

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

September 17-18, 2013

Summary Report

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on September 17-18, 2013, at the Hubert H. Humphrey Building in Washington, DC. The meeting provided an opportunity for the STAC to converse in-person and hear updates and engage in discussion on the Department of Health and Human Services (HHS) budget, human service issues, Intradepartmental Council on Native American Affairs (ICNAA), HHS data, tribal state relations, Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Affordable Care Act (ACA), and staff and operating divisions' work on Indian issues and initiatives. The STAC also prepared for a discussion on its priorities with HHS Secretary Kathleen Sebelius, met with the Secretary, and addressed its business items. Throughout the meeting, the STAC was afforded numerous opportunities to engage with HHS leadership, program staff, and agency officials. The meeting was facilitated by the STAC's Chairman Gary Hayes.

Members Present for Roll Call: Gary Hayes, Aaron Payment, Steve Cadue, Roger Trudell, Cathy Abramson, Rex Lee Jim, Gloria O'Neill, Cheryl Frye-Cromwell, Steven Ortiz, Arlan Melendez, and Chester Antone. (Quorum Met)

Action Items:

1. Paul Dioguardi agreed to distribute tentative dates to the Secretary's Tribal Advisory Committee (STAC) for its next meeting once the dates for the White House Tribal Nations Conference were made available; and Gary Hayes indicated that committee members could then email Stacey Ecoffey their input on the dates so a final decision could be made.
2. Norris Cochran agreed to follow-up on the issue of advance funding to tribes, saying it was not an option he had heard previously addressed.
3. Norris Cochran agreed to speak with his policy official, the counterpart to Julian Harris, to request that an Office of Management and Budget (OMB) representative provide a budget presentation to the STAC and hear from the committee about challenges confronting Indian Country.
4. Cathy Abramson agreed to provide an analysis that shows that Indian Health Service (IHS) should be exempt from sequestration in 2014-2021, to Norris Cochran through Stacey Ecoffey (who agreed to copy and distribute it).
5. Norris Cochran agreed to provide information on targeted funding outside of IHS for tribes, in response to Steve Ortiz's request for data on non-IHS programs tribes are participating in.

6. In response to a request that she write a clarifying letter on the IHS' position concerning the Dental Health Aide Program (DHAP), Yvette Roubideaux agreed to look into concerns about a letter from Dr. Chris Halliday, written 3 to 4 years ago, that is being used as "support" to say the Federal Government/agencies oppose the DHAP.
7. Gary Hayes requested that Stacey Ecoffey distribute to the STAC an electronic copy of the PowerPoint presentation on rebooting (which talks about budget issues) that was given to participants at the National Indian Health Board (NIHB) Consumer Conference. [He said "Jennifer" would email her the file.]
8. Brian Sivak agreed to work with Yvette Roubideaux to distribute information to the STAC on the Health Data Initiative (HDI). [He said they have a broad philosophical document, as well as a specific execution plan of work activities.]
9. Damon Davis agreed to work with Lillian Sparks to develop a prototype for her request for a single reporting mechanism for all human service activities at the Administration for Children and Families (ACF) that would allow tribes to input their data and generate a report to help understand how their Head Start, Temporary Assistance for Needy Families (TANF), or Child Care programs are making a difference in the lives of children and families, as well as shape policies put forth by ACF.
10. Gloria O'Neill agreed to provide a write-up to Brian Sivak on Cook Inlet Tribal Council's project to use TANF savings to build a video game that will engage participants in work participation hours so he can share it with one of the teams working in the HHS Ignite Program (under the auspices of the Idea Lab) that is working on a video game to improve health.
11. Mirtha Beadle encouraged the STAC to provide feedback on the resource list regarding suicide prevention that was distributed during the meeting.
12. Regarding the marketplace.cms.gov website, Mayra Alvarez welcomed the STAC's feedback on additional AI/AN-specific information to be posted.
13. Yvette Roubideaux agreed to check on the status of contracts with providers in Arizona, per Chester Antone's request.
14. Cindy Mann agreed to look into the denial notices that Ken Lucero mentioned New Mexico would be sending out to applicants who are eligible under Medicaid expansion and apply between now and the end of the year.
15. Per Cathy Abramson's request, Chiquita Brooks-LaSure agreed to take back the message to the Communications Office that additional training for call center staff is needed, particularly around Native concerns.
16. Chiquita Brooks-LaSure agreed to provide the name of a contact person at the Center for Consumer Information and Insurance Oversight (CCIIO) for Ken Lucero to engage with about tribal concerns in New Mexico on the health insurance exchange and the No Wrong Door policy.
17. Geoff Roth agreed to provide the STAC with links to the YouTube training videos on the Health Insurance Marketplace.
18. Isabel Garcia agreed to send a link to the Federal Register announcement for the National Institutes of Health's Genomic Data Sharing Policy update to Stacey Ecoffey.
19. The STAC was encouraged to contact the Office of Minority Health's Tracy Branch to learn more about the recommendations or to provide feedback on the Presidential Advisory Council on HIV/AIDS' resolution on the needs of male-bodied two-spirit individuals living with or at risk of HIV.

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

37. Chester Antone requested that Secretary Sebelius submit a letter to Congress for renewal of the Special Diabetes Program for Indians (SDPI).
38. Secretary Sebelius agreed to revisit options for Indian health facilities to receive reimbursements for care provided to Medicaid eligible individuals up to 138% of the Federal Poverty Level (in states that don't expand Medicaid).
39. Paul Dioguardi agreed to coordinate the inclusion of additional time on the STAC's next meeting agenda for a longer tribal caucus.

DAY 1

(September 17, 2013)

Welcome and Meeting Logistics

The first day of the meeting began with STAC Chairman Gary Hayes welcoming the participants and inviting Rex Lee Jim, Vice President of the Navajo Nation, to give the opening invocation. After the blessing, Chairman Hayes proceeded to call the roll. The following STAC members were identified as present: Gary Hayes, Aaron Payment, Steve Cadue, Roger Trudell, Cathy Abramson, Rex Lee Jim, Gloria O'Neill, Cheryl Frye-Cromwell, Steven Ortiz, Arlan Melendez, and Chester Antone. A quorum was met.

Paul Dioguardi, Director, Office of Intergovernmental and External Affairs (IEA), welcomed the committee members and thanked them for their attendance. He noted the forthcoming expansion of health insurance via the ACA, reminding the group that enrollment into the Marketplace will begin on October 1, 2013. Next, Mr. Dioguardi provided an overview of the meeting agenda; and he commented that the ACF Tribal Advisory Committee (TAC) would be observing the proceedings over the course of the STAC meeting. After the meeting attendees provided self-introductions, Mr. Dioguardi suggested that the STAC consider holding its next meeting in conjunction with the White House Tribal Nations Conference. With approval from the STAC, Mr. Dioguardi agreed to distribute tentative dates to the STAC for its next meeting once the dates for the White House Tribal Nations Conference were made available; and Chairman Hayes indicated that committee members could then email Stacey Ecoffey, Principal Advisor for Tribal Affairs, IEA, their input on the dates so a final decision could be made.

Segueing into the session on HHS Budget updates, Chairman Hayes emphasized the importance of tribal leaders reminding their congressmen about the impact of sequestration on tribal communities.

HHS Budget Updates

The Office of Budget's Norris Cochran provided the STAC with updates on the HHS budget. He acknowledged the challenges, especially at the local level, resulting from sequestration; and he assured the tribal leaders that his office is trying to communicate the "real world" impact to the OMB. In terms of IHS dollars, he said \$165 million were lost in 2013; and despite the Administration's attempts to get rid of sequestration with new revenues and targeted reductions, under the current law another sequester would be implemented in 2014 if it's not overturned. With options ranging from Congress passing a spending bill with caps, to Congress negotiating an agreement to get rid of sequestration, to operating under a continuing resolution with another sequester to occur in January, Mr. Cochran said at some point things will begin to move very quickly. In terms of 2015, he said the process is in the early stages; notwithstanding, OMB has put out guidance requesting that all departments come in at reduced levels relative to the 2014 budget. Nonetheless, Mr. Cochran reconfirmed the Secretary and Administration's commitment to making funding to Indian Country a priority. To that end, he said they continue to fight for increases in areas such as child care, mental health, and support services; and IHS Director Yvette Roubideaux emphasized the importance of the STAC continuing to communicate tribal priorities to the HHS operating divisions. When asked about the budget request for contract support costs (CSC), Mr. Cochran said there wasn't one for 2015. For 2014, Dr. Roubideaux said the President's budget proposal has a \$5.8 million increase. In response to concerns about how the fiscal woes would impact the ACA, Mr. Cochran said the "direct supports" are funded within the ACA itself. In terms of costs of implementation through CMS, he said they have been creative in freeing up money to make sure the Marketplace is ready to launch in the coming 2 weeks; and he said money to pay for things like outreach has been requested. He said money for information technology systems, for example, would potentially be impacted. In response to Mr. Cochran's presentation, Councilwoman Abramson called for HHS' support of advanced funding to tribes for 2015. Chairman Payment echoed the sentiment, saying advance funding would be especially useful for Head Start. Mr. Cochran agreed to follow-up on the issue, saying it was not an option he had heard previously addressed.

Following Mr. Cochran's presentation, Councilman Lucero suggested that the STAC revisit its priorities and finalize them for the following day's presentation to the Secretary; and Chairman Hayes suggested that the STAC review grants that were applied for and not granted to tribes as a way to identify tribal needs. Chairman Payment noted that the President's commitment to Indian Country was not evident by the budget cuts being felt by tribes at the community level. To that end, Dr. Roubideaux reiterated the importance of meeting with the OMB decision makers.

The following items were noted during the presentation:

- Norris Cochran agreed to speak with his policy official, the counterpart to Julian Harris, to request that an OMB representative provide a budget presentation to the STAC and hear from the committee about challenges confronting Indian Country.
- Cathy Abramson agreed to provide an analysis to Norris Cochran through Stacey Ecoffey (who agreed to copy and distribute it) that shows that IHS should be exempt from sequestration in 2014-2021.

- Norris Cochran agreed to provide information on targeted funding outside of IHS for tribes, in response to Steve Ortiz’s request for data on non-IHS programs tribes are participating in.

