Department of Health and Human Services
Secretary's Tribal Advisory Committee Meeting

May 30-31, 2012 – Washington, DC

Summary Report

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on May 30-31, 2012, in Washington, DC. The meeting provided an opportunity for the STAC to hear updates on the Health and Human Services (HHS) budget, Intradepartmental Council on Native American Affairs (ICNAA) activities, Affordable Care Act (ACA), human service programs, and Tribal State relations; review consultation priorities and prepare for a discussion with HHS Secretary Kathleen Sebelius; meet with the Secretary; hear from HHS staff and operating divisions about their work on Indian issues and initiatives; and discuss its next steps. The meeting was facilitated by the STAC's Chairman Ken Lucero; and the STAC was afforded numerous opportunities to engage with HHS leadership, program staff, and agency heads.

Members Present During the *Day 1* Roll Call: Chester Antone, Roberta Bisbee, Stacy Dixon, Gary Hayes, Herman Honanie, Rex Lee Jim, Cheryle Kennedy, L. Jace Killsback, Ken Lucero, and Andy Tueber, Jr. (Quorum met.)

Members Present During the *Day 2* Roll Call: Chester Antone, Roberta Bisbee, Stacy Dixon, Herman Honanie , Rex Lee Jim, Cheryle Kennedy, L. Jace Killsback, Ken Lucero, Andy Tueber, Jr., and Roger Trudell. (Quorum met.)

Action Items:

- Lillian Sparks requested that the STAC provide information to her regarding the data matrix on grants eligibility in terms of how outreach can be done, how to use the matrix, and how to keep the document updated and in the forefront of Tribal agendas.
- Roberta Bisbee suggested that a notice be posted on the STAC's website that recognizes the data matrix on grants eligibility as a project that is being done based on a request by the STAC.
- Dr. Yvette Roubideaux will send the new summary table on the Indian Health Care Improvement Act (IHCIA) to Tribes.
- Cindy Mann agreed to follow-up with Rex Lee Jim concerning the status of the feasibility study with the Navajo Nation.
- Clara Anderson, in response to questions from Roberta Bisbee, agreed to look into what technical assistance can be provided regarding the Safe Haven law; get information on what the $2.9 million reduction in the proposed Administration for Children and Families (ACF) budget is for and how it will be taken if the President's budget is passed; and provide a status on where the March 2012 letter (from IV-E Development grantees) for the provision of technical assistance to Tribes is in the clearance process.

- George Sheldon said he would get back to the STAC in writing regarding its ACF-related priorities.
- George Sheldon agreed to provide a list of new ACF funding announcements to the STAC in writing.
- George Sheldon, in response to a request by Cheryle Kennedy, agreed to look at ACF data systems to see if data on how many Native Americans are being served through his programs and if there are improvements in families and/or children that receive those services can be extracted.
- George Sheldon agreed to provide a written response to Rex Lee Jim pertaining to his concern that $529,000 went to a non-profit entity for the ACF Navajo Planning Services Program and request to know what can be done to change it.
- Dr. Yvette Roubideaux and Dr. Judith Monroe, in response to Chester Antone's question about collaboration between the Centers for Disease Control and Prevention (CDC) and the Indian Health Service (IHS) to address health facility acquired infections, agreed to see if any work has taken place. Dr. Monroe also agreed to bring up the issue at an upcoming meeting with Dr. Carol at IHS.
- Sonsiere Cobb-Souza agreed to work with the Principal Investigator to follow-up with Herman Honanie on information and lessons learned from OMH's collaboration with the San Carlos Apache Tribe to develop an EMS surveillance system.
- Pam Hyde suggested that a separate meeting be held to work through the issues of facilities needing to be built a certain way to be Medicaid eligible for behavioral health services.
- The Self-Governance Workgroup will have a final meeting and prepare its final report for presentation to the STAC in September 2012.
- The STAC should request written feedback on its budget and policy priorities from the applicable HHS staff and operating divisions.
- Edits to the Tribal State Relations documents are to be submitted to Elizabeth Carr.
- Feedback on the public information items and website are to be submitted to Stacey Ecoffey, so that a STAC report can be shared with Tribal leaders in the fall.
- Meeting materials will be provided in advance of the next STAC meeting for members to review.

DAY 1

Welcome and Meeting Logistics

The first day of the STAC meeting began with Chairman Ken Lucero welcoming the group and thanking everyone for their attendance. After inviting Rex Lee Jim, Vice President, Navajo Nation, to give the opening blessing, Chairman Lucero called the roll. The following individuals were in attendance: Chester Antone, Roberta Bisbee, Stacy Dixon, Gary Hayes, Herman Honanie, Rex Lee Jim, Cheryle Kennedy, L. Jace Killsback, Ken Lucero, and Andy Tueber, Jr. With 10 members present, a quorum was met.

Paul Dioguardi, Director, Office of Intergovernmental and External Affairs (IEA), noted that the STAC was meeting for the sixth time; and he commented on the importance of continuing its momentum, reporting its accomplishments, and identifying priorities to advance its work. After Mr.

Dioguardi reviewed the meeting agenda, HHS Chief of Staff Sally Howard addressed the group. She assured the STAC that HHS continuously works to address issues it raises and recommendations of the committee have driven changes in the Department. She encouraged the committee to see all of HHS' agencies as resources to Tribes, not just the Indian Health Service (IHS). Among the other comments she made spoke to the Centers for Medicare and Medicaid Services (CMS) informing two States that their waiver requests could not be approved due to insufficient consultation with Tribes; and how a recent visit to the Santa Clara Pueblo in New Mexico increased her understanding of how HHS resources help Tribes.

Stacey Ecoffey, Principal Advisor for Tribal Affairs, IEA, provided a review of STAC public outreach materials. She directed the group to a draft outline of a website intended to publicize the STAC's work/activities and share resources. She asked that comments on the site be submitted to her. Additionally, Ms. Ecoffey indicated that the *STAC National Report* will be mailed to Tribes and made available at national meetings.

HHS Budget Updates

Norris Cochran, Deputy Assistant Secretary for Budget, began his presentation by first directing the STAC to documents provided as part of the meeting materials. He noted that two of the charts, *Composition of the HHS Budget* and *Targeted FY 2011-2013 HHS Funding for American Indians and Alaska Natives*, were provided in response to requests for information on HHS' discretionary budget and mandatory programs. Mr. Cochran focused his comments on the issues of sequestration, the 2013 appropriations process, and the 2014 budget formulation process. Among the highlights of his remarks included the following:

- The Administration wants to work with Congress to identify and adopt reductions so that sequestration does not have to occur—although a lot of progress has not been made. If sequestration occurs, most discretionary, non-defense programs (like HHS) will see a 7.8% reduction across the board; but IHS program reductions would be limited to 2%. Despite decreases in overall HHS funding over the years, IHS continues to be a priority and see funding increases.
- Disagreements about the 2013 budget appropriations process involve the Senate and the Administration wanting to stick to spending levels agreed to in the Budget Control Act, while the House wants to reduce spending below those caps. The Office of Management and Budget (OMB) issued a letter to the House saying that if it tries to pass bills without an agreement, the Budget Control Act agreement or some other agreement, then the President will veto the bills. Aside from appropriation bills, other important items that need to pass include tax legislation, sequestration, and other items such as the sustainable growth rate for Medicare (which under currently law there would be a reduction of roughly 20%). Neither the House nor Senate has scheduled the Interior Appropriations bill (which funds the IHS).
- In preparation of the 2014 budget, the President's 2013 proposed budget will be used as the starting point. The OMB is asking agencies to present budgets that are 5% below the 2014 projections in the President's proposed 2013 budget. Operating divisions will prepare their budgets for the Secretary, who will ultimately make her requests to OMB in September. In the fall there will be a lot of back and forth about what the final budget levels will be. The

Budget Office helps provide recommendations to the Secretary, but the consultation process is important because it informs the Secretary and her leadership on needs.

Following Mr. Cochran's presentation, the floor was opened for questions. Comments, questions, and answers are denoted below and throughout the document by "C," "Q," and "A," respectively.

Q: (Cheryle Kennedy) The STAC appreciates the attention Secretary Sebelius has given to our concerns, listening to us and providing access to programs and dollars that were not historically provided to us. My concern is that this STAC has spent long hours talking about priorities and the first issue is always funding. We've demonstrated very clearly that the Tribes are funded at a low level based on their need. The work yet to be done in Indian Country is at a pivotal point in terms of care, administration of Tribal programs, and elevation of health status and quality of life. When looking at the proposed budget and the possible 2% decrease, we must remind everyone that it is the health of Indian Country at stake. Our funding level is less than Medicare and Medicaid. I'd like to hear the Secretary's comments on this. If there is a possible 2% decrease, would it be surrounding inflation or population growth? We don't support the decrease, but these are my remarks. Jim Roberts is my technical advisor and he may want to speak later.

A: (Norris Cochran) The President's 2013 budget proposes an increase for IHS. Dr. Roubideaux has been a great advocate and we want to get that increase. In respect to sequestration, we want to make sure it doesn't happen. Were it to occur, I don't know if we would implement it based on inflation or population. I just honestly don't know, and it's not because it's not an important question. It's obviously a critical question, but the focus so far had been on getting rid of it. I think there's some concern that if you are so focused on carrying it out, you might lose focus on stopping it. That's what I think, personally.

C: (Yvette Roubideaux) We hope sequestration doesn't happen, but if it does it would be at an account level. We have two accounts, so we would have to get guidance as to if we can prioritize within those accounts. I'm hoping to have Tribal consultation if we have to do the 2% decrease.

Q: (Jim Roberts) For 2014, I think you said the baseline is the confusing part. Are we presuming the 2013 will be in effect and OMB is requesting 5% lower than the President's 2013 budget?

A: (Norris Cochran) Yes, until Congress acts, the only baseline we have is the President's budget. In the President's 2013 budget, obviously there's a funding level for each activity. There's also a display in the budget for 2014. For HHS it was a small increase and those out year displays aren't governed in the same way that the budget year is; they're just mathematically churned out. So, there's a 2014 funding level in the 2013 budget that's not binding, it's just in there so that the President's budget can calculate the impact of the deficit over a period of time. It doesn't have any meaning beyond what's the multi-year impact of the President's policies. Then OMB has come out and said, "Take the number that was in the 2013 budget for 2014 and cut it by 5%." For HHS that means 3% below the 2013 budget.

C: (Jim Roberts) A 5% cut to the IHS budget would get us to a $4.2 billion budget and that would be $106 million dollars less than the current funding level now. So, I think given some of the issues

that Chairwoman Kennedy brought up, I think it helps illustrate the discussion about the impact this could have on the IHS budget.

C: (Norris Cochran) The 2013 targets were a reduction, our final budget for HHS was a reduction, HHS overall in the 2013 budget is less money than in 2012, so over all we're going down. In that context of the budget going down overall, we were still able to increase IHS by cutting other parts of the Department deeper. So, the fact that OMB has put out this minus 5% guidance doesn't directly translate to what will happen with IHS. We'll have to go through the whole process of determining where we can find savings elsewhere.

C: (Yvette Roubideaux) IHS is a priority and HHS does try to help us as much as it can. It's a long conversation that happens over time. The Secretary does consider IHS a top budget priority. We don't settle for across the board budget amounts. The STAC should also give input on what other places we don't want cut outside of IHS. I know the technical workgroups have done some work on this.

C: (Gary Hayes) There has been discussion about IHS being in the Interior budget. We get "hit" three times. The Bureau of Indian Affairs (BIA) and IHS are part of the Interior budget. I guess my question would be, is IHS included in those cuts? Right now, BIA is looking at a $15 million cut in September because of the Central Office. I want to make sure we have a better understanding, that it's not considered part of the cuts when we're talking about other programs. With HHS, there are other programs that hit Indian Country, so we are getting hit three times. We have no money for CHS [contract health services]. I understand that IHS has been least impacted, but Indian Country still has a lot of need. Maybe we should declare a state-of-emergency in terms of health care in Indian Country. Maybe at the NCAI [National Congress of American Indians] meeting in a couple of weeks, someone from the STAC can issue a statement about the funding.

C: (Yvette Roubideaux) Tribes have asked about the impact of having the IHS budget in Interior. The history is that the IHS budget used to go through Interior, but the formulation is done in the context of HHS. We have incredible advocates in Interior that have gotten us increases. I think we are in a good place. Once the President's budget goes to Congress, then it goes to the committees for authorization. The Interior Appropriations committees are supportive of us. We have long relationships with the staff and they've fought for us. They've been happy that the Administration has been able to propose increases for IHS, because as the Chairman of the House said, it gives us more to work with. I'm not sure we would have gotten our increases if we were a part of the congressional committees for HHS, because we have no idea what the landscape is there. I'm kind of afraid to rock the boat. I know what I have now and we know how to work with it, and we're getting increases. The people who are there on the Interior Appropriations committee in the House and Senate are very supportive of us, so if I had to choose I wouldn't move IHS to the HHS Appropriations committee. Our budget formulation processes are already totally HHS. Does IHS getting an increase in the House and Senate appropriations hurt BIA and Interior? I don't think it does. The key factor is whether the Administration comes forward with the support; then the committees have that to work with. That's the problem, I think, over at Interior. They're not proposing as big of increases as our Secretary is, and that's why we're faring better in the congressional process.

