Grigonis in the White House and others who have other means of sharing the report. We will share it in a virtual format in any way that you think will be helpful. We also can host trainings and webinars.

Q: (Mr. Micklin) Will you be soliciting comments from tribes on ways that report can be revised and modified for effective monitoring of state compliance? And how will you be accepting tribal consultation on, say, the new data elements to AFCARS?

A: (Mr. Lopez) Yes. And no one has to wait for a formal meeting to give us advice. I welcome it at any point in time.

The moment it becomes public, there is a clock that starts to tick. And we want to get feedback so we can process that and get that finalized. So your engagement in spreading the word through your various networks and to the states is important.

Q: (Mr. Allen) A couple of years ago, Eric Holder proposed some training for state court systems to understand how they should be administering any kind of cases that come before them to recognize and respect the law. When we raised the issue of how so many of our cases that go into state court systems -- and quite frankly, most of the judges don't know.

He advocated that the Department of Justice would take a proactive approach to reaching out to these various state systems to educate them. And it varies from state to state in terms of the activism by the tribes. I am from Washington State, and we are fairly active out in our state. Some states are not as active.

It is about raising the consciousness of the law and the intent of the law to try to remedy when cases go awry. It was a great idea. It didn't get any kind of traction.

A: (Mr. Lopez) We have a pretty robust body of work that focuses on strengthening and building tribal/court relationships. As many of you know, court cases and information are held in separate places than even the child welfare information, so making sure we are having cross communication between child welfare agencies and the courts, and bringing up the capacity of all involved, is important.

We have a person whose job it is within the Children's Bureau who specializes, who is an attorney by training and has extensive experience with courts, and has done an amazing job of

strengthening those relationships. We also are lifting up best practices and weaving in tribal technical assistance.

If there is an issue that we can make clear from the federal government's perspective or use our foundation or our bully pulpit to answer any questions or provide guidance, we are able to do that, and it has already begun to happen.

We can get you more information on the status of the tribal court grants and more about the tribes that have received that grant.

Q: (Mr. Allen) A lot of our political entities, they have these national associations. It seems logical that these state court officials -- judges, et cetera -- that they have a national organization. I have never heard of that one. Is there one out there for state judges?

A: (Mr. Lopez) Yes, they can be. And that is part of what we are, on a much smaller scale, trying to do with our tribal court grants -- weaving in what is happening on the ground and identifying where there are best practices and challenges.

C: (Ms. Zenoni) On the specific issue of child welfare and courts, there were some 30 different tribal technical assistance related to ICWA. And a couple of months ago, we posted a funding announcement for the broader issue of state courts and tribes working together to improve ICWA.

C: (Mr. Allen) Implementing the ICWA on multiple levels is challenging. We are always getting challenged. It is incumbent on us to strengthen the system.

C: (Mr. Lopez) It is also just increasing people's knowledge and awareness. I am struck by how many people still don't know that ICWA is a law.

C: (Ms. O'Neill) I was surprised to learn that the National Indian Child Welfare Association (NICWA), which is a really important resource to Indian Country, isn't currently receiving funding from the department. As we work with you to create more process and bring more accountability to states, it will be important to have the right strategic partners. Is there a way that you can engage NICWA to help tribes build capacity in a strategic, technical assistance approach? Their sole purpose is Indian child welfare.

And I am not sure how you organize your grants or when you look at whom you consider as strategic partners, but it would be good to look at that.

C: (Mr. Lopez) Those grants predate my arrival but most of them are competitive.

C: (Ms. O'Neill) As you push this forward, the Department may need to engage in a strategic contract, and NICWA could be a great resource.

C: (Mr. Micklin) This month the South Dakota Supreme Court struck down a standing order from a former presiding 7th District Circuit Judge, Jeff Davis, who excluded Oglala tribal

members from serving on jury service being 96 percent of the population. This was the same judge sued by Oglala for his ICWA decisions.

We have those instances where state court judges are regularly flouting ICWA. Predominantly it is where they are ignorant of the law and don't give proper respect for Indian families. That is the genesis for Ron's request to keep us abreast of changes made from the Children's Bureau with the workgroup -- DOI, DOJ and HHS.

As you make changes and find improvements to make in the system, keep us informed and engage us collaboratively through consultation to work on AFCARS, the reports or tribal court issues. California and Alaska are two states, among others, that don't get funding for tribal court so we are either engaged in competing for grants or trying to float other resources to leverage our child support enforcement, our ICWA and our foster care.

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 fund 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.

Questions and Answers

C: (Mr. Micklin) I provided comments at the consultation, and a number of similar comments focused on regulatory flexibility and local control. Our Head Start director must comply with nearly 1,000 distinct regulations. Anything you can do to winnow that down to something that is effective and fits our communities will help.

