

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

December 4-5, 2014

Summary Report

With an eye toward the Obama Administration's legacy in Indian Country, the members of the Secretary's Tribal Advisory Committee (STAC) met December 4 and 5 to map out the goals they want to accomplish during the next two years. Key issues included advanced appropriations, contract support costs, historical trauma, ongoing information technology concerns and a long-term behavioral health agenda. STAC members also sought ways to break down silos between divisions, departments and agencies to improve services for tribes and ensure that the committee's work would continue into the future. Vice Chair Brian Cladoosby led the discussion in the absence of Chair Rex Lee Jim.

Members Present for Roll Call: Cathy Abramson (Bemidji Area), Ron Allen (Portland Area), Chester Antone (Tucson Area), Ramona Antone Nez (Navajo-Proxy), Tino Batt (Portland Area - Alternate), Dana Buckles (Billings Area-Alternate), Cheryl Frye-Cromwell (Nashville Area), Judy (Elaine) Fink (California Area), Marshall Gover (Oklahoma Area), Ken Lucero (Albuquerque Area), Arlan Melendez (Phoenix Area), Roger Trudell (Great Plains Area), and Aaron Payment, William Micklin, Robert McGhee and Brian Cladoosby (National At-Large Members). (Quorum Met)

Action Items

CMS: Center for Medicaid and Children's Health Insurance Program (CHIP) Services

- CMS will provide state Medicaid programs with a fact sheet that will help explain the rules regarding tribes, estate recovery and property liens. The CMS Tribal Technical Advisory Group (TTAG) has provided feedback on the draft document. STAC members will receive a copy as well to assist with promoting the information. The document also will be available online.

Indian Health Service (IHS) Discussion

- Consider bringing in staff from multiple agencies, including IHS, the National Institutes of Health (NIH), the Centers for Disease Control (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA) and the Office of Minority Health for a panel discussion on hepatitis C, HIV and the cost of the drugs needed to treat these illnesses.
- Invite someone in to speak to STAC members on how the regulatory/proposed rulemaking process works.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- STAC members should meet with staff from the Bureau of Indian Affairs (BIA) and the Bureau of Indian Education (BIE) at a future meeting to learn about their social services efforts and develop coordinated approaches.
- Staff from SAMHSA's Trauma and Justice Strategic Initiative will attend a future STAC meeting.
- STAC members should receive minutes from the various tribal advisory subcommittees and councils to strengthen the input from those groups and encourage follow through.
- Federal partners at the Secretary's level and directors' levels should work with companion agencies and tribal leaders to address major issues prior to the youth conference at the Tribal Nations Conference next year. Use next year's conference to report on solutions that have reached consensus and are ready for implementation.
- A SAMHSA subcommittee is examining the prescription drug issue as part of a broader departmental look at how the agency can work differently with tribes on pain management. Mirtha Beadle will report on the findings.

HHS Federal Member Roundtable Discussion

- In response to a question from William Micklin, Mark Greenberg will follow up with the Office of Child Care to determine whether HHS has the administrative authority to implement the 2 percent floor on tribal set-asides if additional funds are appropriated and there is no need for additional regulation to exercise that authority.
- Dr. Roubideaux will share the results of a survey of Resource and Patient Management System (RPMS) users, including questions and answers, to give a general sense of the users of the system.

Upcoming Dates

December: Monthly outreach call will focus on youth and the ACA.

December 17: Evening webinar with United National Indian Tribal Youth (UNITY) specifically to help youth encourage parents and grandparents enroll in the ACA. A Google chat will take place the same evening.

January: Evening outreach events scheduled for urban Indian organizations in Dallas, Houston, Chicago and Salt Lake City.

February 25-26, 2015: Budget Consultation in Washington, DC.

Welcome and Meeting Logistics

Mr. Dioguardi opened the December STAC meeting, which followed on the heels of the sixth annual White House Tribal Nations Conference on Wednesday, December 3. This meeting served as Secretary Burwell's second with the STAC.

The confirmed STAC meetings dates for next year are:

- March 17-18, 2015
- June 2-3, 2015
- September 15-16, 2015
- December 1-2, 2015

Mr. Dioguardi noted that the terms of some STAC members will expire at the end of the year. Another round of member selections will begin in January in time to seat new members by the March meeting. Mr. Allen ended this portion of the meeting by making a motion to approve the minutes. Ms. Abramson seconded the motion, and the board approved the minutes.

CMS: Center for Medicaid and CHIP Services

Cindy Mann, Deputy Administrator/Director

Kitty Marx, Director, Tribal Affairs Group, CMS

More and more states are interested in Medicaid expansion. Ms. Mann reported that 27 states have expanded as well as the District of Columbia. Considering all the states across the country, not just the states that have expanded, CMS has added a little more than 9 million people to Medicaid and the CHIP. Most of that has been in states that have expanded Medicaid. Those numbers demonstrate enormous progress given the results of a recent Urban Institute study showing the sharp drop in uninsured rates.

CMS also administers the Basic Health Program, created as an option in the Affordable Care Act. Instead of enrolling people in the Marketplace when their income is above Medicaid eligibility levels, 133 to 200 percent of poverty, states can choose to administer the Basic Health Program. Minnesota will be the first state to take up that option, beginning January 1. CMS expects New York to implement the program in April 2015. The program is funded primarily by the federal government.

Ms. Mann also provided these highlights:

- Medicaid expansion remains a top priority for Secretary Burwell as well as the president.
- Utah, Wyoming, Idaho and Alaska, states with significant Native American populations, are looking seriously at expansion. Governors in those states are moving the idea forward, but expansion will face scrutiny at the legislative level. CMS wants to partner with tribes to continue promoting the issue. CMS also continues to advocate Medicaid expansion in Texas, Oklahoma, South Dakota, Montana and Wisconsin.

- On November 12, CMS awarded 10 grants, totaling a little under \$4 million for efforts aimed at reaching out to AI/AN children eligible for Medicaid and CHIP. The grants went to tribes, IHS providers and tribal and urban Indian organizations. The awards went to seven states: Alaska, Arizona, California, Mississippi, Montana, New Mexico and Oklahoma. The grants focus on children but given expansions in coverage, outreach efforts also can target the parents, grandparents and relatives with whom those children reside.
- CMS has approved uncompensated care pool models in Arizona, California and Oregon to compensate for certain services that were provided in IHS and tribal operated facilities that the states were not otherwise reimbursing in their state Medicaid programs.
- Thanks to concerns raised by STAC members, CMS has reached out to the Arizona Medicaid director regarding health care for former tribal foster care youth. Children who were in tribal foster care programs were not being recognized as being eligible for the new coverage provision in the ACA that says kids formerly in foster care can have coverage until age 26. This coverage is available to these young adults even in those states that have not expanded Medicaid.
- Existing law protects certain tribal income and property from any kind of estate recovery. When some people were applying for Medicaid, they heard they might have a lien taken on their property. CMS will provide state Medicaid programs with a fact sheet that will help explain the rules. The CMS TTAG has provided feedback on the draft document. STAC members will receive a copy as well to assist with promoting the information. The document will also be available online.
- CMS also has been working with TTAG to clarify health insurance rules for AI/AN youth attending out-of-state Indian boarding schools.
- The CMS Consultation Policy, which has been in place since 2011, is undergoing review. Staff members will ensure the revised policy includes feedback from states, tribal leaders and members of TTAG. One major issue: the policy should include stronger language so that all components of CMS engage in consultation, all components both at the central CMS office and the regional offices.
- The policy also should require more transparency and definition about what triggers consultation at the state level.

Questions and Comments

Q: (Ken Lucero) There are some grumblings coming back up again in New Mexico about health and human services trying to require Native Americans to auto-enroll into managed care. We are a little bit concerned in that, from what we understand of the 1115 waiver process, that they really don't have to come back and request or to do that. And so we are concerned about that process and whether or not -- I think they can just go directly to CMS and ask for that, and that the process that initially takes place with the 1115 waiver is not the same if they go and try and ask for a change in that. So I kind of wanted some clarification on that.

And then also to know more about the consultation process around that. In the first go-round, you were very helpful but it seemed that you could have intervened sooner. And I realize that it may have been CMS' position that you wanted to wait and see what would happen between the state and the tribes. But I felt it would have been more productive if CMS were able to get engaged sooner in the process.

A: (Cindy Mann) So I would be interested to understand a little better about what is happening on the ground because as I think you know, we negotiated the waiver after consultation and did not give the state the authority to require American Indians to enroll in managed care. And there is no new request before us to change that policy.

So if people are getting pressured or told they need to enroll, we would like to hear about those. So I don't know if you are worried that -- you are hearing that New Mexico is coming back to us for another request or you are hearing that people on the ground are actually being told they have to enroll, or both.

C: (Ken Lucero) I think it is a little bit of both. I don't know how substantiated the claims of people actually being asked or forced into are. I don't have that information but it is just that we are hearing that New Mexico is looking to ask again.

C: (Cindy Mann) If they are looking they haven't come yet to us. We don't often just deny a state's request so when we do so, it is not a small matter. So I don't think they would believe we are going to change our mind on this but in any event they have a right to always come back to us if they want to present their case. They have not yet, and if they did we would certainly trigger tribal consultation.

There have been instances where a state has come in and hasn't met their consultative requirements when they have come to us, and we send them back and say we are not accepting the 1115 application until you complete your tribal consultation requirements.

C: (Ken Lucero) It is frustrating as tribes having to go through the state. And not being able to come directly to CMS with issues like this.

C: (Cindy Mann) Well, that is the formal 1115 world. Certainly our door is always open for discussion about issues. That is the formal process to make sure everybody has an orderly way of getting comments in. It is the way the Medicaid program is run but at the same time, whatever concerns about something that might be proposed at the state level or that you think is brewing at the state level, our door is always open.

Tribes do not have to wait and say, well, I have to talk to the state. I can't talk to CMS about it. There is the formal period to make sure we have consultation but we should always have open communication between us.

Q: (Chester Antone) I just wanted to seek some clarification on the statement you made about the three states in the 1115 waiver states that have not been approved but are being reviewed, did you say?

A: (Cindy Mann) They are approved but now they are up for renewal. So when we approve a waiver it is for a certain period of time, so they are all up for renewal.

Q: (Chester Antone) So for Arizona ours ends in December. So when would we expect to hear --

A: (Cindy Mann) Very soon.

Q: (Chester Antone) And these are on a yearly basis.

A: (Cindy Mann) No, renewals are usually for three years.

Q: (Chester Antone) The other question I wanted to ask is on the aging out for former foster care children, they are eligible to enroll in Medicaid?

A: (Cindy Mann) In Medicaid. And we can provide some further information on the details of that.

Q: (Ron Allen) I think the team is doing great on the review of the consultation policy. I think we have got a bunch of really good recommendations that we are going to bring forward to the TTAG. You mentioned that the 9-plus million new enrollees in Medicaid expansion, that is in the areas where it is, right?

A: (Cindy Mann) That is a nationwide number. Most of that growth in enrollment has been in the states that did expand but we have seen about a 4 to 5 percent enrollment increase even in the states that didn't expand just because the word is out. People might have already been eligible but didn't know, and the process is a little simpler.

Q: (Ron Allen) So are we tracking the numbers for AI/AN inside that number?

A: (Cindy Mann) We don't collect that data now. We will be. Historically in the world of Medicaid it would take us three years to report enrollment data. We have got an old system of reporting data. We are completely revising our data reporting mechanisms in Medicaid. States are preparing their systems. It is going to be much more robust data. And it will be available in a much more timely way.

We have not yet implemented, so what we did, because we knew everybody would be very eager to get some information about enrollment around the Affordable Care Act, is we created special performance indicators information from states on different aspects. So it does not break it down in that way but later data will. So we have it by state. It is on our website. We put it out every month.

C: (Ron Allen) So that is your intent?

A: (Cindy Mann) Yes. It is not only an intent. It is actually under way. It is a three-year project and we are in our last year.

Q: (Brian Cladoosby) You mentioned the 10 grants of \$4 million to the 7 states. How many of those states did not do expansion?

A: (Cindy Mann) So it doesn't go to the states. It goes to tribal organizations.

Q: (Brian Cladoosby) I understand. How many of those states did not expand?

A: (Cindy Mann) Alaska hasn't expanded. Arizona has expanded. California has expanded. Mississippi has not. Montana has not. New Mexico has, and Oklahoma has not. But it is mostly focused on children. So children's eligibility already has been expanded both through Medicaid and through the Children's Health Insurance Program. In every state there are expanded eligibility levels for children.

Q: (Brian Cladoosby) One of the issues this morning in our caucus was Arizona and our children in foster care. Was there anything else that we needed to cover on that ICWA issue with the 26 year olds? Who yields their time to David? Roger? Go ahead, David. Roger Trudell yields his time to David for a few minutes.

C: (David Simmons) Two things: One is that we are concerned that other states may be having similar interpretations, and I think the last time we spoke there was a discussion about sending a letter out to remind states about tribal foster care. So we are just wondering about that.

And then the other thing I would mention too is even at the implementation stage, I have questions about how tribes and states are going to transfer that information to make sure that tribal foster care youth who might be going to a state Medicaid office to get these services will be able to make sure that there is good communication, transfer confirmation, between tribes and states around that former foster care youth's status. So maybe even some guidance would be helpful.

And I know there is something similar that kind of goes in a different direction, but around tribes doing Title IV-E Medicaid. There are children who are eligible for Title IV-E foster care are eligible for Medicaid too categorically and there are some regulations that ACF I think or maybe CMS put out about how that transfer of information would occur when they were in state care and went to tribal care. So maybe that can be something to look at.

C: (Cindy Mann) Yes, we do want to settle the issue in Arizona but we also do want to make sure everybody is clear on it nationwide so we will be providing some more information. The documentation and the verification is always the rub so I think we will want to work very closely with you to make sure we are making it as streamlined and least burdensome as possible.

