

HHS Region 10 Oregon Tribal Consultation

Executive Summary

The 2011 Tribal Consultation for Region 10 was held June 7, 2011, in Grand Ronde, Oregon. 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.

Pearl Capoeman-Baller (Quinault Nation), Vice Chair, Northwest Portland Area Indian Health Board; and Susan Johnson, Regional Director, HHS Region 10, served as co-facilitators. The day began with a Tribal prayer, followed by welcoming remarks from Ms. Johnson and Cheryle Kennedy, Chair, Confederated Tribes of Grand Ronde. Ms. Johnson told the participants that the focus of this year's consultation was key concerns to Tribal communities, e.g., suicide prevention, drug abuse, the Affordable Care Act (ACA), and other relevant issues, as well as national updates; and Ms. Kennedy commented on concerns regarding infrastructure, fire/safety/police services; and substance abuse. After self introductions from all attendees, consultation participants were given various updates from HHS. Specifically, Ms. Johnson provided an update on the 2010 Region 10 Tribal Consultation Report. Following her update, Jay Angoff, Senior Advisor to HHS Secretary Kathleen Sebelius, provided an update on the Secretary's Tribal Advisory Committee (STAC), HHS Tribal Consultation Policy, and ACA activities. He directed the group to <http://www.healthcare.gov> and <https://pcip.gov> websites for information on the ACA and the Pre-existing Conditions Insurance Program, respectively. Tribal priorities noted during the update sessions included the following:

1. Ms. Johnson to visit Tribal lands. (She encouraged Tribes to invite her to visit.)
2. Addressing substance abuse and mental health issues/needs in the region.
3. Keeping in touch with Tribes about State budget deficits.
4. SAMHSA [Substance Abuse and Mental Health Services Administration] representative presence in Region 10 by August 2011.
5. Pledge to continue to work with Tribes to meet their needs.
6. Secretary Sebelius to visit Tribes/Wellness Centers in the region.
7. Improved nation-to-nation relationship, especially regarding the Affordable Care Act (ACA).
8. Encouraging governors and their representatives to meet with Tribes.
9. Implementation of insurance exchanges by January 2014.
10. Get Tribal advice on how HHS could best deal with States (when State governments pretend that the ACA doesn't exist).

Additionally, Steve Kutz, Clinic Manager, Cowlitz Tribal Council, noted the following HHS American Indian/Alaska Native (AI/AN) Health Research Advisory Council (HRAC) priorities: quantification of chronic disease prevalence; intentional and unintentional injuries; chronic disease risk factor reduction; hypertension (evaluation methods to improve awareness and prevention);

stroke prevalence/prevention; methamphetamine prevalence/prevention; evaluating emerging technology for provision of standard care; health services research; auto immune disorders; and suicide prevention.

A significant portion of the morning's agenda was dedicated to allowing Tribal leaders and other consultation attendees to provide comments and testimony on various topics of concern to them. Among the items cited included the following:

- Toxicity of the Columbia River.
- Tribal-State relations (especially regarding health care reform).
- Early Tribal input/engagement on issues that impact Indian Country.
- Verification by Tribes of consultation(s) with States.
- Exempting Tribal programs from Federal budget cuts.
- Concern about electronic health records and meaningful use.
- Need for a Tribal data collection system.
- Need for youth regional treatment centers.
- Long-term care needs in Indian Country.

Before lunch the first of four panel discussions, *Affordable Care Act and Related Issues*, was convened. CAPT Leslie Dye, Director, Office of Clinical Support, Portland Area IHS, acknowledged the difficulty in accessing information on the ACA and noted milestone activities since November 2010. CAPT Dye encouraged the consultation attendees to use IHS Director Yvette Roubideaux's Director's Blog to keep abreast of ACA information. Diana de Forest discussed the expansion of the National Health Service Corps (NHSC) through the ACA; the Health Resources and Services Administration's (HRSA's) work with IHS regarding the NHSC loan repayment program; and the Office of Special Health Affairs' focus on behavioral and oral health, among other items. Gene Frogge, Deputy Regional Administrator, Region 10, acknowledged Tribes' difficulty in understanding the specifics of the ACA, health information technology (HIT) and meaningful use. Agreeing that webinars and teleconferences were a good way to keep Tribes informed, Mr. Frogge indicated that more outreach to Tribes on the ACA was needed. Cecile Greenway, Acting CMCHO Program Manager, noted that a Memorandum of Agreement (MOA) between Centers for Medicare and Medicaid Services (CMS) and Indian Health Service (IHS) afforded Tribes the ability to be reimbursed as Federally Qualified Health Centers (FQHCs). She also discussed implications of the Children's Health Insurance Program Reauthorization Act (CHIPRA) reauthorization; the need for Tribes to communicate their needs as insurance exchanges get developed; and new opportunities for Tribes regarding long-term care.