Q: (Mr. Allen) So what kind of budget are we working with nationwide for these grants?

A: (Ms. Schumacher) One of the things that changed in the law is instead of having a maximum of 2 percent of the funding go to tribes, it is now a floor of no less than 2 percent. The most recent distribution of funds increased that amount to 2.5 percent.

Q: (Ms. O'Neill) So last year we had the floor of 2 percent. What you are saying is as we move forward, that floor will be 2.5 percent? So your intention is to increase the dollars going into tribal child care? We should put this forward to the Secretary because there is an opportunity here. We think \$12 million went out last year but the additional funding was \$75 million. There is some growth opportunity here if we increase that floor and make sure we have larger grants going out to tribes.

Do you have any idea of what you are looking at when you say we are looking at increasing the amount of funding?

A: (Ms. Schumacher) Because it is a percentage, any increase -- you get a percentage of the increase. We will revisit this when we have more sense of our future funding levels.

Q: (Mr. Begaye) In the past, facilities and program funds were basically merged. Now they are separate or there is no more funding for facilities. Is there any consideration for building child care facilities?

On Navajo we have a lot of grandmas taking care of their grandkids or a lot of moms staying home to take care of children. So just trying to provide employment for our people -- and as large as we are this a huge challenge. Facilities also have always a challenge. We are always under the gun by the Occupational Safety and Health Administration (OSHA) and other regulatory bodies.

A: (Ms. Schumacher) We are aware this is an issue all around this country, especially in rural areas. It is a little more flexible to be able to use money for construction now. Tribes have more flexibility than states and territories on this area. In the issue of Early Head Start-Child Care Partnerships, new grants have gone out, and some tribes have them to partner between these two programs. What we have found across the country is the tremendous need to invest in facilities for child care. Help is on the way for those able to partner with Early Head Start programs. Access to new resources should be available to improve the site and pay higher wages.

Q: (Mr. Begaye) Is that information in the packet?

A: (Ms. Schumacher) We have awarded the original set of grants, and the new set, if we get the funding, we would do an announcement and let people know.

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.

Questions and Answers

C: (Mr. Harjo) In the report we received regarding Head Start and the information on Native language, one of the things mentioned is that the Native language speaker does not have to be a credentialed Head Start teacher.

If we are going to move to a full immersion environment, we would highly recommend -- in our part of the world, the person would need to be a credentialed Head Start teacher if we are going to move to actual immersion classrooms, not just someone who is there to participate.

If they are going to provide the curriculum in the Native language, they need to be a credentialed teacher. That is one of the things we ran into in Oklahoma in trying to implement language programs not only for our own schools but the school systems. For the student to get credit in the public school system for their participation in our classes, the teachers needed to be state certified as well. The state had to create a dual program where the teachers they employ cannot only teach our language but also are certified to teach in the public school system.

C: (Ms. Sparks Robinson) There are some things we might be able to take a look at and say, if this is happening nationally, how can we do this at the state level? If these are public schools funded by the Department of Ed, how might you be able to get your school boards or the state to do something for the schools in Oklahoma that are specifically looking at doing Native language programming.

C: (Ms. Malerba) I would echo the challenges you have in terms of curriculum. As much as we have been trying to start teaching the language, we need somebody who is a teacher. And

somehow we need to start developing distance learning curriculum as well. We need to use technology if we are going to reach out to people who don't live in one particular school district.

C: (Ms. Sparks Robinson) Our Native Language Compendium has all of the language projects that ANA has funded from 2010 to 2014. You will find a variety of projects, and some of them focus on distance learning and how tribes are using technology to promote languages.

Q: (Mr. Begaye) Addressing the language development is technical assistance in terms of curriculum development and working with colleges and universities that may be open to making Native languages an option to fulfill a course in language.

And I don't know if there are funds available to develop a dictionary/thesaurus or find people who are well versed in a language to develop new words to describe new technology, like the internet. How do you say cell phone in the language? There could be words that could be established in different Indian languages, especially Navajo, in the area of medicine, science, mathematics and technical fields.

We have discussed the possibility of starting a medical school. Someone is going to have to sit down and coin those appropriate terms. Even textbooks, providing dollars to develop an entire textbook to be taught in a college or maybe at the high school level. A textbook written entirely in the language -- those are some things we need.

C: (Ms. Sparks Robinson) Those are all activities that we fund under our ANA Native Language Preservation and Maintenance Grants.

Office of Community Service P.L. 102-477 Inclusion of Community Services Block Grant (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.

