

**Department of Health and Human Services
Secretary's Tribal Advisory Committee Meeting
Washington, DC
June 2 - 3, 2015**

Executive Summary Report

The tragedy of suicide in Indian Country took center stage during the opening meeting of the 2015-2016 Secretary's Tribal Advisory Committee (STAC). Secretary Burwell noted acute crisis situations in such Native communities as Pine Ridge and Standing Rock. Seeking a greater level of engagement as an administration, she used her time with STAC members to identify short- and long-term solutions to a critical problem that the Department of Health and Human Services (HHS) must solve quickly and correctly. An overtime settlement involving Indian Health Service (IHS) also attracted great interest from STAC members, and historical trauma remains a hot-button issue. Newly elected chair Cathy Abramson led the meeting.

Members Present for Roll Call: Cathy Abramson (Bemidji Area), Ron Allen (Portland Area), Chester Antone (Tucson Area), Russell Begaye (Navajo Area), Judy (Elaine) Fink (California Area), Leonard Harjo (Oklahoma Area), Gary Hayes (Albuquerque Area), Roger Trudell (Great Plains Area), and Stephen Kutz, Robert McGhee, William Micklin and Aaron Payment (National At-Large Members). (Quorum Met)

Action Items

HHS Budget Updates

- Navajo Nation President Russell Begaye briefly raised the issue of settlement that impacts the Kayenta facilities and asked to meet one-on-one with IHS Acting Director Robert McSwain. Mr. Cochran said a follow-up would occur with President Begaye and Mr. McSwain to address that important topic.
- Mr. Cochran will follow up to see if Adaeze Akamigbo can attend a future STAC meeting.

Indian Health Service Discussion

- A Dear Tribal Leader letter will go out to explain the Joint Venture Program two-step process.

Secretary's Tribal Advisory Committee Meeting

June 2, 2015

Welcome and Meeting Logistics

As part of the opening meeting for the 2015-2016 term, STAC members elected Cathy Abramson as chair and Brian Cladoosby as vice chair. Members approved the two-day agenda after adding a discussion on the bylaws to address vacancies for regional representation. Prayer and introductions followed.

In his remarks, Paul Dioguardi confirmed the remaining 2015 meeting dates: **September 15-16 and December 1-2**. HHS staff members seek nominations for the remaining STAC member vacancy for the Phoenix Area to give the board a full slate. Staff also have received positive feedback on the new follow-up process that gives updates on STAC member priorities. Thoughts and ideas on how to improve the reporting process are always welcome. Stacey Ecoffey will send out tentative dates for 2016.

Leonard Harjo noted that the primary delegate seat for the Oklahoma Area is now vacant. Ron Allen moved to amend the language in the STAC rules of order by inserting a new vacancy section. With this change, an alternate member would automatically become the delegate for the remainder of the term in the event of a vacancy in the delegate's seat. Staff will notify the regions and seek nominations for vacant alternate seats.

Aaron Payment seconded the motion. The committee passed the motion unanimously.

Last, Navajo Nation President Russell Begaye briefly raised the issue of settlement that impacts the Kayenta facilities and asked to meet one-on-one with IHS Acting Director Robert McSwain. Mr. Cochran said a follow-up would occur with President Begaye and Mr. McSwain to address that important topic.

HHS Budget Updates

Norris Cochran, Deputy Assistant Secretary for the Budget

For the 2016 budget that is in front of Congress, HHS has succeeded in making funding for the IHS a high priority. From previous discussions, STAC members know that the budget proposes an increase of 10 percent, well above the average for the Department's discretionary budget when taking into account all of the operating divisions. The budget is a testament to the priority that the Secretary and President Obama continue to place in this area to address critical needs in Indian Country, said Mr. Cochran.

Mr. Cochran also highlighted these issues:

- Operating divisions have begun submitting requests for the fiscal year 2017 budget. Secretary Burwell's final decision will go to the Office of Management and Budget (OMB) in September. The President will submit a budget in February 2016.