C: (Norris Cochran) I agree completely. The Interior committee has adopted IHS and seems to understand it well. We are competing with entities that are not directly health related. In Labor and Education, there is more competition. It's not worth the experiment to me.
C: (Gary Hayes) The reason I bring this up is we are not going anywhere. We seem to get the crumbs in Indian Country and it's disheartening. Some have suggested going back with the Department of Defense (DOD). We feel the pressure at home. With a 2% increase, we can't bridge the gap. The big question is how do we protect what we have gained?

C: (Jace Killsback) The National Indian Health Board (NIHB) did an analysis of this proposal 3 years ago and the Super PACs [Political Action Committees] would control the efforts if it were on the HHS side. They put it in layman's terms, "Would you rather be a big fish in a small pond or a small fish in a big pond?" I guess that's what the NIHB came up with in response to that proposal. The last budget formulation they had, Cecelia Fire Thunder suggested that it should be a topic of discussion at NCAI. I referred her back to NIHB's analysis of that because you're right, they took a list of congressional leadership on each side and showed who on this side has Tribes in their districts. I think that is something we should look at too, maybe come out with some sort of summary on that; but I think NIHB has all that documentation. The analysis was pretty comprehensive.

Q: (Ken Lucero) Is that specifically for IHS? My thought is, that is great for IHS, but what about other HHS programs for Indian people?

A: (Jace Killsback) It was just for the IHS.

C: (Ken Lucero) As we look to expand programs, we still need to have advocates working to educate people about Indian issues and about Indian people so that they do know more about us and we begin to fare better. Just to clarify, we are just talking about IHS in this conversation.

C: (Roberta Bisbee) My concern is that when we look at the unmet needs, we have to show the full impact. We need to show how Tribal communities play a role in Medicaid, Medicare, the economy, and poverty levels. When we talk about Interior or Labor, it would be helpful for HHS to identify how Tribes compete. The more consultations I participate in, we are focusing on national impacts on communities. NCAI and others have good analyses. We don't have a lot of prevention and outreach efforts. We need to prove our need.

Q: (Chester Antone) When the 2013 budget is done, in January, if we still have the same Administration, will the 2014 budget be same as it is now?

A: (Norris Cochran) Every year we have proposals, priorities and resources. Under every Administration, there are always more proposals and more priorities than resources to work with; but all three of those factors influence what the funding level is going to be for IHS or any HHS activity. When we have an Administration that is primarily focused on reducing spending, then that would suggest there would be fewer resources. That wouldn't necessarily mean that each and every program would do worse, in terms of the funding level. Each Administration sets its priorities and the Secretary, from day one, has been very clear to all of us that funding in this part of the budget is a priority. For a priority to mean something, you can't have 50 of them. So, for her annual budget

process, we have the IHS, health centers, and elements of the Food and Drug Administration. It's a relatively short list of activities that we need to make sure we can protect, under any amount of resources that are available, knowing under any administration there's never enough to fund everything. And then we have the proposals. Dr. Roubideaux and her staff have been working very hard for years to make sure that data are available. We want to have a good balance about not asking for so much data that its taking time and money away from delivering care, but it's important to have those data to make the case that investments here aren't just warranted because of the problems that Chairman Hayes described earlier, but that it makes a difference. If you put money here, you will have a positive outcome. We won't know if the 2014 budget will be less than the 2013 for a while now.

Update: Intradepartmental Council on Native American Affairs

Lillian Sparks, Chair, Intradepartmental Council on Native American Affairs (ICNAA) and Commissioner, Administration for Native Americans (ANA) began the session by providing a brief update on the Council's activities, noting that a focus was being placed on improving technical assistance and outreach and expanding Tribal Self-Governance. Directing the STAC to information in the meeting materials, Yvette Roubideaux, ICNAA Vice Chair and IHS Director, reiterated the importance of Tribes' access to grants; and she acknowledged the awareness being created via HHS trainings on Tribal issues. Fellow presenters Sue Clain and Kim Romine discussed the data matrix on grants eligibility, expressing the Secretary, Deputy Secretary, and operating divisions' support of the project. STAC members were provided with a progress report and informed of the activities that will take place prior to the report becoming final. Commissioner Sparks indicated that the document would be useful for assisting with outreach and communication to Tribes, as well as identify areas where policy changes can be made to provide Tribes more access to programs. To that end, she requested information from the STAC on how outreach can be done, how to use the matrix, and keep the document updated and in the forefront of Tribal agendas. In response to the presentation, Chairman Lucero encouraged the STAC to utilize the resources being developed to support Tribes.

Next, Kathy Killian reviewed the Access and Availability document in the meeting materials. She indicated the importance of programs knowing where to post information, Tribes knowing where to go to access grants for their communities, and increasing staff knowledge of Tribal communities so they can better prepare training materials and funding opportunity announcements. Ms. Killian also updated the STAC on various ICNAA activities. Notably, she indicated that in June 2012, a survey will be conducted to assess the effectiveness of the HHS staff workshop implemented in December 2011; a Tribal portal with information and links to funding opportunities, services, and trainings, throughout all of HHS was forthcoming; a workshop was tentatively being planned in March 2013, to inform Tribes about HHS tools to access grant opportunities, receive feedback from Tribes on how HHS can improve accessibility, and improve the HHS-Tribal partnership.

Q: (Roberta Bisbee) I appreciate the effort that went into putting together the matrix. How can we get the awareness out to Tribes? On the website that is being designed for the STAC, I think it should be noted as a project that was requested from the STAC that is being done. Also, when we talk about the ATNI [Affiliated Tribes of Northwest Indians], NCAI and NIHB, I think it would be good to have the departments that we are working on present at those meetings. The presentation on access and availability, training opportunities, technical assistance, I think it would be good for those

to be subjects on the agenda for NIHB, so those that are in attendance from all the different Tribes are getting the same information we're getting. I think if potential agenda items could be ICNAA or [resource] availability, or this opportunity, it would be a good way to do awareness and outreach.

Lillian Sparks directed the STAC to the meeting materials for an update on the expansion of Tribal Self-Governance, namely activities of the Tribal Federal workgroup. Stating that the ICNAA has had a meeting with the Tribal Self-Governance Advisory Committee, attended Tribal Self-Governance conferences, and had many internal conversations, she explained that HHS doesn't have the legislative authority to move forward on some of the recommendations provided in the 2003 feasibility study. During its last meeting in Phoenix in April 2012, she said the Tribal Self-Governance Tribal Federal workgroup developed a working concept paper, also included in the meeting packet. Commissioner Sparks asked for the STAC's feedback, stating that feedback will also be solicited from their programs. She noted four priorities cited by the workgroup: redesign authority, re-programming authority, re-budgeting authority, and reducing the administrative burden. Finally, Commissioner Sparks identified the programs that would likely be most feasible for moving a pilot Self-Governance project forward: SAMHSA [Substance Abuse and Mental Health Services Administration], Aging, Head Start, and Child Care.

C: (Ken Lucero) Out of the workgroup came the idea of moving forward the legislation. This is something that is outside of the purview of the STAC and the workgroup itself. It is a bit unclear where the STAC work stops and the work on moving the legislation starts. We need feedback concerning if the STAC should be advancing legislation. So, your help in terms of what the STAC's role should be in terms of the legislation would be helpful. On the concept paper, Tribes had concerns that they were giving up too much. One of the primary issues was on the contract support costs. I think we do have a good draft in terms of the concept paper. We have one more meeting coming up and then it will be up to the Tribes to move the concept paper and legislation forward.

C: (Yvette Roubideaux) The role of the workgroup in terms of the legislation was to attempt to have Tribes and the Federal governments find areas of agreement, so the Administration can support any bill that is proposed. The legislation you see was put together by the Tribes. It's rare for an agency to give legislation to Congress. The STAC should look at the proposal of the workgroup and discuss with your Tribes what they think about it.

C: (Chester Antone) Proposed legislation should come from Tribal governments. The STAC can be in support of Self-Governance, self-determination, and social determinants of health for Indian Nations.

Q: (Cheryle Kennedy) Since the committee is not looking at developing the legislation, is the idea to go to the Tribes to develop the legislation? And if that happens, would it be in concert with the Secretary?

A: (Lillian Sparks) The premise of this workgroup is to be able to the hit the ground running, should we receive the authority to do some sort of demonstration project when it comes to Self-Governance. We want to be able to do that in partnership with the Tribes, which is why we have the workgroup. But, we are unable to draft the legislation. We don't want something to come and we haven't seen it

or haven't had these conversations as a precursor to whatever the Tribes are drafting. This way, there's no mystery about what it is we can support. We want to be transparent in terms of how we are able to move this process forward and make sure that it's understood all the way around with regards to what our positions are. I think what has happened in the past is that there was legislation that was drafted and it wasn't shared with the Department. As a result, the Department didn't have a position and it just died in committee. We're hopeful that we'll able to move forward with something that we can all agree to work on.

C: (Yvette Roubideaux) The workgroup just developed the recommendations, so I can't give the Department's stamp of approval yet.

C: (Ken Lucero) The STAC took on the initiative because it was important to many of us. Now, Self-Governance Tribes are looking at the work and providing comments. It is a demonstration project, not the final authority. They agreed on four initiatives.

C: (Cheryle Kennedy) I have a couple of comments. Initially I posed the question of whether an original Self-Governance compacting Tribe would be involved on the committee. I was told that that wasn't one of the criteria being considered. I am from one of the original compacting Tribes, back when the first proposal came out. I sat in on hours and hours of negotiations with Tribes and with the agency folks. The beginning of that whole process was to provide a more secure funding base, because every year you were at the mercy of the budgeting process. You took cuts, programs were eliminated, and you didn't have stable funding. The other part of it was truly to recognize that contract support is not one of the items that will stay intact in this process. That was one of the key items to help stabilize Tribal governments. We needed to have those dollars. So, I just offer that as feedback and comment. What choice do you have if you get a stable program funding base, but you get no contract support dollars? You still have to operate the program, so your choice is to go inside of that program and take those dollars to run the program. That kind of defeats the purpose. I agree that as we move forward in this whole process that we try to broadcast as widely as possible, and I do know that Dr. Roubideaux has a website that can be used to get feedback from Tribes. I do believe the STAC should be involved in reviewing the progress of this committee and come forward with a recommendation of approval. I believe that the way we are moving forward is a good process and I do want that process to remain as open as possible so that we're not reinventing the wheel with many of the Tribes who have already gone through the process and understand the ins and outs of what this could lead to. I want to applaud the committee; I think it has done good work.

C: (Ken Lucero) This is our first effort in doing something like this. The IHS process is a good one for many Tribes, but we don't want to necessarily recreate that same process for other HHS agencies. This is an HHS driven initiative, not IHS.

C: (Lillian Sparks) We have quite a few members of the workgroup that worked on the original process with the IHS and they have been invaluable in terms of the history and value they bring. We have been clear that Tribes are already administering these programs. These are grants for which Tribes are already providing services without contract support costs. There are administrative dollars that are already built into these grants. While some do have caps on the administrative costs, Tribes have been able to operate these programs successfully. It would be very difficult for us to say that now we want Tribes to be able to administer this, but with additional contract support costs—

even though they are already administering them without those dollars. I think the workgroup is beginning to understand the difference between a grant administered program and a direct service administered program.

C: (Yvette Roubideaux) The contract support costs in IHS are costs that are in addition to the secretarial amount that Tribes otherwise need because HHS had some economies of scale of providing it, but the Tribes don't. With grants, HHS does not administer those programs. The costs to HHS are just the grant program staff that basically administers grants. The workgroup looked at the contract support issue a lot. I recommend that at some point a couple of members of the workgroup could explain some of their decisions in the concept paper to the STAC.

C: (Ken Lucero) After we have the final meeting of workgroup, I think the idea is then to present to the STAC the findings/final recommendations.

Q: (Cheryle Kennedy) So the Federal inherits function is not a function of the grants?

A: (Yvette Roubideaux) For example, ACF doesn't administer TANF [Temporary Assistance for Needy Families] or Head Start. There is no Federal function related to administering the program. ACF runs a grant program. I give the workgroup a lot of credit because they really had to think outside the box. I encourage you to share your thoughts with the workgroup.

C: (Stacey Ecoffey) The workgroup will meet again in July and can go over its work with the STAC September.

C: (Ken Lucero) My email, ken_lucero@msn.com, needs to be corrected on last page of the concept paper.

C: (Gary Hayes) Direct Service Tribes are an issue in terms of how this impacts them, so maybe you can let them look at concept paper. Please look into that.

Affordable Care Act Update

Mayra Alvarez, Director of Public Health Policy, Office of Health Reform, began the Affordable Care Act Update session by providing a summary of ACA announcements to-date. From the elimination of lifetime limits for more than 105 million Americans, to fewer double digit rate increases for insurance premiums, to significant savings on prescription drug costs for seniors and people with disabilities, and increased access to preventive health care services for women, Ms. Alvarez explained how the ACA makes improvements to the health care system. As part of her discussion, Ms. Alvarez also discussed a new web based tool to track ACA progress; and the launch of MyCare, an initiative to highlight how real people are being impacted by the ACA.