Q: (Ron Allen) The Navigator program -- the improvement and progress in that area is going well?

A: (Kitty Marx) The Navigator grant program you mean? Yes. There were -- I am not sure if I have the list but there were about seven Navigator grants that awarded to tribes or urban Indian organizations. And what we have done over the last year -- I think there were a lot of lessons

learned on training materials and how to best explain the protections for AI/AN in the Marketplace as well as the special protections that continue under Medicaid.

So again working with the TTAG we have got some great input from the TTAG on the Navigator slides that are used to train the Navigators. We have a document out called the Assistor's Tips. These are basic tips for working with AI/AN.

And at our TTAG meeting we put together a packet of material, and I think Stacey Ecoffey might have provided a copy at one of the sessions this week. But we have a lot of outreach materials that we can certainly make available to the STAC. We can probably even get packets or a compilation of this material.

What we have found with the Navigators and now with the Children's Health Insurance Program Reauthorization Act (CHIPRA) grantees, when families come in for assistance, they may not know whether they are eligible for Marketplace, or they might be eligible for Medicaid and CHIP. So we are trying to work with all of the American Indian/Alaska Native Navigator grantees and the CHIPRA grantees to educate them on all the CMS programs, on Medicaid, Medicare and now the Marketplace.

C: (Ron Allen) Those materials are great, and I am not sure how many of the STAC leadership -- they might not have been in the right breakout session to get a copy of that so I think it would be good to make copies available.

A: (Kitty Marx) Okay, we can do that.

Q: (Cathy Abramson) I think no matter what we do, we are going to have tribal members -- I know as a tribal leader, because it is happening even with our own council, that they don't understand. And the staff is getting the word out there on things. And our council, there are some councilmembers who get things mixed up. And they don't think we are putting the right information -- the right information isn't being put out.

So in the end, we are going to have a lot of complaints anyway. So I am looking for advice from anybody on how do you handle that because it is coming, and I think it is coming for a lot of different tribes and tribal leaders. Your membership is going to come to you and say they didn't know. They thought this or that. And that is kind of my concern, to soften the blow that is going to happen, no matter what we are doing.

C: (Kitty Marx) Within the Division of Tribal Affairs, we do hold trainings. They are mostly for the third party business office coordinators at the tribal health facilities (ITUs) but we can certainly provide additional training. We just produced what we call a Marketplace 101 PowerPoint. But a lot of our materials I think will be very helpful because this is like a Q&A and it outlines the protections for American Indian/Alaska Native families both in the Marketplace and CHIP.

So whatever we can do to provide additional materials -- Cindy mentioned the fact sheets we are working on. I think they will be helpful because a lot of the language that I find at CMS is very

technical so we are trying to translate some very technical requirements into language that everybody can understand.

C: (Ron Allen) We have been collaborating with the National Indian Health Board (NIHB), and maybe NIHB can assist in reaching out to the regional and/or state health care entities who can collaborate with the tribes in those respective areas. The PowerPoint is quite informative. Sometimes just handing them the packet -- they are going to look at the packet, glance through it but not absorb it. There is a lot of information in that packet, documents and brochures. So it is a one on one for a lot of council folks who engage with our respective citizens and to get them a little more in the fundamentals of what ACA means with regard to the Marketplace and the Medicaid expansion and enrollment -- what it all means.

C: (Cathy Abramson) Because everybody gets new council members and then, like I said, not until it hits you is when you start paying attention. I know we are going to get it no matter what we do.

C: (Ron Allen) And most of us count on those regional and state health care consortia that do the yeoman's work in these fields. I think that would be helpful in facilitating that dissemination.

C: (Stacey Ecoffey) As was mentioned, we put talking points in each of your packets that were at the White House conference yesterday, and we also gave a bigger packet. And we put in there links where resources can be found but one of the things that I think really helps is getting those real-person stories.

You know, we have Jace's story that we were able to share. I don't know if any of you have seen his video. We have been doing some social media, and we have a blog on Jace and we posted it up to our Facebook. The Secretary tweeted it out. We have gotten a lot of views on his video on YouTube.

So just recently we cleared a lady from Standing Rock. We are working with her to tell her story. She enrolled her mother because her mother was in the gap, and she was paying out of pocket for her mother's health care services. So she enrolled her and now she is only paying \$2 for services each month. But also with that she is also enrolling her son. And so it is a story where she was able to enroll her mother and now she is encouraging other family members.

And we are trying to get stories like that out because I think for our community members, it really resonates when they can see somebody else who signed up who is like them in their community. When we see others sign up who are like us in our community, then it makes it easier for us to go and ask.

We hope that you guys will use those talking points. They can be shared out. The other thing I was going to ask you this afternoon, if we drafted some op-eds, if you guys as STAC members would put some op-eds in your local papers talking about the Affordable Care Act in your communities, and we have people who can help you draft those. That would really help us too

especially when we have those Days of Action that we are going to be doing in the next few months.

On December 17, in the evening when the kids aren't in school, we are going to have a youth webinar and a call for them that is PowerPoint that is geared just to them so they can go home and tell their folks what is going on. We have other days throughout the year, and we hope you guys will partner with us.

C: (Cathy Abramson) On our council we even have council members who say, well, I saw this on Facebook. And so they take whatever is on Facebook, and then our staff gets in trouble again because it might not be the facts. So you said you do have something for Facebook? And would there be a way to put Jace's story, anybody else's story -- what do you do? You can put those on YouTube and then you can hook it up to Facebook?

A: (Stacey Ecoffey) Yes, so we can share -- and I think it is in that document, the link of where his video is posted on YouTube. And then you can copy that onto your own Facebook page. But the Secretary tweeted it out. She actually tweeted the whole video out, and then on the HHS Facebook page, the Healthcare.gov one, it is posted up on there as well.

C: (Cathy Abramson) To make it easier for me anyway, can you find out who has Facebook here, and if you can send it to us and then I can start hitting share to a lot of people.

C: (Ron Allen) I just want to touch on the offer for draft op-eds. There are probably a number of us who have great relationships with our local newspapers. So I am interested in that.

C: (Roger Trudell) Some of the tribes do have radio stations so if there were something that could be developed for that -- I know especially for the Great Plains Area, the tribes there contend that Indian Health Service should be providing all of this health care because of the treaties. So you need to keep that in mind with whatever you put out.

C: (Stacey Ecoffey) So the packet we will give you guys this afternoon, CMS bought a bunch of radio ads and they get played across Indian Country. And I know that several of them are translated into different languages.

C: (Kitty Marx) These are scripts, radio scripts -- 30-second, 60-second radio scripts where the language has been cleared. We produce those on a monthly basis. Plus we work with our contractor to develop these drop-in articles for local newspapers. Those are all on our American Indian/Alaska Native web page on CMS.gov under outreach.

Review of Rules of Order

Ron Allen, Ken Lucero and Roger Trudell worked with Ms. Ecoffey to discuss efforts to update the STAC Charter and Rules of Order. Mr. Lucero noted that the group focused on making some refinements so that STAC meetings would line up with the charter. The effort clarified processes as well as who is at the table and why. Reviewing the document also ensures that STAC complies with the Federal Advisory Committee Act (FACA). The information STAC members

provide during meetings in terms of testimony must be enforceable and admissible in the event that someone contests something that happens.

Potential changes in voting membership served as a major discussion topic for this agenda item. Following the discussion, Ms. Abramson made a motion to approve the STAC Charter and Rules of Order with the amendment that there shall be no more than one National At-Large Member from any one area on the STAC. Mr. Lucero seconded the motion, and the board unanimously passed the motion.

Discussion

C: (Ken Lucero) We had proposed that voting membership only be by area representatives and not include at-large membership. The reason for that being is that it provides possibly an unfair advantage to certain areas at a time of voting if you were to have at-large members who were all from the same area. Then one particular area would have an advantage if there was some kind of issue that they wanted to have changed or put forward that was not conducive to the consensus-type environment.

C: (Ron Allen) I am in favor of keeping the at-large members at the table and that we still allow them to have a vote. Ken made the comment that for the most part we do things by consensus, and if we have an issue, a difference of opinion, we look for that common ground.

C: (Roger Trudell) If members are from the same area and held the same interests -- say it is a direct service issue or whatever, just on the personal basis I feel as representing the Great Plains that, because the tribes do not have the ability to always have an alternate here. If it is always consensus then I don't have a problem with it. But if it is a vote and we have numerous people from a particular area with particular interests, somehow that needs to be addressed so it is not slanted too much.

Q: (Ron Allen) Are you advocating for the at-large to be ad hoc so they would be nonvoting?

A: (Ken Lucero) Yes, that was what our discussion was in that only the area representatives would be the voting membership. But I think I am remembering that we then came up with an alternative to that in that everybody could vote but the real issue kind of centered around appropriate representation, making sure that each area was appropriately and fairly represented because when you have your at-large members, they come from certain areas and could in effect sway certain votes.

And where it comes to light where we always vote is in the chairmanship and vice chairmanship, when we are doing voting. And if we have four people who come from the Northwest Portland area, it is likely that voting would be skewed. Not saying that it would happen but it is a likelihood that it could happen if we have at-large membership voting in those particular situations.

The alternative we arrived at was to ensure that there were no more than two representatives from any one particular area. Do you remember having that discussion where we were going to

limit -- that even if the at-large positions and an at-large -- there couldn't be three people from the northwest Portland Area. That is something we were going to incorporate somewhere but I don't know where it is. Do you remember at all, Stacey, where we were going to do that?

C: (Stacey Ecoffey) Those were the two issues we were going to address with the STAC.

C: (Brian Cladoosby) There are 17 members on STAC, so that is a big group. I am not sure if any one region has the ability to sway the vote. And to be honest, I don't see a situation where we would be at odds. And as an at-large representative, I don't know how comfortable I would feel being a part of this and then someone saying, well, you can come but you don't have a vote.

I don't know how it has been in getting people to this table, what the history has been to get tribal leaders here to the table to fill these positions. I just don't want people to be discouraged from applying for the at-large positions, saying you are going to invite me to the table but you are not going to let me participate in the vote. I don't know if I would feel comfortable with us going down that road.

C: (Cathy Abramson) The concern I would have by doing so -- I have been on tribal higher education committee as well, and as an ad hoc member you don't have a vote. And then the next step was we got booted off. So I wouldn't want to see that step happen. This committee is going to be here, and I wouldn't want it to go down that path.

C: (Roger Trudell) It looks like there was a lot of thought put into structuring the board and a lot of logic and reasoning for the at-large. I don't want to destroy the composition or the purpose of the board. If we are doing things by consensus the majority of the time, maybe it is not an issue.

C: (Ron Allen) I appreciate Roger and all the other comments on this topic in terms of trying to find balance. That was Ken's point. So it seems to me that one thing we could do is retain the at-large that has a vote but in the committee composition section, we could insert a guideline that basically says that there shall not be more than one delegate on STAC from any one tribe nor more than two from any particular region.

So what that is referencing is not the regional reps. It is representing more the combination of regional and the at-large positions.

C: (Brian Cladoosby) That makes more sense than removing somebody's vote.

C: (Ken Lucero) I appreciate everything everyone is saying. That is why we felt we needed to bring it here to a larger committee. I appreciate what you are saying, Ron, but I think we are starting to make it too complicated for what we are trying to achieve. I don't know that we need to do that. It sounds like most people feel like we already have a good structure in what it is that we are doing.

C: (Arlan Melendez) I think if we are not having any problems with the way it is working now, we probably should keep it as it is. If we start to experience any impasse on issues, we could always change it at a later date.

Q: (Chester Antone) If there is assurance that we are protecting the tribal exemption under the Federal Advisory Committee Act, that is my main concern. And if someone can answer that we are, then I have no problem with it.

A: (Ken Lucero) Yes, we are. And when we were doing these rewrites, we did have council folks, OIG, who were there, and that was their primary concern, protecting that.

Q: (Chester Antone) Would you state that we are protecting the tribal exemption? On record, please?

A: (Ken Lucero) Yes, sir.

Q: (Cathy Abramson) Once we approve this, and the membership -- you know, where you have a list where it is the chairs, then the vice chairs and then the councils, so do I get to fulfill my term or am I going to get booted?

C: (Stacey Ecoffey) She is talking about the piece that we are going to add, that there shall not be more than one representative from the same tribe, and then there shall not be more than two members from one respective area. This is the Robbie Rule thing that we talked about.

Q: (Ron Allen) Is that in there?

A: (Stacey Ecoffey) That is not in there. That is what we need to talk about next, and it does kind of correlate into the voting.

C: (Ron Allen) I think that is what we are saying. Why go there now and go into that kind of detail. It is going back to Roger and Arlan's comments. It is working, and we refined a lot of the process, so we really don't need to go there. And I think HHS has recognized that as a bit of an issue for them. So they are probably more mindful as they appoint future at-large positions. They will have an idea of what the makeup is here and try to avoid that.

C: (Stacey Ecoffey) Well, we have had situations, and I think Cathy, why she is raising it is because she and Aaron are from the same tribe. One represents the region and the other represents the at-large. And we just use Robbie because he and Buford were in the same situation. Buford represented the region and Robbie represented the National Indian Child Welfare Association (NICWA) as the at-large.

But there are those times when we just don't get a lot of people interested. And so then we end up picking from the slot that we have. But I think the line about there shall not be more than two members from one respective area helps with the at-large so that you don't have one area with two at-large members from that same region, which goes back to your voting so you are always at consensus.

Q: (Brian Cladoosby) Once again, getting tribal leaders to this table is our goal. Who makes the selection process at the end of the day?

A: (Stacey Ecoffey) We tried to set this up so whoever came from the area just automatically jumped to the top. The Secretary has to certify the list and make the selections, but the way we set this up was so that people automatically moved to the top so it was just already a natural selection of that person. So when we had a chair from any one region who had so many letters of support, and then you had a vice, it automatically moved to your top leadership to be at the table.

