

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

**June 4-5, 2014**

***Executive Summary***

*The Secretary's Tribal Advisory Committee (STAC) met June 4-5, 2014, at the Hubert H. Humphrey Building in Washington, DC. With the arrival of a new Department of Health and Human Services (HHS) Secretary, STAC members seek to shape and establish tribal policy for the next two years and beyond. The meeting provided an opportunity for the STAC to converse in-person, hear updates, and engage in discussion on the HHS budget, Intradepartmental Council on Native American Affairs (ICNAA), Indian Health Service (IHS), Administration for Children and Families (ACF), Affordable Care Act (ACA), human service issues, the Office of Intergovernmental and External Affairs (IEA), participation in the regulations process, the Administration for Native Americans (ANA), and the Centers for Medicare & Medicaid Services (CMS). Throughout the meeting, the STAC was afforded numerous opportunities to engage with HHS leadership, program staff, and agency officials.*

The meeting was facilitated by Rex Lee Jim (Navajo Nation). Members present for roll call were: Cathy Abramson (Bemidji Area), Ron Allen (Portland Area), L. Jace KILLSBACK (Billings Area), Eileen Fink (California Area), Cheryl Frye-Cromwell (Nashville Area), Rex Lee Jim (Navajo Area), Chester Antone (Tucson Area), Gary Hayes (Albuquerque Area), Arlan Melendez (Phoenix Area), and Aaron Payment, Jefferson Keel, William Micklin, Stephen Kutz, and Brian Cladoosby (National At-Large Members). A quorum was met.

**Action Items**

- STAC members have created a committee to develop a document that addresses members' needs and priorities for different categories within HHS. The committee will draft this document by June 13. William Micklin is the chair. Other members include:
  - Aaron Payment
  - Ron Allen
  - Jefferson Keel
  - Chester Antone
  - Gloria O'Neill
  - Ken Lucero
- Members tentatively set June 9 at 2:00 p.m. for the first conference call. Discussions also will take place at the National Congress of American Indians (NCAI) Mid-Year Session in June. The technical groups from NCAI and the National Indian Health Board will work together to assist this committee in creating the draft document.
- Members should submit comments to this document by June 20.

- STAC members hope to have a meeting with the incoming secretary in July. Rather than a meeting with the full STAC, a group of no more than seven members will meet with the secretary. Members want to put recommendations on the table and check off those items as the STAC accomplishes results.
- Paul Dioguardi and Stacey Ecoffey will inform the workgroup when the secretary can meet in July.
- In preparation for this meeting, STAC members request financial support to help pay for the travel, if possible.
- During the week of June 9 a conference call will take place to discuss the report that explores the feasibility of a Medicaid agency for Navajo Nation.
- Schedule a meeting for STAC workgroup members to begin reviewing and updating the charter. Workgroup members are Ron Allen, William Micklin, Stephen Kutz, Cheryl Frye-Cromwell and Ken Lucero.
- Reconvene the state-tribal relations workgroup.
- Make the new secretary aware that reconvening the self-governance workgroup is a tribally driven priority.
- Recommend to the new secretary that Head Start and Child Care Development Funds (CCDF) should be part of the expansion of self-governance within HHS.
- In light of the new partnership with Early Head Start and child care, schedule training to educate tribes on how to blend and braid federal funds, and what that really means.
- In the briefing to the new secretary, highlight the areas where tribes need greater flexibility, interpretation and waivers in terms of formulas, cost recovery and other issues to more effectively administer programs and service delivery.
- Allow more time for Tribal Caucus during the September STAC meeting.
- Establish a STAC workgroup to engage with Mark Greenberg on the issue of states' requirements and obligations with regard to the Indian Child Welfare Act (ICWA), child care, foster care and child protection matters. This issue requires extensive discussion.
- Dr. Yvette Roubideaux will meet with the Substance Abuse and Mental Health Services Administration (SAMHSA) to discuss IHS rates for in-patient facilities for mental health/chemical dependency for youth and adults.
- Mary Wakefield will determine if staff in community health centers need additional training on providing outreach to tribes. Ms. Wakefield also remains open to conversations about oral health care grants.
- Dr. Roubideaux will check on the status of upgrading the Resource and Patient Management System (RPMS).
- Dr. Roubideaux also will circulate a link to a January 2013 summary report on interdepartmental agency efforts to address environmental contamination on the Navajo Nation from uranium.