Teresa Miller, Senior Advisor to the Director, CCIIO [Center for Consumer Information and Insurance Oversight], discussed State-based and Federal Exchanges. After providing background information on the establishment of the Exchanges, Ms. Miller reviewed minimum functions of the Exchanges as outlined in the final rule and Federal support that would be provided. Next, Ms. Miller addressed premium stabilization programs, distinguishing between Reinsurance, Risk Corridors, and

Risk Adjustment programs; and she reviewed the three models of Exchanges that would be available: State-based, Federally-facilitated, and State Partnership. Concerning the latter, she said it allows States to tailor the Federal Exchange to their market while retaining some activities. With States having a deadline of November 2012 to demonstrate operational readiness to run an Exchange, she clarified that States without an approved blueprint could seek approval in subsequent years. Among the other topics Ms. Miller covered included qualified health plan (QHP) certification and timeline; FF-SHOP; and stakeholder engagement. Before ending her remarks, Ms. Miller indicated that consultation with Tribes was forthcoming regarding the recently released Federally-facilitated Exchange (FFE) bulletin and Medicare expansion. She noted that three consultations on the ACA were scheduled for July 26th, August 7th, and August 9th in Washington, DC; Anchorage, Alaska; and Denver, Colorado, respectively.

Before hearing from the next presenter for the *Affordable Care Act Update* session, the floor was opened for questions and comments.

Q: (Roberta Bisbee) I wanted to comment on the FFE. I'm from the State of Idaho and they got funding to start the process, but they are waiting on the Supreme Court decision. What is available to Tribes in terms of outreach and education?

A: (Teresa Miller) There are a number of States that have decided to wait for the Supreme Court and have stopped work on the Exchange. One message we are giving is that if a State really hasn't passed legislation and hasn't moved to establish a State-based Exchange, it will be very difficult to get there by 2014. In those cases, we are encouraging them to think about the partnership model. Later, they can have a State-based Exchange if they want. The Tribal consultations I mentioned will be a good time for Tribes to give input on the partnership model and the FFE.

Q: (Ken Lucero) I don't like that we are going to be subject to decisions the State makes. Are there options for Tribes, if we are going to be a Federal Exchange, to do plans ourselves? In New Mexico they have a new Medicaid/Medicare plan. Meetings were held with Tribes. We don't support the plan. It would be great if Tribes could deal directly with CMS. Do Tribes have the option to deal directly with the Federal government? If so, it would be a great time for Tribes to express interest at the [ACA] consultations. New Mexico is one of the "wait and see" States and we as Tribes were ready to get onboard and then the State stopped the progress. So, if we are going to be a Federal Exchange, we as Tribes want to go to the Federal government to do our own Exchange.

A: (Teresa Miller) We are going to be conducting our own outreach to stakeholders around the Federally-facilitated Exchange. Because that is a Federal Exchange, if a State decides to do a partnership model, they will be doing some of the functions. We will still be doing some of that outreach, so I think I can say yes to your question. You can talk directly to us because it will be a Federally-facilitated Exchange that you'll be in if a State doesn't have its own State-based Exchange.

C: (Yvette Roubideaux) Tribes have been talking about if States don't do an Exchange, will the Federal government come in and do the Exchange; that's really what you've been talking about. What Ken is talking about is what if the Exchange does something the Tribes don't like; can Tribes go have a Federal Exchange themselves? The State is not set up that way right now. The reason the Tribes are talking about that is because they view their political relationship as directly with the

Federal government. I have a feeling we'll hear more comments about this in the consultations this summer. It's the same with Medicaid; Tribes have talked about their frustrations with States and States not doing what Tribes want. Is there any way the Tribes can do their dealings directly with the Federal government? I think it's something we're hearing in consultation input, so we need to talk about it internally in the Department to know if that's even possible or not. There are many States not consulting well with Tribes on this issue, or they are delaying because of the Supreme Court case, or they don't know what they're going to do and it has left Tribes in the situation where they are wondering what their other options are. It's just something to think about.

C: (Teresa Miller) It's a great discussion for consultation.

Q: (Ken Lucero) How many States are ready to do a State-based Exchange?

A: (Teresa Miller) Because they don't have to send in applications until November, we won't know how many want a State-based Exchange. Some States are really pushing to get there. The timelines are really difficult. I hear consistently that States want an extension and we can't give them that. We still also have to determine what a conditional approval means.

C: (Jim Roberts) We in Oregon are talking about the development of IT architecture and eligibility determination by electronic means. We are going to develop a State portal to upload a practice management system for Medicaid eligibility, but it doesn't work on the national level. Where this plays out for example, is if there's a Grand Ronde Tribal member that might be in the State of Oklahoma, we can determine eligibility and verification there for cost sharing, monthly enrollment, and some of the other issues that go along with integrating the Indian Health System into the Exchange functions. But Oklahoma wouldn't be able to do that for a Grand Ronde Tribal member that might reside there, but yet that patient registration file, if it was made available on a national level, would be able to do that. Has there been any interaction around the development of Tribal IHS data into the national data hub? This is important because we are developing systems at the State level right now that might not be needed if access to data is going to be made available on a national basis. So, I'd be interested to hear some of the interaction or discussion around that and where that's at in the process, because if we can hold off on doing some of this work at the State level it could save us some time, money, and energy.

A: (Teresa Miller) It is something we are looking at. We are trying to develop a source at the national level.

C: (Rex Lee Jim) We have IT folks in the Tribal system talking about what they need to do on their side to support pinging of data back and forth. So the two options are the State Exchange would establish a platform where the Tribes could upload their data into or alternatively, on the Tribal side there would be a platform developed where the State could come in and do an electronic verification of pinging information from that side. A Tribe might want to make their data available, and they could have an opportunity to do that; but if a Tribe is concerned about making their data available they would warehouse the information and the State system would come into the Tribal system to ping that data. There's cost and energy associated with developing this on the Tribal side, whereas if we had some interaction or at least some kind of discussion about where that's at on the national

level, it could save the Tribes funding, time, and the administrative burden that goes along with doing this type of stuff.

C: (Teresa Miller) I would encourage you to bring that up at consultations coming up.

Q: (Yvette Roubideaux) The issue of doing verification of enrollment is complicated and you are right to be concerned about the source of the data, because it's intertwined into the whole definition issue of Indian as well. So, for example, you talked about the option of a Tribe wanting to offer its data to verify who its Tribal members are. If they are members of the Federally recognized Tribe, that means they are eligible for monthly enrollment cost sharing. It then becomes a complication if all 566 Tribes do that. Will that be State-by-State or national? Alternatively, what if we were to use the IHS in terms of their data availability? How could that help on a national level?

A: (Teresa Miller) We are having internal discussions about this. We will try to get guidance out as soon as we can; we are finding it is very complicated. There is not one good data source that we can use.

C: (Rex Lee Jim) We are not looking for IHS data to be used to solve the definition issue. We have a definition issue that is separate from the data. We do think there is some benefit to making IHS data available for electronic verification.

Q: (Ken Lucero) Are you looking at it from the perspective of Direct Service or 638 Tribes?

A: (Rex Lee Jim) Both.

C: (Ken Lucero) As direct service, I would look to IHS to make sure that information is available.

C: (Rex Lee Jim) We do have a Direct Service Tribe in Oregon. As a side note, when a State establishes an insurance Exchange, no other Exchange could exist. Some Tribes would like to opt out of the State Exchange and opt into the FFE.

C: (Valerie Davidson) IHS is having challenges verifying that data. They're going to have the challenge equally for Self-Governance Tribes and Direct Service Tribes because as Jim mentioned, verification of information and meeting the definition are two separate things. Another concern is funds are made available to States to set up Exchanges and States have not made resources available to Tribes to do the policy work to make sure they are implemented at the Tribal level; and some States didn't even apply at all. So we are especially challenged and hampered because just as States are scrambling to implement these programs successfully at the community level, Tribes have even more of a challenge because there are fewer of us, there are not many technical resources available at our disposal, and we also don't have any resources to be able to fund this activity. So we are hoping since some States didn't apply for funds, that perhaps CMS can look at re-appropriating those funds or making those funds available to Tribes to be able to implement Exchange programs successfully. As you know, American Indians and Alaskan Natives want these programs to work. We have some of the most uninsured and under-insured populations in the country and at the same time we are probably the most challenged in terms of being able to implement successfully.

C: (Teresa Miller) The challenge is in Section 13-11. Establishment grants are only awarded to States, so I'm not sure how we could give the money to anything other than a State.

C: (Valerie Davidson) Perhaps money for Federal Exchanges could be allocated to Tribes to be able to implement Exchange programs effectively in our communities. The only reason I brought it up here is because CCIIO owns those funds.

For her portion of the presentation, Dr. Roubideaux first encouraged Tribes to learn everything they can about the ACA. She directed the group to what she called the "long awaited" PowerPoint presentation on the ACA in the meeting materials. Noting that it had been modified based on Tribal input; she confirmed that the information was also being made available electronically. She urged the group to review the information provided by Ms. Miller, comment on the FFE bulletin, visit http://www.healthcare.gov/ and her blog for additional information/resources; utilize NCAI and NIHB materials; and to call upon their HHS Regional Director to do training, as needed. After stating that Tribes shouldn't miss upcoming consultations on the ACA, she gave them a to-do item—to determine their business plan related to the ACA. Finally, she said the new summary table on Indian Health Care Improvement Act (IHCIA) is on her blog and she will be sending it out to Tribes; and she indicated that a draft agreement was in place for the U.S. Department of Veterans Affairs (VA) provision for reimbursement (Section 405) and the VA and IHS are now analyzing the comments received.

Q: (Chester Antone) You will need data for the insurance Exchanges. How does IHS data fit into the picture?

A: (Yvette Roubideaux) In Medicaid they use other data sources to verify eligibility, so will there be things to verify people for Exchanges. We were talking about if IHS could be used. If one is looking for if someone is member of Tribe or not, that's not easy to get, as it may not be in the electronic health record. You can't easily say if he/she is a user of IHS that it's sufficient. Other sources can be used to get age, income, and other types of information. It would be great if there was a single national source, like IHS, that could provide reliable information.

Cindy Mann, CMS Deputy Administrator and Director, Center for Medicaid, CHIP [Children's Health Insurance Program], and Survey & Certification, discussed changes occurring to the Medicaid program and activities happening at the State level. She indicated that on March 23, 2012, the final eligibility and enrollment regulations on Medicaid were issued, followed by final eligibility and enrollment regulations from CCIIO on the Exchange and the advanced premium tax credit. Additionally, she said the IRS [Internal Revenue Service] released its final regulations on some of the rules on the tax credit (on amounts and calculations) the previous week. Noting that additional guidance still needed to be issued and operational issues addressed, Ms. Mann contented that they were in an implementation planning mode. She emphasized the importance of people understanding the Exchanges, noting that Medicaid would be a large source of coverage for many people. She also indicated that there will be one coordinated application—for the Exchange, advanced premium tax credit, Medicaid, CHIP, and basic State health plans. To that end, she said plans were underway to develop the coordinated application, saying it will go through a public [review] process as it becomes final. Finally, Ms. Mann said there is a requirement that applications be made available in-person, by mail, online, and by phone; and the open enrollment will begin in October 2013.

Q: (Ken Lucero) In New Mexico they have launched Centennial Care and Tribes don't agree with some of the changes. One question is, will the Federal government be doing eligibility instead of States for Medicaid and CHIP?

A: (Cindy Mann) There is a choice about doing eligibility. States can do eligibility for Medicaid and CHIP one of two ways. A State can let the Exchange do the full determination. We are using the same definition of income and the same methods with very different rules for Medicaid and CHIP that are in effect now. The rules will change in 2014, not just expansion but different ways of computing eligibility; and so we're going to use the same rules basically that are going to be used to do the tax credit. So, if the State and Exchange agree, the Exchange can do the final Medicaid eligibility for that application and send the results back to the Medicaid or CHIP agency; or they could do an assessment and send it to Medicaid and CHIP agency to do final eligibility determination.

C: (Ken Lucero) The problem is they are eliminating the opt-out provision and requiring us to enroll in their network. We want to be able to opt out and have our provider be Indian Health Service or 638 Tribes. I was wondering if we could deal directly with the Federal government, but it sounds like you are not taking over the other functions.

C: (Cindy Mann) In terms of health plan administration, whether they do managed care, those things don't change. We know that there are some big issues in the New Mexico waiver and we've been concerned about the lack of consultation; and we've made that pretty clear to the State and I think you'll see some activity on that front. There needs to be consultation between the State and the Tribes and if that hasn't happened, it will. There is a review process at the Federal level, so we want to make sure we understand what your concerns are.

Q: (Ken Lucero) There has been consultation, really meetings, and they don't negotiate at all; so what deems meaningful consultation? On the Tribal side we don't think its consultation.

A: (Cindy Mann) At the end of the day we don't have legal authority to say States have to listen to the Tribes, but on the Federal level we are open to what you have to say.

Q: (Rex Lee Jim) We lend our support to Chairman Lucero's comment. If States don't have a legal obligation to listen to us, the Federal government does. The Navajo covers three States, so we would like to have one Exchange that is in the best interest of the Navajo. We are asking how we deal directly with the Federal government. You have an obligation to deal with us in our best interest.

C: (Ken Lucero) We were asking about, before your arrival, about the Tribe's ability to deal with the Federal government, especially if the State goes with the Federal-based Exchange.

