

# HHS Region 10 Alaska Tribal Consultation

## Executive Summary

The 2011 Tribal Consultation for Region 10 was held June 9, 2011, in Anchorage, Alaska. 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.

Sally Smith, Chair, Board of Directors, Bristol Bay Area Health Corporation; and Susan Johnson, Regional Director, HHS Region 10, served as co-facilitators for the consultation. The meeting opened with Julia Cooper, Tribal Council Trustee, Native Village of Eklutna, providing the *Tribal Opening*. Ms. Johnson extended a welcome on behalf of HHS, stating that she and the Administration took the government-to-government responsibility to Tribes seriously; and Dorothy Cook, President, Native Village of Eklutna, thanked the organizers of the consultation for their efforts and welcomed the participants.

After self introductions from all of the attendees, the consultation participants were given various updates from HHS. Jay Butler, Senior Director, Division of Community Health Services, Alaska Native Tribal Health Consortium, provided an overview of the HHS American Indian/Alaska Native (AI/AN) Health Research Advisory Council (HRAC). After Mr. Butler's comments, Libby Watanabe, Health Systems Analyst, Southeast Alaska Regional Health Consortium (SEARHC), requested that scholarship opportunities be widely disseminated and HRAC updates be provided on a regular basis. Ms. Johnson shared various updates from Region 10, while continuing her pledge to track issues and establish benchmarks to measure the progress of Tribal issues. Stacey Ecoffey, Principal Advisor for Tribal Affairs, HHS Office of Intergovernmental Affairs, provided an update from a national perspective. Noting that the HHS Tribal Consultation Policy was signed by Secretary Kathleen Sebelius in December 2010, she also commented on the status of other agencies' policies. Additionally, Ms. Ecoffey stated the Secretary's Tribal Advisory Committee (STAC) was working on communication and outreach activities concerning the Affordable Care Act (ACA); and the Intradepartmental Council on Native American Affairs (ICNAA) was looking at how to better get funds to Tribes, as well as moving the issue of Tribal self-governance forward. Finally, Gloria O'Neil, President and CEO, Cook Inlet Tribal Council, invited her peers to submit their concerns to her, stating that her role on the STAC was to take the issues of Alaska to the national level.

Tribal priorities included the following:

1. Pledge (by Ms. Johnson) to track Tribal issues and establish benchmarks.
2. Make progress in the areas of hospice and long-term care services.
3. Make progress in the area of suicide prevention.

4. Have a regional Substance Abuse and Mental Health Services Administration (SAMHSA) presence in Region 10.
5. HHS Secretary Kathleen Sebelius to hopefully visit Alaska by the end of summer 2011.
6. Hope to have NIH [National Institutes of Health] Tribal Consultation Policy.
7. Hope to finalize ACF [Administration for Children and Families] Tribal Consultation Policy.
8. Hope to push forward CMS [Centers for Medicare and Medicaid Services] Tribal Consultation Policy.
9. Improvement in Tribal-State relations.
10. Advancement of Tribal self-governance.

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 suggestions/recommendations/concerns:

- Concern about alcoholism and drug abuse in Alaska Native communities.
- Need for recovery and behavioral health services and facilities.
- Concern about staffing issues in remote facilities.
- Recommendation to have a summit to address issues of Alaska Natives.
- Concern regarding the suicide rates of Alaska Natives.
- Concern about the Alaska Tribal Health System's development and implementation of electronic health records (EHRs) and understanding of meaningful use.
- Concern regarding village-built clinics (VBCs).
- Concern about getting services to veterans.
- Concern about Federal staffs' lack of understanding concerning challenges in Alaska, e.g., fuel costs, cost of living, lack of roads.
- Need for funding for long-term care services and facilities.

Before lunch the first of four panel discussions, *Affordable Care Act and Related Issues*, was held. Teresa Nino, Director, Office of External Affairs & Beneficiary Services, discussed the reorganization within CMS, noting that CMS was now overseeing State exchanges and the creation of the Office of Public Engagement. She indicated that the release of best practices regarding ways States could consult with Tribes was expected in August/September 2011. She also stated that CMS was working on two notices of proposed rulemaking; and it was utilizing Tribal calls to disseminate information on CHIP [Children's Health Insurance Program] and State exchanges. Gene Frogge, Deputy Regional Administrator, Region 10, invited the consultation participants to give him and his staff their ideas on ACA outreach and education. Cecile Greenway, Acting CMCHO Program Manager, expressed CMS' commitment to helping American Indian and Alaska Natives in accessing its programs. Laurie Wylie, Region 10 Administrator, explained the difference between discretionary funds versus mandatory programs—noting that the Health Resources and Services Administration (HRSA) currently had 118 active HRSA grants in Alaska. Finally, Chris Mandregan, Director, Alaska Area IHS, welcomed his HHS colleagues and Tribal leaders.

Ms. Nino and Mr. Frogge continued to field questions as the group moved into the *Centers for Medicare and Medicaid Services* panel. Specifically, they addressed provider qualifications and licensure requirements; Medicaid payer of last resort issues; and health insurance exchanges; among other issues.