Indian Health Service Issue Discussion

Dr. Roubideaux led the discussion on IHS issues. In terms of the IHS budget, she said everything was done that could be done to cut administratively in 2013. With thin margins for error, she added that it would be quite challenging if the 2014 budget falls below 2013 levels. Dr. Roubideaux reminded the STAC that tribal recommendations for the 2015 budget formulation have already been received and she said she plans to meet with OMB at the end of the month on the matter. She announced the dates for a virtual Tribal Consultation Summit, to be held on October 9-10, 2013, from 2pm – 5pm, EST; and she discussed the DHAP. Regarding the latter, Dr. Roubideaux agreed to look into concerns about a letter from Dr. Chris Halliday, written 3 to 4 years ago, that is being used as “support” to say the Federal Government/agencies oppose the DHAP. With a lot of tribes interested in expanding the program, many want the IHCIA [Indian Health Care Improvement Act] provision that requires tribes that want to do the program to go through their State Dental Practices Act revisited. She was asked to write a clarifying letter to counteract the Halliday correspondence. Finally, pertaining to the issue of CSC, Dr. Roubideaux reemphasized her intention to find a solution to the contentious topic. Dr. Roubideaux indicated that the next conversations on CSC will occur at the following upcoming quarterly meetings: Tribal Self-Governance Advisory Committee (TSGAC); and Direct Service Tribe Advisory Committee (DSTAC). In terms of appropriations, she acknowledged tribes’ desire for full funding for CSC, saying the IHS is communicating that throughout the Administration. She also acknowledged tribes’ dissatisfaction with the appropriations language that lists contracts line-by-line, saying a solution was being sought on this as well. Ultimately, she said they had to think of a creative way to make the argument; and she stated that she wanted to discuss the topic again in regards to the 2016 budget formulation. In terms of past claims, Dr. Roubideaux said the BIA is working on a settlement for claims of unfunded need in past years. After explaining the process to settle CSC, Dr. Roubideaux assured the group that she is working to speed up the settlement process by increasing lawyers and staff and doubling contractor funding to expedite settlements; but she warned that the OMB has publically stated that is won’t fully fund CSC. Notwithstanding, she said she welcomed future discussions in hopes of finding a solution that works for everyone.

The following items were noted during the discussion:

- Rex Lee Jim recommended that Dr. Roubideaux, and perhaps Secretary Sebelius, issue a letter in support of expanding the DHAP.
- Rex Lee Jim requested the IHS’ support regarding the Navajo Nation having its own Health Insurance Marketplace.
- Aaron Payment suggested that a solution to the CSC issue might be to find out the amount of past claims due and then schedule out repayment.
- Chester Antone noted tribes’ desire to extend the 1115 Waiver that will soon end in Arizona. He requested that Dr. Roubideaux have a discussion with CMS to see if they support it or not.

- Gary Hayes recommended that funds for CSC come out of some type of Judgment Fund.

Before recessing for lunch, Chairman Hayes passed out a handout on rebooting (talking about budget issues) that was given to participants at the NIHB Consumer Conference. He requested that Ms. Ecoffey distribute an electronic copy to the STAC members.

HHS Data

Damon Davis, Chief Technology Officer's Office, focused the discussion on *HHS Data* on the Department's Health Data Initiative (HDI)—an effort to liberate data from the Department's health data stores, i.e., data that they curate, collect, and analyze through various mechanisms. He noted that health care is an area where data can be used for cost reductions, improved efficiencies, and greater effectiveness in delivering health care and human services. To that end, he said the HDI aims to leverage the use of data beyond its initial purposes. As part of his presentation he discussed the Health Data Palooza (June 3-4, 2013), a flagship event of the Chief Technology Officer's Office that celebrates the availability of the data and its uses and provides opportunities for stakeholders to find ways to better utilize it. Mr. Davis shared the direction of the HDI, saying the new approach includes making healthdata.gov a discovery zone of resources across the Department and across the country, as well as making the platform more user friendly. After sharing specific goals of the initiative, he closed his presentation with soliciting feedback on what data should be released, used, and how to bring about a culture shift to encourage data transparency.

The following items were noted:

- Each staff and operating division has a health data lead. Meetings are convened quarterly to go over policy levers, review the progress of each division, and find lessons learned across the divisions to spread best practices to facilitate culture change towards greater data transparency.
- In the IHS the health data lead is Susan Karol, the IHS Chief Medical Officer.
- IHS took its first step towards data transparency by posting a facility locator on healthdata.gov.

Chief Technology Officer Brian Sivak joined the discussion, commenting that both Secretary and Deputy Secretary are behind the HDI 100 percent. He commented on the value of making the data available in responsible ways; and he said his office would soon be releasing a broad philosophical document, as well as a specific execution plan of work activities, for comment. The documents will be posted online and he agreed to work with Dr. Roubideaux to distribute the information to the STAC. He also discussed the concept of the Idea Lab, saying it gives people an opportunity to experiment with and explore new ideas.

During the Q&A portion of the presentation, the following items were noted:

- Dr. Roubideaux indicated that the IHS and CCIIO are working on data sharing agreements between IHS, CMS, and IRS to allow AI/ANs to be able to take advantage of the Secretary's Hardship Waiver for IHS beneficiaries to avoid tax penalties.

- Mr. Davis agreed to work with Commissioner Sparks to develop a prototype for her request for a single reporting mechanism for all human service activities at ACF that would allow tribes to input their data and generate a report to help understand how their Head Start, TANF, or Child Care programs are making a difference in the lives of children and families, as well as shape policies put forth by ACF.
- Messaging, in terms of facilitating cultural change, will be important as Native communities move towards having technology play a supportive role in addressing concerns of and delivering services to Indian Country.
- Healthdata.gov is a catalogue listing of data sets; the data is not actually contained therein. To the extent that data is protected, a user would be given the process to go through to get access.
- Ms. O'Neill agreed to provide a write-up to Mr. Sivak on Cook Inlet Tribal Council's project to use TANF savings to build a video game that will engage participants in work participation hours so he can share it with one of the teams working in the HHS Ignite Program (under the auspices of the Idea Lab) that is working on a video game to improve health.
- The Chief Technology Officer's Office is in the early stages of working with states to get their state data into healthcare.gov, with a primary focus on HHS data. They are happy to assist with making connections to allow access to the data wherever they can.
- The collection and curation of data is done in whatever format it is currently in; it is important that it is in or gets turned into a machine readable format.
- In terms of getting data such as data on vital statistics, the CDC has data sets available through a query tool on its website and some via download, but the Chief Technology Officer's Office with working with them to make that data more available.

Health Resources and Services Administration Discussion

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

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

Before hearing from Dr. Lu and Ms. Smith, George Sheldon, Acting Assistant Secretary, ACF, thanked them for their work on the program, saying all the data indicate it's effective. For his portion of the presentation, Dr. Lu focused his remarks on the state portion of the program; while Ms. Smith primarily discussed the Tribal MIECHV Program. Highlights from their presentations include the following:

- The MIECHV Program provides voluntarily, evidence-based, home visiting services to at-risk families.
- The program is built on two decades of scientific research which shows that home visiting by a nurse, social worker, or early [childhood] educator during pregnancy and in the first years of life has been shown to improve a host of child and family outcomes, e.g., positive parenting, child development, and school readiness.
- The program was authorized under the ACA with \$1.5 billion from 2010-2014, and it's now being implemented in all 50 states, DC, and five territories.
- There is 3 percent set-aside for Tribal MIECHV programs, as well as a 3 percent set-aside for research and evaluation.
- A total of 14 home visiting models are deemed evidence-based.
- States can subcontract with tribal communities to provide home visiting services [this is being done in eleven states] and 25 grantees in 14 states get set-aside funds.
- Approximately \$21 million have been awarded to-date for the Tribal MIECHV, with the expectation of awarding another \$11.5 million by the end of 2013.
- Roughly one quarter of the Tribal MIECHV Program applicants have received an award.
- Tribes are allowed to pick a national home visiting model and adapt it for its population or to develop their own home visitation programs. One program is very close to becoming evidence-based, with many others having success in including elders, as well as success in cultural and linguistic adaptability of home visiting programs in tribal communities.
- ACF is using a combination of tribal home visiting funds and Head Start money to fund four projects on four reservations to try to identify how to break down barriers between the tribal home visitation program, Head Start program, and Child Care program to better meet the needs of early childhood in those communities.

Following the presentation, Dr. Wakefield welcomed comments, questions, and responses to the questions she posed at the beginning of the presentation, as well as others of interest to the STAC.

Q: (Steve Ortiz) Is this money going to be passed down to the states and then to the tribes?

A: (Mary Wakefield) There are two funding streams: one to the states (or in three states to nonprofit organizations) and one only to tribes/ tribal organizations (the set-aside funding).

AI/AN populations do benefit from funding from states, and they are the only beneficiaries of the tribal set-aside funds.

Q: (Steve Ortiz) How do we find out if a state has included tribes as recipients of funds for the home visiting programs within their state. I'm curious about Kansas.

A: (Michael Lu) Kansas does not fund a tribal community.

C: (Linda Smith) In your packet it lists everywhere there is a Tribal MIECHV Program and where the state is cooperating with and providing services [to tribal communities].

C: (Mary Wakefield) I should note that we recently sent a letter to the state programs, asking them to consider partnerships with tribes in terms of providing services to AI/AN populations. We've also sent a letter to all tribal leaders to let them know about this program.

C: (Linda Smith) Part of the President's Early Learning Initiative includes an expansion of home visiting programs with a significant increase in funding, which would also mean an increase in the amount set aside for tribes.

Q: (Gloria O'Neill) For years and years nonprofit organizations, tribes, and tribal organizations have been providing home visiting services, so when will we know that these promising practices "prove out?" I think there needs to be a lot of community involvement for this to really be successful, bringing both the health providers into what has gone on for the last 30 to 40 years within the human services side. Also, will you have another competitive round for future cohorts, since you've only funded a quarter of the tribal applicants?

A: (Linda Smith) Any expansion will depend on the reauthorization of the home visitation program, which we are working on now and anticipating an increase in funding. In terms of evaluation, the tribal program is benchmarked, just like the state-based program. The evaluations are required and very rigorous, so we hope that when we get through these first 5 years that we'll have information on validity and what the programs can show.

Q: (Gloria O'Neill) How are you connecting the programs that have been around with what you are doing now?

A: (Linda Smith) It's something we need to be thinking about, how we can connect with programs that are not a part of our tribal program; how do we locate them and reach out and figure out how we would take advantage of what they have learned.

C: (Aaron Payment) In some of our communities Early Head Start has worked and in some it hasn't, because people prefer the center-based approach. It seems to me that one way this might work is to collaborate with the existing programs. One might think this would work with single mothers because they are at home, but the reality is single mothers are working now. Every single mom that I know in my community is working. So then, the opportunity that is there is when they go to the child care center. So, collaborating with that could work. One of the problems we have with other programs and tribal programs is being able to share client information; there are barriers. Anything to help facilitate that would be helpful. If it's really going to be successful, being able to share some level of client information is necessary.

C: (Linda Smith) That's what we are trying to figure out with the Tribal Early Learning Initiative (TELI). Also, with the Early Head Start program, there are various models of Early Head Start. At some point we may need to have a conversation about whether or not you are using the best model for your community. Then home-based model is only one of nine models. One thing we learned at White Earth in terms of the barriers between programs cooperating, we had Child Care children needing to get to the child care center and Head Start children that were getting on the bus. They said the Head Start program couldn't transport the Child Care program kids because it's a different funding stream. Well, that's not true. We did a site visit and showed them how to resolve the issue. These are things we are trying to figure out with the TELI project.