A: (Teresa Miller) In terms of how the ACA establishes Exchanges, if a State doesn't establish an Exchange, then the Federal government will run the Exchange in that State. I don't know that what you're asking for works with the ACA, but we can certainly do more research on that. I've had questions when speaking to other groups about could we have a Federal and State Exchange to work in the same State. That is not my understanding of how the ACA was intended. The structure, as I

understand it, is a State establishes an Exchange or the Federal government comes in; you don't have two Exchanges in one State.

C: (Ken Lucero) It is a question that needs to be explored. Navajo is a perfect example of how this would work for a Tribe. The intent of the ACA is to increase access to services and for some of us that may be a more direct route.

C: (Rex Lee Jim) If we have three Exchanges, we have to do three times the work. The idea is to simplify things and have quality health care. We need to look at this.

C: (Cheryle Kennedy) Washington and Oregon have a joint proposal and hopefully it will get a quick review. Earlier the STAC talked about removing administrative barriers in agencies and this is an example of how we should remove barriers. One of our early conversations was centered on Medicaid. Hopefully there will be a way for funds to go to Tribes. It is something we would all be willing to work on.

C: (Roberta Bisbee) For Idaho, we have a Tribal liaison; but he can only go so far. With his experience, he often expresses that it would be easier for the government to administer and operate more efficiently with Tribes, rather than having Tribes go through States. It would be interesting to see how States view Tribes working with the Federal government, to see their recommendations. Some may think it would be easier for them not to work with Tribes. It would be helpful if that conversation could be brought up with the States.

C: (Herman Honanie) The STAC should support the concept of removing barriers. There are examples of where Tribes have banded together and made progress, like Tribes in Arizona. We have States that may be reluctant to work with Tribes, but nonetheless we have to come to the table. Mayra, you mentioned a program in South Dakota on dental care. I'm interested to see how that can expand. We have a huge lack of dental care, so maybe we can talk afterwards.

C: (Stacy Dixon) In California we finally got a Tribal liaison, Cynthia Gomez. We have 110 Federally recognized Tribes in California, but it's hard to get all the Tribes to come to an agreement sometimes. [Seat given to Elliott Milholland (sp)]

C: (Elliott Milholland) (sp) I'd like to talk a bit about what's going on at the State level, with the waiver requests that we're seeing coming in. In particular, I'd like to explore the opportunity for Tribes to deal directly with CMS on some of these waiver requests, in particular to preserve their ability to continue to bill Medicaid for the services they're already providing—along the model that was recently approved by CMS in Arizona. I wondered if that's something that's being discussed in other States and what the opportunities might be for that.

C: (Cindy Mann) We have had ongoing conversations with Tribes in other States about possibilities with waivers. At the end of the day we need States to come to the table to move forward. Our door is open to discuss options with other Tribes in other States. We welcome those conversations.

Q: (Elliott Milholland) (sp) What alternatives do Tribes have if States won't come to the table?

A: (Cindy Mann) By statute, the Medicaid program is run by States and overseen by the Federal government; so, we need a waiver, State Plan change, or something generated by the State. The arrangement in Arizona is largely, not solely, Federal dollars being put on the table, so the State is happy to let something happen. We are happy to encourage State participation; but we can't simply bypass the State.

Q: (Rex Lee Jim) What is the status of the feasibility study on Navajo?

A: (Cindy Mann) I'm not sure I can report today on that, but we can get back to you.

Chairman Lucero Ken asked the STAC members to introduce themselves for the panelists on the next section.

Human Service Program Update

Yvette Sanchez-Fuentes, Director, Office of Head Start, began the *Human Service Program Update* session by providing updates on Head Start and its Tribal programs. In terms of funding, she said American Indian/Alaska Native (AI/AN) programs in Head Start have 154 grantees that get $225 million in Head Start funding for FY 2012, providing services to 25,000 children. Regarding training and technical assistance (T/TA) within Head Start, she said $2.6 million go to providing T/TA to Tribal Head Start and Early Head Start programs across the country. She did say, however, that currently there is no permanent T/TA provider for the Tribal Head Start and Early Head Start programs, as the current award is being contested. As a result, she said some funds have been provided for a short-term contract that has been awarded to the Community Development Institute. In terms of Tribal consultations, she said eight have been held to-date this year, with two remaining (in Oregon and Alaska); and consultation reports are issued within 60 days of the consultation. Additionally, she said a consolidated report will be issued at the end of the year. In closing, Ms. Sanchez-Fuentes mentioned that in December 2011, a regulation on designation renewal was issued, changing the funding scheme of Head Start. Grants will now be made for 5 years and then measured against 7 conditions before additional funding is granted. Special provisions for Tribal programs include 6 months of government-to-government consultation to prepare a quality improvement plan, direct technical assistance for the plan for at least 6 additional months. At the end of the 1-year period, the Tribe will be measured again against the conditions and the grant put up for competition if one of the conditions is met. She added that the Tribal government must delegate and authorize any entities for competing for those dollars and must concur with the final decision on who receives the Federal funds to provide the Head Start services.

Q: (Herman G. Honanie) Recently we had a conversation with the Head Start director on our reservation and she has challenges in meeting in-kind contributions. Why is that requirement so steep?

A: (Yvette Sanchez-Fuentes) It is a legislative requirement set by congress, however programs do have the option of requesting a waiver on the non-Federal share.

Q: (Herman G. Honanie) If we have to re-compete, how will the audit work against us? It's not really going to be a reflection of the failure of the Head Start program itself, but rather other components within the Tribe.

A: (Yvette Sanchez-Fuentes) An ongoing condition on an audit would be a concern, but we rarely see that. We are taking a close look at audit concerns, so we can offer technical assistance as appropriate.

Q: (Roberta Bisbee) We struggle with the indirect cost rate and others do too. With Head Start and Early Head Start, we serve 103 children and we combine two awards for a total of $1.8 million. We only collect $80,000 for indirect expenses, so $40,000 per grant. You're allowed 15%, but if we did the 15% we would be in more of a deficit in our indirect. We calculated without indirect, over the years of not collecting the 15%, we probably put our Tribe in a deficit of at least $2 million for the indirect rate. We have not collected the full 15%; we always just do the $40,000 per grant. One of the problems that we have is our Tribe currently has an indirect cost rate through the National Business Center (NBC) of 22.5%, approved in June 2011. Well, we don't finish our audits until June for fiscal year 2011; however our fiscal year is October to September. We don't want to do projections on our indirect cost rate, so our budget isn't proposed until September. This puts us in a bind because we can't collect the percentage necessary. It's very frustrating for us. For indirect cost restrictions, what can the Office of Head Start do to assist Tribes to not have so much pressure on it? I attended the National Indian Head Start Directors conference last June and we agree that Head Start builds future leaders. The 5-year stipulation could really impact Indian Country. We recommend that the Office of Head Start implement Tribal consultation. The Office of Head Start should implement its own Tribal Consultation Policy and start by speaking with the Head Start grantees. The Head Start offices in general have constant reassignment of Head Start program specialists, sometimes on a yearly basis, which is problematic. At the conference they said they move people around so they can get more experience, but we need someone to know us and our history; and we don't really get notification that it's going to happen. We recently had our review and we had concerns about the review team's knowledge of Indian Country in general. They didn't understand the culture, life, and history of rural Indians. I asked how many had experience working with Tribes, and there was only one. Because of our unique needs in a rural area, not having reviewers that are familiar with this is problematic. Maybe you can develop a Tribal advisory group for the Office of Head Start, as it could identify specialized needs that government needs to be aware of.

A: (Yvette Sanchez-Fuentes) We are looking into several recommendations that you made, e.g., the advisory group and the development of a Head Start Tribal Consultation Policy. Once we get through the last two consultations, we will talk about how we can make this happen. We heard recommendations on improving monitoring and we are looking into that as we move into monitoring next September; and we hope to get feedback on the changes we are thinking about. We know we have Tribes that are unique and one size won't fit all. Regarding indirect cost rates, in October 2011, we began work with the National Business Center to get to solutions on concerns Tribes have on the indirect cost rate. One solution was to encourage Tribes to apply for a fixed carry forward rate. We are working with the NBC. For 2013, our budget has a small increase over 2012 for Head Start and our Tribal programs.

Q: (Ken Lucero) The letter the STAC was copied on regarding the technical assistance contractor, when will the dispute issue on the contractor be resolved?

A: (Yvette Sanchez-Fuentes) I don't know, but our short term contract can be in place for up to 8 months.

Q: (Ken Lucero) Are you using the same dollars?

A: (Yvette Sanchez-Fuentes) No, we are using savings from other areas.

Q: (Ken Lucero) Have you gotten feedback from grantees regarding the temporary contractor?

A: (Yvette Sanchez-Fuentes) Yes, we heard that grantees are getting the technical assistance that they need.

Q: (Ken Lucero) Will grantees be penalized because their technical assistance wasn't up to speed when you talk about renewals? How are you going to address that?

A: (Yvette Sanchez-Fuentes) We are increasing accountability with regional program managers who manage the training and technical assistance. We are checking in with grantees also. We also have a system of national centers where we can pull expertise from that to provide more technical assistance. The beauty of the designation renewal is that it does provide for that 6 months of government-to-government consultation and it outlines very clearly that Tribal leadership must agree and conquer with the quality improvement plan that is put in place. So, that plan has to be very specific around what is it that the Tribal leadership feels they need in terms of their Head Start program and what is the expectation of the Office of Head Start.

C: (Ken Lucero) This letter was from the National Indian Head Start Directors Association and National Migrant and Seasonal Head Start Association.

C: (Roberta Bisbee) I hope with the budget increase that it includes funding for transportation. If there is any way to have it covered, it is needed.

Q: (Herman G. Honanie) In replacing our modelers, is the Tribe responsible for demolishing the old one?

A: (Yvette Sanchez-Fuentes) It depends on the Tribe, but we can deploy someone to see the best steps to take.

Clara Anderson, Deputy Commissioner, Administration on Children, Youth and Families (ACYF), discussed Title IV-E and discretionary funding available to Tribes. She noted that the Fostering Connections to Success and Increasing Adoptions Act of 2008 provided for Tribes to be able to apply for and operate their own Title IV-E child welfare system (to include foster care, adoption assistance, and guardian assistance). She said $3 million is provided annually for technical assistance to Tribes to develop and refine plans to operate IV-E programs; and the Act allows for Tribes to negotiate IV-E agreements with States. She noted the first Tribe (Port Gamble S'Klallam)

received approval for its IV-E plan on April 1, 2012; and she provided a status update on the 11 Tribes and 1 consortium that have submitted plans to operate a IV-E program. Ms. Anderson said $1.5 million is available for Tribes to operate a IV-E program, with applications being due on July 10, 2012. Five grants are expected to be awarded. Additionally, she said other funding opportunities include the Tribal Court Improvement program ($1Million for up to 10 grantees with applications due July 9, 2012), as well as other funding announcements through the ACYF for which Tribes are eligible to apply.

Q: (Roberta Bisbee) In Idaho they have a law called Safe Haven law. It says the mother can be monitored through the pregnancy, have the baby, and drop the baby off at the door of a hospital. The State sees it as her giving up her parental rights. The State is fighting the Tribes on how the ICWA [Indian Child Welfare Act] plays a part. How can Tribes address States' laws when it comes to Indian child welfare? Now, the father is trying to get the child back? The Tribe is trying to get the child back into custody. In the proposed ACF budget, under the IV-B subpart, $2.9 million would be a reduction. Can you tell us how the reduction will occur? The IV-E development grantees sent a letter in March to ACF with concerns regarding the process of preparing for the program issues on technical assistance. Have we received a response back from ACF yet? What is the response to that letter?

A: (Clara Anderson) Regarding the Safe Haven law, I hear the conundrum you find yourself in. I will look into what technical assistance we have been able to provide regarding this. Have you reached out to the National Resource Center for Tribes? There are some jurisdictional issues, so I will see what can be done concerning this. On the $2.9 million reduction, I will have to get back to you on that. I need to get additional information on the reduction and what it is for and how it will be taken if the President's budget is passed. The letter in March is for the provision of technical assistance to Tribes, and I don't know where we are in the clearance process, so I will get back to you.

Earl Johnson, Office of Family Assistance (OFA) provided an update from the OFA, saying the goal of the Office is to foster healthy households and communities. After giving background information on the TANF program, Mr. Johnson noted that there are 67 Tribal TANF programs (totaling over $188 million). Next, he discussed the Native Employment Works (NEW) Program, designed for Tribes participating in the Tribal Jobs, Opportunities and Basic Skills Training Program. In the NEW program, he said, there are currently 79 Tribal grantees (about $7.6 million). He also discussed some discretionary programs put out through the Claims Resolution Act; and noted that two more regional TANF meetings with the Tribes are scheduled before the end of the fiscal year, as well as a meeting with the OFA and Child Welfare Coordination grantees on June 11-13, 2012.