Questions and Answers

Q: (Ms. Reiger) I am Lisa Reiger on behalf of Gloria O'Neill. In order for a tribal organization to be involved in 477 in the first place, they must have three years of clean audits. Why impose that requirement again for a program within 477 when it is already a requirement?

Second, in terms of successfully running the program, by the time a tribe moves to include a program within its 477 plan, it has already demonstrated successful implementation. We had been working with the Department for several years before we assumed Temporary Assistance for Needy Families (TANF) case management. So to impose a history of successful implementation creates an unnecessary barrier and delay to including CSBG and taking advantage of the flexibility.

A: (Ms. Chaffin) That sounds like we need to have more conversation with the Bureau of Indian Affairs about their documentation process. I don't know that we need to have duplicate documentation of this kind of stuff so if they have already done some of that, it is possible we could use those. We are in the early stages so we can go back and talk to folks and see how we can make that a streamlined process.

C: (Ms. Reiger) I do believe there are tribes planning to put CSBG in for this year, as quickly as possible, so we would request some openness to allowing that to happen and not waiting until FY17.

C: (Ms. Reiger) A note out to everybody about the timeline might help with planning.

C: (Mr. Allen) I would challenge you on your assessment of whether or not LIHEAP and Head Start work. Think of communities as a synergy of programs. Without a doubt, with regard to 477, the intent is to make our communities and our citizens as employable as possible -- to lower the unemployment rate and make them ready to enter the workforce at any age.

We have a lot of single parent families, economically disadvantaged families. The folks we want to help are in those families. When we administer these different programs under 477 to make our citizens more employable, we do what we can to alleviate the kinds of tensions and pressures they have.

With LIHEAP we try to alleviate the domestic pressures. In my opinion, there would be nothing wrong with saying, yes, it is inclusive but people have to use it for its intended purpose. What we are trying to do is just use these federal dollars more efficiently. When we use these different pockets of federal money, we can use them more creatively together. So with the LIHEAP, there is a connection. We actually administer them together as it is.

On Head Start, it is similar for different reasons. Now you are dealing with youth, trying to make them stronger young adults and more employable. We are trying to enhance their education with regard to making them more employable.

LIHEAP and Head Start and 477 work together as a community. Even in self-governance compacts, we have, on various occasions, when we brought programs into the compact itself as a legal instrument, we have accepted additional requirement reluctantly if it helps us more efficiently administer these programs.

C: (Ms. Chaffin) I agree with your intention of trying to integrate a range of services to help families. But we do have the law. The best reading that the Office of General Counsel could find

was that the purpose of LIHEAP was specific. I don't think that means we can't coordinate LIHEAP with all the things you have said. In a lot of places around the country, not just tribes, CSBG and LIHEAP are done right beside each other.

C: (Mr. Allen) You have 566 Indian Nations of various sizes and conditions. There can be different ways of doing business, thinking outside the box, that meet your obligations and allow us to be more creative.

C: (Ms. Chaffin) HHS has a demonstration program on two generation services called Rural Impact. White Earth in Minnesota and the Choctaw Nation are participating. It is an approach to demonstrate more integrated services. I think there will be a lot of learning we can share around this issue of coordinated services.

Q: (Mr. Allen) How long is that project?

A: (Ms. Chaffin) We are doing one intensive year of planning with implementation.

Q: (Mr. Allen) How do we track the intended scope of what that project is about?

A: (Ms. Chaffin) We are working with our assistant secretary for planning and evaluation and some foundations on doing a process evaluation.

C: (Mr. Micklin) We have had a hard time attracting businesses to our rural villages. Similarly it is difficult for a person to be gainfully employed when they have high energy costs. We often run into the choice between heating and eating. With pressures on subsistence gathering, that narrows that opportunity to hunt and fish and spend cash on energy.

So if someone is in an employment and training program, if they are participating in a way to be employed, assistance from LIHEAP ought to count toward lifting them out of poverty. I haven't seen the legal opinion for LIHEAP being ineligible for 477 but that is the intent because there is a practical impact that if left unaddressed, leaves many people out of these programs. Further, these programs are never sufficiently funded but alone but together we try to leverage those dollars to provide assistance.

A lot of these programs that should be in 477, like TANF, Head Start, Child Care and CSBG, all have statutory caps. We have problems recovering indirect costs. So we take shortfalls that affect our finances.

C: (Ms. Chaffin) I know LIHEAP is a piece of the puzzle in many people getting and keeping a job. I think a working session would be good. We have some good participation from tribes on our LIHEAP training sessions. That might be a place where we could gather some tribes together to talk about this.