After the Tribal Caucus, Paul Dioguardi, director of IEA, opened the meeting at 9:30 a.m. After the opening prayer, members addressed the election of the STAC chair and co-chair. Lieutenant Governor Keel noted that STAC members elected Vice President Rex Lee Jim as chair and President Brian Cladoosby as the co-chair during the Tribal Caucus. For the formal STAC record, Lieutenant Governor Keel nominated Rex Lee Jim as the chair and President Brian Cladoosby as the co-chair. Councilman Antone seconded the motion. Members passed the motion unanimously.

## **Other announcements:**

The confirmed dates for the remaining STAC meetings are:

- September 17 and 18
- December 4 and 5

Sylvia Mathews Burwell, the director of the Office of Management and Budget, is the nominee for the new Secretary of HHS and was in the midst of Senate confirmation. A confirmation vote was expected on Thursday afternoon. Secretary Sebelius would appear at the STAC still in her capacity as secretary of HHS.

The new secretary will be in place and up to speed on the work of the STAC in time for the September meeting. Prior to confirmation, staff cannot predict or commit to how Ms. Burwell will interact with the STAC.

Cindy Mann met with Vice President Jim to hand him personally the long-awaited report to Congress that explores the feasibility of establishing a Medicaid agency for the Navajo Nation. The report is also available on [Medicaid.gov](http://Medicaid.gov). These are the highlights of the report:

- Congress required the study as part of the Indian Health Care Improvement Act.
- The report says it could be feasible for the Navajo Nation to operate as a Medicaid agency.
- The report highlights tasks, opportunities and challenges the Navajo Nation might face if it were deemed a state by Congress for purposes of operating the Medicaid program.
- This is a feasibility report. It is not within CMS or HHS authority to make this happen. This change would require a change in law.
- The feasibility would be influenced by such factors as availability of professional and management staff, availability of policy operational experts, contracting, outreach and education, and more.
- The report breaks down the start-up costs and the annual operating costs. The costs are estimates and subject to further work. The contractor came up with a five-year start-up cost of \$134 million to \$243 million. The report gives an estimate of annual operating costs, which would be somewhere between \$360 million and \$526 million. The portion borne by the federal government versus nonfederal sources is still to be determined.

During the past few weeks, CMS has focused on preparing for the next open enrollment period, which starts in November for the 2015 plans, said Lisa Wilson. To that end, CMS has addressed these tasks:

- Finalizing its Market Standards and Beyond: 2015 and beyond regulations. This provided more meat on the bones for some of the policies CMS needed to establish before open enrollment.
- Working on the operation and technology side, realizing how painful it can be if the technology doesn't work. CMS has taken in account feedback from tribes, issuers, consumer advocates and others. Time is the biggest issue right now as staff seek to do things on the technology side that are possible.

As it improves its information technology operations to ensure a positive customer experience, CMS has put focused attention on these five work areas:

- Payments and premiums stabilization: CMS is still completing a great deal of back-end work with the issuer community.
- Closing out 2014 open enrollment: This includes reconciling data to enrollment baseline, adjudicating appeals and dealing with inconsistencies.
- Looking forward to 2015 open enrollment: Staff must address eligibility redeterminations and renewals. This issue will require lots of conversation during the summer.
- Enhanced consumer experience: Looking at ways to streamline the application.
- Easing enrollment in the Small Business Health Options Program (SHOP): This program will be more automated and online accessible. The Center for Consumer Information and Insurance Oversight (CCIIO) hopes to talk more about this program in Indian Country.