C: (Roberta Bisbee) We are seeking dollars to help with foster kids. Once they are in our care, we don't have funds to take care of them. We allocate what gaming dollars we have, but not all Tribes have gaming dollars. We have 22 minors in care; we went up 14 children in one month because of per capita distribution amongst the Tribal membership. We now have 14 children in our care because of drug and alcohol abuse of their parent(s). We have to find financial assistance to help foster parents care for the kids. We no longer get funding from the Casey Foundation because of program changes. Each of our children would live drug and alcohol endangered lives if they were to be returned home. And for 100% of the families in care, at least one or both parents are an adult

survivor of child abuse and neglect; and 16 of the 22 minors in our care are in Head Start or Early Head Start. In terms of strengthening the Head Start curriculum, wrap around services are useful. Interoperability is what Mr. Sheldon has mentioned in the past; he was talking about different programs getting together and coming out of their silos and coming up with a solution to spend money wisely.

DAY 2

The second day of the STAC meeting began with a Tribal Caucus session that was closed to the public. When the general session reconvened, Chester Antone, Council Member, Tohono O'odham Nation, provided the opening blessing. Chairman Lucero proceeded to explain to meeting attendees that technical advisors to the STAC had compiled consultation comments from Tribes across the country and the STAC subsequently identified its top (budget, policy, and legislative) priorities. He further explained that the top priorities that the STAC wanted to work on throughout the year would be shared with the respective agencies; and the budget priorities would be shared with the Secretary during the meeting, later in the day.

Chairman Lucero called the roll. The following individuals were in attendance: Ken Lucero, Roberta Bisbee, Roger Trudell, Andy Tueber, Jr., L. Jace Killsback, Stacy Dixon, Rex Lee Jim, Herman Honanie, Cheryle Kennedy, and Chester Antone. (Quorum met.)

HHS Federal Member Roundtable Discussion

During this session, the STAC was provided with updates on staff and operating divisions' work on Indian issues and initiatives. Hard copies of the information discussed were included in the meeting materials. Highlights of the information provided are provided below.

CMS (Presenter: Aryana Khalid, Chief of Staff, Centers for Medicare & Medicaid Services)

- Contract for the Navajo Nation Feasibility Study signed.
- TTAG meeting scheduled for July 25, 2012.
- Two 1115 waivers (from Kansas and New Mexico) are being sent back to States because of insufficient Tribal consultation; both agreed to go back and consult with Tribes.
- Grantee meeting June 6-8, 2012 in Alexandria, Virginia.
- Symposium on Promising Enrollment Practices on June 5, 2012.

C: (Ken Lucero) I am pleased about the decision on the New Mexico waiver. We have a lot of issues we still need to work through with the State. Policy requests and/or recommendations concerning CMS are provided on the sheet in your packet.

ACF (Presenter: George Sheldon, Acting Assistant Secretary, Administration for Children and Families)

- Meeting with the team at the Navajo Nation about strengthening their Head Start program was good.
- The issue of Native language preservation came to mind on a visit to Alaska; we saw children picking up the language quite quickly from the elders that participated in a program there.

- Tribes are encouraged to look at a direct IV-E waiver; Port Gamble S'Klallam was first Tribe approved to operate its own IV-E program.
- At the Tribal Consultation in Seattle with Mary Wakefield, we heard a lot of the issues that are being expressed here [by the STAC].
- ACF will be looking at putting out stronger guidance to States concerning their responses to the ICWA.
- Strong desire to bring the 477 negotiations to a conclusion.
- Deputy Assistant Secretary for Programs has been asked to go with Commissioner Sparks, likely to Cook Inlet, in the near future to see how we can address the financial reporting piece so that the 477 negotiations can be concluded.
- A strong effort is being made to develop cultural sensitivity and training within ACF staff; there will be two sessions in June.
- June 6-8, 2012, will be a Tribal grantee meeting (with CMS).

C: (Ken Lucero) There were several priorities related to ACF and since you have acknowledged that you are in receipt of them I won't go into them now. We look forward to discussing our priorities with you in the future.

C: (Roberta Bisbee) I appreciate you being visible to Tribes at meetings and consultations. We do receive feedback from you and your staff on concerns we bring up and we appreciate that. Regarding cultural sensitivity, I think it should also extend to contracting staff that work in Native communities, e.g., technical assistants for the Office of Head Start. We went through our first Head Start review. Of the seven reviewers present, none had experience with Tribes. Concerning other issues, we support the transportation efforts as much as possible, especially in rural areas (as 90% of our children utilize the transportation system). I think this is common for other Tribes also. In the handout, when we provide the priorities, I always bring up systems of care/the wrap around program. I reflect back to a STAC meeting where we talked about an interoperability approach—involving all agencies. I hope the interoperability approach will be implemented within HHS. It seems we are developing our own, which is good, but having more collaboration across the departments (instead of duplicating service efforts) would be good.

C: (George Sheldon) The department I took over 5 years ago in Florida had strong silos, especially with mental and behavioral health. It took changing reporting structures to break them down. Here, in HHS, I don't think the silos are intentional; but it's a reality of how we are structured. I think we do have a recognition about cross-pollinization. In the area of interoperability, part of the issue is information sharing. Under the ACA, States can now build their technology system for the insurance Exchanges with 100% Federal money and the Medicaid piece with 90% Federal money. And thanks to OMB, we now have a waiver so that States can build that system to include human services as part of the system (and they don't have to allocate costs). If we can get technology systems talking to each other, it will go a long way to break down the silos. It is an ongoing challenge, especially in the regions. It's the culture of how the agency operates. Your points are well made. It is an ongoing effort to get people to think about how programs interact. It's a change in mindset and we are making some progress, but it is not going to happen overnight.

C: (Cheryle Kennedy) In many of the services we have been able to identify funding streams that go to Tribes and we can see the effectiveness of those dollars. For the whole agency that you are

responsible for, would you be able to look at your data to see how many Native Americans are being served through your programs and if there are improvements in families and/or children that receive those services? We know there are preventive services in the budget, but it appears that few dollars flow to Tribes. Most Tribes have reservations. Families that reside on the reservations will not go outside of that boundary to seek child neglect preventative services or abuse services. There is a big fear that if they ask for help then their children will be taken. If there is an investigation, Tribal programs really don't have the resources to do a thorough job. Can you look at your data and present a report to the STAC on the numbers you have served and present on the effectiveness of the programs that you administer?

C: (George Sheldon) Let me commit to looking at our data streams. Give me a little time to get back to you to see how we can pull that data together. Regarding the issue of prevention, I was pleased to see your recommendation on Title IV-B. The better utilization of those prevention dollars in Tribal communities, the better you can deal with that issue within the Tribal setting. I want to reiterate that to the extent that Tribes can begin to do what happened at Port Gamble, and be the recipient of IV-E dollars, we have folks that can work with them. On the data piece, I will get you as much as we have the capability to pull from our systems. In terms of outcomes, I think we can do that in some program areas, but I don't think we have done the kind of across the board approach that you want and deserve. Nonetheless, let me work on it.

C: (Rex Lee Jim) Thank you for your report. We appreciate your work with the Navajo Nation on the Head Start program. It is an example of true consultation. However, the Navajo Nation has consistently requested direct funding and $529,000 (a 5-year grant) went to a non-profit entity for the ACF Navajo Planning Services Program. We would like to have direct funding to the Navajo Nation, based on the government-to-government relationship. We have made the same request to the Department, CDC, and the AoA [Administration on Aging]. We are requesting a written response. We know that legislative action must occur; but we want to know what we need to do and how we can change that.

Q: (George Sheldon) Is the $529,000 you referenced a child welfare grant?
A: (Rex Lee Jim) [Unintelligible]
C: (George Sheldon) Look me take a look at that. I will get a written response.

C: (Roberta Bisbee) On the Indian child welfare, we need to support the increase for Title IV-B funds. I know we are encouraged to move to the IV-E, but please don't strong-arm Tribes that are not prepared to do that. For example, we would not have a system to accommodate the caseload that we have and sufficiently meet the needs and provide good service. I would also like to echo Mr. Jim's concerns about the State administering our funding for TANF and Food and Nutrition programs, as well as child protection and child welfare.

CDC – (Presenter: Dr. Judith Monroe, Director, Office for State, Tribal, Local, and Territorial Support from the Centers for Disease Control and Prevention)

- CDC has a communications plan to make sure Tribes know where the opportunities are in CDC.
- Funding to Tribes was $70 million for non-VFC [Vaccines for Children] funding.

- CDC is committed to supporting the Rocky Mountain Spotted Fever (RMSF) epidemic that is affecting many Tribes; and we have been working with IHS on this.
- On March 2012, a $600,000 funding announcement for capacity building assistance to improve health in Tribal populations was made that will go to Tribes, primarily for the winnable battles CDC has identified.
- The Community Transformation Grant - Small Community Fund was announced for $70 million dollars.
- Tribal health departments are encouraged to apply for the Public Health Associate Program.
- TAC [Tribal Analysis Center] consultations will be in August, with the USDA as a partner.
- Tracking log is in place to track Tribal recommendations and resulting actions.
- Second meeting to address State and Tribal relations was held, and Medicaid came to the table. A resulting product from that meeting is a manual for State health officers.
- Public Health Law Office is promoting services to Tribes.
- Seminar for Tribal judges on infectious diseases will be held on July 17-18, 2012.

C: (Herman Honanie) I want to thank the CDC for its response to RMSF. For the first time Hopi had an incident; the response from CDC was excellent.

Q: (Roger Trudell) How is the funding going for the winnable battles?

A: (Judith Monroe) There are six winnable battles and there have been some successes. The winnable battles include nutrition and physical activity, tobacco control, teen pregnancy, motor vehicle accidents, HIV, and health care associated infections. We have had some real successes. For example, with motor vehicle accidents there has been a significant increase in seat belt usage for some of the Tribes. Our challenge is "taking it to scale" when we have successes.

Q: (Roger Trudell) What about youth obesity?

A: (Judith Monroe) That is the nutrition and physical activity item. Food safety is included in that as well. It's a very challenging area. There is a lot of work being done at the CDC to get Tribes to go back to gardening and traditional foods that we think hold great promise.

Q: (Roger Trudell) Could I get a couple of minutes of your time today?

A: (Judith Monroe) Yes, absolutely. I will have Delight join us as well.

C: (Cheryle Kennedy) I was looking at your agenda for the August meeting and one of the agenda items is cancer control and prevention. Because one of our recommendations is to fund that for Tribal communities, I'd like to hear more on this. I also see on the agenda a discussion on social determinants of health; I'm not sure what that means. Tribes have been able to successfully look at factors that lead to positive outcomes for children. When I was employed with the Northwest Portland Indian Health Board, we did a study that looked at factors that would demonstrate positive outcomes. There were eleven factors that we came up with. A lot of work has been done, but the information doesn't seem to be used readily. ACF should look at the research that has been done so it can be built up for our children. I remember that vocabulary was an indicator and reading was an indicator. These things were very important, but I don't know if they are ingrained in the programs

that we have. Instead of continuing to do research, let's implement some of the things we already have.

C: (Judith Monroe) You raise an important point; it's that gap between what we know and what we actually do. I will take that back. Regarding cancer control and prevention, it is obviously very important to CDC. A fair amount of work is being done with Tribes through our National Center for Chronic Disease. Some of our winnable battles touch on cancer, e.g., cancer related to tobacco and cancer related to physical activity and nutrition.

Q: (Chester Antone) Has there been any progress made with IHS regarding the health facility infections? Has there been any collaboration between CDC and IHS to address this? Last year I asked about the increased cost to IHS as a result of Tribal members being released from off-reservation hospitals to IHS hospitals with an infection.

A: (Yvette Roubideaux) There is the Partnership for Patients Initiative. One of the initiatives is to reduce hospital acquired conditions, and that includes hospital acquired infections. I'd have to talk with staff to see if they have talked about this with CDC, but I know we are all a part of that departmental effort to look at hospital acquired conditions.

C: (Judith Monroe) I'll go back and check as well. Health care acquired infections are one of the winnable battles at CDC and the team at CDC has had some great inroads recently with the States. We will have a meeting with Dr. Carol in IHS, so I'll make sure it's on the agenda.

C: (Rex Lee Jim) The Navajo Nation requests direct funding. We need funding for public health emergency preparedness (PHEP). Currently the Navajo Nation has to deal with three States and we have to combine the resources. The United States needs to deal with the Navajo Nation as one entity. We need a system in place that only deals with the Navajo Nation. The Navajo Epidemiology Center should be considered a Tribal Epidemiology Center. It is a public health authority and as such requests support in the following areas: authorization to release specific identified Tribal health data to the Navajo Epidemiology Center; we request that CDC assign a public health advisor and epidemiologist to the Navajo Nation Division of Health to provide technical assistance in addressing health disparities and to help develop a comprehensive health surveillance system. We also request a formal Tribal consultation involving a cross section of leaders to discuss data sharing agreements within the three States (Arizona, New Mexico, and Utah). We recommend that HHS support a proposed health information technology and communications infrastructure to improve health care by providing technical assistance, guidance, and funding.

C: (Judith Monroe) I'll take that back.

C: (Roberta Bisbee) We received CDC's Coordinated School Health [grant] and our staff went through training and was able to design and developed a physical curriculum for two school districts. Because of the education summit agreements the Council has with the school districts, we were able to go in and create school health councils to address health issues. Another success we had was that Idaho got a tobacco grant and we were able to participate on that.

C: (Judith Monroe) One of the things we are trying to do at the CDC is to share success stories. We have a communication called *Have You Heard?* and I'd love to have your success story in one of our communications.