- The 2017 budget includes a robust set of proposals, such as putting contract support costs on the mandatory side of the budget.
- The challenge with the discretionary budget: Congress is starting from a different point than the Administration, said Mr. Cochran. The Administration has put forward a budget that calls for setting sequestration aside permanently and bringing up discretionary caps. Congress, however, is operating at a level that is closer to flat with FY 2015.
- The “doc fix” bill, the Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act, has extended a number of important HHS activities, including the Special Diabetes Program through the IHS at \$150 million a year for both 2016 and 2017.
- Adaeze Akamigbo replaces OMB’s Dr. Julian Harris, who has returned to Massachusetts.

Indian Health Service Issue Discussion

Robert McSwain, Acting Director, Indian Health Service

Continuing the settlement discussion, Mr. McSwain noted that staff have worked on this issue for a number of years. Through arbitration, IHS realized the issue involved about 22,000 claimants, most of whom are at the service units and who are health care providers or those who support health care providers. Paying each claimant would have cost hundreds of millions of dollars, said Mr. McSwain. The Navajo Nation also will get the full amount of staffing for its facility in 2016.

Mr. McSwain also made these points:

- On May 13, IHS held its first joint meeting of the Tribal Self-Governance Advisory Committee (TSGAC) and the Direct Service Tribes Advisory Committee (DSTAC).
- IHS continues to move on contract support claims. The staff is on track to finish all offers by the end of the year. The Contract Support Cost (CSC) Workgroup will meet in July or August.
- Mr. McSwain sent out a letter to the tribes requesting the top five facility needs for an upcoming Federal Appropriations Advisory Board (FAAB) report. Mr. McSwain will encourage FAAB to take a fresh look at the need for staff housing in Indian Country.
- A Dear Tribal Leader letter will go out to explain the Joint Venture Program two-step process.
- Regarding the Resource and Patient Management System (RPMS), ICD-10 is on track for Meaningful Use II. Staff members are preparing for Meaningful Use III. Starting with Billings, IHS will conduct an area-to-area review of IT services from the RPMS standpoint.
- Mr. McSwain thanked the tribes for participating in the Ebola deployment, which sent 40 officers to western Africa.

Centers for Medicare and Medicaid Services (CMS)

Kevin Counihan, Deputy Administrator, Center for Consumer Information and Insurance Oversight (CCIO), CMS

Jim Golden, Director, Division of Managed Care Plans

Nicole Kaufman, Technical Director, Managed Care Policy, Division of Managed Care Plans

Kitty Marx, Director, Tribal Affairs Group, CMS

The CMS team has worked closely with STAC member Ron Allen on these three areas:

- **Data and information:** Staff members have had a variety of discussions on the kinds of information to get, how to share it and how to make the information actionable. CMS must continue to pursue the area of definitions used to populate data cells.
- **Call Centers:** There is a perception that tribal members aren't getting appropriate responses when they contact the call centers about enrolling for health care. A separate call center for tribes, however, would not be cost-effective, said Mr. Counihan. Additional training and dedicated supervisors could improve wait times and the accuracy of the information given. Thirteen call centers are available during the open enrollment period.
- **Qualified Health Plan (OHP) contracting:** Staff have identified some inconsistencies with respect to how the QHPs enroll Indian providers and how CMS is meeting its essential community provider standards. The Department has launched a study to investigate and update information about QHP enrollment. In addition, Navigators and assisters will receive an updated toolkit in July to help them enroll people more effectively.

The CMS presentation also included these highlights:

- Medicaid recently released a major regulation that modernizes Medicaid managed care and the CHIP. This is the first time that CMS has updated the Medicaid managed care regulations since 2002.
- The proposed regulation would set standards for managed care plans and the level of access to Indian health care providers. CMS seeks comment on these three areas:
 - Whether the provisions set forth are consistent with the protections in Section 5006 of the American Recovery and Reinvestment Act (ARRA) to ensure timely access of Indian enrollees to Indian health care providers.
 - How to better coordinate care when an Indian enrollee has seen an Indian health care provider who is out of network and then requires a referral for specialty services to a provider who is covered in network.
 - How to better understand the barriers that Indian health care providers have to contracting with managed care plans as network providers, and the types of helpful technical assistance that CMS could offer to help forge those relationships.

- The comment period will remain open until July 27. An All Tribes Call will take place June 25th to reach out on Indian health issues and inform tribal members about the regulation.