C: (Mr. Begaye) Looking at 477 where you have different agencies -- Labor, Health, Department of the Interior, Education -- all coming together for the purpose of creating employment and economic development, when I think about economic development I think about small

businesses. I think about tribes starting manufacturing plants. I think about solar, where our people can build, install and maintain solar panels. That touches on the LIHEAP, the energy issue.

Are we talking about rural economic development and job creation or are we just talking about the support system?

A: (Ms. Chaffin) Under the current authorities and flexibilities we have with LIHEAP through weatherization and through Assurance 16, you may be able to do some things like solar and water heater installation.

As far as economic development, I would encourage our Community Economic Development (CED) program, which is competitive. It is \$30 million a year but some of the needs and innovations you are discussing could be competitive.

We can provide technical assistance to help folks interested in applying. The purpose of CED is to create jobs in low-income areas. And on a small scale, small business creation, don't forget about our Assets for Independence Program, which helps people save to start a small business, go to school or buy a home. We often do not have enough AFI applications.

C: (Mr. Allen) Here we are always trying to access resources to help our citizens and we often don't know about it. So if you could accommodate getting the website or the site where we can have access to it, we will get our people on it right away.

(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:

C: (Mr. Micklin) I know in Alaska, we lead the nation in the suicide rate. I know we have got it down from 42 to a rate of 38 per 100,000 and yet our attempts are up. I think it is likely to say that we are undercounting our actual folks at risk for self harm, whether it is by drug abuse, substance abuse, cutting, personal bodily abuse -- other issues that are so prevalent that we need to address them.

C: (Mr. Antone) Tribal leaders need to take some ownership of this because it is in our communities. By taking ownership, we need to look at the policy of the government and how they issue funds because unfortunately we do need funds. That is our world nowadays.

So we need to talk about changing policy as to how we utilize those funds. As you know, there are strings attached to any funds given to Native Americans. But those strings need to come from us to bind us to those funds and to what we want to do. Deep down I think we know how to address the issue, and that is flexibility as we have discussed.

That needs to be happening within the places where we obtain assistance. Now that policy is for all federal agencies, not just SAMHSA, IHS or the Bureau of Indian Education (BIE). It has been proven to work. When the 13175 went out, federal agencies began to build consultation policies for all tribes. If that can work, then this concept of having all federal agencies play a part in preventing suicides should work.

We have what we call the Tribal Behavioral Health Agenda. Our focus, the commonalities that we have, is our strength, and traditional practices are ours. With that, we can use practice based methodologies, practice based, meaning thousands of years of our traditional medicine. When we take control of this situation that is where we are coming from.

C: (Mr. Trudell) Part of the problem is we get a lot of attention when we are here, and we get people who actually go out and see these things but it results in no funding. There were no recipients of suicide funds in the Great Plains. There are about 19 tribes. None of them received any assistance from SAMHSA on suicide.

I know a lot of discussion is on social restructuring, rebuilding families. We need a lot of flexibility in how the tribes can use funds because in rebuilding families, there is a sense of spirituality. The ceremonies of the people, those are all part of restructuring our families and reidentifying who and what your role is in the tribe. This effort requires reeducating everybody in the tribe to our traditional ways and restoring the language and identity.

I would also mention the regional health boards that have information and tribal epi-programs that have statistics. I don't know if we are using them effectively.

C: (Mr. Begaye) We need data on both completed and attempted suicides, and the impact that has on the immediate family, the school, the community, extended families.

We need to know what kind of an impact one suicide has, and how that may contribute to other suicides within the same community. We have had one suicide a week the last 10 weeks on Navajo Nation, and they seem to cluster. You had one suicide in one community, and the next thing you know, you had four or five in the same community or within the region. They seem to play off the other.

We need good data and we need to have access to that data. Not just collect them but push them back out to our communities so we can analyze and see what the real issues are. We don't know whether the cause is addiction, unemployment, abuse -- any number of possibilities. I think a lot of it goes back to the self worth of the individual.

Research should be a component of that, whether it is farmed out to a university or to another agency or to some sort of research organization that can really study the cause of suicide on Indian Nations. And we also would like to see an aggressive national campaign with videos that can be shown all the way from Head Start through public schools, BIE schools and to our communities. Something that will really demonstrate the fight against and preventing suicide. Whatever that looks like -- whether it is videos, billboards or various campaigns that tribes can use with resources and assistance.

I signed this week an order for all of our 7,000 employees to really get involved in preventing suicide. So the week of December 14-18, I am signing a proclamation that will designate Suicide Awareness Week on our Nation. That is coming from the Navajo Nation government. Talking about taking ownership -- that is what we are doing.

We will be making presentations in public schools and BIE schools but the presence of IHS is not there. We would like for them to join us. They need to come provide information, whether it is booths or their presence during the marches or the runs. We need information and resources.