C: (Michael Lu) For home visiting to have the maximum impact on child and family health, it can't work in a silo. It needs to be integrated into the community and taking advantage of the cultural resources. That's why we are asking you how we can best work with tribes to build tradition, culture, and language into home visiting programs in a meaningful way.

C: (Aaron Payment) In some communities where you don't have a lot of cooperation, a lot of the programs that are similar, e.g., breast feeding education, maternal care, and well child visits, are all through the county. In some of our communities there is longstanding racist conflict. So maybe some kind of requirement to have them articulate how they will work with other assets in that community might be appropriate.

Q: (Cynthia LaCounte) Are seniors only involved as advisors or are they being trained to do home visits?

A: (Linda Smith) There is nothing that says they can't be trained to be part of the home visiting program. Until now I think they have mostly been in an advisory capacity, but that's a good suggestion.

C: (Cynthia LaCounte) Under Title VI of the Older Americans Act, Part C, which is our Family Caregiver Program, we provide supportive services to grandparents raising grandchildren; those would be perfect places to make home visits and to involve them in home visits. At some point, we would like to be at the table.

C: (Linda Smith) That's a good suggestion.

Q: (Roger Trudell) You have programs funded in South Dakota, North Dakota, and Nebraska. How do they relate to the tribes there? In Nebraska we have a difficult time trying to get any coordination with the state. In South Dakota it's probably ten times worse than it is in Nebraska. You have organizations that ask for tribal data. We provide it, but oftentimes they never come back. How will you ensure that this practice doesn't continue, because it doesn't look like you will fund too many Indian programs with the level of funding you are talking about? Maybe you can give tribes more of the state money, because we can service ourselves better than the states can.

A: (Mary Wakefield) The funding streams are set in statute, however in North Dakota the program is not operated by the state. It's one of three states that chose not to implement home visiting. It's operated through a nonprofit located out of Bismarck. We can get you the name. They are working with one or more tribes in the state. In terms of effectiveness and working in partnership, we do have project officers that work with state governments, nonprofits, and tribal entities to make sure they are employing the funding consistent with the expectations of the law. That also means working closely and collaboratively with the communities that are benefiting from those investments. So, there is an oversight structure to this program—at the state and regional level.

C: (Chester Antone) [In response to the questions about] are there ways to work with tribes, in particular with tribal elders, and how do we work with tribes, building on tradition, I would say we need to have a conversation with the grantor and the grantees. In our tribe there is a certain way a mother is supposed to take care of herself. After birth they are to remain secluded for a number of days and eat what the medicine man prescribes. We eat the clay that they give us; it's

a tie to mother earth. It's important to have these conversations on traditional ways, so you know the limits of how far to go and lines you cannot cross. Tribes are different. The main thing is to have the conversations with your grantees; it's the best way for you to get information.

Before ending the session on HRSA, Dr. Wakefield directed the STAC to the packet of materials for information on suicide prevention activities from SAMHSA [Substance Abuse and Mental Health Services Administration], HRSA, and IHS; and she asked that they consider for future discussion how the three operating divisions can ensure tribes are aware of and have access to the resources. Dr. Roubideaux encouraged the STAC to review the resource list and provide feedback, saying they need to know if what is available is useful and helpful before new initiatives/activities are developed. She said one of the biggest barriers is that people are not aware of current tools and resources that are available. To that end, she encouraged them to review the list and provide feedback on what was lacking. Mirtha Beadle, Deputy Administrator, SAMHSA, offered a closing remark, confirming suicide prevention as a priority for SAMHSA and also encouraging the STAC's feedback on the resource list regarding suicide prevention.

Human Service Issues Discussion

George Sheldon, Acting Assistant Secretary, ACF, and Lillian Sparks, Commissioner, Administration for Native Americans, ACF, updated the STAC on human services issues. Acting Assistant Secretary Sheldon began the presentation by noting that the ACF TAC had its first meeting in July 2013. He went on to say that a visit to the Navajo Nation provided him with additional insight in terms of how ACF programs intersect. Next, Acting Assistant Secretary Sheldon announced the resignation of ACF Commissioner Bryan Samuels, saying the process is underway to find his replacement. He also indicated that Joo Chang from the Casey Family Programs in Seattle will be joining ACF (on September 23rd) as the new Associate Commissioner for the Children's Bureau; and Bill Bentley will head the Family and Youth Services Bureau (FYSB) beginning on October 1st. Acting Assistant Secretary Sheldon reiterated his commitment to encouraging tribal communities to consider applying directly for IV-E dollars. He said he would ultimately like to get to a point of considering for tribal communities a IV-E Waiver which would allow greater flexibility and utilization of IV-E dollars in child welfare. Before yielding the floor to Commissioner Sparks, Acting Assistant Secretary Sheldon also indicated that guidance to child welfare systems on child trafficking was issued the day prior, saying lesbian, gay, bisexual, and transgender youth and Native American children are particularly vulnerable to be trafficked. He also indicated that ACF is now working with BIA and OMB to implement guidance on "477."

For her part of the presentation, Commissioner Sparks said the ACF TAC met for the first time in July and had meaningful conversations about the impact of the sequester in terms of ACF tribal programs; the interaction of the ACA with ACF programs; and the impact of data on tribes and service delivery at the local level. A lot of the discussion, she said, focused on how to determine the impact of ACF programs on tribal communities. Next, Commissioner Sparks provided an overview of the ANA program, particularly addressing the new Sustainable Employment and Economic Development Strategies (SEEDS) program—which looks at economic development strategies being promoted within Native communities (which are

competed amongst each other, not with the social development, tribal governance, and other types of activities that come under the Social and Economic Development Strategies (SEDS) program). She said 63 proposals for funding were submitted and award announcements will be made by the end of the fiscal year, along with other program award announcements. She said the 19 language grant awardees for the current fiscal year have been determined, 13 of which will be Preservation and Maintenance related and 6 under the Esther Martinez Native Languages Act funding (which focuses on immersion and immersion activities). Finally, Commissioner Sparks said ANA has been working closely with its Tribal Home Visiting, Child Care, and Head Start offices to look at how it might do a better job of messaging how they support Native language programs across ACF; and she indicated that a language summit with the Bureau of Indian Education and the Department of Education is tentatively being planned for fiscal year 2014.

Following the presentation, Ms. O'Neill commented that she looked forward to hearing the final outcome on the 477 issue, saying she appreciated how open the Administration, ACF, and others have been with engaging with the 477 Tribal Workgroup on a weekly basis.

Affordable Care Act Update

Dr. Roubideaux was joined by the following individuals to update the STAC on the ACA: Mayra Alvarez, Director of Public Health Policy, Office of Health Reform; Chiquita Brooks-LaSure, Deputy Director for Policy, CCIIO; and Cindy Mann, Deputy Administrator and Director, Center for Medicaid and CHIP Services. Ms. Alvarez started the presentation, providing information on enrollment, outreach, and education activities. Highlights from her presentation included the following:

- The healthcare.gov website was re-launched at the end of June 2013.
- Enrollment into the Health Insurance Marketplace will begin October 1, 2013, and last for 6 months.
- A toll-free Call Center was launched at the end of June 2013.
- IHS continues to support the National Indian Health Outreach and Education Project (NIHOEP), to do area specific outreach and education regarding the ACA; over 330 trainings have been completed in all regions of the country.
- This summer HRSA announced \$150 million to support outreach and enrollment in community health centers.
- Approximately \$32 million were awarded to identify and enroll children in Medicaid and CHIP.
- In mid-August the recipients of the Navigator funds were announced, including eight tribal grant awards.
- Applications are being accepted and trainings are underway to train organizations interested in providing in-person assistance to consumers as certified application counselors.
- Through the Champions for Coverage Initiative, organizations can help spread the word about the Marketplace.

- The marketplace.cms.gov website contains some AI/AN-specific information, as well as PowerPoint presentations, fact sheets, talking points, other tools, and schedules for trainings.

Regarding the marketplace.cms.gov website, Ms. Alvarez welcomed the STAC's feedback on additional AI/AN-specific information to be posted.

Ms. Brooks-LaSure updated the STAC on Marketplace activities since the last STAC meeting. Highlights from her portion of the presentation included the following:

- Open enrollment into the Marketplace is on schedule to begin October 1, 2013, at which time consumers can log onto healthcare.gov and compare plans and enroll for coverage.
- In April 2013, the issuers who are going to be offering Quality Health Plans (QHPs) submitted applications for states where there will be a federally facilitated Marketplace (FFM) and those certifications have been made and agreements are being signed.
- State-based Marketplace states have made their QHP applications and certification processes publically available.
- Rates for the FFM will be available in October.
- CCIIO has been working on the following areas with the CMS Tribal Technical Advisory Group (TTAG) and Indian Country: the Hardship Exemption, the Navigator grant; and the certified application counselor trainings.
 - For the Hardship Exemption category, individuals receiving services from an Indian health care provider can apply for an exemption from the shared responsibility payment if they do not maintain minimum essential coverage under the ACA.
 - CMS is committed to an electronic verification for all purposes and discussions are ongoing; for the first year all exemption verifications will be done through a paper-based process. [A comment period on the paper-based verification process is forthcoming.]
 - CMS developed a training course, within the online certification process that all Navigators must take, that includes information on AI/AN issues.
 - The names and contact information for IHS facility certified application counselors (CACs) and Tribal or Urban CACs will not be made publically available on the web.

Ms. Mann first addressed the issue of Medicaid expansion. She said 25 states including the District of Columbia have decided to expand their Medicaid program for low-income adults beginning January 2014 (with Michigan beginning in April 1, 2014). She remained hopeful that others states would move to expand Medicaid in this calendar year; and she reminded the group that there is no deadline for states to expand Medicaid, although the 100 percent federal match for newly eligible individuals is for 3 calendar years (2014-2016), with a match thereafter that will never fall below 90 percent. She said that in every state there will be changes in how the Medicaid enrollment process will work, including different rules for eligibility and a simpler method of enrolling and renewing individuals into coverage. The Medicaid.gov website will contain state-by-state descriptions of what will be available as of October 1st. Other highlights from Ms. Mann's presentation included the following:

- The CMS Tribal Affairs staff has produced two Health Insurance Marketplace and Medicaid Expansion video products, one which familiarizes AI/AN applicants with the streamlined application process and a shorter video that can be shown in clinic waiting rooms about the application and Indian provisions in the ACA. The videos will be posted on the CMS YouTube website.
- To promote outreach, a tribal partnership database has been established and participating organizations have agreed to review materials and give comments on what additional materials are needed.
- Themes and messages for tribal communities have been tested and posters, flyers, PSAs, billboards, and other materials developed; and over the last 6 months various mechanisms have been used to do outreach and education activities.
- Phone calls and webinars have been done with states and tribes pertaining to tribal consultation. A total of 147 State Plan Amendments were received in the last few weeks (from roughly 24 states).
- Consultation has been occurring with tribes when states have come in with specific proposals, for example Arkansas has proposed to do a variation of Medicaid expansion through a mechanism called Premium Assistance and subsequently consultation was done with Oklahoma tribes to discuss the Arkansas Premium Assistance because tribal facilities on the border could be impacted.