Administration for Community Living

Kathy Greenlee, Administrator, Administration for Community Living

Updates from the ACA included these highlights:

- The White House Conference on Aging will take place July 13 in Washington, DC.
- A listening session for the Title VI Older Americans Act programs funded by ACA will take place August 11 during a conference.
- A number of funding opportunities are available for tribes, including funding for chronic disease self-management programs and evidence-based falls prevention. Tribes are eligible for all discretionary grant programs.
- Ms. Greenlee will be out of town for the September STAC member. Erin Bishop, the ACA commissioner on disabilities, will give a presentation to the STAC during that meeting on the work occurring in Indian Country with regard to people with disabilities of all ages.

National Institutes of Health

Lawrence Tabak, Deputy Director, National Institutes of Health

Dr. Tabak provided these updates:

- The roster for the Tribal Consultation Advisory Committee (TCAC) still includes one primary delegate vacancy in the Albuquerque Area, vacancies for alternate delegates for the Aberdeen, Albuquerque, Billings and Phoenix Areas and openings for three national at-large member alternate positions. The first in-person meeting will occur September 29-30 at NIH.
- A new American Indian/Alaska Native Health Research Website will provide information on all NIH American Indian/Alaska Native focused projects and funding opportunity announcements. The National Congress of American Indians (NCAI) and the NIHB can link to these sites.
- Twelve American Indians/Alaska Natives will participate in summer research programs on the campus. In addition, six will participate in a post-baccalaureate program. Other opportunities for Native youth are available as well. Tribal leaders should contact Dr. Tabak for more information.
- NIH seeks feedback on additional dimensions to consider in the area of research on historical trauma. The campus also wants to draw more people into doing this type of research.

HHS Actions on Opioid Abuse

Andrea Palm, Senior Counselor to the Secretary

Secretary Burwell has identified opioid abuse as a critical issue in light of rising deaths from drug overdoses and increases in heroin use. Ms. Palm noted a 39 percent increase in heroin deaths between 2012 and 2013. An initiative across the Department seeks to identify the most evidence-based interventions to reduce overdoses, overdose related deaths and drug dependence. The budget that went to the Hill during the past budget cycle included \$99 million for activities in this initiative. Staff continue to work toward outcome-based measures in these three priority areas:

- Prescribing practices, striking a balance between legitimate pain management and dangerous overprescribing.
- Increasing access to Naloxone, an overdose reversal drug.
- Increasing access to and the use of Medication-Assisted Treatment (MAT), the most effective form of treatment for opioid use disorders.

Generation Indigenous

Lillian Sparks Robinson, Chair, Intradepartmental Council on Native American Affairs (ICNAA)

Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental and External Affairs

Several successful Native youth activities have taken place leading up to the Generation Indigenous event that will occur at the White House on July 9. As a co-sponsor for that event, HHS has been involved in the planning, and Secretary Burwell will participate. HHS staff also seek feedback from STAC members on broader ways to identify and promote internships and jobs for youth. The Department also wants to connect youth input and priorities with ongoing STAC initiatives.

Whereupon, the meeting adjourned at 5:34 p.m., to resume at 9:00 a.m. on Wednesday, June 3.

Secretary's Tribal Advisory Committee Meeting

Wednesday, June 3

Administration for Children and Families (ACF)

P.L. 102-477 Implementation

Felicia Gaither provided an update on Public Law 102-477 and the Tribal Temporary Assistance for Needy Families (TANF) program. Among the highlights:

- A federal partner meeting with the BIA took place two weeks ago to discuss new reporting forms and plans for ensuring that all tribes affected by changed forms are trained and understand fully how the transition process will occur.
- HHS staff will draft the audit supplement guidance and share it with the Tribal 477 Workgroup.
- Staff continue to work with tribes that already have approved TANF plans to help them incorporate those plans into their 477 programs.
- A Tribal TANF meeting will take place in Washington, DC, August 31. The meeting will include roundtable discussions between both states and tribes. In response to a question from Councilman Antone, Ms. Gaither noted that Tribal TANF has additional flexibilities that state TANF programs don't have. Staff also expect to announce Tribal TANF grant recipients by the time the meeting occurs.

Tribal leaders responded with continued requests for expanding the 477 programs for greater flexibility. Mark Greenberg, acting director of ACF, noted that staff continue to work through legal and policy issues.

