

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

**Washington, DC**

**September 15-16, 2015**

***Executive Summary Report***

*As the Obama Administration winds down, members of the Secretary's Tribal Advisory Committee (STAC) want to pursue decisions that will strengthen Indian Country long after the President leaves office. During the fall meeting, members called for the creation of an Indian Desk at the Office of Management and Budget (OMB) and pushed for more flexible funding. Federal and tribal partners also want to tap into the energy and excitement of Generation Indigenous to spark long-term change in education, economics and behavioral health. The Indian Health Service (IHS) overtime settlements remain a topic of interest, and concerns about the HHS-operated tribal hospital at Winnebago highlight ongoing issues of access and adequate care.*

Members Present for Roll Call: Cathy Abramson (Bemidji Area), Chester Antone (Tucson Area), Tino Batt (Alternate, Portland Area), Russell Begaye (Navajo Area), Cheryl Frye-Cromwell (Nashville Area), Leonard Harjo (Oklahoma City Area), Gary Hayes (Albuquerque Area), Arlan Melendez (Phoenix Area), Andy Teuber (Alternate, Alaska), Roger Trudell (Great Plains Area), and Robert McGhee, William Micklin and Aaron Payment (National At-Large Members).  
(Quorum Met)

**Action Items**

**HHS Budget Updates**

- During an upcoming meeting with the Office of Management and Budget (OMB), Mr. Cochran will reiterate STAC members' request for an Indian Desk at OMB.

**Indian Health Service Discussion**

- Mr. McSwain will mandate a standard format for the monthly reports that go from the IHS facilities to tribal leaders.
- Mr. McSwain also will find out the status of Medicare-like rate regulations.

**Administration for Children and Families**

- In response to a question from Gloria O'Neill, Maria Cancian will provide an update on the general waiver for tribes for match requirements across the Department.

- Ms. Cancian also will share any available details on why ACF couldn't include Head Start and the Low Income Home Energy Assistance Program (LIHEAP) in the 477 expansion.

### **Administration for Community Living (ACL)**

- In response to Tino Batt's request, Cynthia LaCounte will provide a summary report on the states that are working with tribal communities as directed by ACL.
- Ms. LaCounte also will give Stacey Ecoffey a list compiled through CMS' Long-Term Services and Supports Project regarding nursing homes and long-term care facilities. Ms. Ecoffey can disperse the list to the STAC.

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## **Secretary's Tribal Advisory Committee Meeting**

**September 16, 2015**

### **Welcome and Meeting Logistics**

Emily Barson met with the STAC as the new director of Intergovernmental and External Affairs (IEA) following the departure of Paul Dioguardi. Ms. Barson served as deputy director for the past four years and has worked closely with both Mr. Dioguardi and Stacey Ecoffey on tribal issues. Following Ms. Barson's remarks, the board approved the agenda for the September meeting.

STAC member terms will not be up for renewal until February 2016. Members approved these meeting dates for next year:

- March 1-2, 2016
- June 7-8, 2016
- September 13-14, 2016
- December 6-7, 2016

### **HHS Budget Updates**

**Norris Cochran**, Deputy Assistant Secretary for the Budget

**Adaeze Akamigbo**, Office of Management and Budget

The budget process remains a bit of an unknown for 2016, said Mr. Cochran. The Administration has presented Congress with a robust set of proposals, asking for an increase of roughly 10 percent for the Indian Health Service (IHS) in particular. That increase is well above the average for HHS overall in the discretionary budget.

Providing quality health care and maintaining access remain top priorities for the Administration. Since the President took office, he has worked to increase overall funding that heads out to

Indian Country, said Ms. Akamigbo, and continues to reach out to tribes to strengthen government-to-government relationships. Specific accomplishments include:

- OMB has developed strong budgets for IHS during the past six years. Congress has usually supported these requests, not often at the full funding level OMB has put in, but there has been decent support for IHS activities.
- The Affordable Care Act has permanently reauthorized the Indian Health Care Improvement Act, which serves as the foundation for preserving access and maintaining health care services for American Indian/Alaska Native populations.
- IHS has some tribal organizations that now have the ability to get reimbursed through the Veterans Administration (VA) for care given to American Indian/Alaska Native patients who are in the VA system.
- The Generation Indigenous initiative that focuses on improving the lives of Native youth through new investments and increased engagement. Key focus areas include education, juvenile justice, housing and health.
- The fiscal year 2016 budget continues the President's effort to strengthen Indian Country with significant proposed investments especially focused on Native youth. Multiple agencies now work together to better communicate and develop specific programs.