Dr. Roubideaux rounded out the panel on the ACA. Highlights from her presentation included the following:

- On the federal side, as of October 1, 2013, all IHS staff must be able to answer the questions about the ACA or refer the individual directly to the next person who can answer the question; assist with online applications; have talking points about the Hardship Waiver; and help people understand their choices.
- NIHOEP grantees will be funded for another year.
- Geoff Roth is conducting webinar trainings, providing an overview of the ACA; and Dr. Roubideaux has a short video that can be shown at staff meetings. CMS has all the trainings posted on their website.
- IHS has a commitment to get one person in all of its federal facilities (in states with the FFM) to take the certified application counselor training and is working with CCIIO to accomplish this.
- Additional information concerning the Hardship Waiver is forthcoming.
- IHS is working with CCIIO to get the issue of electronic verifications sorted out and is working on a simple form letter that can be used to verify their IHS eligibility.

The following questions, answers, and comments were noted following the ACA update.

Q: (Rex Lee Jim) What is the status of the Navajo Medicaid Feasibility Study? Has it been cleared? Has it been given to Congress? Arizona is not going to run its exchange program, New Mexico has its own, and Utah has a small business model. So, that's three different programs the Navajo are facing. How do the Navajo get to work with just one Marketplace? On December 31, 2013, the Arizona Tribal Waiver is going to expire; how can we extend that? If we don't, podiatry, orthopedics, occupational therapy, and emergency dentistry will be eliminated. Also,

the Republican Party in Arizona is suing the state over the expansion of Medicaid. If they win then we cannot have the childless adult coverage. Again, we are very interested in having the Arizona Tribal Waiver extended.

A: (Cindy Mann) The Navajo Nation Feasibility Study is not in Congress, it is still in Department clearance. We just heard from Arizona and we understand that they do have an interest in extending the Tribal Waiver. We will certainly look at that, with or without the expansion. We are confident that Arizona's expansion will stay in place, notwithstanding litigation.

A: (Chiquita Brooks-LaSure) On the multiple Marketplace options, the ACA makes it clear that states had the first option of deciding if they wanted to run a Marketplace, and if not HHS was given authority to run one. We have encouraged states to run a Marketplace, in part because they are already doing so much of the work in terms of reviewing private insurance. Even when we run a FFM, we have to work very closely with the State Department of Insurance to ensure the coverage can be licensed and offered in the state.

C: (Chester Antone) I would like to ask for IHS' support regarding the 1115 Waiver. Extending the waiver means a lot in terms of IHS being able to provide services and incoming revenue. When you eliminate podiatry, orthopedics, occupational therapy, and emergency dentistry, it's contrary to the focus of the ACA in terms of reduction of costs over the long haul.

Q: (Chester Antone) Was there any specific reason the ITCA [Inter Tribal Council of Arizona] proposal for a Navigator grant was declined?

A: (Chiquita Brooks-LaSure) I can't speak to a specific applicant. The applications are scored and a number of them were excellent that we couldn't fund because of funding limitations.

Q: (Chester Antone) Can you give me an indication if Arizona is fully ready to go?

A: (Chiquita Brooks-LaSure) Arizona is part of the FFM and we are pleased with the progress being made. We have been getting agreements signed. We will be ready October 1st. That doesn't mean everything is going to be perfect. The systems will be online, but people don't have to enroll on October 1st. We learned a great deal looking at how Part D was implemented. Coverage begins January 1, 2014, so we have time to make sure your enrollment is processed and the insurer knows your information is correct. On the exemptions, you do need to fill that out by December; we'll be putting information out about that. Things will come up and we will adjust accordingly.

Q: (Chester Antone) Under the EHBs [Essential Health Benefits], do we have benefits for podiatry, orthopedics, occupational therapy, and emergency dentistry?

A: (Chiquita Brooks-LaSure) There are 10 categories described in the law. Dental is available for children. Occupation therapy is subsumed in one of the ten categories, as well as orthotics and podiatry. It depends on what's available in plans the state picked, but generally those things are covered.

Q: (Chester Antone) Do we have contracts with providers completed, at least for our area?

A: (Yvette Roubideaux) At first there was a push to get all the programs to be contracted with the QHPs, to get in their network. People started realizing that we have IHCA Section 206, that guarantees us the best rate. Some people have been balking at the contracts that insurance plans

have been giving them. So, we have been working on updating our guidance and hope to get it out very soon—to help assist sites with the decision they have to make locally about whether they are going to contract with the QHP or not and what they need to do to educate them around the issue that they are entitled to the highest rate. I don't know the status of all the facilities in Arizona, but we can take a look.

C: (Yvette Roubideaux) On the enrollment issue, members of tribes (according to current definitions of the law) can enroll and dis-enroll on a monthly basis. So, members of tribes don't really need to take action unless they want to have their coverage start January 1, 2014. That's for the insurance; it's not the same for Medicaid.

C: (Cindy Mann) Regarding which benefits are covered, it's not like "old Medicaid" in the sense that there's not necessarily one plan for a state in the Marketplace; there will be different plans offered through the Marketplace. You'll be able to see through the web what the different plans are offering.

C: (Geoff Roth) CCIIO has been working with the plans to educate them on the "206" requirements and other provisions in the IHCA.

Q: (Ken Lucero) On the No Wrong Door Policy, who controls the application process? Right now our streamlined application is around 25-30 pages. Who should we go to for assistance with that?

A: (Cindy Mann) The Secretary put out a model application, both a paper and online application. The law allows each state to come up with alternate applications. It has to be approved by the Secretary. In some states we've seen the paper application being very long. The online application, when it's fully operational, will only ask relevant questions. Paper applications can't do that, so they tend to be quite long, but some pages you won't have to fill out.

Q: (Ken Lucero) In New Mexico, from now until the end of the year, applicants who are eligible under expansion, but not under current regulations, are going to be receiving a denial letter. They will also be given a follow-up letter that says that under the new rules, effective January 1, 2014, they are eligible. Is there anything you can do to control that or advise the state that they shouldn't be sending out a denial letter? Our concern is that when people apply and are denied, they're not going to open up the second letter that they will receive.

A: (Cindy Mann) Let me look into the notices that New Mexico is doing.

Q: (Cathy Abramson) The Call Centers are not answering questions correctly and we are concerned about that. What training/retraining are you giving them?

A: (Chiquita Brooks-LaSure) A lot of this time has been a testing period with the Call Center. Our Communications Office, which is responsible for the Call Center; I'll take your comment back to them. We are focused on this.

Q: (Cathy Abramson) How many calls have you had? People need to be training properly.

A: (Chiquita Brooks-LaSure) A lot of the Call Centers are run by contractors and we are continually training them; but it's helpful feedback.

Q: (Ken Lucero) Tribes in New Mexico want consultation on the health insurance exchange and also on the No Wrong Door Policy; we don't feel they are being open to the spirit of "No Wrong Door." We want a contact person from CCIIO that we can engage in the conversations. We think the issue is more on the health exchange side than it is the human services side.

A: (Chiquita Brooks-LaSure) We'll get that for you.

C: (Valerie Davidson) [Seat yielded by Gloria O'Neill] When we are talking to people in our community, I think we need to simplify the message. I think there are four messages we are trying to communicate to people: 1) IHS programs are not going away; 2) we can help you get coverage to increase your access to care (and it might be through Medicaid, CHIP, or the Marketplace); 3) you will not be penalized on your taxes if you do certain things; and 4) you're not alone, we are here to help, please contact this person—and fill in the blank. On October 1st, people will panic. I wouldn't necessarily encourage people to wait. They should start prepping now, because they might need some document that may take weeks or months to get. We don't want them to inadvertently be subject to a tax penalty after we've told them they wouldn't be. The other message I would encourage to folks is to have contacts with media about responsible reporting. Susan Johnson, Regional Administrator, Region 10, was asked at a press conference in Alaska, "Isn't this system going to fail when it comes online October 1st?" Her response, I thought, was perfect. She said, "It's really important that we have responsible reporting. Is the message going to be that poor Susan had to sit down at the computer and it took her an hour and a half to complete this process? Or is the message going to be, wow, for the first time ever, Susan and her family were able to have health coverage. It might have taken her a little bit of time, but for the first time ever her family was able to be covered." [Seat resumed by Gloria O'Neill.]

C: (Aaron Payment) I'm going to go through one of the calls. [He read from a call script.] These are real calls. Indian people are not forceful, they will try to get information and then hang up when they don't get it. Issuing a position paper on tribal issues and information to the Call Centers might help.

C: (Gary Hayes) Maybe when individuals call in they can be routed to someone specifically knowledgeable about helping Natives get through the process.

C: (Chiquita Brooks LaSure) The idea is that if a person at the Call Center couldn't answer a question then certainly they would connect the caller with someone who could. Part of the summer has been a testing process.

Q: (Aaron Payment) Are the Call Centers going to have a process to forward issues to you?

A: (Chiquita Brooks-LaSure) Yes, that is built into our process. Again, this is very helpful.

Q: (Gary Hayes) We are in the same position as the Navajo in terms of crossing state lines. We have a community in Utah. Colorado has been working great with us. Is it true that tribal members can't pick and choose between Utah and Colorado?

A: (Chiquita Brooks-LaSure) That's right. Part of the issue is that coverage is offered locally; if you live in Utah you need to enroll in the Utah Marketplace. In Utah, we are actually running the FFM on the individual side. So all of the issues related to Navigators and making sure

people enroll in coverage are actually run by us. The piece that Utah is doing is around the small businesses. To the extent that AI/ANs are enrolling through SHOP [Small Business Health Options Program], that's when they would be dealing with Utah.

C: (Gary Hayes) Colorado says they are going to approach Utah to say CMS is going to accept that plan. Many of the ones living in Colorado are from Utah and are employed by the tribe. They are in Colorado because the jobs are there.

C: (Chiquita Brooks-LaSure) Issuers can offer in multiple Marketplaces, but in order to sell in a state you have to be licensed in that state and in the Marketplace.

The floor was open for members of the public audience to speak.

Q: (Marshall Gover) If someone calls in from Oklahoma and says, "I'm a veteran and I have Champ VA, what kinds of flags does that send up?"

A: (Chiquita Brooks-LaSure) There are a series of eligibility requirements. So we've been working with the U.S. Department of Veterans Affairs (VA) on their questions on the application. So, if someone calls into the Call Center the person can walk them through the application. The Call Center person will be online and will ask the relevant questions to determine if the caller is eligible for coverage.

Q: (Marshall Gover) Do they know difference between Champ VA and TRICARE?

A: (Chiquita Brooks-LaSure) Yes, we've had numerous conversations with the VA and they've been very engaged in making sure the application was accurate in describing what those differences are.