Indian Child Welfare Act Implementation

Joo Yeun Chang, Associate Commissioner for the Children's Bureau, discussed data collection, child and family service plans, cross-agency efforts and other issues related to strengthening the Indian Child Welfare Act (ICWA). Primary highlights included these points:

- An upcoming report will include state-by-state fact sheets that spell out:
 - what states have told the Children's Bureau about their consultation practices;
 - the policies states have in place to ensure ICWA compliance;
 - how states measure ICWA compliance, and;
 - any challenges states have shared regarding ICWA implementation.
- The report will include feedback from tribes within that state as well as discrepancies HHS staff have identified regarding state ICWA compliance. The report should be available in mid-August.
- The Children's Bureau is reviewing applications for direct Title IV-E planning grants. Staff will make announcements by the end of the fiscal year.

- Heather Zenone has come on board as the senior tribal advisor working to coordinate activities across agencies, states and tribes.

Tribes reported that negative attitudes and ICWA non-compliance continue to occur within the states. Councilman Kutz said the upcoming report should provide a pathway of enforcement and consequences for the states that aren't making progress.

Ms. Chang said staff will use the report to identify communication failures between states and tribes, highlight what works well and identify what the federal government expects from states. Further, tribes, states and the federal staff in the regional offices can use the report to ensure compliance on a state-by-state level. Chairman Trudell reminded HHS staff about developing policies for tribal children who aren't enrolled in any tribe.

Office of Head Start

Bianca Enriquez, the new Head Start Director, provided a status report on Tribal Head Start statistics, funding, monitoring, training/technical assistance and other issues. Tribal consultations will occur this summer in Sacramento, California; Tulsa, Oklahoma; and Billings, Montana. Staff also have proposed consultations in Alaska and Mississippi in October. Linda Smith encouraged tribes to comment on the revised Head Start standards that will be available in two weeks.

Tribal members asked questions about prospective, proactive approaches to compliance and improvement. Head Start also should offer more creative, flexible solutions to tribes that don't quite meet the numbers needed to have a program. Funding cuts for underenrollment also present a major challenge. In his remarks, Principal Chief Harjo encouraged staff to provide governance guidance tailored to tribal settings.

Chairman Trudell added that pre-kindergarten classes in the public school system are drawing potential students away from Head Start program available on smaller tribes. That reflects a conflict between two government agencies. One potential solution has been for Head Start to put more funding in Early Head Start to reach more infants and toddlers. Other Head Starts have adjusted their hours to meet community needs.

Secretary Sylvia Burwell

Focusing the discussion on suicides in Native communities, Secretary Burwell asked tribal leaders to share thoughts on causes and solutions to this troubling issue. STAC members highlighted the following points:

Short-term fixes:

- Publish available tribal/local resources in obvious, continuous ways so family members know whom to call if they notice a problem.

- Understand the impact of alcohol and substance abuse, mental health issues and high unemployment on tribal communities and the lack of faith-based programs such as traditional healing practices.
- Establish a workgroup to review existing approaches and develop a comprehensive approach based on community culture. Generation Indigenous should tie into this effort.
- Using the CDC approach, attack the issue of suicide as an epidemic and go into communities with a team of counselors and other professionals to build skills, interventions and coordination at the community level.
- Train tribal staff/community residents to identify problems and be available to avert crises.
- Talk to youth and families that have been directly affected by suicide to identify true causes.
- Use the EpiCenters to develop behavioral risk assessments for high school students.
- Develop culturally sensitive approaches based on expert information.
- Create public service announcements to educate the general public about suicide in Indian Country and increase support for funding.
- Tackle cyberbullying.
- Provide safe, confidential places to talk.
- Focus on the strengths of Native communities.
- Teach youth how to overcome disappointment and the fear of failure.
- Give youth a sense of hope and resilience.

Long-term solutions:

- Get federal support for the Tribal Behavioral Health Agenda to help Native communities develop their own definitions of well-being.
- Address the funding increases needed to provide adequate housing, schools, justice, law enforcement, behavioral-health professionals and more in Indian communities. Provide greater flexibility so tribes can use the funds in effective, culturally appropriate ways.
- Tackle such issues as child abuse, child neglect and trauma in the childhood home.
- Coordinate the behavioral health systems with primary care to more quickly identify and address mental-health and substance-abuse issues. Connect mental health counselors with the school system -- even within Head Start -- to identify and get children into services early.
- Help tribes get the matching funds needed to secure grants that can address these emergencies.
- Strengthen ICWA and conduct extensive research on historical trauma in Indian Country.
- Restore a sense of spirituality, identity and culture, along with the use of Native language, back into the family structure and Native communities.