### **Indian Health Service Issue Discussion**

**Robert McSwain**, Indian Health Service

Mr. McSwain provided these updates:

- 12 area listening sessions and 4 national meeting listening sessions have taken place. These sessions gave details on the transition from Dr. Roubideaux to Mr. McSwain.
- Top priorities for the Department at this time include:
  - Looking at ways to improve Indian Health Service -- ensuring that American Indians/Alaska Natives have their options for health care coverage under the Affordable Care Act.
  - Improving the quality and access to care -- the initiative on hospital consortia falls under this priority. IHS must look at the 28 hospitals it operates and ensure consistent, quality care in accordance with current standards.
- The Department has seen positive results in the states that have expanded to the 138 percent of poverty. In one state, collections are up and programs are operating at Level 4 rather than Priority 1. Priority 2 is prevention while 3 is primary and secondary referral. 4 is elective surgery. Many tribal communities have never gone past Priority 1.
- Alaska and South Dakota are in conversations about expanding Medicaid.
- IHS is moving quickly and urgently across the contract support costs claims. As of September 11, 1,370 claims were analyzed. IHS has extended 1,373 settlement offers to tribes. In total, \$721 million in claims were accepted or finalized. IHS will have all offers out by the end of the year.

- Suicide prevention: IHS and SAMHSA have been working together on this issue, particularly in light of the crisis on the Oglala Sioux Tribe that began in December 2014 and continues to occur. Through listening sessions that took place around the country this year, federal staff members have learned that the Oglala Sioux Tribe isn't the only one experiencing tragedies. The issue has sparked a great deal of coordination among such federal agencies as IHS, SAMHSA, the Administration of Children and Families (ACF), the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).
- The Methamphetamine Suicide Prevention Initiative program has moved out this year with a grant program.
- The number of grants available this year for diabetes has increased now that IHS has combined the Healthy Heart Program into the Community-Directed Diabetes Program.
- Regarding Meaningful Use payments in the second quarter of 2015, more than \$143 million was received as a result of the adoption and meaningful use of the Resource and Patient Management System (RPMS) electronic health record by IHS tribal and urban hospitals and providers.
- Mr. McSwain encourages tribes to get their data sharing agreements in place.
- The next meeting of the Federal Appropriations Advisory Board will take place in Phoenix. Meetings are open.

### **Centers for Medicare and Medicaid Services (CMS)**

**Timothy Hill**, Deputy Center Director, CMCS

Mr. Hill highlighted emerging policy proposals that have come from South Dakota and Alaska regarding 100 percent Federal Medical Assistance Percentages (FMAP) for services provided by IHS and tribal facilities.

Alaska expanded Medicaid effective September 1. State leaders have asked for two changes: To get 100 percent FMAP for emergency and nonemergency medical transport, which, as in many rural areas but particularly in Alaska, is a big issue. The state also asked CMS to expand the 100 percent to referrals made by an IHS or a tribal facility to those who receive services outside of the facility. HHS is looking into revising its guidance on this issue.

South Dakota's leaders continue to discuss expansion. As part of its proposal, the state has made three requests:

- Extending FMAP 100 percent to telehealth services provided at a tribal facility.
- Expanding and providing 100 percent FMAP for expansion of specialty services, such as diabetic care, through collaborative arrangements with non-IHS facilities provided by non-IHS providers.
- Expanding the use of community health representatives to help Medicaid eligible American Indians/Alaska Natives access primary care services through facilities.

HHS is considering these requests. Any responses to state proposals will have implications for the tribes, so CMS staff want input from Indian Country. Tribes should submit comments as soon as possible.