C: (Brian Cladoosby) We want people around this table, and I don't know if we want to get into the position where, you know, the Secretary only gets one or two applications, and those two applications happen to be from a region that already has representation at the table. I do hear the concerns from both sides but that would be my biggest concern: the Secretary not getting enough applications to fill the at-large.

C: (Ken Lucero) I think we know as leadership, being at national levels, we know people in every area who are highly qualified and could be at this table. So my advocacy is for equity among all the areas, and making sure that every area -- direct service, self-governance, all people are represented at the table.

C: (Ron Allen) This guideline is suggested only for the five at-large. So if -- in then that sentence under nominations where we are referencing the National At-Large Members, we are just going to add a final sentence, something along the lines of not more than one national at-large board member shall be from any one area. So the guideline is for them. We have so many national organizations, and my point earlier was that they all have multiple officers. I understand your point that you want someone who will attend, but I am comfortable they can because they care about health care, they care about Indian child welfare, et cetera.

MOTION

C: (Cathy Abramson) Knowing that I am not going to get booted, I would make the motion to approve this.

Q: (Ron Allen) With the amendment?

A: (Cathy Abramson) Yes.

C: (Stacey Ecoffey) And just so you guys know, I saw a couple of typos I need to fix.

C: (Brian Cladoosby) Does everybody understand where we landed here on this issue of the members at large?

C: (Ron Allen) They shall vote and no more than one from any one area.

C: (Brian Cladoosby) We have a motion by Cathy and a second by Ken. Any more discussion? If not, all in favor, say yes.

(Chorus of yes)

C: (Brian Cladoosby) Opposed say no. Any abstentions? Motion carried.

Indian Health Service Issue Discussion

Dr. Yvette Roubideaux, Director, Indian Health Service

The budget for 2016, set for release in February, is the last budget that the Obama Administration will see from beginning to end. Dr. Roubideaux encouraged STAC members to work to get as much as they could into the budget. Indeed, STAC recommendations have already gone forward, and the process seems favorable so far.

The Obama Administration will work on the 2017 budget up until November. The new Administration that arrives in January will likely change it. That means items in that budget will require a really strong justification. Dr. Roubideaux encouraged STAC members to participate in area budget formulation meetings.

During the White House Tribal Nations Conference, Secretary Burwell reported that HHS has worked with the Administration to issue a proposed rule on Medicare-like rates for non-hospital services, physician and provider services. Legislation, which would be the best option, has stalled in Congress, so staff members have focused on an administrative option, something that could pass during the last two years of the Obama Administration.

The proposed rule seeks comments from tribes as the federal partners will need help figuring out how to make the proposal work. The Contract Health Service Tribal Workgroup, now known as Purchase/Referred Care, will mostly likely reconvene in early January to discuss the issue and provide feedback during the comment period. Other tribal advisory groups can convene and respond as well.

In response to comments about the lack of tribal consultation on this issue, Dr. Roubideaux said staff can't consult once the proposal is in the regulatory machine. Consultation did occur previously, and federal staff members sought input from multiple tribal representatives and technical staff. If the proposed regulation is not a viable option, then it will not proceed, Dr. Roubideaux added. However, HHS staff would like to achieve this goal long before a new Administration comes in. Publishing this rule during 2015 would mean all or most IHS facilities could pay lower rates.

Dr. Roubideaux also made these announcements:

- These STAC members received 2013 IHS Directors Awards:
 - Cathy Abramson, for her leadership as chair of the National Indian Health Board
 - President Marshall Gover for his Direct Service Tribes leadership
 - Ken Lucero for his work as a former STAC chair
- Dr. Roubideaux sent a letter to tribes requesting comments and input following the RPMS discussion at the September STAC meeting. Comments and suggestions for improvement should be in soon. Although IHS wins awards from the industry for its RPMS system, staff recognizes the system isn't perfect. IHS continues to look for ways to improve RPMS despite funding restrictions.

In other news, RPMS has achieved Meaningful Use Stage II certification, and IHS completed the implementation by October 1, in time for all of its hospitals. Conversations have begun about Meaningful Use Stage III. The development work for the International Classification of Diseases, 10th Revision (ICD 10) is almost done, and the software will be ready in August. All sites should train billers and get ready.

- In contract support costs, IHS has settled 798 claims for \$663 million as of December 2.
- All 13 IHS federal facilities with obstetrics services are now designated nationally as Baby-Friendly hospitals. This designation means these hospitals have implemented 10 steps to promote breastfeeding, which helps reduce childhood obesity.
- IHS also has signed a Memorandum of Understanding (MOU) with Nike to continue collaborations on health and fitness.
- IHS has provided trainings and webinars to encourage clinics to be ready in the unlikely case that someone walks in with signs and symptoms of Ebola. Tribes have clearly stated that they want a role in deciding whether a Commissioned Corps officer should deploy to West Africa and when the officer should return and begin working again to protect communities from exposure.
- Dr. Roubideaux reported a \$49 million increase in terms of third-party collections last year. Medicaid expansion played a big role. Regarding the Affordable Care Act, 74 events occurred across Indian Country during the Tribal Day of Action on November 24.
- Listening sessions in all the IHS areas will begin after the New Year.

Questions and Comments

C: (Roger Trudell) My mind is on the part about the corps because we had one sent over without any consultation or discussion with us. And I thought it was almost mandatory for people to go into the 21 days' isolation. I don't know when that went into effect, that discussion with tribes, but nothing was ever discussed with us.

C: (Dr. Roubideaux) I apologize about that. The issues around the approval process weren't updated until after the first couple of officers had been sent, and it was an issue of we had assumed that the local CEOs were checking with the tribes and it turns out you can't assume anything. So now we have made it mandatory. And then the issue of when the officer comes back, we definitely want to talk to you. And if you don't hear from the CEO, please let me know.

The actual CDC policy on returning workers follows the science. So if they don't have symptoms and they don't have a temperature, and they did not have a high-risk exposure, they technically could go back to work and they technically could just monitor and wouldn't be isolated. But if tribes want us to isolate them and want us to keep them away, we will. And there are some circumstances where the officers want to do that themselves.

C: (Cathy Abramson) I always want to make sure we bring up the Special Diabetes Program for Indians and the renewal.

C: (Dr. Roubideaux) The Administration supports its reauthorization. The president's budget in 2015 officially supports the reauthorization, \$150 million for three years. And anytime Congress asks us, we say, yes, we definitely need to reauthorize it.

A talking point I use is this: The Special Diabetes Program for Indians is the best example in Indian Health Service where Congress gave us the funding, we implemented quality diabetes care and we were able to show we improved care. We were able to show we improved outcomes. We were able to show we prevented diabetes and we were able to show we prevented complications. All with good quality data and all with programs run by tribes that take into account the culture and the traditions and the needs of the local community.

C: (Cathy Abramson) Another one is to start a discussion on hepatitis C. That is on the rise. Hepatitis C and HIV. So we request funding allocations specifically for the treatment of hepatitis C virus (HCV) among the Native people receiving services at ITU facilities. And then request the systematic exploration of opportunities to reduce the costs of new HCV treatments.

And then we would request that IHS make public its coordinated plan in response to the rising levels of hepatitis C among Native people. My doctor is concerned about youth because a lot of them are making their own tattoos so that is where they get the dirty needles. And then the whole thing about -- because we have diabetes, and then cirrhosis would come into play. That is a big concern, and the kids are getting younger and younger.

C: (Dr. Roubideaux) Well, there is clearly a lot of need for education and prevention but also work on the treatment. IHS has been working with the Department. There is actually a focus in the Department around hepatitis C and also of course on HIV, which are sometimes transmitted together because they are both blood-to-blood transmission.

So there are multiple agencies involved, including IHS, NIH and CDC, and we do have the plans and the way we address it in Indian Health Service. I think that maybe if we could bring in, for a future STAC meeting, not only someone from my staff to talk about it but maybe CDC, NIH, the Food and Drug Administration -- because of the expensive drugs -- and all of that. Maybe we could have a panel discussion.

There is a big role that tribal leaders can play on the education and prevention part, but as more tribes are running their health programs, they are realizing these new drugs for hepatitis C are ridiculously expensive. So No. 1 we have got to prevent it, and No. 2 we have got to work with all the decision makers who can help bring those prices down. So maybe a multiagency panel with the HRSA too.

C: (Nadine Gracia) You can include the Office of Minority Health because we also work in the area of both HIV and hepatitis but also co-infection of hepatitis and HIV, including in some of our grant programs, and we would be happy to join in that dialogue.

C: (Arlan Melendez) I was wondering where we stand on pain management issues nationwide as we deal with the issue of addiction. Are we becoming addicted to our own medications that are

dispersed in our health centers, and what is the plan for IHS to really evaluate the severity of the issue and come up with some plan of how do we either not dispense enough of the medication or -- It seems to be a problem that even leads to security situations within health centers where sometimes irate people come into the health centers who are addicted, who demand their medication but maybe they shouldn't receive it.

So I think that is an issue of many health centers, and I think Indian Health Service needs to address it in some manner.

C: (Dr. Roubideaux) We just published new chronic pain management policy for providers, and it is in our Indian health manual, so maybe one of our follow-up items is to get you the link.

The Department is also doing a lot of work on pain management and addiction and those things with SAMHSA. For IHS, the big thing that we have accomplished in the last year is getting that pain management policy in place that helps our providers and our facilities understand how to sort of handle all those issues that you have talked about. One scary thing that we are seeing also is that, you know, the traditional problem is people coming in and getting the narcotics and trying to get more of it or stealing grandma's narcotics.

We are also now starting to see a switch over to -- instead of people going to the clinic to get the narcotics, they are now switching over to heroin because heroin is a lot cheaper. I have heard a lot of tribal leaders start to mention that they are seeing an increase in heroin in their community. The pain meds are really expensive to buy off the street but the heroin is a lot cheaper. So that is really a scary thing we all need to work on together as well.

We also have a workgroup within IHS that is working on this issue. I do think we need to expand it to help tribal programs as well so we will figure out a way to do that. Mirtha, would you like to add something?

C: (Mirtha Beadle) Yes. In fact, I think the issue about pain management came up maybe at one of the last STAC meetings. We have been looking at ways we can actually work differently with tribes on pain management issues. There is a broader Behavioral Health Coordinating Committee that is part of the -- SAMHSA helps to coordinate that. But there is a specific subcommittee that is looking at prescription drug issues, and we will come back to you with a specific response. But there is a broader departmental look at how we address pain management.

There was also a meeting that we had this summer. There was some tribal participation. I don't know what the extent was but I can give you what that looks like. The goal was to come back to provide some recommendations and thoughts for all of you to consider and then come back to us with what we should probably do on the tribal side. So we will work with IHS on that as well.

C: (Cathy Abramson) We talk about breaking down the silos, and it would be nice just to see each time we meet just how progressive we are.

C: (Dr. Roubideaux) Absolutely. And again the Office of Minority Health will really help us there because they are the one consistent person in all those efforts along with Dr. Karen

DeSalvo, the new assistant secretary for health (ASH). That staff is responsible for a lot of the interagency coordination and reports on a lot of these issues that I know you are interested in. So maybe we will get a report from that ASH on some of those multiagency efforts and then we will put our heads together.

C: (Brian Cladoosby) The last couple of days I have been preaching to the Administration and tribal leaders that we only have two years left. I am talking legacy, legacy, legacy. How are we going to define this Administration going forward? How will history define this Administration? A couple of issues that are still of concern are:

- The contract support issue, the 100 percent funding, the tribes winning the case but being penalized in their budgets for that win. So going forward, you know, we definitely want to see something put in place where our budgets are not going to be penalized because the Department has to pay 100 percent contract support costs.
- Advanced appropriations: That is something that we really need to work closely on with this Secretary, with you, with the Administration and with Congress because they are the ones who are ultimately going to make the decision. But the message has to be loud and clear from the Administration, from the Secretary, from you that this is something we want to see accomplished in the next two years. That would be one great legacy for this president to have.
- Of course you brought up the Medicare-like rates. And of course tribes really want that. You brought up the issue that tribes in the rural areas potentially could be penalized if the clinics they go to do not accept these Medicare-like rates. So that is a big concern.
- Of course, as you hit on, consultation. I am not sure the process that you guys had taken, but I know letters were sent in from a few of the intertribal agencies and workgroups with their concerns about this going forward. So maybe you could just once again touch on the consultation piece because that was the one piece about which our caucus was concerned this morning, and understanding why it moved the way it did without the appropriate consultation that we felt we should have received.

C: (Dr. Roubideaux) Right. The timeline was probably last June when legislation people were working on the legislation. We had consulted on it actually two years ago with the PRC workgroup, and they said yes, go forward. Then we had another letter out to all tribes last December: Do you want us to go forward? Strong support to go forward.

And then we got a stop last May, saying no we want to do the legislation first, the tribes. So we stopped all efforts, waited. And then after the legislation got introduced, we got strong push from the tribes for us to proceed. And I explained multiple times to people the timing and the short timeline and the need to get a proposed rule out.

And we did everything we could talking to people, asking people: If you had it in regulation, how would it work? We never got much more specifics except the gold standard is what is in the legislation. So we tried to do that but you can't do that in regulations so --.

The issue is the regulatory process. And it is a little different for HHS. It has been explained to me that regulations from HHS can move markets, can cause financial markets to move, can cause businesses to change practices and all that so it is very -- the Administration has what is called the deliberative process. Once it is working on a proposed rule, it is embargoed. So if we are working on a rule internally, we can't stop the process and reveal what it is because that could affect a lot of different things financially, programmatically, politically and all that.

And that is HHS overall. That is not just us. So we consulted as much as we could, but I had tribal leaders telling me go forward. I had Congress telling me, go forward. We had a lot of pressure to do it so we did it, and we were kind of surprised that all of a sudden people were saying, well, wait a minute. We want to consult. We had, I will just be honest, I had everybody screaming at us, get it done.