Indian Health Service Acting Director Dr. Yvette Roubideaux shared these highlights in her presentation:

- The senior leadership team has changed in response to a call for more responsiveness, communication and follow-up. These changes also will ensure that Dr. Roubideaux can get out to Indian Country more frequently and spend more time in meetings with a stronger management team in the background ready to implement the actions that tribes request.
- Robert McSwain has moved up to deputy director. Liz Fowler is deputy director for management operations. Carol Lincoln is in a new chief of staff position to assist with operations.
- The good news for the IHS budget is the full funding for contract support costs (CSC) in 2014 and 2015. IHS has distributed all the 2014 money for CSC. Staff are still reconciling a few payments. The CSC workgroup is assisting with pre-award estimates, recommendations on distribution and recommendations on a long-term solution to CSC appropriations.
- IHS has a lot of momentum this year on settling claims. 333 offers are on the table as of May 2014. Of the 1,200 claims pending, 900 now are in analysis due to a commitment of more resources and staff to this process. Secretary Sebelius gets a lot of the credit for the acceleration of the settlements. The goal is to get offers on the table for all pending claims by the end of the year.
- IHS is now at work on the 2016 budget. Tribes want a budget summit in mid-October to discuss the future of the IHS budget. Budget priorities include:
  - Advanced appropriations
  - Exemption from sequestration
  - The Special Diabetes Program for Indians
  - Medicare-like rates for non-hospital, physician services
  - IHS/VA, evaluation and coordination of care regarding the MOU
  - The Reimbursement Agreement with the VA -- all federal sites are billing and collecting
  - Facilities – a new call for applications will be available this summer for the Joint Venture Construction Program.

- Implementation of Agency priorities continues. In terms of strengthening Tribal partnerships, IHS is conducting listening sessions in all IHS Areas during June, July and August.
- In terms of the Affordable Care Act, IHS would prefer that patients who gain access to health coverage continue to receive services at IHS.. All federal sites had to complete business planning templates that include business planning toward three goals with the ACA:
  - User population should be the same or increase
  - Collections should be the same or increase
  - Quality of care should be the same or increase.
- Dr. Roubideaux agreed that many IHS beneficiaries don't understand insurance. One solution could be videotaping STAC members explaining the ACA and putting the video online.
- The National Indian Health Outreach and Education (NIHOE) is up for renewal. STAC members should share ideas about how to best spend that money getting the message out about the ACA. IHS and tribal leaders need basic, practical ways to discuss the benefits of purchasing or obtaining insurance coverage. Tribal leaders also are pushing Medicaid expansion in the states that have not expanded.
- Nine out of thirteen IHS hospitals are now nationally designated as Baby-Friendly to promote breastfeeding to reduce childhood obesity.
- Tribes need to make a final push to help meet all the GPRA measures for the 2013 national dashboard.

Norris Cochran, Deputy Assistant Secretary for Budget, discussed the following with STAC members:

- Senate 1570 is the advanced appropriations legislation, and conversations continue with the Office of Management and Budget about Tribes' interest in this topic. It isn't a cure-all, but staffs understand its importance. OMB owns that budget process.
- In terms of the appropriations process, the president's budget request for IHS is about a \$200 million increase in regular budget authority. There is also the Option and Growth and Security initiative, which is an increase of \$200 million.
- Mr. Cochran noted the 302B allocations, simply the totals for the Interior Subcommittee Appropriations Bill. The Interior appropriations bill funds the Department of Interior and the Indian Health Service. Most of the HHS dollars are through the Labor, Health and Human Services, and Education bill. The Interior subcommittee funds directly the IHS activities that are in that bill.
- The House and Senate have put out their allocations for the appropriations process for the year. The total for that subcommittee in 2014 was \$30.058 billion. The House wants to put together an appropriations bill that is a little bit above that at \$30.22 billion. The Senate will work toward putting together an appropriations bill that is a little below that at \$29.45 billion. How that will get translated into the budget for the Indian Health Service won't be known until the appropriators do their mark-ups.
- The House is looking at late June/early July for the Interior bill. Both appropriations chairs -- Chairman Rogers in the House and Chairman Mikulski in the Senate -- worked

well together for the FY2014 bill, and neither wants to have extended continuing resolutions or a shutdown.