C: (Ken Lucero) Just a quick note that we did share with you some of our priorities and we do want to have continued dialogue on those.

C: (Chester Antone) I don't know if Dr. Monroe responded to Cheryle's question on social determinants of health, but in a nutshell it deals with questions about how we bring up the AI/AN standard of living, with a focus on trying to prevent infectious diseases and the like. It stems from work done three years ago concerning chronic disease and how we monitor progress through the grant system, including questions on social determinants of health. It basically deals with how we can prevent, in some measurable way, the onset of some diseases.

C: (Ken Lucero) For the record, Jefferson Keel and Gary Hayes have joined us.

C: (Yvette Roubideaux) For the CDC, you have the handout on the Community Transformation Grants. Please get the information out to all Tribes, as it is tailor made for Tribal applicants.

ACL – (Presenter: Kathy Greenlee, Assistant Secretary, Administration for Community Living)

- ACL is a new Federal agency that brings together the Administration on Aging, the Administration for Developmental Disabilities, and the Office on Disability.
- The name choice was deliberate, as many States have moved to co-locate aging and disability services; and we chose "community living" because it's reflective of the values and missions of these entities. It's also an aspiration statement, and people who are aging and with disabilities want to stay in their communities.
- For Tribes, we want to get information on the populations you serve.
- In Denver, in early March, there was a conference on long-term supports and services.
- There is a memorandum of understanding between CMS, IHS, and AoA (which will flip to ACL) to look at long-term supports and services in Tribal country and support them.
- I spoke a couple of weeks ago at the Oklahoma Statewide Conference on Aging, and I took that opportunity to meet with Oklahoma Tribes for a consultation. The State was at the table.
- We would like to give guidance to Tribes and States on opportunities they have and how Tribes can work with area agencies on aging.
- For 2 years (2011-2012) the President recommended increases for our programs, but the money has not been approved.
- In July 2012, there will be a listening session for all of our grantees.

C: (Roberta Bisbee) The President's budget request looks good. I'm wondering for the Title VI programs, or the Administration on Aging, if they are going to do any type of feasibility study that shows the impacts of what our budget levels have been in regards to the baby boomers, inflation, current economic struggles, and the limited budgets our elders are on for any consideration in that budget. Maybe that is why the increase was there, but it's a struggle for them because they are choosing shelter or food. In our food programs we doubled in our food numbers in just a couple of years. The cost of food is going up and there are only minimal increases in SSI. I feel like we are

losing that protection for that generation. If there is anything we can do with the study you may have to have more lobbying efforts for that would be beneficial.

C: (Kathy Greenlee) You were surmising correctly; that information has led to positive budget recommendations from the President. If you were to look at our funding historically, our spread is decreasing. The percentage of people we conserve that are older is decreasing, because we have more and more people coming with flat budgets and greater expense. The programs also have fuel expenses that also drive changes in costs. We have been successful. I know the national aging organizations, including the Indian Council on Aging, do talk to members of Congress about their needs. A general issue we have seen in Congress is that we have so many turnovers in Congress that we are working with people who don't really know us or know what our programs are. To be successful in a budget request, we have to continue to build a base and just continue explaining who we are and what we do. That continues to be an important education piece, as well as whatever people want to advocate for with regard to budget requests.

C: (Rex Lee Jim) We have three requests. One, to designate Navajo Nation as a State Unit on Aging with direct set aside funding—we ask for T/A and support and guidance from the AoA in this effort. The second is to have consideration for direct set-aside funding from Title IV of the Older American's Act for research and professional development for Native American Indian Tribes, specifically for the Navajo Nation. We believe we have the resources to create our own research agenda and how it affects older adults and we can do the research and the assessment of needs of older individuals. We have the Department of Education offering scholarships for our Navajo students to obtain Bachelor's, Master's and Ph.D. programs, and then we have our own technical college and our own institutional review board and epidemiology centers. So, we believe we have the resources to do the research. Finally, the Navajo Nation requests for increased funding for Title VI programs, under the Older American's Act, at or above 15%. We are getting more Navajo elders. We believe this increase will result in improved health and quality of life.

C: (Jefferson Keel) All Tribes need increased funding from all programs. Our elder population is growing. The problems we have are with special needs with the agency. There are things that cannot be funded through the guidelines we have. Maybe we need to look at the guidelines for funding. I appreciate you coming to Oklahoma, as I heard it was very productive. Tribes have different ways of supplementing their budgets. It's frustrating to see, from one community to another, the types of services that are available. But I want to thank you for your help and I applaud the Secretary for creating the new agency.

C: (Kathy Greenlee) Mr. Jim, I want to make sure we get your full list. You talked about innovation programs, and this is sort of a truth in budgeting moment. That is where I'm losing money. Those of us who are protecting human services programs quite naturally in this budget environment protect the base, such as the Title VI funding. Title IV, which Mr. Jim mentioned, is available as an innovative program. It's where we would do testing for new evidence based programs. That's where we have been taking the cuts, in order to protect the base. So, it becomes even more difficult to be responsive to the needs of the Navajo Nation and others. In a similar way, the Administration on Developmental Disabilities (which is now with us) has also been taking cuts in its Projects of National Significance, which is their innovative pot.

NIH – (Presented by Lawrence Tabak, Deputy Director, National Institutes of Health)

- NIH continues to invite comments on its draft plan for implementation of the HHS Tribal Consultation Policy.
- There is a new funding opportunity announcement (FOA), led by the National Cancer Institute (NCI), for interventions for health promotion and disease prevention in Native American populations. Several technical assistance workshops related to the FOA remain (one in mid July at the Native Health Research Conference in Seattle, Washington; another in early August at the Annual Meeting of the Association of the American Indian Physicians in Anchorage, Alaska; and one in Fairbanks, Alaska at the 15th Annual Conference on Circumpolar Health). The solicitation itself requires unambiguously that community/researcher partnership be documented in the grant application and that the community be involved in the design, testing, and dissemination of the program; and that Tribal resolutions or community letters of participation accompany each application for it to be responsive.
- The Native American Research Centers for Health program, in FY 2011, provided roughly $9.1 million. It is an opportunity to support research, research training, and faculty development to meet the needs of AI/AN communities. The latest funding opportunity announcement for these types of awards was released on May 8, 2012.
- A summary of NIH activities, including a summary of hydrofracking activities that are being supported by the National Institute of Environmental Health Sciences (that was requested during the last meeting) is provided in the meeting materials.
- In response to one of the priority areas that we received about ensuring that there are Tribal evaluators in the grant review process, NIH has instituted an Early Career Review program to increase the diversity of the biomedical workforce. This program reaches out to a much broader range of institutions and individuals who do not necessarily have to have had an NIH grant to be invited to serve as an ad hoc reviewer, which is the pathway we use for all new reviewers (whether they have had NIH grants or not in the past). You can self nominate, your community can nominate you, and/or your institution can nominate you.

C: (Ken Lucero) There is more detailed information in your packet that you can respond to and we can discuss at a later time.

C: (Jace Killsback) Thanks for the follow-up regarding the accountability for your grant funding and your research. The mid conference being held in Nebraska with NCAI has a component on research and I think it would be good to have an update. I'll be presenting on research and I'd like to share the information you just provided.

HRSA – (Presenter: Marsha Brand, Deputy Administrator, Health Resources and Services Administration)

- The HRSA Tribal Consultation Policy was updated and signed on March 29, 2012.
- Listening sessions on the consultation process will be held in combination with the National Indian Health Board meeting on September 24, 2012, in Denver, Colorado.
- Can meet with HRSA to discuss its Tribal consultation process at the NCAI meeting in March 2013.

- Awards made to Tribal organizations around Capital Development, Building Capacity grants and Capital Development Immediate Facility Improvement programs through our Health Center Program.
- There are about $8 million in new resources for construction and facility improvement that went to Tribal facilities.
- Last year Tribes were eligible for 87 funding opportunities; and HRSA now has an automatic notification that goes to Tribal entities that sign-up for the service.
- HRSA has been working to improve technical assistance, e.g., web casts.
- Last year HRSA made 70 awards worth $60 million to Tribal organizations.
- Questions about grants and other concerns can be submitted via the aianhealth@hrsa.gov email.
- All IHS sites are eligible for National Health Service Corps (NHSC) loan repayments.

OMH – (Presenter: Sonsiere Cobb-Souza, Acting Deputy Director, OMH)

- OMH's new, competitive announcement for the American Indian Alaska Native Health Disparities Program will close on June 8, 2012. This is an expansion on an existing agreement that OMH has in which it funds Tribal Epicenters. Awards are expected to be granted by September 2012.
- Highlights of some of the Tribal Epicenters currently being funded by OMH include:

    - Inter-Tribal Council of Arizona – focused on reducing the incidences of Tribal motor vehicle crash injuries.
    - Great Plains Tribal Chairman's Health Board/Northern Plain Tribal Cancer Data Improvement Initiative – focused on increasing the access to and use of existing cancer related data, specifically within the four State northern plains region.
    - Oklahoma City Inter-Tribal Health Board – focused on linking their cancer data enrichment project, as there are huge disparities as it relates to the linkage or misclassification rate of AI/ANs with the State registries.
    - Seattle Indian Health Board – focused on working through their demystification of data, in which they've been able to provide training to other providers and others (being able to assist them in understanding the link between the public health data, being able to work to develop skills as it relates to responding to funding announcements, and being able to work with other urban centers in securing funding).

C: (Roberta Bisbee) Looking at the success of the organizations and the health issues that are identified there, I'm wondering if that could be a starting point or if it can be related to one of our priorities that we're presenting on the cancer research effort? It looks like some have started the effort. Maybe instead of recreating additional areas, that can be elaborated on as one of the priorities in a larger view.

C: (Herman Honanie) I'm reading about your collaboration with the San Carlos Apache Tribe to develop the EMS surveillance system. On Hopi I used to work closing with the EMS program. I would like to see how we can enhance the services. While we do have a good EMS program, there's always a constant desire to enhance our services. So, I'm interested to see how this has had a positive outcome with regard to this collaboration.

C: (Sonsiere Cobb-Souza) In terms of this program they were able to work with them to better collected the data that was needed so they could track whether or not there had been a reduced number of fatalities or collisions for this community. The full reporting is due at the end of July. These are preliminary results. We can work with the Principal Investigator to follow-up with you and share some information and lessons learned.

SAMHSA – (Presenter: Pam Hyde, Administrator, SAMHSA)

- Congressional action is required to give Tribes direct funding; notwithstanding, the President has been very supportive of SAMHSA's requests and interests in terms of having direct funding for prevention efforts (as evidenced by the Behavioral Health Tribal Prevention Grant in the proposed 2013 budget).
- Two priorities are consistently expressed by Tribes: suicide prevention and substance abuse issues.
- Tribal applicants will be given an additional 5 points for the Project LAUNCH [Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health] applications, which are due July 3, 2012.
- There is an effort underway to bring technical assistance centers together.
- SAMHSA still needs to hire someone to lead the Office of Indian Alcohol and Substance Abuse.
- SAMHSA has included language that encourages Tribal consultation in its block grant guidance.
- SAMHSA Regional Directors are now placed in all of the HHS regions.
- A SAMHSA American Indian Alaska Native Team (SAIANT) has been created.
- Tribal individuals are encouraged to submit their names to be grant reviewers.
- Various activities are happening with sister agencies.
- The Surgeon Generals' Suicide Prevention Strategy will come out sometime this year.

Q: (Gary Hayes) This morning at the Tribal Interior Budget Council [meeting], the issue of collaboration with the DOJ [U.S. Department of Justice] came up with regard to looking at the facilities and prevention and treatment. The other side of that is IHS. He mentioned that there is some collaboration going on, some meetings that are occurring. We requested that he give us feedback on those meetings, as Tribal leaders haven't heard anything. The TLOA [Tribal Law and Order Act] says there should be Tribal Action Plans that are tribally driven. This morning we requested that a committee be formed so we can be engaged in what is happening in terms of facilities and treatment of our people. Tribal leaders need to be a part of the discussions with the different agencies. There are facilities already being built by the DOJ and BIA. You were saying that you need to look at the plans to make sure they meet the needs of your program. We have a facility that is 10 years old and it has never been opened. So, how is that agreement coming along? How do we cooperate to ensure that we meet your guidelines and tap into these resources? BIA and IHS go back and forth saying, "It's not our job." I'm hoping you will ask Darin and Dr. Roubideaux to get the Tribal leadership engaged in these discussions from the onset.

A: (Pam Hyde) You raised two different questions that are related but not the same. The Tribal Action Plan materials have been developed and are available. They are on the web and available in other ways. That was a cross-agency effort. Unfortunately, it came with no money with it. That is

part of the reason why our Behavioral Health Tribal Prevention grants grew up at the same time and we are trying to also acknowledge that they could be a resource to implement Tribal Action Plans, if a Tribe chooses to do so. Trying to bring these disparate things together is a difficulty. Tribal Action Plans have nothing to do with facilities, per se. In fact we would urge people to not go the facilities route unless you absolutely have to, because there are so many constraints about it. Part of the constraint for the facility is that if you build it a certain way, it is not Medicaid eligible. It's a unique thing for behavioral health; it's not true of physical health, or hospitals, or other things. Since this is a very specific issue, this might be worth having a separate meeting to work through these issues.