So I have a feeling it is maybe people didn't understand that once it is in the Administration moving through the regulatory process, you can't consult. So there was no ill intent. There was no intent not to consult. We thought we were doing what tribes wanted us to do. It is worth discussing at some point the regulatory process and whether there are ways that tribes can have input on that, which might require a change in policy for the Administration or at least for HHS.

If we want to get this rule done before this Administration is over and in time to where the next Administration can't dismantle it, we have to keep going but I meant what I said today. If you look at this proposed rule, if you don't like it, we will stop. If we make it better and get it done in this Administration, we are going to save millions.

C: (Ken Lucero) I think your comment about educating us more about that process will be helpful because I think part of the purpose of STAC and leadership in general is just that we try to help, help ourselves in the best way that we can. And by understanding what the processes are, not to say that we are always going to agree with the process, but until we know what the process is, we can't fix it. So that information would be good so we know where to step in and when to interject.

C: (Dr. Roubideaux) When I first got on this job, I was like, I don't understand this whole regulation thing. So staff developed like a one-page flow sheet of how they get developed. So maybe we can share that. And if you want, at one of the next meetings we can bring someone in to talk about the process.

One thing I will say about this process, where we are now, if we all agree to say, okay, let's just all try to make it right. A proposed rule is published, then there is 45 days for comment. And if we decide to move forward with it, we could either do a final rule or an interim final rule. And an interim final rule is, okay, we listened to your comments. Here is our next try at it. What do you think? And then another 45 days. And then if it looks like we are close, then we publish a final rule.

So that is what is coming up with this one. It is a proposed rule. 45 days to comment. We look at the comments and see if we want to move forward with it or change it. And I know there is a bad

experience. I have heard tribes say they felt like their voices weren't heard in the regulation process before.

But I am committed to trying to make this right and make this work. This is actually the first regulation we have actually done since I have been director. So it is a good learning process for all of us, I think, so let's work on it together.

C: (Brian Cladoosby) I guess once again I am going to continue to advocate for advanced appropriations, and I am not sure if you are willing to go out on a limb with your hand saw and say that this is something that you would like to see for IHS also.

C: (Dr. Roubideaux) Well, what I can say is that I have been pushing very hard to let the Administration know that advanced appropriations is top priority. And sometimes that is all I can do because the decision makers are higher than I am.

But I think the last time the Secretary was both here and out in Port Gamble S'Klallam Tribe, she did mention that it is a heavy lift, really hard in this budget climate. And she put the offer out there that could we talk about anything in the interim that we could do to help you get access to your funds in continuing resolutions and shutdowns while we are trying to achieve that longer-term, harder-to-get goal.

She is a decision maker on this, and then it still has to get through the Office of Management and Budget (OMB) and then it has to get through the White House and it has to -- you know, that kind of thing. And it is not just about us, it is also about what that would mean for other programs and services and politics and all of that, which are above my head.

So my promise to you is I keep bringing it up everywhere I have a chance to. I keep saying it is a top tribal priority. Let's try to learn more about how to get to yes. The CSC thing you mentioned, that is another one: really fighting for that one. And we hear loud and clear that tribes want full funding of CSC but not at the expense of services.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Pam Hyde, Administrator

SAMHSA has had a great month with regard to tribal issues, said Ms. Hyde. Among the highlights:

- The Tribal Youth Conference, in the middle of November, was the first time SAMHSA had youth from all its grantee programs. The youth were excited and interested and provided great feedback. Some visited the White House and interacted with the president. The goal was to underscore work with youth in prevention issues as well as addressing young people who are dealing with alcohol, drugs, mental health issues, suicide and bullying. Ms. Hyde thanked Mr. Lucero for his help with the behavioral health session during the conference.

- SAMHSA also conducted a listening session on Section 223. This demonstration program seeks to improve community mental health services. States must ask to participate in the demonstration, so SAMHSA encourages tribes to talk to their states about it. Once the draft criteria come out, another consultation call will take place with tribes in February or March because there may be specific issues with regard to how SAMHSA drafted the quality criteria.
- SAMHSA and CMS have pursued doing an informational call about how the Institutions for Mental Disease (IMD) exclusion applies and how it affects tribes. A date is not yet available.
- SAMHSA has increased its tribal grantees this year from last year, almost a 50-percent increase. The agency also has increased the amount of dollars going to tribes by about \$27 million. The amount is up to almost \$100 million now across both tribal-specific programs as well as within regular programs.
- Staff members also have teamed up with IHS, the BIA, BIE, Department of Justice (DOJ) and other agencies to look at tribal youth programs. SAMHSA received a little bit of new money for 2014 to provide mental health/emotional health and substance abuse resources to the tribes with the highest suicide rates. Congress has not made a final decision about that funding for 2015. For 2016, agencies are looking at cross-departmental efforts for tribal youth.
- Federal partners also are making an increased, consistent effort to reach out to tribal presidents and chairs in the aftermath of serious, tragic events in tribal communities.

Questions and Comments

C: (Roger Trudell) The state invited me to participate in one of their ongoing boards on toxic stress, and I don't have a real firm handle on exactly what that is.

C: (Pam Hyde) We would be happy to chat more about that. There is no question that too much stress is not good for people's behavioral/mental health. What we understand is that some communities and some conditions rise to the level of stress that goes beyond just a little bit of stress and starts to have major impacts on both physical and mental health.

For tribal communities, I find that you are being much more open and out there and questioning and asking about such things as historical trauma, about the trauma that individuals in your communities faced, and how that impacts not only them but the whole community. Those kinds of issues are things that we want to work on with you.

After this week's session we committed to doing a session on some of those issues with our Tribal Advisory Committee, which meets again in April. We just finished a trauma-informed approach set of guidelines that we put out that we had worked on for a couple of years. And the next thing we are taking on is community or historical trauma.

C: (Ken Lucero) A couple comments about our breakout session. One thing that we didn't hear about, and I thought we would, was about the issues we sometimes have in coordinating between

BIA and BIE and HHS SAMHSA programs on responding to school situations or getting services to children.

You know how social services is housed in BIA, and they are not necessarily in tune with what is happening in HHS. I thought I would hear something about that. I know we talk about it here at STAC but I am not sure if our communities are making that connection.

That is concerning because people aren't accessing the resources or they don't see it as a holistic system of care to seek support services in those areas. I also talked to Mike Black from BIA and asked if it would be possible to -- and I am asking you, STAC members -- if it would be possible to bring BIA here as well to talk about that and what they do in terms of social services.

C: (Pam Hyde) We certainly would be happy to have that conversation. BIE has been very interested in our Safe Schools/Healthy Students program, which is a school-based program for young people. They have been interested in using that model. They are good partners for us so we would be happy to chat with you and with them more.

C: (Chester Antone) Quite a few years ago I looked at this presidential document from Mr. Bush on mental health. I wanted to ask what is the plan for SAMHSA in the ensuing years beyond this Administration? Have there been any thoughts as far as AI/AN are concerned?

C: (Pam Hyde) I am not sure what you mean about plans beyond this Administration. Obviously that is what we are able to impact but we are trying to put into place things that have a longer shelf life, if you will, than just the next two years. We are very concerned about the next two years and what we are able to accomplish while this Administration is here but some of the grant programs, some of the training and technical assistance capacity, some of the structures -- in fact, creating an Office of Tribal Affairs and Policy -- is a structure we have put in place to hopefully have a presence in SAMHSA about that for the future for tribes. And of course the Office of Indian Alcohol and Substance Abuse sits under that, and we are looking for a head of that office right now.

Q: (Chester Antone) So it is kind of like a behavioral health services agenda? Trying to set that with input from the tribes?

A: (Pam Hyde) Yes, there actually is a behavioral health tribal agenda that we are working on. There is a summary of it in your packet.

Q: (Chester Antone) So that visit to Indian Country has encouraged the president? I would encourage those visits because I think from those visits you will get some of this agenda together. I remarked the other day that if we had an agenda, structured for certain kinds of feedback, then that will make the agenda moving forward because at least that document would be there and continue into the future. So I would just encourage that we try to visit Indian Country as much as we can.

C: (Aaron Payment) I am just going to add to that. So picture six years ago there was no such thing as STAC prior to this Administration. Depending on who the Administration is, there may

not be a STAC. And all of our coordinated efforts, that may be all gone again and we might be struggling to try to get reauthorization of this or reauthorization of that again.

One thing that we have raised several times during our caucuses and our discussion is to begin to operationalize some kind of an understanding of historical trauma. And we believe there is a need to do a study, and I think it needs to be a qualitative study to begin to help inform us of how we go about doing this study.

So historical trauma, there are authors who have written about it, and it is basically -- it is the Indian version of social anomie. And all of the factors that we face -- high rates of alcoholism, suicide, nomadic lifestyles -- all of that are symptoms of social anomie. And we can show historical trauma to be very similar to that as a result of the federal government's policies toward American Indians.

And so one of the legacy things that I think would be helpful is to get that study going during this Administration, and that study is going to take a while to operationalize. It is going to take a while to actually do the study but I think it would be helpful to have that data to drive policy so we can really see the areas that we need.

With respect to pulling together resources, in the old days it was called a wraparound. But our tribe is doing a tribal action plan and we urge other tribes to do the same thing. It is funny because we started out very small and we are huge now. And they all work for the tribe but sometimes they never see each other. And so they don't coordinate all well as they should. So the tribal action plan is forcing that.

We also are doing a My Brother's Keeper, the initiative to try to align our resources to provide opportunity to prevent some of the pathways that some kids end up going down.

So one final thing would be with respect to what is happening in the classroom. Yesterday I asked Arne Duncan for an assistant secretary for Indian education. Right now we are in the BIE, but you have Head Start over here, and you have all these little fragmentations. And it is funny because tribes are the only grouping out of any constituency that has a legal right to an education.

It is in our best interest as a society to have an education, but it is not a legal right in the Constitution. We do have that legal right pursuant to the Constitution and the treaties. So we are the only entity that has that legal right, but we have the worst statistics when it comes to education.

And so a secretary of education who can pull together and compel those resources to come together in these education environments where we are seeing violence happen, I think that is necessary.

C: (Pam Hyde) I think we have slowly but surely, with what resources we have, tried to put that kind of attention on these issues. When I came here, we didn't have a tribal liaison. We had a part of a person doing part of a work. We now have a full-time tribal liaison. We now have the

Office of Indian Alcohol and Substance Abuse, which we are looking for the head of because that person left and we need to fill it. And we created the Office of Tribal Affairs and Policy (OTAP).

So we have tried to create some infrastructure within SAMHSA that will be hard to go away. And SAMHSA has a huge history on this issue of trauma. Given that we have just finished the trauma-informed approach work, the next thing we agreed to take on was the community historical trauma issues.

We have a goal to do something about that in the next two years but you are right, it is going to take much more than a couple years' worth of work. We have a whole trauma and justice strategic initiative that this fits in. We have got people at very high levels who care about this work. So maybe next time I come, I can bring some of them with me. I would love to have some further conversation with you about how you think that should work.

C: (Ron Allen) In terms of engaging with regard to substance abuse, substance and chemical abuse problems on the reservations and the BIA's role, and somewhat IHS, and the better we have synergy we have when all the players get involved is important. I think it might be helpful if Stacey might reach out to Mike Black to discuss who should be over here.

I have seen some programs in some tribes that were very proactive in dealing with substance and alcohol abuse problems in their community. So to get into a discussion, making sure that you are engaged with regard to what programs you have and how they interface and how all that can work together, I think that would be a constructive conversation.

The second thing is you have your own tribal advisory council. I think it would be helpful for us to maybe get reports on what their priorities are so that we can have our finger on the pulse of what they are asking you to do so we are in sync with what they are recommending.

C: (Pam Hyde) One of the priorities is data, and they also have an interest in our grantee programs, making it easier for tribes to get access to those dollars.

C: (Mirtha Beadle) Also communications -- they wanted to make sure we had an opportunity to talk more definitively about how we share information with tribes, tribal leaders. So there was a communication strategy that is drafted already for them to review again and provide comments.

C: (Pam Hyde) Our consultation policy is in review and we have until January for tribes to give us feedback.

C: (Stacey Ecoffey) What we can do for the next meeting, maybe the afternoon before, is just do a briefing with the programs that we have, how we work with them, and spend the afternoon just specifically on those.

C: (Mirtha Beadle) When Pam established OTAP, one of the things we started doing was communicating with some of the other partners that we have. So we have already sat down with the Bureau of Indian Affairs. We have sat down with BIA and BIE at the same time to talk about

the programs they have and where our programs meet. We now have a request from BIE to sit down with them later this month to talk further about how SAMHSA can specifically work with BIE on supporting the schools.

We have had a chance to sit down with DOJ as well to talk about their programs. There is a meeting coming up in January where DOJ, different components of DOJ, BIA and BIE as well as IHS -- we are inviting CMS to that meeting as well, and ACF, we will invite them as well. The goal is to look at all of the various conversations that we have had, to look at the different programs that we all have and figure out how to have a better impact.

There is a concern about the administrative cost of managing all these grants, so the question is can we do a better job of figuring out how to tailor our programs in a way that is much more conducive and supportive of what the tribes want to do. We are going to map out all of these grants and figure out how we are benefiting Indian communities in the best way possible.

C: (Cathy Abramson) That is what we brought up to Dr. Roubideaux: How to get regular updates on how we are working to break down those silos. And to just continue to report on the progress that is being made and who is working with whom so we continue to go in that direction. And the other thing I think would be nice for this STAC is if maybe you could give us the minutes from the subcommittees, the committees that are out there from the various agencies, so we can follow through and strengthen the input they give.

Q: (William Micklin) A meeting you just mentioned, will there be tribal leadership participating, and who would that be if there is?

A: (Mirtha Beadle) The meeting that I mentioned for January is called the Inter-departmental Council on Alcohol and Substance Abuse. We call it IASA. Part of what IASA is supposed to do is bring all of the federal agencies together, breaking down those silos. So it is that group. It is not a tribal leader meeting but we are happy to take any feedback you would like us to consider during the meeting. And also report back to you what it has done.