C: (Gary Hayes) To the tribal leaders, I've asked that we get a copy of the YouTube videos so we can share them within our regions, either a DVD or the link.

C: (Geoff Roth) We can provide the links.

Q: (Cheryl Frye-Cromwell) I'm from Massachusetts and I was wondering if there was going to be more funding opportunities for those who were not awarded Navigator grants. My tribe has a Tribal Health Department, as well as an IHS federal health facility. We've been doing the MassHealth program for 5 years. We were funded for 3 years and the tribe picked up the remaining years. We have over 900 tribal members that are being managed by 2 employees. We are working with the state, sending them a list of tribal members that have certain types of insurance under MassHealth. We are also working in conjunction with the service unit and the state. We're using tribal resources to fund the two positions. We applied twice for funding opportunities that the state put out. The original one was posted for 30 days, but it was two weeks before we could actually get to the grant—and that was with technical assistance through the state. When we got the notice it didn't even specify the amount to be awarded. Nonetheless, we have a tribal program that is functioning at full capacity that does what Navigators are supposed to do. There were 34 grants on one of the grant opportunities and 10 were awarded; there were no tribal awards given.

A: (Chiquita Brooks-LaSure) In terms of state-based Marketplace, the states set their own schedules; so we won't know if they will have new grants available for this year. It's an annual process, so there will be opportunities for an award in future years.

Q: (Cheryl Frye-Cromwell) So when funds go to the states, is there any tribal consultation that happens? Was there anything in the proposals that said they will focus on tribal folks? Was the data there?

A: (Chiquita Brooks-LaSure) On Navigators, for state-based Marketplace, they are actually using state dollars. They can't use federal funds.

C: (Mayra Alvarez) The Federal Government often looks to Massachusetts for learning valuable lessons. They've been doing this for 6 years. Cheryl, I hope you are sharing your experience with the Massachusetts Connector so that others can take advantage of those lessons learned.

C: (Cheryl Frye-Cromwell) Yes, we've even talked about doing a best practice presentation for other tribes.

C: (Gary Hayes) I hope the message will go out from IHS to Direct Service Tribes to educate their communities that IHS will still be there.

C: (Yvette Roubideaux) I just wanted to mention that Geoff Roth is the lead for ACA at IHS.

Tribal Prep for Meeting with the Secretary

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

DAY 2

(September 18, 2013)

The second day of the meeting began with STAC members meeting in a closed session. Once the meeting officially opened, Chairman Hayes welcomed the group. He commented on how productive the previous day's discussions were; and he invited presenters of the HHS Federal Member Roundtable Discussion to begin their session.

HHS Federal Member Roundtable Discussion

During the *HHS Federal Member Roundtable Discussion* session, the STAC was updated on staff and operating divisions' work on Indian issues and initiatives. Presenters and highlights from their presentations are presented below, followed by tribal members' discussion on specific issues and priorities to federal representatives.

Jason Bennett, Chief of Staff, Administration for Community Living (ACL)

- A tribal listening session was held in early August in coordination with the Older Americans Act American Indian, Alaska Native, and Native Hawaiian Programs

Technical Assistance Conference. Focus areas included budget issues; tribal state relations; community resources; and fishing rights and subsistence issues.

- Awards for Medicare Information grants will be made in the coming days.
- The grant announcement for the Title VI Older Americans Act programs will be open until November 21, 2013.

Isabel Garcia, Deputy Director, National Institute of Dental and Craniofacial Research, National Institutes of Health

- Efforts to establish a National Institutes of Health (NIH) TAC are progressing, with hopes to have a first meeting in 2014.
- The update on NIH's Genomic Data Sharing Policy is imminent, with a Federal Register announcement expected on Friday, September 20, 2013; there will be a 60-day public comment period. [Isabel Garcia will send a link to the Federal Register announcement for NIH's Genomic Data Sharing Policy update to Stacey Ecoffey.]
- NIH continues to work closely with ACL, particularly the AOA, as well as IHS, towards having an MOU to share information about health programs and activities that will inform AOA's Office of Indian Health.
- Awards have been made for the most recent cycle of the Native American Research Centers for Health grants; the program now totals \$9.2 million.
- NIH now has a trans-NIH American Indian/Alaska Native/Native Hawaiian research interest group.

Nadine Gracia, Deputy Assistant Secretary for Minority Health, and Director, Office of Minority Health

- The National Vaccine Program Office has established an interagency agreement with IHS to look at adult immunizations.
- In July three tribes were awarded Pregnancy Assistance Fund grants from the Office of Adolescent Health to support pregnant and parenting teens with social and behavioral health services to help with the development of healthy babies and mothers.
- The Minority Serving Institutions Community Partners Council will hold a free conference on September 23-25, 2013, in Gaithersburg, MD. The conference will focus on providing technical assistance, networking and resources for students, administrators, and other staff that work at minority serving institutions.
- The Health Research Advisory Council (HRAC) has three new members: Eileen Sylvester (Alaska Area), Aaron Payment (Bemidji Area), and Patty Quizno (Billings Area); and its annual meeting was held July 29, 2013, at IHS.
- The OMH, through its Resource Center, partnered with the Men's Health Network to do webinars (2) over the summer to focus on Native American men and boys' health.
- September is Infant Mortality Awareness month; baby buggy walks are being organized around the country.
- The Presidential Advisory Council on HIV/AIDS recently passed a resolution on the needs of male-bodied two-spirit individuals living with or at risk of HIV. Tracy Branch, OMH, is the point-of-contact for the STAC to learn more about the recommendations or to provide feedback therein.

Craig Wilkins, Acting Associate Director for Tribal Support, Centers for Disease Control and Prevention

- CDC's Tribal Support office is going through an internal reorganization; the Acting Deputy Director is Bobby Resoluna (sp). Delight Satter will serve in a new role that has yet to be finalized.
- CDC's Tribal Consultation Policy is undergoing final revisions.
- There will not be a fall CDC Tribal Advisory Committee (TAC) meeting. Proposed dates for the next TAC meeting are February 18-20, 2014, in Atlanta.
- Eight tribal health officials will attend the Annual Health Officials Orientation for State, Tribal, and Local Territory Health Officials on October 15-17, 2013.
- CDC will work with NIHB to hold a listening session next April.
- A number of tribes received grants under the Tribal Public Health Capacity Building Assistance and Quality Improvement funding opportunity announcement: 5 tribal awardees under Priority Area 1 – Develop Disease Interventions, Build Public Health Infrastructure, and Cultivate Community Partnerships; and 1 tribal awardee under Priority Area 2 – Project Evaluator.

Pamela Hyde, Substance Abuse and Mental Health Services Administration

- The Office of Indian Alcohol and Substance Abuse (OIASA) participated on one of the Native Men's Health webinars and also did teleconference on tribal prescription drug abuse issues.
- The Tribal Policy Academy on Alternatives to Incarceration was held in May 2013, and follow-up technical assistance is being done.
- SAMHSA will award a consolidated tribal technical assistance contract and hopes to have it operational by the end of the calendar year.
- SAMHSA presented at the July 2013, Making Our Numbers Count - American Indian Health Data Summit in Bismarck, talking about getting data for underrepresented populations in reporting and using program evaluation to highlight needs and outcomes.
- SAMHSA presented at the Tribal Public Health Emergency Preparedness Conference in Spokane and materials from that event are forthcoming.
- On October 8-9, 2013, there will be a workshop on grants access in response to many of SAMHSA's at-risk grantees being tribal grantees.
- SAMHSA hopes to convene a Tribal Policy Academy focused on juvenile justice issues, date to-be-determined.

C: (Cathy Abramson) I look forward to improved cooperation and communication with CDC.

Q: (Gloria O'Neill) Is it public knowledge who the six grantees are who were awarded the Tribal Public Health Capacity Building Assistance and Quality Improvement grants?

A: (Craig Wilkins) At this point it's not, but they have received formal notification.

Q: (Gloria O'Neill) How do you and your leadership team interpret policy about who is eligible for grants? Obviously there was a change because we at CITC had a specific grant and reapplied

and you know the outcome; I think there were just state that were awarded those grants. The response back to the Senator's office was "we want to fund tribes and tribal organizations," but you didn't fund the tribal priority within SAMHSA. We put a tremendous amount of time and resources towards putting out grant proposals and they represent significant resources to our community. I felt like that response holds us hostage because Congress doesn't put money in. How can we work in partnership to work a solution so we know up front the policy decisions made? I think what we've learned is that it's the way the legislation was interpreted about who is eligible. I'm perplexed about that.

A: (Pamela Hyde) This is actually fairly straightforward. The point at which we have to make decisions about our grants (and what's going to be in the RFA and who is eligible for them) is before Congress makes the next decision about funding. During that 2 year period we had a whole new program for tribes, so that you wouldn't have to go through a competitive process. We were not able to get that through Congress, but your Senator supported it. We had to make a decision about this grant program at the same time that one was pending and we made it in the same year in our hopes that both would be funded, so tribes would have more and easier access to dollars for substance abuse and suicide prevention. That didn't happen, but that year the grant program went out under that assumption. The SPFSIG [Strategic Prevention Framework State Incentive Grant] program is actually a limited program for state and we will be looking at tribes again who have had Strategic Prevention Framework grants in the past, so it's a limited number of tribes that would be eligible for that anyway, but we are going back to look at that again.

C: (Gloria O'Neill) In the future I think if agencies find themselves in that position, it's most respectful that we know upfront as the decisions are made.

C: (Pamela Hyde) We felt like we did communicate about it a lot, but we couldn't seem to get much interest in it. We're certainly open to conversations about better ways to communicate.

Q: (Chester Antone) What did you say came out of the SAMHSA TAC meeting?

A: (Pamela Hyde) We had a SAMHSA TAC meeting in August. One day of the meeting is now integrated with the rest of our advisory councils, which has been great in terms of getting tribal issues into our larger advisory conversations, as well as a special day just for tribal issues. We sought input concerning the disproportionate number of grantees who are at high-risk being tribal grantees. We have some work going on about analyzing grants and trying to determine what's going on and how we can be more helpful to tribal grantees so they don't find themselves in high-risk status.

C: (Chester Antone) I don't know if you got support for the major grant you referenced from the STAC, but I know it was presented here.

C: (Pamela Hyde) The support did come from this group. We just couldn't get much interest in Congress, in part because we were looking at prevention funds. I think it got caught up in the politics of people not wanting to support prevention because of ObamaCare. Even states with heavy tribal representation, we had a hard time getting them to show any interest. It was very frustrating; we really wanted this for tribes. The Secretary and the President supported it; we just couldn't get it to go anywhere.

Q: (Roger Trudell) For CDC, on Capacity Building grants, our region was recommended for funding but due to budget constraints we were not awarded. If there is an increase, would we get a notification of award?

A: (Craig Wilkins) I'm not sure, but I'll find out and let you know.