Also, you have Gen-I. How are we communicating prevention/intervention/suicide with all the emphasis on youth that the President has initiated? We need major funding to work with youth.

And also the 477 issue of how do we get all these players involved in terms of economic development? We want to target employment for people graduating from high school. They start looking for jobs at 18, 19, 20 years old. How do we take advantage of those funding sources?

C: (Ms. Fink) My dad committed suicide when I was 11 years old. He left 6 children. Nobody ever talked about it. We never faced what or why -- nobody knows why that person does anything. In our community right now, what we are facing is more or less not all tribal citizens committing suicide, but it is the significant others -- the husbands, the boyfriends. We think maybe it is because of relationships that have gone back, and they can't face what they are dealing with.

But then you have got the tribal citizens who have to live with this. About three weeks ago I went to a funeral for one of our tribal citizen's husband. He committed suicide and he is leaving an 8 year old and a 4 year old daughter. So she is going to have to take care of them. What are

we doing as far as these children and the families that the suicides, the ones who commit suicide, are leaving? What are they thinking or facing?

So as far as the prevention, not only for those people who are having problems but the families they leave.

C: (Ms. Malerba) And to follow along with that, it is important for us to do early intervention. And so one of the things that I think we need to focus on is training for everybody who touches our tribal citizens. So whether it is in the child care centers or the health care centers or our elder care providers, how do we make sure that we are wrapping our arms around the children, individuals or parents so that we get them the help they need before it gets to that point?

I know that is pie in the sky but we really need a concerted effort to strengthen our communities, build in some resilience and make sure that all of the people who are interacting with our citizens are doing so in a really positive way.

We need to get out of the disease du jour mode of things. How do we create healthy communities, and how do we create healthy sense of self? And I think we need flexibility in funding because each community is going to address it in a different way.

C: (Mr. Allen) Just to add to the comments and recommendations, when I think about the various needs of the communities, and we have often talked about facilities, and I think the comments have been made that we need flexibility in order to accommodate or design the kind of facilities that work with regard to what age groups we deal with, from the very young children to the young adults.

On top of that, it is not just the facilities needed but it is also the operations and management. If you don't have oversight and supervision to coordinate and design the kinds of activities that kids want or would like to occupy their interest rather than see them get distracted by drugs or alcohol or other kinds of things.

C: (Mr. Harjo) We generally agree among the tribes and federal partners that we need to provide a continuum of services at our level. And we need the flexibility to do that.

We know that there is not a huge amount of money to mobilize at that point so that means we need greater flexibility. With the concept of facilities we need to be able to -- typically when you do a child care or a Head Start facility, you are limited just to that purpose. We need after school programs, we have a need to serve older populations. As an example of the greater flexibility, we should have the ability to create the facilities that will best serve the needs of the community.

It is difficult to start an effective program with kids 0 to 6, and at 6 there is no program to support the culture, the values that you are trying to instill in those kids. When I came into office, I wanted to build a center of activity that incorporated child care, youth programs, family support -- basically a Y or a family life center. I have been in office six years, and I haven't been able to find one way of getting that done. There are operational issues. Even if we built the facility, there are operational costs.

The difficulties of going out and saying, I could get funding from child care, or CSBG or elsewhere to pull all that together, that is not really that easy to do in the current environment of the ways this agency and the federal government distribute funds.

C: (Mr. McGhee) That is one of the problems that we had with finding the funds to build a program like that so we went ahead and invested our own funds to build that multipurpose center for the Boys and Girls Club, the Y, the education, the early learning and the culture department all housed into one family learning center.

I agree that a national campaign would be beneficial but one that actually provides the survivors. We were at the White House summit a few weeks ago, and I do a lot of work with the Center for Native American Youth, and one girl in there had tried to commit suicide like 10 to 15 times. She had an impact on everybody in that room.

We create a team of individuals. Recognize who these people are who have come out of it, that have survived. Why are they now living life to the fullest? What has changed in their lives? Take these kids and send them out to be the individuals who go in and start dealing with these schools.

I don't know that it is all tied around money. I think it is about leadership too. And it is about us accepting the responsibility because in the end they are our communities. And it doesn't take me getting paid to go out and set up a little focus group. Or it doesn't take me getting paid to talk in the school systems. It is our responsibility to address this. We have to determine what it is.

You do have a hard time when it comes to getting certain dollars and combining programs, even for buildings. When you fill out your grant application, it has to be specific for that, and if you ever change it, then you have concerns and problems.

I think there are some policy changes that can be made within HHS. But in the end I think it is also us coming up with creative concepts.