C: (William Micklin) Yes, a report of the meeting and its conclusions would be helpful. I just want to re-emphasize that the burden for competing for grants, access to those grants, including knowing about the grants, for all tribes, and the cost of administering those grants is a key issue. So more attention to that would be helpful.

Finally, you said SAMHSA had a youth event. So at the Tribal Nations Conference it was announced that there will be a youth conference next year at the Tribal Nations Conference. So I am hoping that youth conference is simply not a recitation of what programs are available to youth. I recommend there be a build-up toward that youth conference next year that really works through these issues, and maybe that meeting in January could be a first step toward that.

But really attention at the directors' levels and the Secretary's level that would, through agency action and companion organizations, and tribal leadership, to really address some of these issues in the lead-up to next year's conference and propose solutions and use that conference as a report

out of solutions that would have reached consensus and that we can implement. I think that would be more productive.

In the state of Alaska, suicide, youth suicide in particular, we really need to be better at addressing that, and what we have found is we have SAMHSA grants for that, and IHS has grants for that. We just found that it is better, those programs affected at the grassroots level, the village level, and funds allocated where we think the need is, and where the need is temporal.

It may be in one area one day and maybe another area next month so our authority to reallocate and reorganize and refocus would make us more effective.

C: (Arlan Melendez) I was reading this Department of Justice report, and I was wondering if they are coordinated with Indian Health Service. One of their recommendations is leaders at the highest levels should coordinate and implement the recommendations of this report.

So we have all these different federal agencies that are working, and sometimes we do wonder if they are coordinated or do they have to read each other's reports at some point and then mobilize. So maybe the meeting in January will address this kind of report and things like this.

C: (Pam Hyde) This particular report was done in conjunction with the Department of Justice's Juvenile Coordinating Council, and we are an active member of that. We are on it by law. And a lot of the material used to develop that report, it was material that SAMHSA had been working on around trauma and its impact on physical health, on educational capacity and development, emotional health, behavioral health, et cetera. This is one area where we are well-coordinated but there just aren't enough resources to do everything that needs to get done.

C: (Cathy Abramson) I would just like to make a comment in regard to what William said. I like that idea, that they would have their own guidelines to work toward.

C: (Pam Hyde) I think all of us will be working with the White House. This is a White House initiative that follows up from the Standing Rock visit, the SAMHSA youth conference we just did in November and then the White House's desire to make a bigger effort out of this. So we will take this back to them.

CMS: Center for Consumer Information and Insurance Oversight (CCIIO)

Kevin Counihan, Deputy Administrator

Lisa Wilson, Senior Advisor

Nancy Goetschius, Senior Advisor

Mr. Counihan addressed these issues:

- Open enrollment for the ACA runs from November 15 to January 15. CCIIO is encouraging existing customers to come back to healthcare.gov, update income and eligibility information and look around for better rates.

- Regarding issues specific to tribal communities, Mr. Counihan noted that a summary of benefits and coverage has not reflected Indian-specific cost-sharing reductions such as zero-cost sharing and limited cost-sharing plan variations. This is one of the areas that will go into the proposed Qualified Health Plan rule notification for next year.
- That similarly applies to requiring insurance companies to provide access to Indian providers, and to make sure that is included. So the proposed rulemaking going into next year codifies that position.
- The issue and processing of exemptions has been a source of frustration. Of the 65,000 exemptions that have been filed, CCIIO has processed more than 45,000 of those already. Of the remaining number, 10,000 are in the process of requiring some additional information and 4,000 are ready to be approved. CCIIO also has added more staff for exemptions.

Questions and Comments

Q: (Ken Lucero) Are people going to be disenrolled if they don't re-enroll?

A: (Kevin Counihan) No.

Q: (Ken Lucero) And if they are disenrolled, do you know what the reason might be? I know of a specific case where a person received a letter and was given notice that they were no longer on that plan and had to go back onto the system and re-enroll.

A: (Kevin Counihan) No. 1, the open renewal process for January ends December 15 so we have got roughly 10 days in order for folks to come back in. The second is that our fundamental goal is to make sure that the people who are insured stay insured, that they maintain their coverage.

What happens in the instance when an insurance company no longer offers a plan of benefits that they are in? They will be migrated into the replacement plan offered by that issuer.

C: (Ken Lucero) There was a period of about a month between the time that the plan was canceled and then she was notified in a different plan. My concern more is about people receiving that letter that says they have been disenrolled or dropped, with no indication that they are going to be put in another plan in that same letter. So I don't know if it is an issue of communication at the state level through that Exchange or that particular insurance carrier because there was no indication that there was going to be any renewal other than that the person had been dropped.

And I know there were probably other people who carried that same plan that this happened to so that is an issue.

C: (Kevin Counihan) I would appreciate if you could show me that letter.

C: (Lisa Wilson) If you want to send that to me or Nancy, if you have a copy of the letter. We can talk later and follow up on it and get the details.

C: (Ken Lucero) It is related to something that we were experiencing in New Mexico when they were converting over to the new plans and doing the Medicaid expansion. They said because of their systems, the state of New Mexico said they are going to have to disenroll everybody and then re-enroll folks, and they couldn't send that letter off at the same time. And so people were just going to be told that they lost coverage with no explanation of why.

C: (Kevin Counihan) This sounds like it might be state specific. If you can get us those letters, that would be helpful.

C: (Ron Allen) Picking up on your point about we need to be better consumers, depending on what state you are from, you have a suite of options or you may have an option. So we need to be able to walk our tribal citizens through what their options are.

One of the issues is getting them into a system. But our tribal citizens may live in our community or they may live outside our community. My tribe, for example, probably 40 percent of my citizens live outside our state. So they don't have those state options. They live in some states that don't even have Medicaid expansion. We have to have an idea of what Marketplace options are available to them.

They will call us and say, I am a citizen of your tribe. What do I do? And we are being assertive about it and tracking them down to make sure they are enrolled. Those who are working, it is not a big deal. It is the uninsured ones who we are going after. I think CCIIO has got to be able to help us.

C: (Kevin Counihan) If you look nationally, the majority of enrollees come in through some type of assistance. That assistance could be through a call center, it could be through a broker, it could be an in-person assister or Navigator, community outreach worker. People find health insurance to be complicated.

One idea I had is we offer training programs for assisters and brokers and other about the Affordable Care Act, about the plans, about how to shop and compare. I guess I am just offering to you as an idea that we would be happy to make those same services available to you and to outreach workers in the tribe if you think that would help.

C: (Ron Allen) Yes, that is an option. We need to explore all the options that may be available. We have got to be a little more creative about where we can maybe have variations of call centers that are specific to American Indian/Alaska Native peoples. It doesn't have to be at the tribal level. We are supporters of the ACA. It works and it helps us solve a lot of problems that we have had for years but we have got to make sure it works for us.

Administration for Children and Families (ACF)

Mark Greenberg, Acting Assistant Secretary

JooYeun Chang, Associate Commissioner, Children's Bureau

Felicia Gaither, Director, Tribal Temporary Assistance for Needy Families (TANF)

Robert Bialas, Program Manager, Region XI, AI/AN, Office of Head Start

ACF in 2014 awarded in total almost \$50 billion across the full range of ACF programs. Of that amount \$634 million went to tribes. The Department continues to provide outreach efforts, recruit more Native American grant reviewers and promote other strategies to improve tribal access to grants that are available to tribes.

Mr. Greenberg also provided these updates:

- On November 17, ACF published a long-awaited rulemaking for the child support program that seeks to update and modernize a number of ways in which the child support program operates. Through the development of the proposed regulations, tribal leaders had been engaged in both written and face-to-face consultation, specifically with seeking comments on how to encourage efficient case transfer between states and Tribal IV-D programs as well as issues around Tribal IV-D Medicaid reimbursement cases that involve tribal members who are eligible for Indian Health Service. Regulations are pending for comments.
- On November 19, the president signed the reauthorization of child care law, the Child Care Development Block Grant. This is the first time that the child care block grant has been reauthorized since 1996.
- The Office of Planning, Research and Evaluation is continuing to place strong attention on tribal issues in its research agenda. The office awarded a contract for the Tribal Home Visiting Evaluation Institute in connection with the Home Visiting Program.
- The Children's Bureau has recently recruited a senior tribal advisor to work with the deputy associate commissioner, director and regional program managers across the Children's Bureau to coordinate implementation of tribal child welfare priorities. The Children's Bureau hopes to announce the new hire in early 2015.
- The Administration for Native Americans (ANA) has published in the Federal Register that starting in 2015 ANA proposes to re-establish a separate Alaska-specific Social and Economic Development Strategies (SEDS) funding opportunity announcement to target support to core capacity building at the Alaska Native village level, proposing \$1 million in 2015. Comments are due by December 8. Funding announcements should be available shortly thereafter.

Felicia Gaither discussed these topics related to TANF:

- The latest update on Public Law 102-477 is that the proposed report forms have gone through a comment period but an extension will be provided to give tribes more opportunity to give feedback.
- TANF staff recently went on a joint site visit with BIA staff as part of ongoing collaboration efforts. Further, a joint webinar with TANF, BIA and Children's Bureau staff during the summer focused on ways to collaborate in the area domestic violence prevention.
- A new TANF director is coming in to replace Earl Johnson, who left in August.
- TANF's 70th tribe, the Red Lake Band of Chippewa Indians, will begin working with TANF effective January 1.
- Also in January, a funding opportunity announcement (FOA) for the Tribal TANF Child Welfare discretionary grants will be available. The grants come out of the Healthy Marriage/Responsible Fatherhood funding, and there is a \$2 million set-aside for Tribal TANF Child Welfare. Currently 14 discretionary grants are available, but they end next year. A new cohort will be available.
- Mr. Greenberg reported that TANF reauthorization remains in process and will be a topic for the next Congress.

JooYeun Chang discussed compliance with the ICWA, a primary area of interest. Questions often come up about whether the monitoring process of the Children's Bureau, known as the Child and Family Services Review (CFSR), is an effective tool to promote ICWA compliance at the state level.

Ms. Chang noted that the CFSRs are limited in two ways. One, the data states report is only slightly applicable to ICWA compliance if at all. Second, because federal staff members review only a limited number of on-the-ground cases, they rarely find enough cases that actually have Native American children involved. Consequently, staff members have gone a step further to address concerns. Ms. Chang covered these points:

- Child and Family Service plans, which states must submit every five years, must detail how the states are following all types of federal laws. Plans are due this year. Part of what states must do is work with tribes to complete that plan. As part of Children's Bureau requirements, states must detail how they are ensuring compliance with ICWA.
- The Children's Bureau also will conduct a deep analysis of every state plan for the first time this year to investigate what states claim to do and how they claim to have consulted with tribes. The Children's Bureau would next determine if the states are, in effect, following their own plans.
- The Children's Bureau also has been working informally with the Department of Interior and the Department of Justice on ICWA enforcement. One of the challenges of the ICWA statute is that it is not clear who has enforcement, which means all involved agencies need to do their part to enforce ICWA.

Robert Bialas opened his comments with a discussion on Head Start Region XI, which serves AI/ANs, and the Head Start Family and Child Experiences Survey (FACES). For the first time since the study began in 1997, staff members are able to introduce the survey into Region XI. The survey remains the premier source of information on the Head Start programs. Mr. Bialas also shared these updates:

- The FACES workgroup is designing an AI/AN FACES that is responsive to the needs of the Tribal Head Start programs and is respectful of the unique community and cultural context in which Tribal Head Start programs operate.
- The workgroup launched in December 2013 in Washington, DC, at the National Museum of the American Indian. In attendance were Tribal Head Start directors, staff from the Office of Head Start and the Office of Policy Research and Evaluation, tribal early childhood researchers, and federal contractor team members responsible for carrying out the study.
- Recruitment has begun to work with 22 randomly selected Region XI Head Start programs. Participation will begin in the fall of 2015, again in 2016 and the spring of 2017. Outcomes from the study will include descriptive reports, briefs and other information.

Questions and Comments

Q: (William Micklin) Did you say there would be changes in reporting for TANF programs?

A: (Felicia Gaither) The changes are not for the Tribal TANF program. The changes I was referring to is for the Public Law 102-477 tribes that participate. So this is not just for TANF. It is any tribes that participate in 477 the past 3 1/2 years.

There has been a tribal/federal partner workgroup regarding 477, and one of the things that has come out of the workgroup is a consolidated report that looks at cost categories. Currently 15 Tribal TANF programs participate under 477, and 33 Native Employment Works programs. That reporting applies to those programs.

Q: (William Micklin) Are new TANF programs going into 477?

A: (Felicia Gaither) Brand-new TANF programs can go into 477; however, our guidance is that you at least administer your program for a year as a direct funded program just so that we can, one, develop a relationship, understand your capacity to even run the program and answer all those start-up questions. Then we can work with a new program. But we have established guidance and have that out there.

Q: (William Micklin) So I understand there was an Alaska 477 tribe that had an audit to its TANF program, and the request for documentation went back to 2007. And that there was a prior audit, but that was deemed to be insufficient. I am wondering about that.

A: (Felicia Gaither) We may need to talk. I think that may be more appropriate.

C: (Elaine Fink) I had the same question as Will about changes in TANF and if there were to be, would there be consultation. But you answered it. It pertained to the 477 tribes.

C: (Felicia Gaither) And there was an actual tribal consultation on those reports.

Q: (William Micklin) Regarding the state plans, I am wondering if tribes would be able to see the report that you compile, and at what level of detail. Secondly, given that there is some vagueness to the compliance requirement for state plans for child welfare funding under Title IV-B of the Social Security Act, is there not an opportunity for the Department to make more stringent requirements in the state plans? That if a state plan is to be approved, they need to provide more detailed reports and categories of details that are important to us to determine their levels of compliance and their active efforts?