C: (Roger Trudell) Because there is so much disparity in some of the regions, is there a way to identify areas that continue to fall behind in terms of disparities. Particularly I look at diabetes because a lot of money has been put into diabetes. In our particular region diabetes continues to grow, which means the money coming in is not affecting the problem. Part of the problem is not being able to implement the best practices. Can someone take competition out of some of the grants that are available and do some discretionary funding in areas where the disparity gap is widening? It's just a thought.

Q: (Arlan Melendez) A few years ago the use of methamphetamine on Indian reservations was really an epidemic and lately you don't hear a lot about it, but in my tribe it seems to be a catalyst for suicide. I wonder when you gauge Native Americans in general, do you think it's still an epidemic or are we are getting a handle on it? We used to have SAMHSA CSAP [Center for Substance Abuse Prevention] grants years ago, which I thought were really good, but we don't really have them like we used to.

A: (Pamela Hyde) Nationally, the use of methamphetamine and cocaine are going down, but heroin use is going up. We did have and IHS did have specific grants about that drug, but now the grants seem to be more generic. The other issue going up is prescription drug abuse among some age groups, so in the last couple of grants we've tried to prioritize prescription drugs and underage drinking. There is a worry that as we tighten down on prescription drug abuse, people will turn to the streets to get heroin as an alternative. Frankly, it's cheaper and easier to get heroin than it is to get a prescription for opioids.

Q: (Arlan Melendez) When people are on heroin or methamphetamine, it seems almost impossible to get them off. Is it a challenge now, very few people are getting off the drugs?

A: (Pamela Hyde) Data shows that treatment is very effective in getting people off of addictive drugs. Methamphetamine is a highly addictive drug. Heroin is addictive over time; and other drugs may not be as addictive, like marijuana, but they have incredible negatives (especially for younger people).

Q: (Gloria O'Neill) In this climate of limited funds, and as we've all experienced these mass shootings and the focus on mental illness, how is SAMHSA incorporating priorities from President in terms of its discretionary pots of funding?

A: (Pamela Hyde) After the Newtown shootings back in December, we've seemed to be having one about once a month. It's really a sad state of affairs. After the Newtown event the President put out a plan called *Now Is the Time* and it included budget proposals for SAMHSA, CDC, and HRSA. There were some proposals around school-based services, education, and other things. The Department of Justice (DOJ) was requested to do some work, as well as HHS. Part of the President's proposal also included something called mental health first aide. There is a lot of work that needs to be done. We are not so much incorporating that into existing grant programs, but rather hoping once again that Congress will take up some of the ideas the President has put forward. There are a number of bills that have bipartisan support that have been introduced in

both houses that have pieces of what the President has proposed. We're hopeful that Congress will be willing to take up some of that.

C: (Cathy Abramson) In our area I know that one doctor has noticed our kids getting tattoos and a lot of youth are doing their own tattoos. They are getting Hepatitis C and because of our problem with diabetes, she's concerned that more people will get psoriasis of the liver.

C: (Nadine Gracia) The Department has a Viral Hepatitis Action Plan that is being led through our Assistant Secretary for Health in the Office of HIV/AIDS and Infectious Disease Policy. Part of it is doing outreach and education in terms of understanding the risk factors for Hepatitis. The plan is actually undergoing an update, but this is helpful information that we can take back.

C: (Rex Lee Jim) On Navajo we are retrofitting some of our juvenile detention centers to more of a school-type system, so I'm interested in the alternatives to incarceration literature. Are there any grants or technical assistance involved with that? The Navajo standard is to bring in elders and successful parents to help with this. We are also very interested in the juvenile justice issues. My office is putting a curriculum together to teach young people about how to have difficult conversations, negotiating, and conflict resolution. This is important because if issues don't get resolved they can lead to drug abuse, alcohol abuse, domestic violence. We are hoping to transform negative energies into positive ones with the power of words. We are also talking about restorative justice, restorative English education, and how to use language and writing. We don't want to reinvent the wheel, so if they are best practices out there, we would be interested in them.

Q: (Steve Ortiz) We had an incident a couple of years ago where we sent folks to a conference and a server had Hepatitis C. The conference attendees got a letter saying they needed to immediately seek a vaccine. I was told that our clinics didn't have access to the Hepatitis C; I called the area office and they said they didn't have access to it; I ended up having to call the Governor's office and I was told that the County health service agency in Douglas County was the only one with it and they had to get it shipped in from another county in Kansas. I'm wondering why tribal health clinics can't have a supply of Hepatitis C vaccine.

A: (Craig Wilkins) I will take that back to CDC's National Center for Immunizations and get an answer.

Q: (Roger Trudell) The Hepatitis issue is a growing one; it was identified in our clinic a few years ago. Also, there has been a lot of discussion about tribal committees. Is there someone that can put all the committee information together and their expectations for our region, so we can get the appropriate people on some of these committees? I do know we have a number of vacant committee appointments.

A: (Gary Hayes) Maybe Stacey can consolidate the information.

C: (Gary Hayes) I think it would be good for IHS to do a presentation on how you can get Hepatitis and for our clinics to put out information on it. I think we need to do some community awareness on that, having IHS put out information on this.

Q: (Gary Hayes) What were the outcomes from the Tribal Policy Academy? Are there any plans for presenting research from that group? The whole idea was to have a pilot program in our detention facilities and to understand the steps we need to take and associated costs. I know there is no money for that, right?

A: (Pamela Hyde) Right. Usually a follow-up to the tribal consultations are technical assistance to the tribes that have created the plan. We try to work with that tribal team; in this case there are eight of them that should have come away from the Tribal Policy Academy with a plan for what they could do in their community. There is no money associated with this. We can get a report out for you on where we are with those issues.

C: (Gary Hayes) It goes back to trying to get professionals to come to rural areas. You need housing for them; you need to have educational services. That's the problems we have.

C: (Pamela Hyde) These are issues that are consistent across any areas that are rural or small. There are workforce programs out there that focus on rural, small areas. We might be able to get them to do a tribal focus on how to attract professionals for rural/small areas and how to support them when they are the only ones there. They need professional collaboration.

C: (Pamela Hyde) We actually need someone from the Phoenix area, and we need someone from the Aberdeen area, and we need an at-large person on our [SAMHSA] STAC. The at-large person should have some type of national advisory committee experience already.

C: (Gary Hayes) The problem that we face in Indian Country is that the Federal Government provides money to build detention centers but then doesn't staff them; or they build houses at higher rates and the homes sit empty because they are not competitive with the surrounding market.

C: (Cheryl Frye-Cromwell) I'd like to recommend that we have the list of the various committee members listed in their reports that we get quarterly.

Q: (Chester Antone) On September 13, there was a meeting on border issues. Is there a plan to address the issues raised?

A: (Mary Wakefield) I haven't met with the staff since they had that meeting. Our Office of Rural Health Policy is the touch point for that committee's work. I meet with that office every other week. That will be the content of our next meeting. I'll be happy to follow-up with you.

C: (Chester Antone) One of my council members attended and she had a position paper. One of the issues you and IHS should know about is the reimbursement to IHS for servicing illegal immigrants that come through our facility. We've enlisted NIHB's support on that. We'll send a resolution over to you on that.

C: (Mary Wakefield) I know there is tremendous pressure being put on tribal entities along the border in terms of providing service and not getting a reimbursement. I'll check and see what more we can learn about that.

C: (Chester Antone) In the past I believe we were getting some sort of reimbursement from the office down in Texas, but that was only at a certain percentage. One of the points that NIHB made was that those funds were appropriated for a specific purpose for IHS, Indian Health Country and there should be some distinction between what was appropriated for IHS versus what they call EMTALA [Emergency Medical Treatment and Active Labor Act]. I think that distinction needs to be made for IHS to get reimbursed for those services.

C: (Mary Wakefield) I'll take a look at that particular issue and work with Yvette to see if there is anything else we can be doing.

C: (Yvette Roubideaux) Geoff Roth is the contact with Homeland Security. I believe there was a plan to continue to try to resolve this.

C: (Gloria O'Neill) I want to thank George Sheldon and the Secretary for their leadership and focus on human trafficking in our communities. It's an issue that crosses many agencies' boundaries and I appreciate the collaboration on this effort.

C: (George Sheldon) This is also being driven from the White House. The President spoke at the Clinton Global Initiative about a year ago and he promised a government-wide strategic victims plan. We co-chaired with the DOJ and Department of Homeland Security on the development of that plan. We rolled it out publically for public comment, so what you see is everything from the Department of Transportation to HUD [U.S. Department of Housing and Urban Development], to Border Control. So not only did we roll out the child welfare guidance on Monday, the strategic plan is now out there. There really is a coordinated effort between federal law enforcement, human service agencies, and others. Will have a focused effort on the Super Bowl, because we see a lot of folks trafficked in for major events like that. The bulk of the credit has to go to the White House and the President for really ensuring that the Federal Government has a coordinated response.

C: (Gary Hayes) In our community we identified five children, ages 13 to 15, who have been preyed upon. They are recruiting using peer pressure to go to parties. Once they go to the parties the parents are losing control. The predators have often returned from federal prison. The parents want to do something about it, but no one wants to testify against these individuals. It's a difficult and challenging issue for many of our communities.

C: (Rex Lee Jim) We need funds in the area of professional development to build capacity and for Head Start teachers to be certified as teachers and to pursue Master's and Doctoral programs. We also have counselors that need to be certified. We need assistance with workforce development.

C: (George Sheldon) I spoke with our Deputy Assistant Secretary for Early Childhood, Linda Smith, yesterday. Head Start money can be used for professional development; and we are close to rolling out the ability for folks to get a 4-year degree online, which I think will dramatically help to build the workforce of Head Start. I've asked Linda to reach out to you, and we can reach out to others certainly, to make sure that particularly in Head Start programs that we're providing the kind of professional development to all Native Americans to have the credentials

to work in those facilities. Maybe at the next meeting we can talk about this workforce issue. We also have a legislative request for additional dollars to develop a workforce component in Child Care and Head Start.

Before moving to the next section, Chairman Hayes thanked the tribal leaders for their support in advancing the causes of Indian Country. He noted that he was up for re-election in his tribe, saying if he wasn't present at the next meeting it would be because his position ended. The group continued its discussion, having been asked by Chairman Hayes to also address its priorities with the federal members. As a precursor to the discussion, Chairman Hayes said funding was always at the top of the list.

Q: (Aaron Payment) On Head Start, I know we can use existing grant funds for professional development, but with sequester this year we had to furlough our professional staff for one month. A lot of tribes picked up the cost, but they took the money from someplace else. Others had to cut contact days. One program went from 160 days to 124 days. What is the threshold when you reduce contact hours or contact days that moves a child in terms of readiness? In our community we collaborated with Head Start and contributed "2 percent dollars" that we had to give up for gaming to pay for education. We developed an Associate's degree, a Bachelor's degree, and training for the CDA. Those "2 percent dollars" are even becoming scarcer. For the communities that don't have that, how do working people that are already caring for children get an education? Maybe we could have some leadership from HHS to facilitate those training modules; I know some of that is done.