C: (Gary Hayes) We have been asking for feedback on that issue so we can advocate for those types of funds by going to Congress and saying, "This is the type of data we have and this is what we need." We just heard that the TAP information was online. We are just not getting the information.
C: (Pam Hyde) If you can give us feedback about the best way to communicate with you that would be helpful. We did do a Tribal leader outreach to say the TAP information was there. Maybe that was not the best way to get you the information, but we did do that communication.

C: (Herman Honanie) We are planning a new holding facility on Hopi. We want to incorporate SAMHSA related counseling services for our detainees. How are we going to be able to do that? Where can we get the funding from? While we have a BHS [Behavioral Health Services] program from IHS, they are saying "We are understaffed, and we don't have enough money." I think this does bear more communication with you all because we still have a ways to go in terms of the design of the facility.

IHS – (Presenter: Yvette Roubideaux, Director, IHS)

- Most of the 2012 money has gone out.
- The House and Senate are looking at the President's proposed 2013 budget.
- Recommendations have been considered and work is being done to finalize the 2014 IHS budget.
- A letter on contract health services is forthcoming, as well as an ISAC (sp) letter on Tribal shares and information on facilities.
- The Urban Confer Policy will be coming out soon.
- IHS released its 2003-2010 reports to Congress and the 2011-2012 reports will be out soon.
- A letter to Tribes on internal improvements will be sent soon.
- IBC-4 has started.
- A Tribal Consultation Summit is planned for August 7-8, 2012, in Denver, Colorado.
- IHS is working with the VA on the reimbursement issue and they are reviewing Tribal comments.
- The Behavioral Health Conference will be held the week of June 25, 2012, in Minnesota.
- IHS is supportive of the SDPI reauthorization.

C: (Rex Lee Jim) We will submit our concerns in writing due to the time constraints.

Secretary Kathleen Sebelius

Secretary Sebelius began her remarks by thanking Chairman Lucero for his leadership and the STAC for its service; and she assured the members that she is kept updated on their activities and their advice helps the Department target its priorities. As evidence of a commitment to ensure meaningful consultation with Tribes, Secretary Sebelius noted that two States (Kansas and New Mexico) were allowed to voluntarily withdraw their 1115 waivers after being told that their requests were being returned because of insufficient Tribal consultation. She thanked Tribes for their contributions to the dialogue and deliberations that occurred across the country, noting that three consultation sessions on the ACA were scheduled for July - August 2012. She said the expansion of health coverage through Medicaid and the Exchanges can be enormously beneficial to AI/ANs; and to that end she emphasized the importance of hearing from Tribal leaders, especially concerning what the Federal Exchange should look like. After informing the STAC that she would need its assistance in terms of doing effective outreach on the ACA and ensuring that people are educated about it, the Secretary said she was also interested in having less formal, ongoing consultations with individual agencies. Finally, she invited the STAC to present its priorities to her.

C: (Ken Lucero) To give a little background, we identified budget, policy, and legislative priorities. We had some initial discussions on policy with the agencies this morning. We want to share with you our budget priorities. In general, we all feel that Indian Country and any programs geared towards Native Americans should be held harmless. We have always felt that we have received the short end of the stick and should be recognized as the first Americans. We have great health disparities. We support the President's budget and appreciate the increases given to IHS in the past. We brought up the issue of direct funding in past, and more recently as it pertains to ACF, SAMHSA, CDC, and the Health Insurance Exchange program. Would appreciate your support and we understand that some attempts are being made to make that happen. We had our technical assistants go through the comments from national and regional consultations and we reviewed them. The five priorities that we identified as most important are:

1. Head Start Block Grant – It is an invaluable program and should continue to be supported.
2. SAMHSA programs – The Tribal Prevention grants and Circles of Care need to continue and be increased.
3. Health Insurance Exchange – It's a means of access to health services for our people and I'm glad to hear your comments about education and outreach. We want funds to go directly to Tribes for outreach, enrollment, and education of our community members, perhaps utilizing the dollars that States have returned or decided not to use for the implementation grants.
4. Cancer Research – Several agencies are involved in the cancer initiatives, but we focused on the CDC initiatives; and we feel that the National Institutes of Health (NIH) has a role in terms of conducting this research. So we are asking for increased grants for cancer research in Indian Country.
5. Language Preservation – We are asking for support of language and culture programs, particularly the language program through the ANA and any other programs that are specific to preserving the culture and heritage of our Tribal communities. We feel strongly that our language, culture, and traditions will keep us intact and it has helped us survive over the hundreds of years in this country. We would like to see this preserved and see more initiatives carried out through the ANA.

That was just a quick summary. I'd like to open the floor now for other STAC members to elaborate on those items.

C: (Cheryle Kennedy) Concerning data sharing, it seems like we all develop databases and approaches that are not compatible. It would be wise to have co-ownership of data to help Tribes as we develop our specific approaches to health care and social programs. The more we engage stakeholders, the better product we will have. Contract support costs are not something that is addressed fully in all the various programs and functions provided for Tribes. It helps to stabilize our governments, to have resources available to provide oversight in the manner it should be. And for many issues that are policy in nature, some require legislative changes. If there is a way for the STAC or another group to develop the legislation we seek, we would support it; so please take a look at that.

C: (Roberta Bisbee) I want to reiterate the concerns about the Systems of Care approach or the wrap around program. Those five priorities indicated earlier can connect to serve Tribal communities with the whole circle approach of the efforts of finding a model that works for Tribal communities that are culturally sensitive. SAMHSA has a model of the Systems of Care that is strengths-based, family-centered. Those priorities are focusing on families. If there are situations where it's a wraparound program and they are getting the runaround from the various HHS departments, we are trying to complement each one of the Department's efforts and have the room and availability to meet the needs of our people. For example, if there are mental health issues, there can be mental health services, as well as Head Start services for their children or their parents, with additional training or services for their parents through Head Start. Then we go through the cultural, because it's finding more stability for them. It's a good approach for us to try to help our Tribal membership. So I hope the Systems of Care can be more elaborate and united amongst the departments. I know there's only so much the departments can control in terms of what they do, but maybe try to help us have a little more lenience to work with the funding that we do have to try to make that model more effective in the community. So with those top priorities, it's really us identifying our own systems of care to try to help the community.

C: (Tex Hall) An incident took place at Rapid City Regional Hospital that I want to bring to your attention, because I don't know what agency addresses discrimination. There was an elder from Cheyenne River that got "KKK" carved on his stomach while in the hospital. Native leaders recently protested, with several hundred marching on the gentleman's behalf. The elder, his name is Traversie, is blind. I believe he went in for heart surgery and so he had to go back several times. He is a humble man and he didn't want to talk about this incident, but he felt compelled to when one of the nurses told him to have one of his family members look at his stomach. He said he has to carry this with him into the spirit world. So, I wanted to get your advice on what you would recommend. This is not the only incident that has occurred at this hospital; and they definitely get Federal funding.

C: (Kathleen Sebelius) Let me make it clear that we take any allegations of what would be a hate crime very seriously. Dr. Roubideaux has referred this incident to our Office of Civil Rights, which is staffed by a very capable former Justice Department attorney Leon Rodriquez, and he will conduct an investigation. Our team will not only carefully look into this, but also have the ability to do any

number of things if the allegations are proven to be accurate—from looking at civil penalties, e.g., withholding Federal funding, as well as referring this for criminal prosecution. We don't control the criminal side, but we certainly control the civil side. I know Dr. Roubideaux has taken prompt action and that's the right place for it to be in this department. I will make sure Leon keeps Paul [Dioguardi] and Ken Lucero up to speed on the status so we can keep you informed.

C: (Rex Lee Jim) The Navajo thanks HHS for holding the Navajo Regional Tribal Consultation sessions on Navajo for the last 2 consecutive years. The Nation also applauds the Department for complying with its Tribal Consultation Policy by disseminating an annual report to Tribal governments about consultation activities done by the Department, its agencies, and regional offices. The Navajo Nation would like to recommend that the Department develop and implement a funding plan to adequately meet the provisions of the IHCIA and the Native American-specific provisions of the ACA. We'd like to thank you for funding the Navajo Medicaid Feasibility Study, however, the rest of the provisions need to be fully funded. These provisions include the authorization for a comprehensive behavioral health system, including prevention and treatment programs and suicide prevention for Indian youth; authorization for hospice care, assisted living, and long-term care and home and community-based care, to be provided by the IHS or Tribes and Tribal organizations; Tribal Epidemiology Centers to have access to health data; addressing emergency care in trauma systems; and programs for veterans. The Navajo Nation would like to reiterate the need for planning funds and technical support to implement these provisions to the Navajo Nation and other Tribal nations.

C: (Roger Trudell) The Aberdeen Area supports the priorities of the STAC. We represent about 19 different Tribes and health organizations, so I wanted to point out some additional priorities. Some of the Tribes have tremendous areas [to traverse] to get their people to health facilities. Most of the Tribes are still direct care and feel that many of the things that are lacking should be part of the treaty obligations that the United States has with the great Sioux Nation and the other Tribes in that area. We think there are some things that can be done that don't cost a lot of money. Because of all the best practices that have been done to reduce disparities, somehow between IHS and CDC and others we should be able to strengthen our Community Health Representative programs by providing them some education on the best practices (so maybe they can be itinerant health educators that could work with some of the smaller Tribes and train them at the local level). Some of the small Tribes could share health educators. Because we don't have the money to implement the best practices, we could have our people trained to implement those and put them into practice. I think we would surely see the disparities reduced in a short period of time.

C: (Herman Honanie) There is always a continuing need on our respective reservations for increases in funding for various services. I was at our health care center about a week ago; I had a head cold. I was waiting for my medicine when mostly elders approached me to express how they are able to "get by" because they can get their treatment at the IHS center. They were appreciative of what IHS was doing for them. We will always have a continuing need, but we all have to take personal responsibility for prevention of things that can be prevented, while using IHS when needed. Also, thank you for your involvement regarding the waiver decision regarding Arizona.

C: (Robert Bisbee) I wanted to state that the letter that was sent to the governors actually received a lot of feedback from the State. In Idaho Tribes don't get much participation with the State, but your

letter really made an impact and the State starting asking us about consultation. Even though there are a lot of legislative fixes that need to happen in terms of policy, a little nudge can make a big impact. We look forward to more support in that way regarding the State and HHS programs.

C: (Kathleen Sebelius) Regarding State-level consultation, it's not only required by law but it is essential that you have input. I know some of you live in States where the governor and State leaders, if not directly adversarial, are "unavailable;" so we will continue to push, as we have lots of streams of money. Direct funding would be ideal, if we could have set asides, but in most cases we are not allowed by law. We will continue to work with you to look for ways, as various funding opportunities are presented in Congress, to get more flexibility in the future. In the meantime we will continue to push to make sure your voices are heard and you are at the table. Please share with your colleagues that the rules around Medicaid waivers have changed. Now there is a legal requirement to not only do Tribal consultation, but to have public hearings in at least two different areas of the State and opportunities for public comment before the waiver is submitted. This law just came into effect last month. It's a way to put you at the table early on and to develop a record. I appreciate knowing the focus on these five critical areas and they are ones that I know they can have a huge impact in your communities. Certainly we have tried to protect and enhance Head Start. In the Recovery Act, there was a huge new investment in Head Start funds. We have tried to keep the budget numbers such that those slots are protected into the future. I'm a big believer in the data that says for every dollar you invest in Early Childhood you get $7 back. That's probably an under estimate, as the future for kids is wide open if they acquire those skills early on. In terms of the SAMHSA programs, I know how critical they are in Indian Country and around the country. We will look for opportunities to do funding for education and outreach. One of the challenges we are going to have is what sort of funding we can direct to various stakeholders, particularly those who work with populations that are underserved and underrepresented. I think it would make good sense to have some funding specifically for Indian Country. I'm please to see that Lawrence Tabak is here from NIH. The issue about cancer research is one that I think he can take back and we can look for ways to do specific research on Indian Country and make sure populations are represented in the broader studies. In the support of language and culture programs, one of the things that occurs to me is some of that potentially is within HHS, but also a lot of that lies with other agencies including the Council on Humanities and the National Endowment of the Arts. So, that is a conversation I can also have with some of my colleagues, because that funding may be easier to direct from a source outside of HHS. I wish I could tell you the budget will be a lot rosier and we could make more progress on the gap between need and funding, but as you know we are facing a Supreme Court case (which I think will be successful); followed by a successful election (which will give us another four years to work together). Even with that, we are facing at the end of this year in the lame duck congressional session, what people say is the tsunami of issues coming together. Congress will have to reauthorize a raise in the debt ceiling, the Bush tax cut proposals all expire at the end of the year, and if Congress doesn't act on some global budget proposal then the mandatory sequestration will hit. I want to put this on your radar because I think you all have influence with Congress and various groups that is powerful. On the legislative arena, while we are glad to provide some technical support and advice, but I can't tell you how powerful it is that a coalition of Indian leaders goes directly to those with big constituencies in Indian Country. We can help you think through strategies, but sometimes you may be better off using your own voice with HHS. We don't have a 2013 budget yet, we just have the proposal, and yet we are putting together framework for submission of the 2014 budget. Your input will help us as we frame the 2014 proposal and we want

your input on the Hill, as you represent States and communities and can speak to unfulfilled promises. Your voices are powerful at the State and national level and you can shame folks into doing the right thing. Thank you for being part of the committee and thank you Ken for doing a great job.