### **Affordable Care Act (ACA) Outreach Discussion**

**Stacey Ecoffey**, Principal Advisor to Tribal Affairs, IEA

**Kitty Marx**, Director, Tribal Affairs Group, CMS

**Geoff Roth**, Senior Advisor, Indian Health Service

In preparation for open enrollment, HHS staff decided to get STAC members' suggestions for outreach and education. Session presenters also raised these points:

- IHS continues to fund its National Indian Health Outreach and Education Initiative, a partnership of the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), the Self-Governance Tribal Advisory Committee and the National Council of Urban Indian Health. These organizations have done hundreds of individual tribal trainings with consumers and leaders.
- Training will focus on non-Indian Navigators to give them more information about specific American Indian/Alaska Native provisions.
- Open enrollment will occur November 1 to January 31.
- CMS conducts trainings and webinars on various topics as they arise. The agency also has partnered with the Veterans Administration to talk about the reimbursement rates and the agreements that are available to tribes. Fact sheets and outreach documents also are available to spell out rules and protections for Indians. Drop-in radio and newspaper ads and public service announcements help get the word out about coverage.
- A new campaign, Native Art for Health, uses social media to reach tribal communities in urban areas not served by an IHS hospital or tribal/urban Indian clinic. The campaign, which has already been in Philadelphia and Atlanta, will now head to Houston, San Antonio, Fayetteville, Kansas City and other locations.

### **Administration for Children and Families (ACF)**

**Maria Cancian**, Deputy Assistant Secretary for Policy

**Linda Smith**, Deputy Assistant Secretary, Early Childhood Education

**Nisha Patel**, Director, Office of Family Assistance

**Felicia Gaither**, Director, Division of Tribal TANF Management, Office of Family Assistance

**Rafael Lopez**, Commissioner, Administration on Children, Youth and Families

Ms. Cancian began her remarks by announcing these leadership changes:

- Joo Yeun Chang left ACF although she will continue to work on children's issues.
- Rafael Lopez is the new ACF Commissioner for Children, Youth and Families. In that role, Mr. Lopez oversees both the Children's Bureau and the Family Youth Services Bureau.
- ACF now has an Office in Trafficking In Persons (OTIP) led by Katherine Chon, a senior advisor in trafficking.

ACF staff also highlighted these issues:

- Ms. Cancian announced there is a legal basis to expand 477 to include CSBG. ACF will move forward with that expansion. There is no legal basis to include Head Start or the Low Income Home Energy Assistance Program (LIHEAP) in 477.
- Ms. Smith released a report on the Tribal Early Learning Initiative project, a collaborative effort across Head Start, home visiting and child care. Staff members have announced the next six sites for the projects ACF wants to do around this collaboration.
- ACF provided details on its Early EdU, an alliance with the University of Washington for Head Start and early childhood teaching. The courses were paid for with Head Start dollars so there is no charge for the vast majority of the materials.
- The Office of Family Assistance will be announcing new grants for Tribal TANF Child Welfare Coordination, Healthy Marriage, Responsible Fatherhood and Health Profession Opportunity Grants by the end of September.
- Staff will implement the new OMB-approved 477 forms as of October 1. The first training on implementation has already taken place. The office will continue to draft compliance supplement language for the audit process.
- In fiscal year 2016 HHS will provide a \$900,000 set-aside for awards to tribes and tribal organizations to evaluate teen pregnancy prevention models.
- A new round of funding for the Tribal Personal Responsibility and Education Program (PREP) program will be available. A \$3.25 million funding announcement will be published in April of 2016.
- Tribal Title IV-E announcements for fiscal year 2016 will be available shortly. Five tribes will be announced.
- The Indian Child Welfare Act (ICWA) data elements and the Children's Bureau report remain in process.

## **National Institute of Health (NIH)**

**Dr. Francis Collins**, Director, National Institutes of Health

Dr. Collins gave details on the Precision Medicine Initiative that the President announced in January. This effort includes two parts:

- A focus on cancer using a targeted approach that will match cancers at a molecular level with possible treatment.

- A long-term, ambitious effort that would derive information about all diseases as well as health by enrolling a million or more people as partners in this research effort. In March, NIH formed a workgroup to develop a vision and design for the project.

### **Centers for Disease Control and Prevention (CDC)**

**Carmen Clelland**, Associate Director, Tribal Support Unit

The CDC seeks to respond to tribal requests, understanding tribal sovereignty and self-determination as well as the consultation process. The agency uses these strategies to accomplish that goal:

- The Tribal Advisory Committee (TAC) includes 12 members of the IHS areas as well as four at-large members. Cathy Abramson, Chester Antone and Jefferson Keel serve on the TAC. The TAC wants to develop a strategic plan to guide what members' seek in improving public health.
- The Office for State, Tribal, Local, and Territorial Support (OSTLTS), which serves as an engagement office, looks to support health officers as well as other entities such as tribes to ensure there is an infrastructure for public health, and that infrastructure receives support from grants or funding opportunities.
- During a recent consultation, tribal leaders identified access to and transparency about the CDC budget as a top priority.

