

HHS Albuquerque Regional Tribal Consultation

Executive Summary

The 2011 HHS Albuquerque Regional Tribal Consultation was held April 28, 2011, in Albuquerque, New Mexico. The primary purpose of the consultation was to allow Tribal leaders to discuss programmatic issues and overall concerns of Tribes at the local level with U.S. Department of Health and Human Services (HHS) officials. The regional session also provided an opportunity for Tribes 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 concern Tribal communities and members.

HHS Region VIII Director Marguerite Salazar, along with Chairman Gary Hayes, Ute Mountain Tribal Council, served as co-moderators for the morning sessions; and HHS Region VI Director Marjorie Petty and Ken Lucero, Council Member, Pueblo of Zia, served as co-moderators for the afternoon sessions. The consultation began with the *Region VI & VIII Meet and Greet with HHS Directors Petty & Salazar along with State Agency Officials/Tribal Liaisons* session, followed by an introduction of the Pueblo Laguna Veterans Color Guard and a reciting of the Pledge of Allegiance. Chairman Chandler Sanchez, All Indian Pueblo Council, extended the *Tribal Welcome*; and Ms. Salazar welcomed the participants on behalf of HHS and stated the protocol for open testimony that would be followed throughout the consultation. After hearing self-introductions from all of the attendees, HHS representatives provided regional and national updates.

Ms. Petty and Ms. Salazar outlined their priorities for Tribes in Regions VI and VIII, respectively. Additionally, Principal Advisor on Tribal Affairs Stacey Ecoffey, HHS Office of Intergovernmental Affairs (IGA); Mr. Hayes; and Mr. Lucero provided updates on the 2011 National HHS Tribal Budget and Policy Consultation and the Secretary's Tribal Advisory Committee (STAC). The Tribal priorities cited by Ms. Petty and Ms. Salazar included the following:

1. Better relationship between Tribes and Office of Regional Directors via quarterly conference calls. (Ms. Petty requested that ideas to make the calls more meaningful be sent to her.)
2. Ms. Petty to complete her visits of all Region VI Tribes' land by the end of 2011. (She has six more pueblos to see.)
3. Provide Tribes with technical assistance (TA) and support with grant writing. (A CD-Rom is available that includes national information on grant opportunities with corresponding contact information.)
4. Provide Tribes with a directory of Region VI contacts. (A CD-Rom containing contacts for Region VI and all of its programs is available.)
5. Identify funding for programs and services for Tribes in Region VIII.
6. Provide training in regards to changes in CHIP [Children's Health Insurance Program] and Medicaid to ensure enrollment of Tribal members.
7. Provide job opportunities, especially for youth, on the reservation.
8. Need for better health education programs.

9. Facilitate better communication with Region VIII Tribes via quarterly conference calls.
10. Need to find more money for clinics and buildings and make sure Tribes have access to the funding.

A significant portion of the morning's agenda was dedicated to allowing Tribal leaders and representatives to provide comments and testimony on various topics of concern. Among the suggestions/recommendations offered included the following:

- Need for full IHS funding.
- Recommendations to develop a video or commercial on tribal sovereignty.
- Recommendation to develop a documentary to convey the living conditions on reservations.
- Need to educate national leaders on Indian Country.
- Need for funds to operate clinics, build facilities, and obtain equipment.
- Concern about suicide and alcohol abuse, especially among youth.
- Need for mental and behavioral health resources.
- Concern about implementation of the Affordable Care Act (ACA).

After lunch the first of four panel discussions on cross-cutting issues, *Tribal, Federal and State Relations: Affordable Care Act & Indian Health Care Improvement Act*, was held. Director of Public Health Policy Mayra Alvarez, Office of Health Reform (OHR), talked about implementation of the ACA. Specifically, she addressed expected changes in the new health care system, including benefits for seniors, Americans and children with pre-existing conditions, and young adults. Associate Regional Administrator Bill Brooks, Region VI, Centers for Medicare and Medicaid Services (CMS), addressed the requirement of States to include in their State Plans how they will consult with Tribes; and he discussed the goals set up by the CMS Tribal Technical Advisory Group (TTAG), which included engaging in meaningful consultation with Tribes. Mr. Brooks also indicated that a call on electronic health records (EHRs) would be held on May 13, 2011. Highlights of issues brought up by Tribes and responses from regional staff for this and all other panel sessions are provided in the HHS Albuquerque Regional Tribal Consultation Summary Report (under separate cover).