A: (JooYeun Chang) Let me answer your first question. We will absolutely be transparent. We want to make that report available to the general public, to the states and of course all the tribes. We want to be able to highlight best practices. We certainly hope there are some good examples of states doing this work well.

Secondly, I think to your point of what more can we do, how can we work with states to make sure that their plans do, in fact, include specific, actionable items, that is what we are hoping to achieve through the analysis. And we would certainly welcome consultation with tribes on which state plans are the more effective ones.

C: (William Micklin) I appreciate your efforts. In most documents related to compliance under ICWA, with state compliance, there always seems to be an Alaska appendix to it that recounts a list of horrors and what goes on in Alaska state courts. We are in court again now, and the council has litigated this on any number of occasions. From Chairwoman Fink, it sounds like California courts are no better.

So we have a deep interest in this just because the failings, at least on an experience level for each tribe, are well understood, and so we need a way to somehow force compliance. And if it is through state plans not being approved because they are out of compliance with federal law under Title IV-B, then maybe that is -- but I understand we need the data to back that up.

C: (Elaine Fink) The states want their money so they are going to give you a glossy report, I am sure. Is there any way that the tribe can challenge that report once it is out or at least send some documented instances as far as what we are facing?

In the state of California we have got 110 recognized tribes. It varies from county to county, but there are incidents where they don't even recognize the tribe when we are in court. And they have documentation that shows that. We got a court document that is supposed to be in our office right now that shows that we were not recognized when we were in court.

C: (JooYeun Chang) I do think that actual implementation of the plan is the most critical part. To your point, I was just reviewing California guidance, internal memos of how to ensure ICWA compliance. They have got great things on paper. So we recognize that they could submit to us a

wonderful plan but it is really that next phase of making sure, on an annual basis, that they are actually complying with what is in their plan.

And that is something that is already required. We already require that. In addition to a five-year plan, every year we review that to see how they are doing, what the challenges are, et cetera.

But we haven't focused with laser-light attention on that particular part of the plan. And so again I know it is a process, and that can be frustrating, but for us that is why we want to document what does the plan say about this across all states, and then that will give, across our regions quite frankly, a heightened level of attention on that section of the plan because it is the regional offices who go on an annual basis to check to see how they are complying with their own plans.

The other thing I will note is that we welcome your comments and your experiences when states are not complying with their own plans. And any way we can help facilitate the connection with regional Children's Bureau, I think that is critical because they are going to be your first line of defense and intersection with the state child welfare system. Getting to know the specialist and the regional program manager in the Children's Bureau office is really important, and we will emphasize that for our staff as well.

Q: (Cathy Abramson) Do you know when this analysis would be done?

A: (JooYeun Chang) We are hoping by June of next year we will have that analysis done, hopefully earlier.

Q: (Cathy Abramson) Will it be brought for consultation with the tribes?

A: (JooYeun Chang) Yes, we can do that.

Q: (Chester Antone) Termination of parental rights (TPR), is that a part of what you have to do in order to receive Title IV-E grants?

A: (JooYeun Chang) So I think the question is around the IV-E program, which now tribes have direct access to. And we provide planning grants to tribes who want to spend some time and get technical assistance and resources to develop their own IV-E program. As part of that, there is a requirement that there be a policy in place to terminate parental rights under certain circumstances. And the law explains what those circumstances are.

We have certainly had conversations with tribes who have found that particular part of the IV-E program culturally inappropriate, insensitive and not something that they want to include in any of their policies. And I sympathize with that. We recognize that a program that includes, within Title IV-E -- that talks about TPR, is an Anglo-focused policy, and unfortunately when Congress extended IV-E to tribes, they did not make any special exceptions at a macro level for tribes.

With that said, we do work with tribes to emphasize how their exceptions that can be used on a case-by-case basis. And so what most tribes have done is to include it in policy but recognize that in practice, if it doesn't meet with their cultural norms, they really don't have to use it. There

are other things that can be done like customary adoptions that we do not require TPR to be done in order or to allow for customary adoptions.

You don't have to terminate parental rights in order for a child to be eligible for the IV-E guardianship program, for instance. So that is how we have been working with tribes to deal with the issue of TPR.

Q: (Chester Antone) So you have been able to get around that TPR issue?

A: (JooYeun Chang) I think that we have been able to work with most tribes so that it is not a barrier to getting an IV-E program. But it doesn't mean that we can waive that policy or particular part of the policy at a high level. It has got to be done on a case-by-case basis.

Q: (Chester Antone) And I just wanted to know if that had ever been discussed when you are asking for a waiver under the Social Security Act?

A: (JooYeun Chang) The Title IV-E waiver program, we do have one tribe that received a waiver. The waiver, the permission for HHS to grant waivers under IV-E has now expired but certainly that did come up in our negotiations with the tribe because that was something -- and I will be honest, every single tribe that has applied for direct IV-E access has raised that as an issue. So we recognize that it is a challenge. So only one tribe that I know of has decided not to pursue direct IV-E because they just did not want it in their code at all. Every other tribe that we have worked with has been satisfied with the exceptions that they are allowed to make on their own on a case-by-case basis.

Q: (Chester Antone) So on the waiver process, that is only done after you have made yourself eligible for Title IV-E to begin with, and it is not done at the time of application?

A: (JooYeun Chang) That is right. However, that waiver authority no longer exists. So it ended at the end of last fiscal year.

Q: (Chester Antone) Since that has expired, you mentioned that you are able to get around it?

A: (JooYeun Chang) There is a Title IV-E waiver program. That has expired. However tribes can create exceptions within their own programs so that TPR doesn't have to be a barrier to getting a IV-E program.

Q: (Chester Antone) That is the one you mentioned is a case-by-case basis?

A: (JooYeun Chang) That is right.

Q: (Cheryl Frye-Cromwell) So when you mentioned that the Children's Bureau does a review on state data, and every five years, two things: Is it available for public and tribal review, and also have you thought about doing it any sooner than every five years?

A: (JooYeun Chang) Yes and yes. The data is now available for this third round of the CFSRs. And we will make sure that the link is available to all of you. And the five-year process is

something that is in regulation, so we would need to change the regulations for the review. But it is certainly something that we want to imbed so that it is like a constant evaluation so you don't have to wait five years for this to happen but it is a constant self-evaluation as well as a public evaluation.

C: (William Micklin) I understand that the Children's Bureau offers technical assistance to states for implementation of ICWA requirements and you also provide grants to state courts for the court-improvement program. It seems like that should be contingent on them actually improving their implementation of the program.

C: (Aaron Payment) Regarding the FACES survey I just want to say I appreciate the data collection because there isn't enough information about American Indians in primary research. Generally we are relegated to "other." I also appreciate the sensitivity with which your team is going about this.

Q: (William Micklin) I understand the Office of Planning, Research and Evaluation in ACF has had a Tribal early childhood research center coordinating steering committee from Tribal Child Care and Tribal Head Start and Tribal Home Visiting. And there was some research done on those activities. Can you provide us with that study?

A: (Robert Bialas) I don't have that information.

Q: (William Micklin) While she is coming up, there were four tribes that looked at cross collaborative work. I think it was the Choctaw Nation of Oklahoma and White Earth Band of Chippewa and the Pueblo of San Felipe and the Confederated Tribes of Salish and Kootenai.

A: (Robert Bialas) For the Tribal Early Learning Initiative (TELI)? It is still ongoing.

C: (Michelle Sarche) I am with the Tribal Early Childhood Research Center (TRC). We are funded by the Administration for Children and Families, and the Head Start FACES study that Bob was talking about is a separate effort. It is very much related to the thing that we are doing as part of the TRC.

But you are correct, the TRC, we are not doing any direct research ourselves through that center. Our task is to reach out to tribal home visiting, Tribal Head Start and Tribal child care programs to facilitate conversations and collaboration between those program leaders and university-based researchers. For example, one of our projects is looking at the classroom assessment scoring system or the CLASS and its cultural appropriateness in Tribal Head Start classrooms. I would be happy to talk to you more about what we are up to at the TRC.

C: (Mark Greenberg) And let me just add that if there is interest from the STAC in having, for the next meeting, the Office of Planning, Research and Evaluation come in and give an overview on tribal-related research, we can build that into the next session.

Q: (Cathy Abramson) If funds are recovered from the American Indian/Alaska Native programs, there needs to be new regulations that clearly define a process in which tribal grantees can apply

for the redistribution of those funds. They could be recovered so we could increase enrollment, address health and safety issues and improve facilities. And it should be only redistributed among the American Indian/Alaska Native grantees instead of going back into the whole pot.

Also, I am hoping that our Head Start programs are connected to our efforts to break down silos among HHS, BIA and BIE. Since there have been consultations, has there been much movement to try to comply to those requests that the tribes are making?

A: (Robert Bialas) So in regard to the funds, many of the funds, if there are any additional funds that are offset, or through relinquishment, at the end of each year, we provide one-time funds for programs that have submitted emergency requests for health and safety. And over the last few years, we have provided several million dollars in one-time funds across Region XI.

In regard to tribal consultations, I believe looking at the last few years, each tribal consultation that we have, we address the need of -- either testimony when the tribal leaders bring any type of testimony or questions. Our communication across the board has just been outstanding to try to address those concerns.

C: (Cathy Abramson) The other thing is to make sure you have consultations in every region. We just want to make sure we are able to help follow through and strengthen those issues and concerns that our committee members have, and in consultation too.

Whereupon, the meeting adjourned at 4:05 p.m.

Friday, December 5

The second day of the Secretary's Tribal Advisory Committee opened with an HHS roundtable to encourage STAC members and the federal partners to put their heads together and discuss upcoming meetings, consultations, challenges and solutions.

Health Resources and Services Administration (HRSA)

Dr. Mary Wakefield, Administrator

Dr. Wakefield noted some the concerns raised during the September STAC meeting related to:

- Health care workforce supply
- The partnership between grantees HRSA funds across the agency's program
- The relationship between tribes and those grantees
- Grant writing and technical assistance
- Health professional shortage areas

Dr. Wakefield provided brief updates on some those September topics, beginning with a reminder about the National Health Service Corps program. This program places primary care clinicians in underserved areas, and tribes qualify to have these clinicians in their sites. Although about 640 tribal sites are eligible, only 240 have provided information on the job center website

clinicians use to select a place to work. The 10 regional offices across the country have been providing technical assistance to help tribes post information about vacancies.

Dr. Wakefield also said a letter has gone out to HRSA's more than 3,000 grantees to encourage them to reach out to underserved communities, specifically identifying tribal communities. Regional offices also will look for opportunities to facilitate and convene locally funded grantees to identify way to connect with tribal communities.

Office of Minority Health

J. Nadine Gracia, Deputy Assistant Secretary

The Office of Minority Health is actively working to increase educational resources as well as outreach efforts to specific populations, including AI/AN.

Further, during the quarterly meeting of the AI/AN Health Research Advisory Council (HRAC) in September, members discussed ways to focus on such new priority research areas as cultural discontinuity due to historical trauma as well as undiagnosed learning disabilities and autism. Other areas include dementia and Alzheimer's disease, historical trauma, environmental justice, and traditional diet and lifestyle.

Chairman Payment, a member of the HRAC, also identified the establishment of a Native research database and clearinghouse as a key priority. The newest delegate to the HRAC is Michelle Gomez of the Jicarilla Apache community. She will represent the Albuquerque Area. The HRAC still has vacancies for the Nashville and Phoenix Areas and one national at-large position.

Administration for Community Living (ACL)

Cynthia LaCounte, Director, Office for American Indian, Alaskan Native and Native Hawaiian Programs

Reporting for Assistant Secretary Kathy Greenlee, who was ill, Ms. LaCounte provided these details:

- ACL has developed a fact sheet about Alzheimer's disease in American Indians. This begins a series of fact sheets that will focus on aging issues.
- Staff members are developing a new Title VI handbook. The last update occurred in 2004.
- A consultant is developing an evaluation assessment to determine which portions of Title VI are ready for evaluation and the best method. A tribal advisory committee will guide the project, which will occur within a year.
- As part of a reorganization, disabilities programs from the Department of Education, including vocational rehabilitation and special education projects, will come over to ACL.

- In response to a new diversity plan developed in ACL, Commissioner Aaron Bishop met with tribes in Wisconsin to address disabilities in Indian Country.
- The National Indigenous Elder Justice Initiative (NIEJI) is developing a series of public service announcements about elder abuse in Native languages. Information is available at NIEJI.org. The National Indian Nations Conference on December 10 also will focus on elder abuse needs in Indian Country.
- In response to a request from STAC member Marshall Gover, ACL has begun moving forward on a program that encourages mentoring between older and younger veterans.
- ACL is also funding a program in Montana for legal service delivery to tribal elders. This demo project is proving the need for additional legal services in each state that will work only with tribal elders.
- ACL also increased the number of Title VI grants this past year for the next three-year cycle from 254 tribes to 266 tribes. Because there has been no increase in funding, however, increasing the number of tribes reduces the amount of dollars available during each three-year cycle.
- Other available funding includes: five discretionary grants to focus on falls in Indian Country and four on elder justice.
- Ms. LaCounte will now review plans submitted for Title III funding to ensure states are targeting American Indian elders, which includes urban Indians, state recognized tribes and federally recognized tribes.

National Institutes of Health

Lawrence Tabak, Deputy Director

- The NIH continues making progress starting up its Tribal Consultation Advisory Committee. Staff members expect the first meeting to occur in March 2015.
- In October, NIH announced the award of nearly \$31 million to support a comprehensive set of programs designed to encourage individuals from diverse backgrounds to consider careers in biomedical research. Working in this process is The University of Alaska at Fairbanks, along with two tribal college partners, Ilisagvik College and Southwestern Indian Polytechnic Institute. As part of this new effort, Dr. David Burgess of the Cherokee Nation will serve as the project leader for a national research mentoring network.
- On November 20, the National Institute on Minority Health and Health Disparities hosted an AI/AN research forum.