Whereupon, the meeting adjourned at 4:41 p.m., to resume at 10:00 a.m. on Wednesday, September 16, 2015.

## **Secretary's Tribal Advisory Committee Meeting**

**Wednesday, September 16**

### **HHS Federal Roundtable**

#### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

**Kana Enomoto**, Acting Administrator

Ms. Enomoto greeted STAC members as the new Acting Administrator of SAMHSA following the departure of Administrator Pam Hyde, who left in August after six years in leadership.

Ms. Enomoto led a discussion on historical trauma during the March STAC meeting.

Ms. Enomoto provided these updates:

- Building on the legacy of Administrator Hyde, SAMHSA continues to pursue the Tribal Behavioral Health Agenda. Staff work actively with partners at NIHB and other national organizations. SAMHSA has a framework for developing a blueprint based on input from tribal leaders and members as well as federal partners. The agenda will focus on five foundational pillars:
  - Historical and intergenerational trauma and lateral violence
  - National awareness and visibility
  - A socioecological approach
  - Enhanced prevention and recovery support, and
  - Improved behavioral health services and systems.
- The agenda also will include four cross-cutting themes:
  - Youth
  - Culture
  - Identity, and
  - Individual self-sufficiency
- SAMHSA will present the priorities and actions where consensus exists and complete the HHS clearance process to get to the 2015 White House Tribal Nations Conference.

#### **Health Resources and Services Administration (HRSA)**

**Jim Macrae**, Acting Administrator

Mr. Macrae announced these updates:

- During the summer HRSA announced the second round of new Access Point Awards to establish new community health centers and support satellites (or new service delivery sites) for existing health centers. 10 applications came in from organizations that focus on serving American Indians/Alaska Natives. Of those, 8 were successful. HRSA awarded a total of \$6 million.
- Out of 29 organizations that currently focus on American Indians/Alaska Natives, 28 received awards that recognize health centers that have improved quality of care, perform



well in terms of clinical outcomes or made the transition from reporting paper data to electronic information. The Department awarded a total of \$1.3 million.

- HRSA recently made an announcement around expanded services, an opportunity for health centers at existing sites to add more primary medical capacity, oral health services, behavioral health services, vision, pharmacy and more. Of those awards, 29 went to organizations focused on American Indians/Alaska Natives. HRSA awarded a total of \$7.5 million.
- Staff announced a construction opportunity, and one tribal entity received about \$1 million to support expanded construction renovations.
- HRSA seeks advice on how to boost awareness about the National Health Service Corps.

### **Office of Minority Health**

**J. Nadine Gracia**, Deputy Assistant Secretary for Minority Health

Dr. Gracia highlighted these points during her presentation to the STAC:

- In June, Dr. Gracia attended the Health Equity Conference on the Wind River Reservation in Wyoming. The conference included discussions on the Affordable Care Act and integrated health care as well as a youth presentation.
- The Health Research Advisory Council (HRAC) also met in June. Members elected Aaron Payment and Stephen Kutz as co-chairs. Navajo President Russell Begaye is a new member. The group also approved its charter and identified priorities for fiscal year 2016.

### **Office for American Indian, Alaska Native and Native Hawaiian Programs, Administration for Community Living**

**Cynthia LaCounte**, Director

Meeting with the STAC in the absence of Assistant Secretary Kathy Greenlee, Ms. LaCounte highlighted these activities:

- The office is providing grants training and developing a list of barriers to the ACL grants process.
- In addition to offering grants for the prevention of elder abuse, staff members are working with ACL to develop national guidelines around adult protective services.
- ACL will enforce more monitoring of states to determine if they are actually working with Native communities. Staff members are reviewing state plans and will enforce how states work with tribes.
- The office funded Medicare Beneficiary Outreach and Assistance programs. The 99 tribes that applied received awards between \$3,000 and \$5,000. Ms. LaCounte will also be able to fund falls prevention opportunities.