Immediately following the lunch hour, Mr. Frogge and Ms. Greenway continued to field questions about health insurance exchanges, meaningful use incentives, reductions in Medicaid services, and related items during the *Centers for Medicare and Medicaid Services* session.

Mr. Frogge and Ms. Greenway were joined by Ms. de Forest; Lillian Sparks, Commissioner, Administration for Native Americans; Ann Arnett, Western Oregon Service Unit, Portland Area IHS; and Anne Herron, Director, Division of Policy Liaison, as Federal presenters for the *Child and Family Well-Being* panel session. Ms. Sparks informed the group that the ACF Tribal Consultation Policy was being reviewed by Administration for Children and Families (ACF) Acting Assistant

Secretary David Hansell with hopes of it being signed in the coming weeks. As part of her remarks, Ms. Sparks discussed new programs under the ACA; Health Professions Opportunities grants; funds for Tribal Court Improvement programs, Native Asset Building Initiative; and other items of interest to Tribes. She also reminded the group about important upcoming dates: “477” Conference, June 28-30; ACF Tribal Resource Day and Tribal Consultation, August 17-18; Child Care Development Fund (CCDF) Tribal Plan Pre-Print due date, July 1; as well as several upcoming consultations for FVPSA [Family Violence Prevention and Services Act]. Ms. Herron referred the consultation attendees to the information on SAMHSA and its 2010 accomplishments in the meeting packet. She also informed the group that SAMHSA’s proposed Behavioral Health-Tribal Prevention Grant for 2011 was non-competitive and would be available for any Federally Recognized Tribe or consortium of Tribes for substance abuse, alcohol, and suicide prevention services. Ms. Arnett reminded the group about a conference that would focus on suicide prevention on August 1, in Scottsdale, Arizona; and she indicated that the Methamphetamine/Suicide Prevention Initiative (MSPI) funding was in the 2012 budget. Ms. de Forest indicated that HRSA was seeking grant reviewers to incorporate AI/AN perspectives into its grant review process. She also addressed relevant HRSA activities, e.g., Maternal and Child Health Block Grants to States, and HRSA’s home visiting program; the STOP Bullying Now campaign; and several Office of Rural Health programs. Ms. Greenway emphasized the need for Tribes to be aware of benefits (under Section 1902 of the Social Security Act) that can assist in elevating child health and mental health issues; and Mr. Frogge reminded everyone that CMS was not selling health insurance.

During the fourth panel session, *Elder Well-Being*, David Ishida, Regional Administrator, Regions IX and X, Administration on Aging, commented that there was still an opportunity to provide testimony on the Older Americans Act reauthorization (online or later in the year at Senate and Congressional hearings). Ms. Dye directed the group to the meeting packet for a link to IHS’ Long Term Care Conference report, noting that long-term care was for all age groups and did not necessarily equate to nursing home care; and Mr. Frogge invited Tribes to contact him regarding Medicare open enrollment.

Dean Seyler, Acting Director, Portland Area IHS, led the final plenary session, *Indian Health Service*. He advised the Tribes to monitor Dr. Roubideaux’s Director’s Blog for updates and he addressed IHS’ Memorandum of Understanding (MOU) with the Veterans Administration—noting that the issue of “payer of last resort” was still pending. He also noted that he had no updated information on contract support costs.

Highlights of issues brought up by Tribes and responses from regional staff for all panel sessions are provided in the *HHS Region 10 Tribal Consultation Summary* (under separate cover).

The meeting closed with Ms. Johnson thanking everyone for their participation and underscoring the need to have benchmarks so that future meetings would not be spent covering recurring issues. For her closing remarks, Ms. Capoeman-Baller summarized the concerns she heard throughout the day: need for cancer research funding regarding mining projects; States need to consult with Tribes; Federal officials need proof of States’ consultation with Tribes; need for staffing packages for Tribal-constructed facilities; need for contract support cost funding; need for long-term care resource help; integration of mental health and substance abuse; meaningful use incentives was a big issue; Community Health Representative (CHR) programs need more funding; need

benchmarks to measure projects; and concern about Head Start programs and assisted living for elders. Finally, Chris Leno thanked the group for having the consultation in Grand Ronde. The consultation ended with Ms. Kennedy providing a Tribal prayer.