- For the 2016 process, meetings are always well-timed for the Office of the Secretary to be thinking about formulating the budget. A budget process occurs during the summer, and the new HHS Secretary will be familiar with the budget due to her work as OMB Director. However, the new secretary will have the benefit now of getting more into a greater level of detail and working on the summer process for 2016. In September, staff will engage with the Office of Management and Budget.
- The president put forth a budget request, and then on top, in the case of IHS, there is another \$200 million focused more on facilities' needs. But there was a proposal where the president is articulating a vision to revisit the total spending levels that those appropriators use on an annual basis. The Administration is already, through that initiative, seeking to communicate that come 2016, officials need to think about those budgetary caps on the discretionary side in a way that takes into an account all the pressures on the annual budget.

The STAC and the ICNAA work closely on numerous priorities. For the term of this administration the ICNAA has focused on these goals:

### **Data Sharing**

For 2014, the data workgroup has three focus areas:

- To undertake an inventory of all the data elements that Native American grantees across program offices serving Native Americans are asked for both in applying for grants and ongoing data reports. Efforts will begin with the Administration for Children and Families (ACF).
- The development across the Department of a coordinated data plan informed by Native American stakeholder needs as well the priority and needs of HHS. The data plan will include strategies for the collection of data, data analysis, the sharing of data and the ongoing maintenance of all of the data assets.
- The exploration of how the HHS Tribal Consultation Policy can perhaps be revised to facilitate and support Native American access to state and local data assets as well as to expand the mutual benefits of cross jurisdiction data sharing for the well-being of Native American children, families and communities.

### **Grants/Report Training**

Staff members have worked on increasing and improving access to grants throughout the Department during the past few years, including working on the grants eligibility matrix and conducting training. The grants matrix is now available online under the Office of Intergovernmental and External Affairs.

This work of this group has expanded to these five areas:

- Increase the number of trainings and improve accessibility. This will include webinars and trainings in the regions.
- Develop a web portal specifically for tribal grants access. It will hold all the tools developed over the past years on accessing grants, and it will also hold information on

upcoming trainings throughout HHS, information for previously held webinars and trainings and information on peer review panel opportunities.

- Hear from OPDIVS on what their best practices are at recruiting and retaining Native American reviewers. Also, look at which OPDIVS provide feedback to unsuccessful applicants.
- Make sure staff are updating and maintaining data for the eligibility matrix.
- Take a look at which agencies provide technical assistance, what their best practices are, and how to improve them. Also expand that effort throughout the Department.

### **Tribal Consultation/State Relations Section**

The new section added to the HHS Tribal Consultation Policy during the last iteration includes much to consider. As a result, staff will concentrate on these goals:

- Focus on looking at something that will result in a resource similar to the research matrix on grants.
- Survey the agencies in HHS on who have legal authority to require tribal consultation for their relevant program areas.
- If those areas don't have legal authority, staff will determine if there is a policy in place that strongly encourages consultation.
- Examine best practices as well as training materials to assist states in consulting with tribes.
- Determine guidance materials and hopefully come up with some best practices and standards for consultation to share with states.
- If it a policy or if it is legislated, determine if consultation could be a term of award to a state.

### **Self-Governance**

- The update for the Tribal Federal Self-Governance Workgroup is not much different than the update that was provided in February. The workgroup has concluded its activities. A report was issued late last year or middle of last year. Points of contact include Linda Smith, deputy assistant secretary for early childhood and the liaison for the Department on early childhood issues.
- The outcome is different than what the actual Tribal Federal Self-Governance Workgroup proposed in terms of looking at the programs altogether. Each agency has been charged by the ICNAA to take a look at the priorities and to be open to having these conversations and begin talking about the issue internally.
- ACF has had several conversations among leadership about how to advance self-governance. ACF would like to hear from the STAC directly on how to thoughtfully move forward in a way that works within the existing grants model but also works for the Tribes.

During the Human Services Issues Discussion, STAC members heard these highlights from Linda Smith, deputy assistant secretary for early childhood development in the Administration for Children and Families.