Centers for Disease Control and Prevention

Judith Monroe, Director, Office for State, Tribal, Local and Territorial Support (OSTLTS)

At CDC, the high priority has been Ebola. Staff has been working with IHS to educate and keep everyone in Indian Country informed. Other updates included:

- The next Tribal Advisory Committee meeting will take place February 10 in Atlanta, and the 12th Biannual Tribal Consultation will occur on February 11.
- Six trainees from the Public Health Associates Program are serving tribes or Tribal Epidemiology Centers (Tribal Epi Centers). CDC seeks advice on how the program can attract more AI/AN associates.
- The National Center for Chronic Disease Prevention and Health Promotion recently announced several grants for chronic disease. Six tribes/tribal organizations received grants through the Partnership to Improve Community Health. Thirty-nine awards were available. Of the 49 Racial and Ethnic Approaches to Community Health (REACH) awards, three went to tribal organizations. 22 tribes or tribal organizations received grants through the Comprehensive Approach to Good Health and Wellness in Indian Country. This funding focuses on heart disease, diabetes and stroke. Funding also was available for all the Tribal Epi Centers.
- The Public Health Law Program recently published the menu of selected tribal infectious disease laws, an inventory of select tribal laws related to infectious disease control. The information is available online.

Questions and Comments

Q: (Chester Antone) This is for Mary Wakefield. Who is responsible for rating the sites that you speak about?

A: (Dr. Wakefield) So there is a system of rating the health profession shortage area sites. And it is a numerical system from the number 1 to 26. The closer you get to 26, the higher the need that has been identified for a particular site. It is ranking system, and the numbers and the designation are evaluated locally. The criteria are applied within the regions and the states.

Q: (Chester Antone) So under the Affordable Care Act, it is the states who do the rating?

A: (Dr. Wakefield) In a lot of cases, it is the states that do the ratings. But the funding goes to something called primary care offices. Every state has got a primary care office. Most of those primary care offices are located within state government. Some of them are located on university campuses or a center for rural health. It is their responsibility to update the health professional shortage area score. It is their job to go out and re-evaluate sites to determine what that score is.

Q: (Chester Antone) What sort of tribal data or whatever exists in tribal communities is used by the state? Do they have a tribal liaison?

A: (Dr. Wakefield) I would guess that probably varies in terms of how they get that information and what that relationship is like. I would be more than happy to find that out.

C: (Aaron Payment) I just want to give a pitch for HRAC. During the last couple of days we have talked about the Head Start study. Cynthia was talking about an appropriate way to do research with elders. There is not a lot of research out there, and again it gets collapsed into other

categories. Our purpose is to try to offer advice on an appropriate way to study Indian Country. We do ask you to go back home and invite people.

C: (Cathy Abramson) I have a comment for Dr. Monroe. Even though HIV rates have fallen in other communities, it continues to rise in Indian Country. And there hasn't been any funding set aside for tribes. So the request I would like to have is if there would be some resources specific to American Indian/Alaska Native HIV prevention and capacity building in tribal communities. And to please commit some funding for HIV social marketing campaigns targeting American Indian/Alaska Native people.

C: (Judith Monroe) Thank you. I will take that back.

C: (Cathy Abramson) What I would like to see moving forward, and I think you are going toward that, is again breaking down the silos and working together, the various agencies.

C: (Ron Allen) My comment is for Mark and the conversation with regard to the Indian Child Welfare Act and its implementation and the challenges we have brought to you to try to get the states to be more responsive and accountable. As we continue to look for ways to make them responsible, the idea of making them report, what is the status of these cases that they handle? That way it may be easier for us to track where our challenges are, even in states where we are getting good accountability.

C: (Mark Greenberg) As you heard in the discussion yesterday, it is a strong priority for our Children's Bureau overall. Around the specific issue of the court improvement funds and whether there are some additional things we ought to be looking at, I noted that in the discussion and want to talk to Joo and colleagues at Children's Bureau to see if there is more that we can be developing.

C: (Aaron Payment) What I would like to see during the balance of the Administration is give voice to things that I think are in our best interest in our future and consistent with our trust responsibilities. They are:

- Advanced appropriations
- Contract support costs
- Nondiscretionary funding for Indian Country so tribes are not affected by sequestration

C: (Ken Lucero) In terms of priorities and working with our federal partners, I would like to see us:

- Continue to explore the authorities that the agencies and the Secretary have to improve services, communication and opportunities for our tribes
- Start having discussions about legislative changes and fixes, such as preparing for potential amendments to the ACA now that a new Congress is in place

Q: (Roger Trudell) Has there been any success on getting grant readers for any of the departments? And again on aging veterans, because of the post-traumatic stress, that is something we need to keep in front of the agencies, the assistance to our aging veterans.

A: (Dr. Wakefield) I would just say that for Health Resources and Services Administration, the answer is yes. I don't have the numbers with me right now but there has been an increase, enough so that when this came up, or since it came up, I went back and started to think about whether or not, because we do have an uptick in either our numbers of AI/AN who have submitted their names to participate on some of our review committees to do the review of grant processes.

I went back and talked with some of our staff about whether or not we could share those names with some of our other operating divisions across the Department of Health and Human Services because we are all looking for diversity in the reviews. I was told that the expertise that was needed was different enough that it didn't allow for just a natural sharing of names.

But now that you have raised this again, I am going to go back because I think probably SAMHSA, IHS, CDC, HRSA. Maybe even ACF. NIH's work is a little bit different. We should probably look at what our respective pools look like because when they come in and apply, they are coming in to just that agency. So I wonder if where we have got programs that look a little bit more alike, we might look and see if we can get a centralized process.

C: (Lawrence Tabak) Yes, Mary, there is a little overlap but in general not as much. That said, we have a special program called an Early Career Researcher Program. If any of you have any individuals whom you feel have a strong interest in reviewing research applications, send the names to me. We have had very limited success in finding folks from Indian Country to do this.

C: (Lillian Sparks-Robinson) I want to piggyback on what Dr. Wakefield said. I think that is something we can certainly take to the ICNAA, the Intradepartmental Council on Native American Affairs. I think it falls right in line with our access to grants, and ANA has a huge repository of Native American reviewers and we have shared them with folks.

C: (Cynthia LaCounte) ACL also has a list of tribal grant readers, and our list is more specific to those who are familiar with senior issues or long-term care issues.

C: (Pam Hyde) We have reviewers as well. The problem is some of them want to get our grants. So it would be great to have people reviewing other people's grants because they are similar enough and yet it keeps them away from the conflict of interest.

C: (Cheryl Frye-Cromwell) What came to my mind is the youth. And it seems like the Tribal Nations Conference and what we have been talking about have really focused on the youth -- teaching them the way, getting them involved. So I want to encourage us, as we are talking about opportunities, to make opportunities for our youth.

We are talking about some changes coming in a couple years. What about the ones who will be sitting in our seats in a few years? Do they know the changes that will be coming? And instead

of having them learn it as they come in, we really need to look at opportunities for our youth now.

C: (Aaron Payment) We have a phenomenal reviewer back home but she is taxed. I can't afford to let her leave as much as she has been. What would help is if some of the reviewing sessions could happen virtually.

Q: (Cathy Abramson) What I would like to ask the staff is what are your goals for the next two years?

A: (Dr. Roubideaux) We need to think strategically. Maybe we bring up the whole definition of Indian thing again and start thinking strategically, how to get that riding along with something.

There are other things: Pam's behavioral health suicide prevention initiative. It didn't work before but maybe there is a chance now, especially with this new focus on youth.

If we get into places where we feel things are not moving, I hope we can sit down at the table and talk about what is the lesson here, and what else can we do to get the same goal? This two years has to be about us putting our heads together and trying to get to the outcome we want but maybe a different way.

C: (Ron Allen) I want to circle back to the aging discussion. I just hope things are more comprehensive as we share best practices and engage with respective agencies who have a role and responsibility. We have an extensive aging community and we have got to take responsibility for them. There has got to be a way for us to be better prepared to deal with that responsibility.

C: (Cynthia LaCounte) At our annual training, we do bring in as many federal agencies as possible. It is critical during this time when we are not able to get additional appropriations that we need to all work together and bring in these additional programs so we can see what is available from other funding areas.

A huge event that I want to keep on your agenda is the White House Conference on Aging. And my concern is, of course, that Indian Country be represented.

C: (Lillian Sparks-Robinson) To go to the question Cathy Abramson asked about what are our goals for the next two years, we are working on a lot of the priorities that have been discussed at STAC. Please know that your comments, questions and concerns are heard and discussed.

We also are working on continuing our partnerships outside of the Department. Yesterday we heard comments about how we might be able to do a better job of working with BIA and the social services arena. We are trying to shore up the partnerships so three years from now, when the faces are a lot different around the table, the relationships aren't different between the two departments.

C: (Mark Greenberg) We don't think of ourselves as winding down. Two years is still a pretty long time, and there are lots of things we can still get done, and we hopefully are bringing to our work every day a sense of urgency.

C: (Chester Antone) I want to read a statement. This is an e-mail directed to Dr. Frieden of CDC.

As a member of the Tribal Advisory Committee, I am writing of our concern of the devastating violence experienced in our Native American tribal communities in recent months. Violence in our Indian communities has always been a topic of our concern but these violent actions of Indian suicide is escalating.

I provided testimony recently and requested our TAC group give this violence/mental health issue priority. The nation looks to the U.S. CDC and your director initiatives for a response to emerging health issues. Indeed, you may have already addressed the Native American violence issue. And if not, please consider communication to the nation that you and the CDC and our TAC group are acutely aware and are responding to this critical health issue.

The U.S. Attorney General has held forums on Native American violence, and the CDC also needs to resolve to work on solutions. This is an urgent issue that needs a response.

This is from Steve Cadue, Chairman of the Kickapoo Nation. In connection to that, I wanted to impart a few thoughts regarding SAMHSA. A behavioral health agenda, a long-term agenda is what we need to think about. Per the president's director, SAMHSA, CDC and IHS must travel to Indian Country to get tribal input in formulating a behavioral health agenda. Use the consultation agenda to get input and decisions.

Perhaps when we do this, we can all come together to push issues, such as Pam's efforts at trying to get the other part of that funding. As has been stated here numerous times, we have only got two more years, and we must continue beyond that. The behavioral health agenda should be continuous.

Q: (William Micklin) Just four quick items:

On the STAC September follow-up items, in referring to the Title IV-B state plans for ICWA it mentions that the process for reviewing new five-year plans submitted earlier this year, there was an expectation to complete the review by fall of 2014.

So I assume from the report yesterday that the review is done, and in the next year there will be a granular review of the actual requirements in the state plan, and that analysis shared with us about what the specific criteria is with reference to state implementation of their ICWA requirements under IV-B. Is that fair?

A: (Mark Greenberg) Yes, per Joo's comments yesterday, the goal is to ensure that is done by June but with the hope that is going to be completed sooner than that.

Q: (William Micklin) On the child care, the new law in the regulations for the implementation of the 2 percent floor on tribal set-asides, is it fair to say that HHS has the administrative authority to implement that 2 percent floor on tribal set-aside if additional funds are appropriated and there is no need for additional regulation to exercise that authority?

A: (Mark Greenberg) I should follow up with our Office of Child Care and get back to you on that question.

Q: (William Micklin) In our packet, dated October 30 was the letter from Dr. Roubideaux on RPMS. Chairman Melendez had some principal discussion on this during our last meeting on RPMS and I think some general dissatisfaction and additional expectation on improvements. And yet this memo was really almost an adulation of RPMS, and I think it was somewhat different than the impression we hoped to impart on our experiences with RPMS.

In here it stated that there was a survey of RPMS users with 530 out of 800 users surveyed responding. Are you able to share the results of that survey?

A: (Dr. Roubideaux) I will put that on the follow-up list. I am sorry for the tone of it. It really was meant to be here is where we are at with RPMS and we need your comments. I did say we have concerns from tribes. There are some places that like RPMS and there are some places that like the less-expensive nature of it. And there are some places that hate it. This letter will help me see specifically what people don't like about it.

C: (William Micklin) I think you will find it is an efficient system but it lacks the ability to be customized, especially for communications with off-site entities that have other types of systems. There needs to be some funding for the customized scripting required for the communications protocols so it can allow disparate systems to communicate.

C: (Dr. Roubideaux) And the place where we want to do that is in the whole Meaningful Use Stage II interoperability piece.

Q: (William Micklin) The last question was on the -- Act, the Burwell decision that allowed for, included in the funding agreement the lease expense that is -- is the Administration going to appeal that decision or is that just going to rest as decided?

A: (Dr. Roubideaux) It is in litigation, and I don't think it has been decided.

C: (Dr. Wakefield) I want to come back to Council Member Antone's question about the National Service Corps. Recalling that all scores are autoscored, but the degree of need varies. Some tribes work with the primary care organizations I mentioned earlier. The tribe will provide the data to be reconsidered for a higher score, a needier score. However, most tribes come straight to HRSA and work with staff. Tribes provide the data to be rescored.

We don't have a set frequency for when we rescore tribes for the National Health Service Corps. Tribes can ask to be rescored at any time.

Secretary Burwell

STAC members offered comments and formal written testimony during their closing session with Secretary Burwell. The Secretary began with these updates:

- HHS released a proposed rule that will allow Indian health facilities to get Medicare-like payment. Staff hope that will make a difference in terms of what tribes are able to do with the funds that they have. All of these are steps toward something that is an important priority for the Department.
- Open enrollment started on November 15. More than 750,000 people have signed up for plans so far. Although tribal members can go at any time, right now, when everyone is focused and shopping, it is an especially important time for them to determine if they can get additional care.

Following the Secretary's remarks, Mr. Antone repeated his presentation and request for a long-term behavioral health agenda. Secretary Burwell agreed that this issue is a priority. Ms. Hyde noted that STAC members have worked with SAMHSA for many years on this issue. However, Congress has been unwilling to help with some of the proposed solutions. SAMHSA traveled to Wyoming, Alaska and Montana in June to discuss these issues with youth and others. The solution is to develop a way forward that Congress will hear.