Maybe we ought to have someone with the school system identify teens who are the first responders within the schools or within the community. So it is not an organization hiring a suicide prevention coordinator. You know who they are within the community, and these young kids -- if it is my nephew or your niece who hears about this and they are the first ones to go to these individuals and start talking to them.

I like the idea also of the video campaign. So you show these stories from when these kids were growing up and give them worth and purpose.

C: (Ms. O'Neill) About five or six years ago, Alaska did a big study, and they went in and talked to many of our Native children across the state. And what we asked is what would make a difference? The kids said a loving, caring adult.

So that is why I appreciate what President Begaye is doing in the Navajo Nation. And I appreciate Robert's comments as well. It is about leadership. It is about responsibility that we have as tribal members in our communities.

I also think the Department has a role in this, and that is to figure out how we use our resources wisely and invest our resources so we can create supports in our community.

I do think the Department has moved toward figuring out how to be a little bit more innovative. And we have a good model right now in this new partnership between child care and Head Start. So as you hear flexibility, we need flexibility because this problem is not going to be solved from Washington, D.C. If we are able to innovate and create and respond to our community, that is going to be the solution.

I am hopeful that the Department is willing to take a bit more risk to create some innovative programming or create a pot of money where you give out grants to tribes where they can demonstrate innovation.

C: (Mr. Micklin) It seems we have a couple of hypotheses here. One is that we need data for analysis for the studies that will better apply resources to the needs.

Too often I see in southeast Alaska that we are getting resources for the average child at risk rather than to the profile of the child at risk that we know is more susceptible to suicide, substance abuse.

Our culture is what is going to save us. Applying that within the context of our community and culture is essential. It is not a cookie cutter that is going to apply in every instance. When we talk about prevention, we are really talking about child care, Head Start, that are giving children a place to go so their parents have a way to be economically productive.

We are talking about TANF to get impoverished families on a solid footing. We are talking about LIHEAP to give them some energy assistance. We are talking about employment and training.

Too often the assistance that comes to us comes around the tribal government apparatus and doesn't fully engage the tribal government, which defeats the mechanism that will equitably apply the resources. The restrictions, the guidelines, the compliance requirements -- they are self-defeating and exhaust our tribal citizens.

We are frustrated, especially in areas where these are not reservation based tribes, like southeast Alaska or in California. We have to pay for everything. There is no discretionary facility available. And if you apply a program, you can't use it for this purpose. If another purpose comes it, it is ineligible for use.

Chairman Allen spoke about a national summit where we can gather and talk about this issue. We want to explode boundaries and say, let's look at flexibility on a comprehensive basis. This is a pandemic. It is occurring everywhere.

Federal Response

C: (Ms. Ecoffey) Most of you know I am from Pine Ridge, and oftentimes my community is on the forefront of every newspaper article across the country.

We need a change of paradigm, a change of how we look at it. And HHS does a major responsibility in this effort. There have to be different levels of how we address this. We have to look across the lines at how we work with the schools, Interior, the Department of Education. That is a struggle because we have no flexibility to work across department wide to address some of these. Schools play a major role but talking across the lines is a struggle.

We have great ideas but how do we put them into place and how do we bring our agencies and departments to play at the table?

C: (Ms. Sparks Robinson) This issue is framed in so many different ways in terms of how we talk about this. Generation Indigenous is one way. Building resilience in youth is another way. How to get our communities thriving instead of saying suicide prevention.

I agree the answers aren't going to come from people in Washington, D.C., with parameters on how to use the dollars. At ANA, the Native Youth I-LEAD program is a direct result of what we heard during a visit to Pine Ridge in terms of the positive programming that youth need.

There will be a data element to track and measure, and working with the tribes to determine what does that evaluation and data collection look like and what does the reporting out look like?

We hear a lot about the Department of Justice's Citizen Transportation Advisory Committee programming (CTAC). It is combined and there is one application and one program in terms of how it is delivered. What does that look like for ACF programming? Is that one way that allows for greater flexibility in terms of how you use your dollars? What should we be pushing on our ACF leadership to make that happen?

Something I can take back is how can we advocate for additional flexibilities for facilities? How can we make sure we are maximizing them in areas where facilities are an absolute premium?

C: (Ms. Enomoto) We agree there should be more funding. We have asked for more funding in FY16. We want \$30 million for tribal behavioral health grants, which will do suicide and substance abuse prevention in a flexible way.

This year we already gave out \$3.8 million worth of grants, and 2 of those did go to North Dakota for suicide/substance abuse prevention. South Dakota received \$2 million for suicide prevention and children's mental health, while Nebraska saw \$1.6 million in funding for Systems of Care and drug courts.

