

# HHS Navajo Regional Tribal Consultation

## Executive Summary

The 2011 Tribal Consultation for the Navajo Nation was held April 26, 2011, in Window Rock, Arizona. The primary purpose of the consultation was to allow Tribal leaders to discuss programmatic issues and overall concerns of the Navajo Nation with U.S. Department of Health and Human Services (HHS) officials. The regional session also provided an opportunity for members of the Navajo Nation to hear updates from HHS, discuss the updated HHS Tribal Consultation Policy, provide testimony and/or comments on topics of interest, and pose questions on issues that concerned them. Theresa Galvan (Legislative Analyst, Navajo Nation Division of Health), along with HHS Region VI Director Marjorie Petty, served as co-moderators for the morning sessions; and Thomas Cody (Legislative Analyst, Navajo Nation Division of Social Services) and HHS Region IX Director Herb Schultz served as co-moderators for the afternoon sessions.

The consultation opened with the Posting of Colors by the Chinle Veteran Color Guard, followed by an invocation delivered by Paul Long (Senior Social Worker, Fort Defiance Family Service Unit). Ms. Galvan welcomed the attendees and led the group in reciting the Pledge of Allegiance, after which she recognized elected Tribal leaders, Tribal staff and other representatives, and Federal and State officials and staff.

Navajo Nation President Ben Shelly greeted the consultation participants, commenting that he hoped the consultation would strengthen the Navajo Nation's relationship with the Federal government. He asked for feedback on testimony provided by Navajo Nation Vice President Rex Lee Jim at the previous consultation; and he expressed his disappointment concerning the absence of HHS Secretary Kathleen Sebelius and Indian Health Service (IHS) Director Yvette Roubideaux. As part of his remarks, President Shelly indicated that he was concerned about proposed budget cuts; and he asked that HHS reach out to Tribal leaders regarding implementation of the Affordable Care Act (ACA). Following his remarks, Vice President Jim also welcomed the group; and he articulated challenges to his vision for a strong, healthy Navajo Nation, e.g., early childhood education, health care services, mental health services for children and families, efficient data systems, the reauthorization of laws that impact the health care system, coordination of childcare centers, temporary shelters, services for the elderly, and need for construction and upgrades for facilities. Following the Tribal leaders' comments, Ms. Petty invited various HHS representatives to greet the attendees with opening remarks. Notably, HHS Region VII Director Marguerite Salazar acknowledged the Tribe's issues regarding services for elders, need for better child care centers, concerns with the Medicaid program, and desire to have a Navajo Nation Medicaid Feasibility Study. Mr. Schultz made a commitment to visit the Navajo Nation on a quarterly basis; John Hubbard (Area Director, Navajo Area Indian Health Service) recognized the fiscal challenges represented by IHS' current funding level; and Senior Advisor to Secretary Sebelius, Jay Angoff, assured the Navajo Nation that their views and concerns would be shared with top HHS leadership.

During the *Updates from HHS* session, Ms. Salazar provided updates on the issues raised at the previous year's consultation in Denver, Colorado; and Mr. Shultz and Ms. Petty provided updates on Regions IX and VI, respectively. From the Directors' presentations, the following Tribal priorities were noted:

1. Substance Abuse and Mental Health Services Administration (SAMHSA) to place regional administrators in all regions over the next 2 years.
2. Assisting Tribes with working with States concerning the impact of State budgets on the elimination of optional services in Medicaid. (Mr. Shultz invited Tom Betlach, Head of Arizona's AHCCCS [Arizona Health Care Cost Containment System] program, and Tribal Nations in Arizona to meet with him on the upcoming Thursday to have a frank conversation between HHS, Centers for Medicare and Medicaid Services (CMS), the State of Arizona, and members of Tribal Nations in Arizona.)
3. Improving Tribes' access to program and people resources. (CD-Rom Directory of Region VI programs and staff contact information now available.)
4. Improved communication with Tribes via quarterly conference calls and making the calls more meaningful.
5. Ms. Petty to better understand Tribal work by visiting Tribes' land, specifically committing to visiting Window Rock more than once per year.
6. Assisting Tribes with grantsmanship and training. (CD-Rom available that contains 50 grant opportunities and contacts.)
7. Providing timely information to Tribes. (Mr. Shultz maintains listserv of over 500 Tribal leaders and social service directors that get updates on ACA, grant opportunities, and other items of interest.)
8. Finalization of ACF Tribal Consultation Policy.
9. Communication of ACA implementation and assuring Tribes can participate in opportunities.
10. Provide training to workers to better assist Tribal members enroll in programs.