- Traumatic brain injury programs will move to the disability division on October 1. The division also houses the Christopher and Dana Reeves Foundation, a \$6.5 million resource center that wants to work with tribes.
- Ms. LaCounte recommended scheduling a STAC presentation that will highlight the disabilities programs available to tribes and expand ACL's knowledge of the needs in Indian Country.

### **Secretary Sylvia Burwell**

Secretary Burwell thanked the STAC members for their service as well as their patience in allowing her to focus the June 2015 discussion on the topic of suicide. The Secretary also acknowledged the regional directors who came to observe this portion of the STAC meeting while they were in town. The Secretary briefly touched on Medicaid expansion in Alaska and open enrollment for the Affordable Care Act before turning the session over to tribal leaders.

Members addressed these issues:

- Goals for the last 15 months of the Obama Administration
- Collaboration among federal agencies regarding the Indian Child Welfare Act (ICWA), marijuana, 477 expansion, employer mandate issues and pass-through dollars with the states.
- The Arizona 1115 request -- tribes in Arizona ask the Secretary not to approve the elements within the waiver.
- The Tribal Behavioral Health Agenda -- tribes want to get the agenda into the White House Tribal Nations Conference.
- The IRS mandate -- Many tribal governments and businesses offer employment to tribal members and hire tribal members. STAC members ask that these tribal members be allowed to receive any of the subsidies and tax exemptions because they are being prohibited. The only way that tribal members can get these subsidies or tax credits is if the tribe decides not to provide health coverage for all employees. Tribes want Secretary Burwell to take the lead with working with CCHIO and speaking with IRS Commissioner John Koskinen to address these issues.
- Tribes also have co-sponsors to the Tribal Employment and Jobs Protection Act. Senator Steve Daines from Montana introduced S1771. Rep. Kristi Noem of South Dakota introduced HR3080. These would exempt tribal employers from employer mandate under the Affordable Care Act. A number of tribal leaders attended a White House meeting on the issue. STAC members seek the Secretary's support.
- The Winnebago IHS facility at Winnebago, Nebraska, that serves not only the Winnebago Tribe and Omaha Tribe but also a lot of members of other tribes. Tribes want to implement something for the future so another IHS or tribal facility can avoid losing Medicare/Medicaid certification.

- STAC member Will Micklin raised the following points:
  - Lifting administrative caps and allowing tribes and tribal organizations to use their recognized indirect cost rate is fair to tribal communities and increases program efficacy.
  - The Community Services Block Grant program, the CSBG, has a 5 percent indirect capped rate. The TANF program has a 15 percent indirect capped rate. Initiatives such as the suicide prevention program are primarily funded through grants. Match requirements are inconsistent with the crisis Indian Country is experiencing in this important issue.
  - ICWA: Tribes seek enhanced data collection on issues pertaining to effective implementation of ICWA, including collection of data elements related to key ICWA requirements. STAC members request the continued consultation with tribes on the development of ICWA related data measures for inclusion in the Adoption and Foster Care Automated Reporting System (AFCARS).
  - Head Start: Tribes urge the Secretary to revise the proposed rule so that it is compatible with the distinct needs of Indian Head Start programs, and adopt Indian-specific exemptions where appropriate.
  - Indian Head Start programs should be able to locally develop their own culturally appropriate curriculum.
  - Administrative flexibility should permit locally designed certification programs in order to certify teachers for the Indian Head Start programs.
  - Tribal certification for tribal elders as teachers should be available as a way to translate Native culture into the Head Start classroom.
- The Community Services Block Grant was allowed to be put into 477. However, Head Start and the Low Income Home Energy Assistance Program (LIHEAP) were not. STAC members would like to hear the legal analysis on why those two programs were not considered to be added into the implementation of the 477.
- A recent meeting of the CSC workgroup ended with several outcomes, including these:
  - Tribes would like to initiate a pilot project that would allow the agency to determine the best way to reconcile tribal contract support costs on a contract-by-contact basis.
  - STAC members request that HHS revise the IHS contract support cost policy to reflect an environment of full contract support cost funding as required by the Supreme Court decision.

Gary Hayes, a member of the STAC since its inception, will not be running for tribal office again and will not return to the STAC. Mr. Antone acknowledged Mr. Hayes in the closing tribal prayer.

Whereupon, the meeting adjourned at 1:43 p.m.