We have a great example in White Mountain Apache, which has been one of our grantees and has partnered with Johns Hopkins. They have seen tremendous results. Their training reaches 85 percent of their tribal members with a media campaign, public education, engagement of tribal

leadership, community workshops for parents and mandating prevention activities in tribal programs.

White Mountain also trained a team of Apache Natural Helpers, folks who could call upon cultural strengths and tribal practices to go out and talk to people. In 2006, their rate of suicide was 40 per 100,000. Their numbers dropped to 27 per 100,000 within a 5-year time span. They used SAMHSA funding in a flexible way.

C: (Ms. LaCounte) We talked about culture, and to me that means elders. Remember that we have a resource in the elders, and intergenerational programs are a part of the services we can provide under the Older Americans Act.

Little ones who don't have parents at home after school can come to senior centers for milk and cookie programs and story time. Navajo has some co-facilities with Head Starts, daycares and senior centers. The Foster Grandparent Program is another avenue for elders to instill culture in at-risk children.

An evidence based program in Washington State called Wisdom Warriors has worked well for tribes. The center pole of our evidence based program is our culture, our seniors. We develop this program from that center pole, and we have one leather thong reaching out to the youth. We have another coming out to prisoners. We have another coming out to all these at-risk populations, including our veterans and homeless.

This is a way that might help. We can involve our elders throughout our communities in resolving these issues.

C: (Mr. McSwain) We are addressing many of these issues as a health system. Through the Zero Suicide initiative, we ought to be doing what Chief Malerba suggested: Everyone should observe patients going through the system. Everyone in our system is receiving training in Zero Suicide.

IHS also will be there for Navajo's Suicide Awareness Week. The takeaway is for the Indian Health Service to call Tribal leaders and ask how we can help.

Federal Roundtable Discussion

Comments on the Tribal Behavioral Health Agenda led into a discussion on the Department's work on 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

Questions and Answers

Q: (Mr. Micklin) Is there a plan for sustained budgeting not just for RPMS but for applying an IT methodology to mental health and suicide prevention in other programs where tribes can manipulate, analyze and take ownership of their data?

A: (Mr. McSwain) We developed the Data Mart for that result -- to pull data from everywhere. And it is available to you. We are making investments in the out years on improving our health IT and sharing with tribes so they can upgrade their systems as well.

C: (Mr. Begaye) In terms of the Data Mart, Navajo Nation is working on a way to have access. We will need technical assistance for analysis and other uses. We have two concerns:

- Data gets used against tribes to argue funding amounts or for initiatives.
- Confidentiality: We want to protect our people and our Nation. That will determine how much information we will feed into the Data Mart.

C: (Mr. McSwain) The multipurpose agreement will articulate the use and the security of the data.

Q: (Ms. O'Neill) Will that include access to the information in the epi-centers as well?

A: (Mr. McSwain) Not all epi-centers are up to that level but the ones that are, they are subject to the same agreements.

C: (Ms. Enomoto) SAMHSA plans to release a Suicide Prevention in Alaska report that looks at surveillance and grant evaluation data. Staff members also are working on the issue of suicide clusters based on qualitative studies in Alaska and New Mexico.

Q: (Mr. Micklin) I see a lot of solicitations that come out of NIH that offer awards to scientists that would fund different types of studies. I wonder whether there is an intention to allocate certain dollars to these emergent issues within Indian Country.

A: (Dr. Tabak) NIH is responsible for the support of research and research training and not services. We have a complementary mission.

With regard to mental health, NIH also plays a complementary role with our sister agencies. We fund suicide intervention studies. We are supporting 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:

- Our 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. We don't get many applicants from Indian Country. Tribal leaders should encourage their college age members to apply for these internships.

Q: (Mr. Micklin) Will the tribal advisory group discuss ways that NIH can allocate funds for research on emergent issues in Indian Country, including youth, families or environmental concerns.

A: (Dr. Tabak) They already have. The National Institute of Environmental Health Sciences focuses on those types of studies. NIH must identify the experts in your community who have an interest in this work. If your colleagues want to study this issue but they don't know where to go next, contact me directly.

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 will hold its quarterly meeting later in December, will extend its work and priorities into the next administration.

Questions and Answers

Q: (Mr. Micklin) Do you handle the Minority AIDS Initiative?

A: (Dr. Gracia) We do. The social media marketing campaign for the Hepatitis/HIV co-infection effort receives funds from the Minority AIDS Initiative Fund.

Q: (Mr. Micklin) The Senate budget mark has that zeroed out. Is there a plan for funding that if that zero survives into appropriations?

A: (Dr. Gracia) For the marketing campaign itself? I believe it would look to our specific appropriations as an office to do it beyond the initial year of the project.

Centers for Disease Control and Prevention

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.