Secretary Burwell asked what were the top two or three drivers behind the problems of violence, including suicide in Indian Country. Mr. Cladoosby gave these three:

- Historical trauma
- Education
- Drug and alcohol abuse

Indian Country has responded by pushing for more money in education, as education is a treaty right rather than a line item. Adequate funding for Head Start and other services will create productive citizens and save money down the road. Mr. Payment agreed that suicide, alcoholism, education rates and other issues are symptoms of historical trauma. Ms. Abramson noted that the trauma is similar to that experienced by veterans. Ms. Hyde said SAMHSA would come back to the next STAC meeting with some experts to discuss the issue.

STAC members also discussed the following concerns with the Secretary:

C: (Ron Allen) I am charged with raising the issue of contract support costs. The last time we chatted with you, we recognized that the respect that the government had made to pay our contracts and compacts 100 percent in contract support. We have been after this for 30 years. The challenge was you said you would pay 100 percent, and here is your budget. You figure it out.

In '14 we worried about it having a negative impact on finding the resources and having a negative impact on Direct Service Tribes. That was not the intent. Our proposal to you is that

you champion, with your colleague at the Department of the Interior, that we take CSC and move it over into mandatory. We are talking somewhere in the area of \$1 billion, but what that will do is it won't become competitive against those essential health care programs that serve Indian Country, regardless of how they are delivered to Indian Country. That would be a major win for IHS and then on the Interior side, BIA.

Piggybacking onto that, self-governance has been a big success in Indian Country. It is Title IV, BIA; Title V, IHS; and Title VI, we want to go into other programs in HHS and keep moving that agenda forward.

C: (Secretary Burwell) The root of the problem is the amount of money and the question of predictability of the money. As we think through the question of mandatory, we always want to think through that a capped mandatory can lead to some of the same problems with amount. There are pros and cons to all of it. I want to resolve the fundamental issues here, and the fundamental issue is not enough dollars. The other issue is predictability. When we don't have predictability of the funds, your ability to make contracts and keep people on to provide the services becomes an issue.

C: (Arlan Melendez) I want to talk again about an issue I brought up the last time, the IT/ RPMS system. Regarding the meaningful use of Electronic Health Record technology, the tribes, the Indian Health Service and the urban programs will now experience incentive payments, revenue penalties on our third-party revenue. This is troubling us. There continues to be significant issues with the Indian Health Service RPMS system throughout Indian Country. The RPMS system is currently not Meaningful Use year two compliant, as I stated.

In addition, there are concerns from tribes that there is not enough ongoing support to the RPMS for implementation of the necessary RPMS patches and overall IT administration. Many compacted and contracted tribes have left our shares within the Indian Health Service and have not taken them and still we don't have the service that is required to meet Meaningful Use and to avoid the penalties.

What we are asking today is that we be exempted in some manner from the penalties that we were going to incur. No fault of the tribes, but that this IT system, this RPMS system, is going to hurt the tribes and cost us a lot of money, especially in third-party revenue generation.

I think providers in the Indian health system must be made exempt from the CMS penalties for noncompliance with the Meaningful Use or be allowed a 90-day attestation period to meet the Meaningful Use in 2015.

I just want to remind the Indian Health Service that this is a trust responsibility. The federal government took on a trust responsibility when it made solemn promises to tribes as a part of treaties. Tribes provided land and delivered peaceful relations, and the federal government made promises of health care, education and other benefits.

The promises of the federal government have been reaffirmed in Supreme Court cases, executive orders, legislation and regulation.

Tribes understandably and correctly demand that the federal government uphold its responsibility to fully deliver the health care promised. Placing penalties on tribal health dishonors these promises and solemn obligations. The federal government must make a substantial and sustained investment in tribal health and achievement of Meaningful Use.

And either we need to try to find a brand-new system that works or else we need to put money and invest in the current system and upgrade it to a useable system.

C: (Secretary Burwell) The issue of Meaningful Use and getting to interoperability is about constraints -- staffing changes, turnovers, all of those issues will be helped if we can get ourselves to the point of interoperability because once you have the system and you have the data and the information, that stays. And when the transitions occur, we will be in a better place to provide quality care.

So the overarching core objective is get everybody to use electronic health records, but the true part is interoperability, which is part of what we need to get to.

C: (Dr. Roubideaux) The concerns he is sharing about being able to meet the Meaningful Use requirements for Stage II and Stage III are things that we are hearing from the private sector as well. It has been delayed, but there are still issues. So we have been talking about our unique issues with CMS and the Office of the National Coordinator of Health Information Technology (ONC). We are trying to see if there are exceptions for us or if there are ways they can dial back. And I think they have dialed back on some of it but my staff still has concerns too. We will continue to work with ONC and CMS on trying to make the Meaningful Use workable for us as a health care system.

Q: (Secretary Burwell) And what happens with regard to the penalties right now --?

A: (Dr. Roubideaux) So for us in the Indian Health Service, on the federal side, all our hospitals met the deadline and as of this week hopefully all of our clinics are going to meet the deadline. But the incentives are not as much as before and they go down over time. And we are thinking about whether we should go through Meaningful Use III because it will cost us over \$21 million to implement, and the penalties are cheaper. And that is not a good place to be. There is a widespread concern about Meaningful Use in the industry.

C: (Secretary Burwell) We need to get there so the question is how we go about getting there and doing that in a way that works for people as they make the transition.

C: (Brian Cladoosby) Advanced appropriations for Indian Health Service, and we have asked for this before, but tribes would really like to see the president's FY16 budget support advanced funding for IHS. We are told by our supporters on Capitol Hill that it is very hard to do without explicit administration support. The IHS budget has remained relatively stable over time while we experience cost increases for inflation and population growth.

As we saw in the '14 budget, Congress is not afraid to play politics with our budget, and the health of our people should not be at risk because of this. Though IHS is a mandatory federal obligation, it is still a discretionary program. We are asking this Administration to stand up against this pettiness in Congress and commit to providing our care in a seamless budgetary way.

We are not venturing into new ground with advanced appropriations. As you know, in 2009 the veterans received their advanced appropriations that the Administration backed 100 percent.

C: (Secretary Burwell) So the question of advanced appropriations, how does one think about solving the issue? What is the path we need to travel? It is about the amount of money. And advanced appropriations won't help us there in terms of the amount of money and the competition unless it is designed in a way that -- you can still have the problem we have which is the cannibalization, which is what occurs right now. We have the set amount, and the costs grow. Then they come out of that set amount and so therefore they come out of the other pieces.

There are kind of three different moving parts: total amount, which is related to this question of if you don't have the right total amount, it comes out of another place because it is declared by what we have to do so how does that work? And then this question of predictability. So those are the problems that I think, as we think this through, that we have got to continue to work on.

C: (Ron Allen) The issue is that continuing resolutions (CRs) kill us because it just really raises havoc on the tribes in order for us to be able to provide quality and seamless care. We are just looking at it as a tool, not a vehicle to be restrictive. And we don't think on the veterans affairs that it does restrict their ability to make adjustments according to their level of services and needs for those citizens.

C: (Secretary Burwell) That is one of the things we need to pursue, the fact that the CRs cause so much damage.

C: (Ron Allen) The Budget Control Act has had a negative impact. When this Administration came on board in 2009, it made major strides in terms of some serious significant bumps in all the different programs. When that Budget Control Act got implemented and the sequestration, we lost all that ground that we gained.

We made a case that there are programs that have been exempted from the Budget Control Act because of the nature of who they serve. And because we contend that American Indian/Alaska Native people are at that same kind of impoverished, dependent level that is essential, we make the case to the president that our programs should be exempt. In the grand scheme of a \$3 trillion budget, there is no reason why these can't be exempt.

C: (Secretary Burwell) The challenge we face is the '16 budget. So what is coming up? The president will put out a budget, and it is important what we do in our budget. But the real next step that we all are going to have to focus on is what occurs. That is when that cap is at lower place, and whether it is the issues we are discussing today or the nation's security, that is going to create a tremendous amount of pressure.

C: (Brian Cladoosby): Regarding the new child care law that was passed, for the tribes the maximum carve-out used to be 2 percent. So under the new law, the minimum is set at 2 percent right now. So if appropriations increase, so that states can be held harmless, you have the authority to increase the tribal set-aside above the current 2 percent. So we need to work with your team on this to see if you guys can commit to at least 3 percent or more for tribes if the appropriations threshold is met. Our technical advisors (TAs) have told that is the case with the new law.

C: (Mark Greenberg) Let me just say a bit more about it. As you indicate, the law has changed in an important way. The amount for tribes can be increased; however, what the law also says is we can only do that if total funding for the child care block grant is above the 2014 level and it can be done in a way that doesn't result in reductions of allocations to states.

So in order to be able to do something, it will initially depend upon Congress increasing funding, but then we got a question before just as to whether if that happens, can we do so or can the Secretary do so directly or do we need to go through the rulemaking process. And we need to go back and talk with staff and lawyers to find out about that.

C: (Brian Cladoosby) Right. That is why I said at the end, if the appropriations threshold is met.

C: (Cathy Abramson) Hepatitis C is a growing epidemic in Indian Country. It leads to a highly elevated risk of death from liver disease, including cirrhosis, liver cancer, end-stage liver disease, chronic liver disease and other complications. It has gone up a lot in Indian Country. And I have information that I gave to your staff. The treatment that it takes is approximately \$1,000 a pill. The whole treatment would be \$100,000.

The request that we have is to create a specific funding stream for the treatment of HCV among AI/AN persons receiving services at Indian health facilities (ITUs). And leverage HHS market influence to find ways to reduce the costs of new treatments. And HHS should make public their coordinated plan and response to the rising levels of hepatitis C, including strategies to meet the need for increased screening and treatment.

And as far as HIV, the rates have fallen in other communities but it continues to rise in Indian Country. Lately CDC hasn't funded any American Indian/Alaska Native organizations to support, or capacity building activities. So what we are requesting is a commitment for resources for American Indian/Alaska Native HIV prevention and capacity building. And commit funding for HIV social marketing campaigns for AI/AN.

C: (Ken Lucero) I want to touch on something that you did mention, and it is about the Medicare-like rates and the proposed rule. We do in general support the idea, and we appreciate the Administration's innovative thinking. But just to make a comment about the process, we probably need more education as tribes in the different ways and mechanisms that we can have consultation in the proposed rulemaking because there may be a little bit of misunderstanding that tribes were not consulted, and that the proposed rule was made without any input from the tribes.

And in talking about STAC priorities and what we want to do over the next couple years, I think it has been very useful for the utilization of STAC in how we look at other ways to fix things within the Administration, things that you have the authority to do, things that your agencies have the authority to do in terms of making proposed rule changes, changing regulations and other mechanisms like that.

I think you bring a lot of expertise from the Office of Management and Budget (OMB) about how we utilize the funding mechanisms and how we strategize and find new ways to do things we need to accomplish for Indian Country. And also making sure STAC continues to exist beyond the Administration and then what other opportunities we have legislatively to prepare for as we have the new Congress and the next Administration.

C: (William Micklin) Tribes have long been concerned with states' implementation of the Indian Child Welfare Act and compliance with federal mandates for specific measures in their implementation of the ICWA program that is described in their five-year plans, which are approved under Title IV-B by you.

The Children's Bureau is in the process of an analysis of what those specific metrics for performance measurements are within the plan. So we are hoping to see the results of that study and to make recommendations to you about what actions you can take to influence states to live up to their federal requirements, the statutory and regulatory requirements, to fully implement and consult with tribes on the implementation of the ICWA law.

During the Tribal Nations Conference, Attorney General Eric Holder announced that the Department of Justice was implementing an initiative to look into ICWA. I hope you will be partnering with Attorney General Holder or his replacement to conduct that analysis so we have further analysis of what the shortcomings are with states on this very important law.

There is also a recommendation on consultation with tribes. And Tino Batt will make that recommendation if you would allow.

C: (Tino Batt) Thank you for deferring to me. My name is Tino Batt from the Shoshone-Bannock Tribes. I am the alternate for the Northwest with Ron. I also sit on the board with ACF on their tribal advisory.

The previous Secretary sent a letter to all the governors on dealing with consultation with tribes in dealing with the Exchange as well as ICWA. We are asking that you, as Secretary, send out another letter -- as well as ACF, which we will discuss with Mark -- to the state governors and the new elected governors to consult with tribes in dealing with this ICWA. Various states do work well and various states do not. As well as in providing compliance data, which is needed in dealing with ICWA. Thank you, Will, for deferring your time.

C: (William Micklin) In the spirit of collaboration, we did hear about the White House Conference on Aging that is upcoming. We hope that you could also suggest to the White House that tribes have a role in that conference as well.

C: (Aaron Payment) We are 100 percent on board for the Affordable Care Act but one issue that has been looming is the employer mandate. So in my tribe's case, 70 percent of our team members are tribal members. We really push federal Indian preference. So in the spirit of exempting American Indians because we do have IHS, if our employees are eligible for IHS services, we need a waiver so they can be exempted from the employer mandate.

That is something that is coming up. It is germinating in Indian Country. We would not want to have to jump on board the other congressional debates and say, well, we need that too. And if we had some kind of a waiver without having to participate in that, that would really help us. And it would be in the same spirit of exempting IHS-eligible people.

C: (Brian Cladoosby) In closing, on that Indian child welfare issue, this has been brought up in the past where the states submit their five-year plans but tribes don't get a chance to consult with the states on those five-year plans. So if something could be implemented to encourage the states or make it mandatory so that they work with the tribes on these five-year plans so at least we are at the table with the state on this important issue.

C: (Secretary Burwell) Happy holidays to all of you. We have a list, so thank you for the prioritization of the issues. And we look forward to continuing to work on this.

Whereupon, the STAC meeting adjourned at 12:05 p.m.