The group engaged in discussions on cross-cutting issues. Each session began with a brief presentation by Federal presenters, followed Tribal presenters' responses. During the first cross-cutting issue session, *Education*, ANA Commissioner Lillian Sparks indicated that the Assistant Secretary was reviewing the final draft of the ACF Tribal Consultation policy. As part of her presentation, Ms. Sparks provided an update on Head Start Tribal Consultations; discussed a new home visiting program funded through the ACA; announced that a training for CCDF Tribal grantees would be held on May 10, 2011; and indicated that ANA Native Language grant awards should be made by August 1, 2011. Leon McCowan, ACF Region VI Administrator, added that new FY 2010 Health Profession Opportunity grants gave individuals opportunities to get training in health care fields; and he discussed asset building initiatives. Highlights of issues brought up by Tribes and responses from regional staff participants for all panel sessions are provided in the HHS Navajo Regional Tribal Consultation Summary Report (under separate cover).

During the second cross-cutting issue session, *Social Services*, Mr. McCowan elaborated on asset building initiatives, noting that ACF had 68 programs that provided services to vulnerable populations that could potentially move to self-sufficiency through asset building opportunities. Ms. Sparks commented that an announcement would be released in the coming weeks for a joint funding agreement to fund Native Assets grants; and she provided other relevant updates, including the proposed \$6.5 million for Teen Pregnancy Prevention programs and \$5 million for Tribal Court

Improvement programs. CMS' Richard Allen described the role of his office, noting that one of its tasks was approving State plans for Medicaid and CHIP. He discussed issues with the dental benefit; and he acknowledged a need to do better outreach. He also indicated that a new regulation would provide 90/10 funding to assist with the development of new eligibility systems. SAMHSA's Senior Advisor for Tribal Affairs, Shelia Cooper, indicated that Tribal consultation was needed regarding the distribution formula portion of the proposed 2012 Behavioral Health-Tribal Prevention grants. She also announced that SAMHSA would be partnering with BIA to host a Suicide Awareness conference, tentatively scheduled for August 1-4, 2011, in Denver. Other notable comments included a statement that the Substance Abuse and Mental Health Services Administration would have a regional presence in Regions 2, 4, 6, 8, and 10 by summer's end (and fill the next five regions the following year); and acknowledged that the Navajo Nation was doing a good job of working with States regarding doing traditional practices and getting reimbursement for providers.

The third cross-cutting issue was *Tribal, State, and Federal Relations*. Mr. Allen discussed the impact States' budget woes would have on the Medicaid program, noting that States could not reduce Medicaid eligibility between now and January 2014 without the Secretary's approval, and they had to consult with Tribes on their State Plans. Navajo Area Indian Health Service Executive Director Floyd Thompson added to the discussions by addressing the issue of likely populations to be affected, e.g., childless adults and medical spend down individuals. Priscilla Caverly, Health Care Reform Tribal Liaison, New Mexico Human Services Department, discussed how the election of a new governor in New Mexico and newly elected Tribal leaders was delaying the progress of Tribal-State relations that had been set in motion with the passing of SB-196 during the previous administration, as well as the work of a Tribal-State Medicaid workgroup. Carol Chicharello, Tribal Relations Liaison, Arizona AHCCCS Program, indicated that the State of Arizona was still waiting to hear from CMS regarding its request to exempt Medicaid services paid at 100% Federal dollars; while Theresa Belanger, Medicaid Native American Liaison, New Mexico Human Services Department, indicated that her office welcomed comments on proposed changes to Medicaid.