- Details on a meeting with the Office of Research to address future tribal research needs and ways to build more capacity in the tribal community and tribal colleges to do their own research.
- Interest and support in Congress around early childhood issues following recent Senate hearings. Testimony from the White Earth Reservation resulted in changes in the bill that passed out of the Senate, which would change the child care amount from a ceiling to a floor.
- The need to include tribal issues within presidential initiatives. The My Brother's Keeper Initiative, for example, should address needs and issues confronting Native American children and youth.
- Ongoing efforts to clarify confusing regulations and break down stovepipes between offices and departments.

Shannon Rudisill, director of the Office of Child Care, offered these points of interest:

- New regulations proposed in May 2013 will strengthen the child care program, recognizing that children in child care frequently live in poverty but don't get the same links to health and other services as the children in Head Start.
- 29 Tribes submitted comments to the proposed regulation. Staff members are incorporating those comments and completing final steps on the proposed regulation.
- The proposal calls for comprehensive background checks and health/safety standards, consumer education and continuity of care strategies that allow services to continue during a period of a job search when a parent loses a job.
- Tribes are no longer exempt from immunization requirements.
- Trainings focused on health and safety best practices took place in April and May in San Francisco; Norman, Oklahoma; and Kansas City.

Moushumi Beltangady of the Home Visiting Program gave these highlights:

- The Tribal Home Visiting Program awards grants to tribes, tribal organizations and urban Indian organizations to plan for, implement and evaluate home visiting programs for expectant parents and parents and primary caregivers of American Indian/Alaska Native (AI/AN) children from birth to kindergarten entry.
- Since 2010, ACF, in collaboration with the Health Resources and Services Administration (HRSA) Maternal Child Health Bureau, has awarded 25 grants under the Tribal Home Visiting Program to entities in 14 states.
- Grantees' programs send home visitors who are trained in early childhood education and maternal and child health to work directly with expecting parents and families with young children to promote maternal and child health, school readiness and family sufficiency and to prevent child abuse/neglect, domestic violence and crime.
- The program also seeks to improve coordination and collaboration among tribal early childhood programs and support stronger early childhood systems in the communities.
- During the last reporting period, which ended September 2013, tribal home visiting grantees provided over 5,600 home visits to nearly 650 families. As of April 2014, grantees were serving an average monthly caseload of nearly 1,000 families.
- HRSA and ACF have been promoting state and tribal collaboration, and state grantees as well as tribal leaders have received letters on this topic. A webinar for state and tribal

home visiting grantees took place in March to promote partnership. A webinar for state grantees in August will focus on working with urban Indian populations.

- On April 1, the president signed the Protecting Access to Medicare Act, which included a provision extending authority for the home-visiting program until March 31, 2015. This also provided \$400 million in FY15 funds for Maternal, Infant, Early Childhood Home Visiting (MIECHV) and this includes \$12 million in Tribal MIECHV funds in 2015.
- Interest remains high for the home-visiting program. More than 100 entities have applied for funds and only 24 could receive awards.
- The White Earth Nation joined the Tribal Early Learning Initiative (TELI) in 2012. Since then, tribal members have completed a great deal of work to build a stronger early childhood system and build a strong system across the entire tribe for all families involved in any service. Using funds from home visiting as well as from the TELI, the White Earth Nation invested in a data system that allows them to do case management across all families that enter at any point in the tribe. And in the most recent State of the Nation Address, the tribal chair said all tribal programs would participate in this data system.