A: (George Sheldon) That's exactly what we're rolling out—the ability to do low cost, online training. We've identified a very good training module that we think will provide that kind of training online. Maybe I can get something to you in writing about where we are headed. We are at the threshold in Head Start where it's starting to lose its ability to make kids ready for Kindergarten. There were 56,000 kids who were dropped as a result of sequestration. Some programs cut school days short, some eliminated slots, and some did furloughs. Every kid in Head Start is being impacted.

C: (Aaron Payment) We developed an incentive program and we guaranteed a raise to everyone who met their education goals. That was really a great attraction for people, but right now that's being threatened.

C: (Pamela Hyde) On the workforce issue, Mary and I have done work around the behavioral health workforce. I did want to mention that we have a new ATTC [Addiction Technology Transfer Center]. It is specific to AI/ANs. That ATTC can provide training for workforce for substance abuse.

C: (Cathy Abramson) We can train our Head Start workers but if we have to lessen their hours they are going to go work in the public schools. We'll be a training ground for them to go elsewhere.

Q: (Gloria O'Neill) On the issue of Head Start, one of the main concerns for our community is whether the President might want to funnel the Head Start funds to the states. That would have

significant impact to Indian Head Start programs. As you have this conversation, will you go out and engage in tribal consultation with all the Head Starts?

A: (George Sheldon) There's a lot of misinterpretation of what the President's plan is. This is a matter of getting Congress to pay attention. The President has basically invested an additional billion dollars into Head Start and virtually an equal amount into Pre-K. What he's saying is that those states that are willing to participate in a matching basis with federal money, that the Federal Government will invest in Pre-Kindergarten dollars along with the state. In effect you would see Head Start programs that would appear in the next decade backing out of 4-year old Pre-Kindergarten and that rolling into a state Pre-Kindergarten program. The money that's currently in Head Start in the 4-year old space would be pushed down so that we could dramatically expand Early Head Start. I think there's a real commitment on the part of the Administration to get to children as early as possible. We've had conversations with Secretary Duncan about this disconnect between Head Start and the public school system. Research shows Head Start children are better prepared for Kindergarten, but there's a fade out by the third grade—meaning they become virtually equal with kids that didn't attend Head Start. I think that fade out is more a reflection on the public school systems' inability to carry forward some of the parental involvement that is the key to Head Start. So, this is really a long-term plan. The only way this will happen is on a state-by-state basis is if the state comes forward and makes significant investments in Kindergarten. Let me put to rest any rumor that there is an intention by the President to turn over Head Start to the state. The other piece of this is there is a substantial investment in the expansion of the home visiting program moving forward.

Q: (Roger Trudell) I've been to a couple of the Head Start consultations and I'm seeing that the criteria for Head Start are severe, I mean the expectations. Meanwhile, the dollars have been reduced. Put sequestration on top of that. Realistically there may be another sequester of funds, but the expectations will still be there. I'm not saying throw away all the criteria, but I think there are criteria that Head Start is expected to meet that they won't be able to meet because they won't have the funds to do so. Are we going to look at exceptions to some of the criteria, based on the lack of funding?

A: (George Sheldon) That's a place we don't want to go. I think you're beginning to see a lot of attention on Head Start cuts. The Secretary is committed to quality early childhood education, which has got to be more than daycare. I think this early childhood investment is probably the best investment the government can make moving forward in terms of preparing people for school and ultimately preparing them for a job. I don't think we want to back off the criteria at this point.

C: (Rex Lee Jim) Another issue on Navajo is they built a new Head Start facility over at Rock Point. It's a small, rural community. Then they closed the building because they didn't have the students. People thought it was because we were lacking the will to recruit. They found out that the Rock Point school was doing a very good job of graduating their students and having them go on to college; and they were getting higher incomes, so their children were not qualified for the Head Start program. It's good in that sense, but on the other hand because it's a rural area the people need a place for their children to be. I think it would be healthy to engage those children with the other kids. Even for a small fee I think we should allow it.

C: (Aaron Payment) I think No Child Left Behind has been somewhat good for Indian communities because we were once acceptable losses, but now there is the expectation that everybody graduates. I know it has its shortfalls, the main one being the lack of funding to be able to meet the benchmarks you have to meet. What I foresee in Head Start, because of the lack of funding, scaling back of contact hours, and constriction on professional development, is that programs that are just getting to where they need to be will have to recomplete if they don't meet those benchmarks.

Q: (Gloria O'Neill) Indian child welfare was a priority we shared with Secretary Sebelius in early winter and since then we've had the Supreme Court ruling. I know it's complicated, but I'm wondering if that ruling is going to inform policy or policy type decisions within the Department as it relates to Indian child welfare moving forward.

A: (George Sheldon) We're interpreting the Supreme Court decision very narrowly. If you look at that case, the State Supreme Court really failed in its responsibility because the Supreme Court of the United States sent the case back for an evaluation of the best interest of the child. So our view is the Supreme Court decision does not change how we're looking at the Indian Child Welfare Act (ICWA). I've sent out guidance to all the State Commissioners about their responsibilities under the ICWA. It's our intention to collect data from states so we can hold their feet to the fire on implementation. I'm excited about Joo Chang coming onboard. I've spoken with her about two things I feel very strongly about: implementation of the ICWA and transparency in the event of a child fatality. I believe that CAPTA requires the records to be open so you can see if mistakes were made and evaluate the system moving forward. At the STAC's next meeting I'd like to have Joo Chang and Bill Bentley and FYSB present instead of me. I think you'll find them very responsive.

Update: Intradepartmental Council on Native American Affairs

Commissioner Sparks said the STAC's Tribal State Relations Subgroup most recently met in early September in Albuquerque to discuss its priorities: outreach to tribes via new venues and forums; CMS activities related to implementation of the ACA; tribal consultation requirements that are part of the ACA; and child welfare issues. She said they also talked about data, particularly the transparency of data when states' collect it on behalf of the tribes; and she reminded the group that the HHS Tribal Consultation Policy has a section that talks about tribal state relationships and includes the topic of data transparency. After sharing information from the group's visit with the Commissioner on Indian Affairs in North Dakota, Commissioner Sparks said they've also spoken with representatives from New Mexico and Maine, saying they are expanding their role in facilitating conversations between states and tribes. In terms of ICNAA activities, she provided the following highlights.

- The Access to Grants Workshop will be held October 8-9, 2013, in Washington, D.C. and will be open to tribes and HHS grants staff. [The STAC was instructed to contact Elizabeth Carr or Stacey Ecoffey for registration.]
- The Tribal Self-Governance Report has been completed.
- ICNAA will be providing technical assistance on the grants matrix, which is in the final stages of completion. Tribes are now eligible for 72 percent of the grants; and ICNAA has identified that 10 of 13 HHS grant making components do have statutory barriers that

limit or prohibit tribal eligibility for one or more kinds of grants and 6 out of the 13 had policy or other types of barriers.

- ICNAA's newest priority is data, both health and human service data.

Q: (Gloria O'Neill) Is your vision for providing technical assistance to hold 1 or 2 day sessions where tribe can go through different tracts to really understand how to compete for these grants and become more competitive in the process? Have you thought about working within the Department in terms of adding tribal priorities as it relates to competitive grant processes? Would the Department consider having more tribal set-aside type designations?

A: (Lillian Sparks) Regarding the question on tribal priorities, I think it's a great question to pose during the Grants Access Workshop. I'll certainly take it back to my colleagues in ACF programs. With regards to the 1 to 2 day session for tribes to come in, I think it's something we can explore. We haven't had in depth conversations about the types of training and technical assistance we want to provide for the grants matrix. I'll share the recommendation with the ICNAA.

C: (Stacey Ecoffey) Part of the process has been working towards getting to that point of identifying where the Secretary has the authority to make changes.

C: (Pamela Hyde) There is a distinction to me between a tribal set-aside and a tribal priority. We've tried in a few grant programs to prioritize tribal programs and we get fairly consistent legal opinions back that say we can't do that. I don't know if there's a way to get to the tribal leaders some guidance about what would the language in the law have to say in order for an agency to be able to do that.

C: (Lillian Sparks) Stacey is shaking her head that we can include the OGC [Office of the General Counsel] or the lawyers as part of the conversation. Training just needs to be done all the way around. I think we all need to understand the unique relationship we have with tribal governments and why this should be a priority.

C: (Ken Lucero) In terms of the legislative piece, we possibly have an opportunity to work with the Health Equity and Accountability Act that's going to be introduced sometime this fall. There will be a meeting today with NIHB, NCAI, others, and the folks that are assisting in writing the bill; it will need a lot of support. The National Latina Institute for Reproductive Health is the nonprofit entity that is helping to organize and put the bill together. It's all about health justice, accountability, and providing access to minority populations. Also, we recently hosted a conference in New Mexico to discuss health disparities.

C: (Stacy Bolen) [Cathy Abramson yielded her seat.] NIHB has been working with the area Indian Health Boards and tribal representative around the country to work to improve relationships with the CDC. One of the areas we've identified for collaboration is state tribal relations. We've noted with the CDC that the National Association of City and County Health Officials (NACCHO) and the Association for State and Territorial Health Organizations (ASTHO) are well funded entities that conduct a great deal of this work. We've been talking with CDC about the long-term financial commitments that have been made to these organizations to build tremendous capacity to provide services to their constituents. We are

hoping to get similar commitments for Indian Country. Recently the NIHB was awarded funds for this purpose. One area NIHB has reached out to NACCHO and ASTHO about is to create a proposal together to work collaboratively to do a 2 to 3 year effort to (from an academic, policy and legal perspective) improve state tribal relations, improve understanding of legal boundaries, and provide technical assistance to tribes for tribal resolution creation and tribal law that will advance public and tribal health. [Seat resumed by Cathy Abramson.]

C: (Yvette Roubideaux) I wanted to close the ICNAA conversation by thanking Lillian for her leadership and the rest of the Department. I also wanted to draw a parallel—the White House Council on Native American Affairs in a way is the government’s ICNAA. I hope you’ve all seen that. The White House Council on Native American Affairs is the leaders of all the federal agencies and the Cabinet Secretaries to implement the recommendations of the tribal leaders from the White House Tribal Nations Conference. If you think about it, it’s like a STAC/ICNAA model that’s now being implemented at the level of the White House and the President. It’s sort of a form of flattery to this group. Also, the date of the White House Tribal Nations Conference will be announced soon.

After returning from lunch Chairman Hayes acknowledged the attendance of Charlie Galbraith from the White House. He next welcomed HHS Secretary Kathleen Sebelius.

Secretary Kathleen Sebelius

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

After the Secretary’s comments, Chairman Hayes invited the STAC members to present the committee’s priorities to her.