After breaking for lunch, participants returned to discuss the fourth cross-cutting issue, *Health*. Annabelle Allison, Agency for Toxic Substances and Disease Registry (ATSDR)/Centers for Disease Control and Prevention (CDC), gave highlights of activities at ATSDR and CDC. She indicated that ATSDR/CDC's Tribal Consultation Policy was being revised to align it with the HHS policy; the Office of Public Health Preparedness and Response was establishing a Tribal Liaison position; and the Office for State, Tribal, Local and Territorial Support had a position opening to replace retiree Ralph Bryan [as Senior Tribal Liaison]. Dr. Steve Dearwent, ASTDR, discussed a mining and milling wastes study and its potential impact to Navajo people. He indicated that the University of New Mexico was awarded a cooperative agreement to assist in the effort; and he anticipated that the actual study (to look at adverse reproductive effects) would begin in mid to late fall. Mr. Allen also addressed ACA requirements for web-based application processes for Medicaid and CHIP programs, and State incentives to develop electronic health systems.

The last cross-cutting issue discussed was the *Aging, Veterans, and Special Population* session. On behalf of Cindy Padilla, Principal Deputy Assistant Secretary on Aging, Susan Raymond, Aging Services Program Specialist at the Administration on Aging (AoA), asked for input on desirable characteristics of a Director for the Office of American Indian, Alaska Native, and Native Hawaiian Programs. Ms. Raymond also noted the Navajo Nation's requests for direct funding and to be a single state unit, but she stated that a congressional act would be necessary on both accounts. She

did indicate, however, that AoA provided direct funds to Tribes via Title VI programs. After commenting that readiness reviews were planned for the Navajo Nation's request for a resource center and for veterans' direct home and community based services, Ms. Raymond cited various efforts funded by AoA to address the care of elders. For his part, Mr. Thompson indicated that the Navajo Area Indian Health Service was consulting with Tribes and formulating recommendations on contract health services (CHS). Additionally, he said listening sessions were being held on information technology (IT) in health care services and delivery. Mr. Thompson also indicated that despite a memorandum of understanding (MOU) with the Veterans Administration (VA) to provide services on a trial basis, issues still needed to be resolved regarding the type of services rendered and how veterans were counted in data systems.

The *Open Tribal Leader Discussion/Testimony on ACA and IHCIA* session began with Mr. Angoff providing a general overview of the ACA, while noting Tribal specific issues. Before hearing from Tribal leaders and representatives, Dr. David Hunt talked about innovative technologies. Specifically, he addressed the pending development of a health IT disparities plan; and he discussed a program that teaches elements of meaningful use in 84 colleges around the country. When the floor was opened for comments, Vice President Jim provided testimony on the ACA and IHCIA; and Council Delegates Joshua Butler and Walter Phelps (Navajo Nation Council) joined him in commenting on the *Indian Health Service Budget and Priorities Update* session. Comments were also provided by Helen Bonnaha, Kayenta, AZ. Comments/testimony focused on the need to consult with Tribes on ACA implementation activities, ensuring that Native Americans received appropriate coverage, reducing health disparities, the need for health care facilities construction, and Navajo-specific requests and recommendations. (See *HHS Navajo Regional Tribal Consultation Summary Report* for more information.)

After the last session, Ms. Salazar acknowledged the Navajo Nation's desire to have direct funding, noting that the information presented in the briefing document that was provided made it clear that Federal money would be invested wisely. To that end, she indicated that she wanted to help and would take the information back with her to share with appropriate HHS officials. Ms. Petty and Mr. Schultz added their remarks of gratitude to the attendees, moderators, and contributors who coordinated the consultation. The consultation ended with tribal closing remarks and a closing prayer.