As the Director of the Office of Minority Health, J. Nadine Gracia updated STAC members on these health priorities:

- Strategic goals include creating better systems of prevention, eliminating health disparities and achieving health equity, and making the national health agenda Healthy People come alive for all Americans.
- Staff meet these goals through such efforts as awareness, policies, partnerships, data collection and research. The office also awards grants and cooperative agreements to support demonstration projects toward addressing health disparities. Grant recipients include the Menominee Nation and the Inter Tribal Council of Arizona.
- The OMH Resource Center serves as a public resource to, among other things, provide support in grant writing workshops.
- The OMH Resource Center initiatives include Native Generations, designed to address high rates of infant mortality and prevent infant deaths among AI/ANs.
- The Circle of Life effort offers an online HIV/AIDS prevention and intervention curricula designed for AI/AN youth.
- The AI/AN Health Research Advisory Council (HRAC) advises HHS on AI/AN health research priorities. Areas of interest include tribal epidemiology centers (EpiCenters) in relationship with state health departments and public health authorities. A databases/clearinghouse to house Native research is also a key issue.
- Staff used tribal feedback from the NCAI develop a infographic to help AI/ANs know their health coverage options.
- In light of sensitivity issues regarding call center operators responding to Tribal members, Dr. Gracia highlighted her office's National Standards for Culturally and Linguistically Appropriate Standards in Health and Human Care. The standards are available at [www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov).

Whereupon the meeting recessed at 5:00 p.m.

## Secretary's Tribal Advisory Committee Meeting

**Thursday, June 5, 2014**

Vice President Rex Lee Jim called the second day of the STAC meeting to order at 9:30 a.m. Following the invocation from Chester Antone, Vice President Jim noted these highlights from the Tribal Caucus that met prior to the general body meeting:

- STAC members have created a committee to develop a document that addresses members' needs and priorities for different categories within HHS. The committee will draft this document by June 13. William Micklin is the chair. Other members include
  - Aaron Payment
  - Ron Allen
  - Jefferson Keel
  - Chester Antone
  - Gloria O'Neill
  - Ken Lucero
- Conference calls will occur during the week of June 23. Discussions also will take place at the NCAI Mid-Year Session. The technical groups from the NCAI and the NIHB will work together to assist this committee in creating the draft document.
- Members should submit comments to this document by June 20.
- STAC members hope to have a meeting with the incoming Secretary in July. Rather than a meeting with the full STAC, a group of no more than seven members would meet with the Secretary. Members want to put recommendations on the table and check off those items as the STAC accomplishes results. In preparation for this meeting, STAC members request financial support to help pay for the travel, if possible.
- Members requested more time for Tribal Caucus during the September STAC meeting.

STAC members raised these concerns during the HHS Federal Member Roundtable Discussion:

- The Budget Control Act and sequestration impacts on various program, and how sequestration affects tribal programs.
- On the IHS side, contract support costs remain a big-ticket item, and full funding must continue.
- Vice President Micklin noted that while the federal government achieved full pay to contract support costs, the full pay is discretionary funding and came from the transfer of dollars from other programs. The Administration should seek supplemental funding to restore moneys to those programs that lost funds due to the full pay of contract support costs. The Administration also should backfill sequester reductions to restore tribes to their funding base.
- Tribes continue to raise concerns that they never receive funds that go through the states.
- OMB has said \$19 billion is available to Indian Country. Once those numbers are broken down, is it really \$19 billion? STAC members can see where IHS and BIA dollars go. Within other programs, the picture seems more murky. This is the challenge of the Administration, whether it can, through its own authority, provide resources directly to

tribes or advance an initiative to ask Congress to give that authority to HHS so those resources can go directly to tribes.