Questions and Answers

C: (Mr. Begaye) The policy where you build in tribal consultation is that if the Secretary can communicate with anyone who is sponsoring a bill at the congressional level, appropriation, to include that wording across the board. Any type of appropriation should include that wording to ensure that states will consult and serve tribes.

That is one way to institutionalize funding sources and programs. In Arizona, we discovered that even though that wording was there, the state was not consulting with tribes. So the monitoring and enforcement of that remain important.

Regarding the emphasis on Native youth, it would help us to know which youth from Navajo are attending these national meetings so we can do follow-up. A directory that lists them by tribes would help us identify emerging leaders.

Q: (Ms. O'Neill) What do you think we can ask for as a STAC committee to ensure that the role you have played as ANA commissioner is institutionalized?

A: (Ms. Sparks Robinson) The potential for what the commissioner, whoever is sitting in this seat, can do is much greater than just provide funding out in grants.

When I came, I made it very clear I intended to expand the role of the commissioner to do a lot of policy work. First of all, the commissioner is the chair of the Intradepartmental Council of Native American Affairs (ICNAA). ICNAA looks all over the tribal activities and tries to do coordinated efforts across the Department.

Support and staff for that particular role would be great. Additional staff would allow folks to do deep dives into how we could do better coordination. That would help the staff from the Office of Intergovernmental and External Affairs to work on STAC priorities and then other goals out of the Office of the Secretary without having to do the ICNAA work also.

The commissioner for ANA is supposed to advocate for human service issues and serve as the visible advocate for AI/ANs in the Department. A better understanding and support of that role within ACF leadership would help. This position could be elevated within ACF and the Department so that everyone understands, regardless of the Administration, that there is some

coordinated effort, at least among the human service programs at ACF, for leadership that may not have that Tribal background.

C: (Mr. Allen) ANA does a good job of what it does. It is still a small agency but all these other programs have an effect on it. Maybe what would be in order is for the Secretary to assign the assistant secretary and/or others who could be engaged in what kind of position would work for the tribes. What would be the scope of the role and responsibilities? Do you want the position to be a political appointee or a career staff person?

Maybe a small workgroup of tribal leaders should sit down with the Secretary or a representative and talk through that. I would be delighted to participate.

C: (Mr. Begaye) One way to institutionalize these things is to write them into your policies.

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.

Questions and Answers

Q: (Mr. Begaye) I believe about 60 Navajos attended Gen-I but we don't know who some of them are. If we know the youth whom you have invited, we can track them, work with them and also include others who have great potential so they can be on an invitation list.

A: (Ms. Sparks Robinson) We are not selecting individuals, and we are not doing personal invitations. These are open invitations to communities, so people self-select to participate. Afterward we can share the participants.

C: (Mr. Begaye) The event that took place at the White House, the internship, the selection of youth, the selection of youth to any type of program. We want to know who is participating.

C: (Mr. Allen) The Gen-I website doesn't provide the coordination or collaboration between the agencies. You are reading off different kinds of events and activities that are intended to improve

relationships and the values that we want to encourage. Then you have got Tiwahe over in the Department of Interior. I really don't know what some of the other agencies are doing -- Labor, and so forth.

You might want to engage with whoever controls this things to have a way to coordinate Gen-I events throughout the agency.

C: (Ms. Ecoffey) We coordinate internally here at HHS with all of our partners. That is partly what we do through the Interdepartmental Council. Is there anything else you would want to see us include in this outreach?

C: (Mr. Begaye) We do a lot of runs, and our youth get involved in them with their parents. That is something we would like to see for the Navajo region.

C: (Mr. Micklin) We would also like to know who the youth are because we have other programs that we do. We have a youth council member every year. Also if there could be a website where all the opportunities are posted, where you could have a link with which to direct people if they wanted to participate.

That is similar to an earlier suggestion that the STAC website link to the other advisory committees so we can see who else is meeting and when.

C: (Ms. Ecoffey) In March we can bring you a fuller plan of where we are and what we are doing, our dates and any preregistrations. As for the STAC stuff, we can update the website to your suggestions. And we can also share with you the master calendar of everything going on at HHS in the next couple of weeks.

Q: (Mr. Micklin) There is reference to a Tribal Health and Well-Being Coordination Plan. August 26th date. That is IHS, CDC, ACF, HRSA and SAMHSA. I haven't seen it. Is that posted somewhere?

A: (Ms. Sparks Robinson) We need to have some conversations because I think there are two different tribal behavioral health plans.

C: (Mr. McSwain) Dr. Cotton put all the pieces together, and it has been in circulation. I don't know if it is ready for release. I will find out.

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 Navajo 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 Melendz.

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.)