During the *Child and Family Well-Being* panel, Anne Herron indicated that the report from last fall's listening sessions was targeted for release during the August 1-4, 2011, summit in Scottsdale, Arizona. After confirming that the Substance Abuse and Mental Health Services Administration (SAMHSA) was stabilizing a regional presence in Region 10, Ms. Herron directed the group's attention to the meeting materials for an overview of the agency and information on its proposed Behavioral Health-Tribal Prevention grant. Also during this panel, Ms. Wylie discussed Alaska's Maternal Child Home Visiting Program grant; and Steve Henigson, Regional Administrator, HHS/ACF, provided an overview of ACF, shared the status of its Tribal Consultation Policy, noted programs being accessed by Tribes, and discussed various ACF initiatives, e.g., a new, forthcoming Family Violence Prevention Services Act Tribal Program, the Personal Responsibility Education Program (PREP), and the Native Asset Building Initiative. He also noted ACF's Tribal Consultation would be held August 17-18, 2011, in Washington, DC. Finally, Mr. Henigson discussed funds IHS received for methamphetamine and suicide prevention, and domestic violence prevention, noting that 17 and 11 projects were funded in Alaska, respectively.

During the *Elder Well-Being* panel, Terry Duffin, Program Operations Manager, Region 10, provided an overview of the Administration on Aging (AoA) and its programs. He commented that grant awards for the balance of the year for Title VI had been issued; and he reminded the attendees that they could still make comments on the reauthorization of the Older American Act via <http://aoa.gov/>. As part of his comments, Mr. Duffin also discussed ADRC [aging disability resource center]; CDSMC [consumer directed self management of care]; the <http://www.olderindians.org/> website; and the National Title VI conference planned for August 23-25, 2011, in Washington, DC. Ms. Nino reminded the group that the enrollment dates for Medicare were now October – December 15<sup>th</sup>; and that June was "Prevention Month"—a time for seniors to get checkups at no cost. She also shared information on fraud campaigns, State health insurance programs, and caregiver programs. Finally, Mr. Mandregan addressed several new provisions (including authority for long-term care services) given to IHS with the passage of the ACA; and he conveyed IHS' recognition of a need to address how to plan for a growing elder population.

Susan Yeager led the discussion on *Indian Health Service*, noting that she was serving in a new position called the Alaska Rural Veteran Healthcare Coordinator. She commented that a new Veterans Administration (VA) Tribal Consultation Policy was released a few months prior; and she shared a new Memorandum of Understanding (MOU) between the VA and IHS. From the MOU, she said, 12 national workgroups were established to address increasing access to care; and a 13<sup>th</sup> workgroup would focus solely on Alaska. Ms. Yeager assured the consultation participants that the issue of payer of last resort was being discussed, and she said training was underway to train individuals on how to be a Tribal Veteran Representative.

After the last session, Ms. Johnson thanked the panelists and the participants for their work; and she reiterated her commitment to visiting more villages. She noted the themes that struck her throughout the day's discussions: make sure to follow-up and be specific about timelines and benchmarks; the cycle of concentric circles of events in early childhood aren't isolated and have ramifications later in a person's life and in the community, so a focus on prevention is needed; fuel costs and the ramifications of no electricity, food spoiling, people getting sick, are important; there is cycle to consultation that is never ending and that should be exciting, not depressing; there is a need to keep

the dialogue going; one size doesn't fit all, especially when talking about Alaska, so HHS grants need to be flexible where they can; and passing things through a State and hoping it makes it to Tribes may not be the best option, so consider flexibilities.

Ms. Smith noted the key issues cited by the consultation participants:

- Across all HHS agencies, Tribes want to work cooperatively and help with the implementation of the ACA—as it will impact Tribal health care delivery.
- Need to have more information from IHS about the timeline for the implementation of the ACA.
- Timelines and processes should be shared publicly.
- Participation by Tribes should occur in the “discussion” stage.
- When formal consultation occurs, comments should be made publicly.
- Suicide is big issue and Tribes need help to prevent it.
- Need Alaska-specific summit to share best practices and discuss ways to reduce suicide.
- Utility and transportation costs and the remoteness of communities affect the services provided.
- Long-term care is now recognized in the Indian Health Care Improvement Act (IHCIA) as a Federal responsibility. Hope to have long-term care projects given greater attention.
- Village-based clinics are critical, yet leases don't cover costs to operate. Would like to collaborate with HHS to ensure village-based clinics continue to play the key role they have in our communities.
- Focus on entering Title VI demonstration projects under the Indian Self-Determination and Education Assistance Act (ISDEAA), rather than using a competitive grant process.
- Provide training and planning assistance directly to health care providers.
- Alaska Tribes and Tribal organizations believe in and trust that this department-wide consultation does more than engage IHS. The discussions demonstrate the importance of the continued collaboration of the Secretary and all the HHS agencies in terms of improving the health status of Alaska Natives.
- Desire to work towards increased collaboration and get feedback regarding progress on the concerns expressed today.
- Encouraged to hear that the Secretary is committed to coming to Alaska.

Ms. Smith next thanked the government representatives, Alaska Native Health Board, Tribal leaders, and Ms. Johnson for their support and time.

The meeting ended with June Walunga, Board First Vice Chair, Norton Sound Health Corporation, delivering the Tribal closing.