At the end of this session, STAC members agreed to submit a letter to the Secretary to highlight the other topics they didn't have time to discuss. Tribal leaders also can submit additional comments and solutions for preventing suicides in Indian Country.

HHS Federal Member Roundtable Discussion

Generation Indigenous as well as historical/current/community trauma continue to be major focus areas for **SAMHSA**. Discussion about the National Tribal Behavioral Health Agenda is ongoing as well. This initiative will cover these five elements:

- Historical/intergenerational trauma
- National awareness/visibility of behavioral health issues
- Ways to integrate behavioral health into other health care issues
- Prevention and recovery support
- Behavioral-health services and systems improvement

Administrator **Pam Hyde** also provided these updates:

- For 2016, SAMHSA has proposed a budget of \$30 million. Administrator Hyde requested the tribes' support in getting those dollars into Indian Country.
- A request for applications is available for tribes that wish to serve as Certified Community Behavioral Health Centers and receive additional funding.

As Native communities continue to deal with substance abuse, tribal leaders requested more focus on preventive rather than curative activities.

Increasing access to quality health care services tops the priority list for the **Health Resources and Services Administration (HRSA)**. During the next 12 to 18 months, Acting Administrator **Jim Macrae** also wants to tackle these issues:

- Strengthen the health care workforce
- Promote a team-based approach to care
- Build healthy communities
- Improve health equity
- Strengthen internal operations

Mr. Macrae also provided several supplemental items, including details on the AIDS Education and Training Centers, a full list of all the agencies that receive funds from HRSA and a list of programs to which tribal entities have applied. Further, Mr. Macrae supplied a sample of a successful tribal application. In other news, two new funding opportunities are available for tribes.

In their response, tribal leaders noted that the Code of Federal Regulations (CFR) that calls for privacy for chemical-dependency patients restricts coordinated care. Further, restrictions to the National Health Service Corps create difficulties for tribes that have trouble attracting medical staff to rural areas.

Reporting for the **Centers for Disease Control and Prevention (CDC)**, **Judith Monroe** addressed these points:

- August 4-5 are the dates for the CDC/Agency for Toxic Substances and Disease Registry (ATSDR) TAC meeting and the 13th Bi-Annual Consultation.
- Trainings will occur this summer and fall inside CDC to help staff work well with tribal governments.
- CDC seeks more tribal applicants for its Public Health Associate Program. From 2013-2014, CDC had six placements. A new class that will begin October 2105 has had a substantial increase in applicants from Indian Country.
- As part of Generation Indigenous, the agency also has geared three websites toward tribal youth:
 - It's Your Game: Keep it Real, focusing on HIV and STDs as well as teen pregnancy prevention;
 - The Native Diabetes Wellness Program;
 - Native STAND, Students Together Against Negative Decisions.
- The Native specimens work continues.
- Last year, CDC funded tribes with an increase of \$6 million in grants. Two funding announcements have a June application deadline.

In response to a question from tribal leaders, the CDC's **Carmen Clelland** reported that the agency will get involved with behavioral health initiatives by inviting a traditional healer to the TAC meeting in August.

J. Nadine Gracia, Deputy Assistant Secretary for Minority Health, highlighted these points in her presentation to the STAC:

- Karen DeSalvo is the acting assistant secretary for health in the Office of the Assistant Secretary for Health (OASH).
- Dr. Gracia provided details on workshops available through the Higher Education Technical Assistance Project, an initiative designed to help minority-serving colleges and universities strengthen skills in coalition building, financial management, evaluation and resource development. The August 26-28 workshop at the University of Denver will place special emphasis on tribal colleges and universities.
- OASH developed a flier/infographic to give tribal members clearer information on accessing the ACA. STAC members offered comments and suggestions to improve the flier's clarity.

The meeting ended with final remarks from Dr. Yvette Roubideaux, who is leaving IHS, as well as words of gratitude for Dr. Roubideaux from STAC members.

Whereupon, the meeting ended at 1:42 p.m.