- The federal government must find a new pool of funding to address the needs of tribal members who don't live near their reservations. In some cases, the vast majority of tribal members don't benefit from IHS at all. Further, the Cowlitz Indian Tribal facilities serve more members of other tribes -- but the tribe receives contract health dollars for tribal members only.
- Millions of dollars are going to the states to implement health care reform, but there are no provisions, except in small ways, to provide money for tribes to implement reform with tribal members as well as other AI/ANs served, Councilman Kutz added.
- Chairman Payment requested a statement of commitment for full funding of contract support costs.
- Tribes need more assistance in getting states to participate in meaningful consultation.
- Medicaid expansion is based on a means test, but the IHS obligation to tribes for health, as well as education and social welfare, has been prepaid with millions of acres of land.
- The development of public health infrastructure -- basic water systems and certified operators to run these systems for safe drinking water -- remains an essential need. Councilman Antone noted that IHS has developed water systems through the sanitation deficiencies systems. The tribes then take on the responsibility of operating the systems. Many of these systems require certifications under the Rural Facilities Program, which is not in the 2015 budget. That funding should be reconsidered. Further, the development of public health infrastructure, related to economic development, should be a key issue.
- In addition, the Affordable Care Act and the Indian Health Care Improvement Act play a big role in shaping Indian health policy. Access to care, however, can cut into tribally provided contracted transportation, said Councilman Antone.
- Facilities remain a priority. Is money available for small, rural tribes? Where do they operate their health facilities? Are funds going to tribes and states fairly? Chairman Melendez requested a booklet that could report the facilities conditions of every tribe, including those in Alaska.
- Tribes in southeast Alaska need funding to bring the remains of loved ones back from the Alaska Native Medical Center in Anchorage. Family members look to tribal councils to donate that funding, and councils don't have it, said Vice President Micklin.
- Tribes want to see greater effort in addressing the statutory caps on indirect cost recovery for such programs as Child Care, Temporary Assistance for Needy Families (TANF) and community service block grants.
- TANF benefits remain capped at \$923 maximum for a family of four. Average rents in southeast Alaska have increased to about \$1,500. Tribes request a federal floor on TANF benefits, with benefits indexed to inflation.
- States need additional federal oversight to ensure they are complying with the Indian Child Welfare Act (ICWA). Further, tribes have expressed concern about states' privatizing foster care. HHS should ensure states train agency personnel and private partners to apply the minimum federal standards established by ICWA.
- Title IV-E needs realistic, fair modifications to the match requirement, and tribes should have full access to funding available to states.
- HHS should combine the Title IV-E waivers with the Title IV-E applications to give tribes more flexibility in developing child welfare systems.

- STAC members continue to call for advanced funding. Two doctors and two pharmacists left during sequestration at his tribe because they saw the insecurity of funding, said Chairman Payment.
- Tribes should work with an OMB liaison to enhance communication back and forth.

Adding to the conversation, Mirtha Beadle from SAMHSA reported:

- Tribes will have an opportunity to talk with SAMHSA leadership over the next several weeks. The principal deputy administrator and team, including policy director Mary Fleming, will visit several Alaskan villages between the 8th and 11th of June.
- A senior leadership trip to Lummi Nation will take place June 12 and 13. Administrator Hyde will join the trip on June 16 and 17 and the trip will be to Montana, to Rocky Boy, and to Fort Belknap.
- A Healthy Transitions mental health grant is currently available with applications due June 13. Administrator Hyde has sent Dear Tribal Leader letters.
- Regarding policy issues, Administrator Hyde sent a Dear Tribal Leader letter regarding SAMHSA's Tribal Consultation Policy. Tribal leaders should submit comments by August 29.
- A second issue that has come up in STAC is alternatives to incarceration. Last year SAMHSA conducted an Adult Tribal Policy Academy for the first time to look for alternatives for AI/ANs. SAMHSA received a subsequent request to look at the juvenile population. This week there was a Tribal Policy Academy on juvenile justice in Albuquerque to find options other than detention for young Natives. A blog from the meeting is available.
- Administrator Hyde also sent a letter to Tribal leaders about a listening session at the NCAI conference. Last, the SAMHSA Tribal Technical Advisory Committee needs a representative from the Phoenix Area.

As the acting assistant secretary for the Administration for Children and Families, Mark Greenberg responded to tribal concerns with these comments:

- Around budget choices, at least in recent years, ACF's situation has generally been that each year we are needing to come forward with proposals that are essentially at the same funding level as we were the prior year or lower.
- STAC members providing comments should identify areas of highest priority in case additional funding become available.
- In areas that involve issues about ensuring states are meeting responsibilities, ACF can take action whether or not there are changes in funding.
- ACF has increased its engagement around child welfare issues in recent months, adding an associate commissioner for the Children's Bureau. Staff welcome further discussions.