C: (Ken Lucero) Thank you for convening the STAC. We feel we are doing good work and you will see various initiatives coming across your desk that I think you will be pleased with.

Tribal State Update

Ms. Ecoffey reminded the group that during the last STAC meeting the group discussed Tribal State relations, created a workgroup, established regional office conference calls, and laid out a tentative plan to move the issue forward. She said feedback from Tribes on the topic yielded two resounding issues: child welfare and Medicaid. She directed the group's attention to the State profiles in the meeting materials, for the 35 States that have Tribes, which list the Tribes in the State, the governor with a biography, the makeup of the State legislature, where the State is with the ACA, and information on the State's Tribal Consultation policy. She also indicated that all the conversations from regional consultations on Tribal State relations and a survey of operating divisions on what they do with Tribal State relations was provided on a jump drive for each member. Ms. Ecoffey stated that conference calls, as well as in-person meetings, will be conducted over the summer and a plan for the next fiscal year concerning Tribal State relations, e.g., national forums and how to tie Tribal State relations into HHS programs to impact policy, will be laid out in September 2012.

Commissioner Sparks thanked IEA, Ms. Ecoffey, and Elizabeth Carr, HHS Tribal Affairs Specialist, for pulling the information on Tribal State relations together. When Tribes were asked for feedback on Tribal State relations, Commissioner Sparks reiterated that a lot of the comments focused on child welfare and implementation of the ICWA. To that end, she reminded the group that States would be issued guidance on the implementation of the ICWA. Commissioner Sparks also stated that she was hopeful that they could find ways to improve the implementation of the ICW on the State level, and find ways to promote enrollment of Native children in CHIP programs. She said ACF has learned that a lot of work is being done around Tribal State relations that is not being talked about, e.g., there is a requirement for the State to work and negotiate in good faith with the Tribes when they are talking about Indian child welfare implementation, and there are additional mandates under the FVPSA [Family Violence Prevention and Services Act] legislation that State domestic violence coalitions have to collaborate with the Tribes and with Native Hawaiian Pacific Islanders to address the needs of those communities. Recognizing that each State is different, she asked for input about Tribes' challenges and difficulties in working with States so they could work with the STAC to implement those recommendations.

Ms. Ecoffey added that States have been asking how they should consult with Tribes as a result of the Secretary's letter. She said regional directors have been working with the States to assist them and explain how HHS does Tribal consultation. Notably, she said Maine has requested technical assistance on how to engage in Tribal consultation. In closing, she asked the STAC to review the State profiles and send edits to her or Ms. Carr.

C: (Jace Killsback) For Montana you listed reservations, not Tribes. For the other States you listed Tribes.

C: (Stacey Ecoffey) Please send us your edits, as this is our first draft.

Q: (Tex Hall) Do you have recommended action steps? Maybe you can list who the Indian Affairs person is in each State or provide other best methods that are effective in other places.

A: (Stacey Ecoffey) We have a broad group of Tribal leaders, regional directors, and operating divisions bringing ideas to the table, so we can develop guidance to States. I'd like to think HHS does it the best, but maybe we don't. In some States the relationships are not good. So do we create something that is very basic versus a more comprehensive guidance for Tribal State relations? The workgroup hopes to outline some steps and suggestions and have documents in September to get your feedback on, so we can then move to discuss implementation.

C: (Lillian Sparks) To go even further, if we take a look at what our Tribal Consultation Policy says for the Department, we have a section that talks about the State relationship. In there we said we would look at where we might be able to make sure that States were providing the information that Tribes need to be able to provide the services to their programs. We heard Chairwoman Kennedy talk about data sharing. So, where are there some real tangibles that we can do, in terms of requirements of the States, to help you do the programs you want to do? Is it around data, direct funding, implementation, and/or consultation? It would be great if we could hear your priorities, so we can focus on what we should be asking of States. Outside of legislation, think about how we can better foster Tribal State relationships to get to the end goals already identified by this group.

Q: (Rex Lee Jim) I'd like to address the idea of consultation. Exactly what is a Tribal consultation? We view consultation as occurring with a Federally recognized Tribe, not a workgroup or an advisory group. I think we need to have a discussion about that.

C: (Ken Lucero) In New Mexico we have a pretty good consultation policy in place, but this year it is being put to the test because we now have an administration that is not supportive of Tribes. The Governor and the Tribes just didn't get off to a good start and the relationship has not developed. We don't see that changing anytime soon. By law, the State Governor will have to meet with the [Tribal] governors, Navajo Nation President, and Apache Tribes in June. We are not sure how that process will go. It will be good for us to know what other States are doing. By looking at the resources and utilizing the workgroup, and seeing what other Tribes in other States have done, that will make our plan even better. So I see the workgroup and the information that has been gathered as a resource.

C: (Jefferson Keel) My comment has to do with the idea that Tribes in different States have different relationships with State governments within their States. In Oklahoma, for example, until last year we had an Indian Affairs Commission. Last year the State legislature abolished it for an idea to appoint a cabinet level individual to coordinate with the Tribes. It's been over a year and nobody is in place. The way the HHS regions are situated, some Tribes are located in several States. In the Oklahoma City Area, for example, Oklahoma is part of a region that includes New Mexico, Texas, and Kansas. It's important that all those governors have the same type of guidance; so this is an

important document. I would recommend that we talk about it more after you get the edits and then involve other folks in the regions and operating divisions.

C: (Stacey Ecoffey) The CDC has started paving the way for us and we hope to build off of their success.

C: (Jace Killsback) In Montana, and in some other States, the elections determine if you have a governor who will work with Tribes or not. We have been fortunate over the last eight years to have our governor appoint Natives to his office. However, our consultation with the State wasn't very good because he deferred to what he called a "Gain Council" made up of different department heads who weren't decision makers. So even though we had a consultation policy, in our eyes true consultation was not occurring. What looks good on paper isn't always good in practice.

C: (Sheila Cooper) In addition to the State Tribal unit, there is a component of this that helps the feds and it addresses Roberta's issue of cultural competency of staff. Because we included in our block grants strong encouragement to show evidence of consultation with Tribes, we created a document for our staff to know about the Tribes in the States. So, it's an internal component of the Tribal State relationship for our staff to be aware of Tribes within a State and be informed enough to know when to push back when there is not consultation with Tribes.

C: (Ken Lucero) It looks like we are promoting a State Tribal consultation, but at other times we also talk about direct relationships with the Federal government. So, this workgroup can be a little confusing. I think in a lot of ways we are doing this because we have to; and we need to be more proactive and responsive. I believe that is why we have this workgroup. It's a way for Tribes to have resources available to them and to have the best practices available to them to create the best policy and legislation in their State. At the same time, we are looking for more direct funding and more direct relationships with the Federal government; so I think we need to address that and think about that in terms of Tribal State relations. How are we working our way towards more direct relationships with the Federal government and having less involvement with the States? It seems we almost have two priorities that seem to conflict with each other.

C: (Stacey Ecoffey) When we've been working with our regional directors and internally with our operating divisions, we've made it very clear that we want to do what we can within the law with programs that aren't specifically outlined for Tribes. We want to leverage what the Secretary can do if we are giving money to Tribes and they are supposed to be consulting with Tribes.

C: (Chester Antone) We need to figure out how to collect data to figure out how many Tribes are benefiting from HHS programs, as it may influence how we move forward. We also need to identify people within the State Health Departments and identify people who have direct control over the programs that you fund through the States to move some of these issues forward.

C: (Roberta Bisbee) It would beneficial if we could look at the consultation policies from the different agencies, as well as from the States that have them, on the flash drive.

C: (Cheryle Kennedy) This is a good approach that will help Tribes and States. One of the first issues I brought up at the first STAC meeting was, "What do Federal agencies know about us

Tribes?" It is important that the Federal government and employees we deal with know that a canned approach can't be taken. I know States are getting a little more attentive with their consultation, except for the fact that they presented waiver requests without consultation. An issue I brought up earlier was the need for data that is the same across the board and for the sharing of data. It would be helpful to have centralized information and access to it. On the Tribal side, through IHS, there have been special initiatives that have been raised. One is on contract health services (a GAO study). I'm wondering if some of those could be initiated with the States to find out what they are doing with the funds they receive. Certainly they claim Native Americans, but what have they done with the money they get on behalf of Indian people. Communication is a two-way street. When we develop a consultation policy, it needs to be signed by both parties. Each time consultation occurs, the agreement items should be talked about openly and up front. In Oregon we wanted to gather all resources in the State that we were providing services for to either be reimbursed or receive the money up front. We are citizens of those States, so our members should be accessing the programs that are there. The idea was to identify those services and deliver them in one package, as it takes the same effort to receive $1000 versus $1 million.

C: (Rex Lee Jim) The outcome needs to be a working relationship that resolves our issues and contributes to quality of life in Indian Country. From the Navajo's perspective that means engaging Tribes. As Tribal Nations, we need to say what we think is working in various States. I like the idea on doing a report on all funding that goes to States when they use Indian numbers and seeing what outcomes are there.

Overview of the Meeting, Question and Answers, Next Steps

Chairman Lucero recapped the events of the 2-day meeting, saying that a significant amount of the group's time was spent on discussing the budget priorities that were presented to the Secretary. He said STAC members should feel free to share the budget priorities the group outlined, as well as the policy priorities noted. After reiterating the STAC's request to the Secretary that Indian programs be held harmless from funding reductions, Chairman Lucero emphasized the importance of Tribal leaders being involved in discussions related to sequestration. In terms of next steps, the Chairman raised a question concerning the legislative priority of the Self-Governance initiative and how to move legislative priorities forward. He suggested that NCAI and NIHB spearhead the effort on behalf of Tribes. The following items were listed as things that needed to occur prior to the next full STAC meeting:

- The Self-Governance Workgroup will have a final meeting and prepare its final report for presentation to the STAC.
- The STAC should request written feedback on its budget and policy priorities.
- Edits to the Tribal State relations documents should be submitted to Ms. Carr.
- Feedback on the public information items and website should be submitted to Stacey Ecoffey, so that a STAC report can be shared with Tribal leaders in the fall.
- Meeting materials will be provided in advance of the STAC meeting for members to review.

In response to Chairman Trudell's request to know what is happening in terms of Self-Governance and if anything was being done to strengthen Direct Service Tribes, Chairman Lucero said there was a report on the workgroup's activities, as well as draft legislation, under the second tab of the

meeting materials. Chairman Lucero also stated that the reason the STAC took up the issue was because it is about promoting access and increasing the availability of resources for Tribes. He said the hope is to move forward with a demonstration project and expand Self-Governance into other HHS agencies. Dr. Roubideaux added that she encouraged Direct Service Tribes to comment on the work of the Self-Governance Workgroup, saying they could be affected if funding mechanisms switched; and Lieutenant Governor Keel echoed her sentiments, noting that there is a difference between direct service and direct funding. Following Lieutenant Governor Keel's comment, Councilman Killsback questioned if the STAC should use the term direct funding instead of Self-Governance expansion.

It was also mentioned during this session that the IHS will fund one or two Operation Kasum (sp) sites (possibly Crow and Northern Cheyenne), where the Commission Corps descend on a community and provide training and services, e.g., vision, dental, sanitation, and environmental health inspections. Dr. Roubideaux also stated that she now requires Director's approval (getting sign-off by the local CEO and Area Director) for any IHS Commission Corps Officer to do a deployment, thus ensuring that clinics and hospitals are not left short staffed. Dr. Roubideaux also clarified that sharing agreements allow medical records to be shared; and she said that based on the ACA, the IHS is now the payer of last resort. Following her remarks, Vice Chairman Honanie argued that more services were needed for veterans and their families. In response, Dr. Roubideaux said behavioral health is a big topic of conversation with the VA [Veterans Affairs] reimbursement agreement, and the VA is getting pressure from Congress to do better in terms of behavioral health services. Administrator Hyde added that SAMHSA has a fair amount of work going on with the VA and the DOD on behavioral health issues for veterans, including policy academies with States and Tribes.

HHS Closing Comments

HHS Deputy Secretary Bill Corr joined the meeting during the closing session to speak with the STAC. After the STAC members provided him with brief self-introductions, Deputy Secretary Corr thanked them for serving on the committee, noting the value the committee brings to HHS. Chairman Lucero briefed Deputy Secretary Corr on the STAC's priorities, as shared with the Secretary earlier in the day. After hearing the priorities, Deputy Secretary Corr thanked the Chairman for the review and commented that the needs were articulated in a way that was easily understood.

Tribal Closing Comments

Before the meeting closed, Councilman Antone requested that the STAC keep in mind the topic of social determinants of health, stating that it will be important to track their progress (with actual numbers) over the years in terms of preventing illnesses and diseases. Chairman Lucero encouraged the STAC to pay more attention to the model, noting that it looks at how various factors in a person's life affect their health. Councilwoman Bisbee recommended that the HHS Chief of Staff and/or Deputy Secretary participate in the roundtable discussion at future meetings.

Tribal Closing

The meeting closed with Councilman Antone providing the closing prayer.