C: (Gloria O’Neill) My comments will be broken into three areas: past CSC claims, future CSC claims, and partnership. Before I start I want to thank you for your decision around 477; we appreciate your leadership position and our partnership with you. For past CSC claims, we spoke a lot about utilizing the current CSC Workgroup and for you to direct that the process (not the settlement) be concluded within 6 months, and if this does not work then we ask that you consider appointing a special master to assist in settling the claims. In addition we ask that you

help IHS increase its budget for CSC and ensure that the increase does not come at the expense of other IHS programs. For future CSC expenses, we ask that you consult with the IHS CSC Workgroup to ensure transparency and inclusiveness and direct a connection to the STAC as a high priority. We want to ensure that the CSC Workgroup is directly connected to the work of the STAC. The STAC also requests a meeting with OMB examiners who are responsible for IHS before OMB makes decisions on their FY 2015 budget.

C: (Kathleen Sebelius) I can put that request in, but OMB doesn't work for me; they report directly to the President.

C: (Gloria O'Neill) In terms of partnership, we realize that you inherited this issue of CSC. Nonetheless, we ask that you make this a priority—to settle this issue within your time here in your current role.

C: (Rex Lee Jim) Thanks for coming out to Navajo and for visiting different parts of Indian Country. Indian Country believes in tribal sovereignty and building capacity. In that regard we are supporting the DHAP that's taking place in Alaska. Alaska provides innovative oral health care to about 35,000 people in rural communities through 25 certified dental health aide therapists. Other tribes are working to amend their State Practices Acts to allow mid-level dental services. The Navajo Nation is interested in this program. We have notified the state of Arizona, New Mexico, and the dental associations to give them a heads up that we will be coming to them asking for support. We are doing that because the American Dental Association and state dental associations are waiving around an old letter written by the former IHS Dental Chief as evidence of nonsupport by IHS, when in fact IHS has weighed in its support of the DHAP. We are asking that you clarify the Department's position by writing a letter of support for this innovative program.

C: (Kathleen Sebelius) I actually visited the dental program and I was able to see the impact personally. I talked to the students, looked at training materials, and got a snapshot of what was happening. I was impressed with the opportunity to bring important preventative dental care into areas with no access to a dentist at all. I would be happy to take a look at this. As you know, states control scope of practice; this is not something that is controlled at the federal level. That goes for dentists, nurse practitioners, and it's one of our ongoing efforts—to expand primary care access to push states to expand scope of practice. I know Dr. Roubideaux brought this to my attention and Dr. Wakefield is here; she has the whole workforce portfolio under her entity, so we will take a look at this.

C: (Cathy Abramson) I'd like to acknowledge the work done on the Hardship Waiver, we appreciate that. The Call Centers for the ACA have a vital role in educating people and giving information, but there is an issue with training of staff as it appears they need more training about AI/ANs. We also need them to be able to deal with AI/ANs who don't speak English. We have a list of call examples and I'd like to read one. [Councilwoman Abramson read information from a caller that phoned into the Call Center with questions about veterans' coverage.]

C: (Kathleen Sebelius) While it's unfortunate that they didn't have a number handy for the VA, the caller training does not include knowledge about every other program. It really is specifically about how to enroll into a Marketplace or Medicaid and to refer people on.

C: (Cathy Abramson) I will give you a list of calls on different subjects and you will see what we are talking about.

C: (Paul Dioguardi) It's important that we get this type of feedback; the training for the Call Center representatives and Navigators is ongoing. Thank you for the feedback.

C: (Aaron Payment) Thanks for the position you took in support of Dr. Roubideaux. I understand the challenge the Administration is facing in trying to resolve contract support issues. On sequestration, at a time that we have a President who has made substantive commitments to Indian Country, the way I perceive things is we receive the benefits that we do from the Federal Government as an obligation that it entered into and that it would happen into perpetuity. We don't see it as welfare and we don't see it as entitlement. We use the term "pre-paid treaty rights." Under this Administration we've have been more encouraged than ever, but it doesn't feel that way back home when we are cutting services. The President's "drivers" aren't making it down through OMB. Maybe you can carry the message to the President that there's more to this than just programs. We take the obligation as a sacred trust and we don't want to get lost in the budget shuffle.

C: (Kathleen Sebelius) I will take that advice and continue to do what I can to make sure your voices are at the table when I'm at the table. I know it's frustrating because we keep having these same discussions with this dysfunctional Congress. Sequestration is a congressional construct. It is a law that they designed that was never meant to go into effect. The President continues to construct budgets that gets rid of sequestration and that's the number one priority right now. With sequestration the cuts fall heavily on the discretionary side of the program with no exemptions other than the ones that Congress wrote in on the front end. I think you are right with the notion that you have treaty rights and should have been exempted from the outset. You will continue to see a President's budget put out with recommendations that have no sequestration, but unless Congress changes the law we will be in sequestration. You do have the President's support.

C: (Aaron Payment) To help you make the argument, we have an analysis that shows that the treatment for sequestration as it relates to IHS in 2013 is different than what I think it's going to be in 2014 and going forward. I'll give that to you. Also I want to put a plug in for Head Start. In my community we had about a \$60,000 cut to Head Start. We furloughed professional staff for one month and reduced contact time for kids. Some tribes reduced their number of days from 160 to 124. There has to be a threshold for which the readiness purpose and mission of Head Start starts eroding and eventually disappearing. On the BIA formulation side, some of the programs that are funded that benefit Head Start, in their budget formulation for 2015, are zeroed out. That plays a big role in what we do. If we have to reach benchmarks in order to not be re-competed, there are all types of checkpoints we must meet. I'm asking that if that happens, that CMS take that mission and purpose so our neediest and special needs people aren't left without services.

C: (Kathleen Sebelius) We will look at that. I'm aware that ACF lost 55,000 Head Start slots for FY 2013, and that doesn't take into account other factors for kids' readiness or effects on the family.

C: (Steve Ortiz) The value of the resource manual for grants has been tremendous. It's in draft form and I just want to say congrats to the Department heads and staff, and Lillian and Stacey especially, because it's vital in terms of guiding tribes. In the grant process we'd like to see less competitiveness for tribes and/or set-asides if possible.

C: (Rex Lee Jim) On the Medicaid Feasibility Study, we are ready to move on that and are asking that you provide resources and assistance for the implementation of this. On the health insurance exchanges, Arizona won't run its own Marketplace; New Mexico will run its own, and Utah will have its own small business program and individuals will be in the FFM. Of course we'd like to have our own Marketplace, but at a minimum we want to be able to choose one Marketplace for all of Navajo Nation. We'd like assistance with that. Also, we support the Arizona Tribal Waiver and hope that it will be extended. Capacity building at the Head Start level has become part of the educational system on Navajo and so we need certified teachers and we need funding for professional development. Lastly, the IHS VA agreement is good, but we are also interested in building a hospital for veterans on Navajo or to convert a part an IHS hospital to focus on veterans. We need your assistance on that as well.

C: (Chester Antone) Regarding the Special Diabetes Program for Indians, we're asking if you can submit a letter to Congress for renewal of the program. For the 1115 Medicaid Waiver, we're asking for your support to continue payments for uncompensated care. It was explained yesterday that podiatry, emergency dental, occupational therapy, and orthotics are subsets of the EHBs, but Arizona informed us that they were waiting on the EHBs and would have to comply with whatever is contained therein. But we have a situation now with the Goldwater Institute filing in court to stop Medicaid expansion, which the governor had signed off on in June. We hear that the governor is going to countersue to continue the expansion. We are concerned about the timeframe. We spoke about this with Cindy Mann yesterday and I believe she has a copy of the letter from the Inter-Tribal Council to inform you on this.

C: (Ken Lucero) Just a quick update about New Mexico. Thank you for appointing a Tribal Liaison position within CCHIO; we look forward to engaging with that person. In New Mexico we are looking at having a tribal consultation around the No Wrong Door policy. We believe there are still a lot of issues around access. We don't think the state is making funds available for outreach in tribal communities and we hope to engage CCHIO and IHS in that conversation.

C: (Kathleen Sebelius) In states where Medicaid expansion is underway, and even if a state is not expanding Medicaid, we anticipated that there a lot of people are eligible and not enrolled because of various barriers. Part of what the ACA said is that states have to streamline their Medicaid eligibility process, whether or not they are expanding. And then they have to have a system where we can exchange information with them very quickly. So if someone comes in for a Marketplace application, they have to be ready to accept a Medicaid eligible person if we verify they are eligible, and vice versa. We will be watching that very closely with states around

the country, because was some apprehension about what if states just don't want to enroll more people. We have timelines that they have to meet. We have ways of validating the information. We have insisted that they have a hand count system if they don't have an electronic system in place by October 1st. We will try to get you the name right away of the CCIIO liaison.

C: (Ken Lucero) On presumptive eligibility, we are not clear if New Mexico is going to allow IHS to do presumptive eligibility. We have a concern with that during the application process, especially now in that—and this is a separate but related issue—people that apply under expansion will be receiving a denial letter and then a follow-up letter will be issued saying they are eligible under expansion. We think it will cause confusion among newly eligible individuals. We talked to Cindy about that.

C: (Steve Ortiz) On Medicaid expansion, I met recently with Governor Brownback and he said he has no problem with the tribe expanding Medicaid due to Medicaid expansion, but I've come to be told that it can't be done.

C: (Secretary Sebelius) If the governor expands Medicaid then it can be done; he knows exactly what he's telling you. He has no trouble with you expanding it because he has no intention of expanding it. That's the way the law is written.

C: (Steve Ortiz) I thought for states that don't want to expand Medicaid that there could be a section 1115 Waiver for Indian health facilities, either under the Arkansas model or the uncompensated care model, to allow them to be reimbursed for care provided to Medicaid eligible individuals up to 138 percent of the Federal Poverty Level.

C: (Kathleen Sebelius) I hear you. We have looked at all sorts of ways that we could deal with a portion of the state, or a city, or a tribe. The Medicaid law is pretty clear. It is a state federal program. Unless the underlying law is changed, we can't waive the law; we can waive some aspects of it. I don't think there is a way to do that, but we'll revisit again. I'm willing to be creative.

Chairman Hayes thanked the Secretary for her time and reiterated Councilwoman Abramson and the STAC's condolences to her family for the passing of her father.

STAC Business, Closing Discussion and Comments

During the *STAC Business, Closing Discussion and Comments* portion of the meeting, the group discussed how to incorporate more time for tribal caucus. They debated the advantages and disadvantages of having a dinner meeting after the Tribal Nations Conference, which the STAC agreed to schedule its next meeting in conjunction with the timing of. Mr. Galbraith indicated that the Tribal Nations Conference would likely occur mid-week, confirming that the STAC members were on the invitation list to the event. Ms. Ecoffey warned that the STAC members would then need to be available to meet through a Friday afternoon. Mr. Dioguardi said his team would be happy to accommodate the STAC's request to add more time for tribal caucus on their next agenda.

Before hearing closing remarks, Councilwoman Frye-Cromwell stated that the Mashpee Wampanoag Tribe opened up dental services at the end of August 2013, so now they are providing dental care.

Tribal Closing

The meeting closed with Chairman Hayes thanking the committee members for their contributions and Councilman Antone providing a closing prayer.