Mary Wakefield provided these updates from HRSA:

- HRSA is in dialogue with the American Indian Higher Education Consortium to better identify the barriers between tribal colleges and their ability to compete for funds from various training programs. Some tribal colleges receive funding but not many.

- The agency has set-aside funding that goes to tribes through the Home Visiting Program. Funding is also available that goes directly to states. These 10 states currently receiving funds are moving some of the state-funded resources to tribes:
  - Arizona
  - California
  - Maine
  - Montana
  - North Carolina
  - North Dakota
  - Oregon
  - South Dakota
  - Utah
  - Washington, and
  - Wisconsin.

Some of the states are putting resources into one tribal location. Others are putting funds into multiple tribal locations.

Sharing news from the National Institutes of Health (NIH), Isabel Garcia reported:

- NIH has drafted the charter for its first Tribal Advisory Committee and will solicit nominations during the summer. The inaugural meeting will take place this year. NIH also plans to reissue a funding opportunity announcement called Interventions for Health Promotion and Disease Prevention in Native American Populations.
- NIH also hosted several STAC members during a visit to the campus. The visit prompted meaningful discussions on how to increase the number of AI/AN researchers in the workforce. Five Native scholars who work at NIH shared their research and the path that led them to their current positions. Tribes should make NIH aware of any young people in Native communities who would like to participate in NIH programs.
- NIH also needs more Native American reviewers who can be part of the grant applications process. The campus offers a number of programs to train new reviewers.

Stacy Dixon, the alternate for California, read into the record prepared remarks about the Resource and Patient Management System (RPMS). The Susanville Indian Rancheria requests the Administration support a comprehensive study of the RPMS system to determine:

- Its effectiveness in managing patient data and records
- Its usability by tribal health-care providers by including ISDEAA contractors
- Its interoperability with commercial systems, systems in use by non-Indian health-care providers
- The degree of adoptions among IHS facilities, tribes, tribal contractors, and urban Indian organizations providing health care
- Any persistent or unsolved problems with the system and its cost-effectiveness compared to other records management solutions.

## **Remarks from Secretary Kathleen Sebelius**

Following good wishes from STAC members, Secretary Sebelius offered thanks and closing comments on the final day in her official role at HHS. The meeting brought the Secretary full circle as she recalled meeting with tribal leaders during a budget consultation on her first day at HHS.

The efforts of STAC members and HHS federal partners won the attention of colleagues across the president's Cabinet. Secretary Sebelius also will discuss the importance of the STAC during a meeting with her successor. The STAC's work will go forward, said the Secretary, noting the efforts of Paul Dioguardi, Stacey Ecoffey, Lillian Sparks, Dr. Yvette Roubideaux, Mary Wakefield, Nadine Gracia and Lawrence Tabak. Senior leaders will continue to view the STAC's work as a priority that all top-level staff concentrate on all the time.

## **STAC Business Closing Discussion and Comments**

Vice President Rex Lee Jim recapped plans for a meeting with the incoming HHS Secretary in July. STAC members also covered these areas prior to closing the meeting:

- Ron Allen provided a reminder about forming a workgroup to review and update the STAC charter. Workgroup members will include Ron Allen, William Micklin, Stephen Kutz, Cheryl Frye-Cromwell and Ken Lucero.
- Workgroup members creating the document of STAC priorities for the new secretary tentatively set June 9 at 2:00 p.m. as the date/time for the first conference call.
- Paul Dioguardi and Stacey Ecoffey will inform the workgroup when the secretary can meet in July.
- In his final remarks, Mr. Dioguardi thanked STAC members for their sendoff for the secretary. Addressing the STAC was the secretary's final meeting in her role at HHS, which shows the commitment that the secretary and staff have to this process.
- The Senate confirmed secretary designate Burwell. The swearing in was set to occur on Monday, June 9. Staff will then brief the secretary on taking the STAC conversation forward. The meeting that STAC members wish to have in July should give everyone a chance to weigh in and comply with all bylaws and requirements.

After the closing blessing by Gary Hayes, the meeting adjourned at 2:20 p.m.