Dr. Westley Clark, Director of the Center for Substance Abuse and Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA), served as co-presenter for the *Health and Behavioral Health* session along with Annabelle Allison, Environmental Health Scientist, Tribal Liaison, Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR). Dr. Clark acknowledged the various health and behavioral health issues plaguing Indian Country and he expressed SAMHSA's desire to have a portfolio to address those needs. Namely, he indicated that the President's proposed budget for FY 2012 included a \$50 million Behavioral Health-Tribal Prevention grant (with a base award to every Tribe that applies). Highlights from Ms. Allison's presentation included a vacancy announcement for an Associate Director for Tribal Affairs position within the Office for State, Tribal, Local and Territorial Support; a scheduled meeting in August of the Tribal Consultation Advisory Committee (TCAC) with a subsequent Tribal consultation; CDC's review of comments from its first draft Tribal Consultation Policy; progress on an ASTDR birth cohort study to look at uranium exposure on the Navajo Nation; and planned development of a cultural awareness training program for CDC/ASTDR staff in June 2010.

For the *Family and Human Services Issues* session, Administration for Native Americans (ANA) Commissioner Lillian Sparks provided updates on activities that occurred since last year. Among the items she referenced included the development of an ACF Tribal-Federal Workgroup to guide programs and offices in terms of consulting with Tribes. She shared information on new programs, e.g., Tribal Home Visiting, Personal Responsibility Education Program (PREP)/Teen Pregnancy Prevention, and Health Profession Opportunity grants; and she shared progress being made by the Intradepartmental Council on Native American Affairs (ICNAA)—noting that the group was focusing on Tribes’ access to grants, the availability of technical assistance to Tribes, and exploring options to expand services via self-governance and other avenues. For his presentation, Leon McCowan, Regional Administrator, Region VI, ACF, provided updates from a regional perspective. He also discussed asset building initiatives, as well as the use of State teams to strengthen communication at the regional and national levels.

Larry McClendon, Aging Services Program Specialist, Region VI, AoA, led the *Aging and Long-Term Care Issues* session. He explained that Tribes were eligible for Title VI programs, noting that many didn’t apply for Part C funds. Mr. McClendon discussed the Aging and Disability Resource Centers initiative, and he also talked about the Veteran Directed Home and Community-Based Service Program.

Following the cross-cutting issues panels, IHS Area Director Richie Grinnell provided the group with an update from a broadcast held earlier in the day by IHS Director Yvette Roubideaux. He briefly relayed increases specific to Indian Country in the President’s proposed FY 2012 budget. He indicated that the biggest increase was in contract health services (CHS), with other increases in the Indian Health Care Improvement fund, facilities appropriations, contract support costs, chronic diseases and alcohol and substance abuse, as well as an increase in business operations. As part of his presentation, Mr. Grinnell indicated that HHS was planning for new authorities under IHClA; Dr. Roubideaux accepted all four CHS recommendations as prepared by a national workgroup; and two coordinator positions critical to EHRs and meaningful use implementation would be filled soon. He also indicated that Dr. Roubideaux identified the issue of facilities’ funding as a high priority topic for potential Tribal consultation.

During the *Wrap Up* portion of the consultation, select Tribal members expressed their appreciation and support for the consultation, and Ms. Petty and Ms. Salazar assured the participants that follow-up to the issues raised would occur and that information/concerns would be shared with HHS Secretary Kathleen Sebelius. For his closing remarks, Mr. Lucero encouraged everyone to get out and vote, noting that it was the best way to influence Congress.

The consultation ended with a closing prayer