

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

**March 17-18, 2015**

***Executive Summary Report***

*Members of the Secretary's Tribal Advisory Committee (STAC) saw positive movement on several complicated issues during their meeting on March 17 and 18 in Washington, DC. Members acknowledged the historic opportunity to move contract support costs from discretionary to mandatory even as they expressed concerns about administrative costs. Other key issues included behavioral health, technology concerns, and a meaningful discussion on historical trauma. This meeting also included a joint session with the Department of Interior (DOI) to pursue stronger Indian Child Welfare Act (ICWA) regulations and greater flexibility for 102-477 programs. Chair Rex Lee Jim led the meeting.*

Members Present for Roll Call: Ron Allen (Portland Area), Tino Batt (Portland Area - Alternate), Dana Buckles (Billings Area-Alternate), Cheryl Frye-Cromwell (Nashville Area), Judy (Elaine) Fink (California Area), Leonard Harjo (Oklahoma City Area), Rex Lee Jim (Navajo Area), Arlan Melendez (Phoenix Area), Gloria O'Neill (Alaska Area), Roger Trudell (Great Plains Area), and Brian Cladoosby, Jefferson Keel, William Micklin and Aaron Payment (National At-Large Members). (Quorum Met)

**Action Items**

**Department of Health and Human Services (HHS) Budget Updates**

- Rex Lee Jim requested that HHS enlist a subcommittee to address the issue of suicide and other types of prevention: how to do better research, bring the evidence, put that topic on the table and push it forward.

**Indian Health Service (IHS) Discussion**

- Provide Gloria O'Neill information on how the Joint Venture Construction Program review process works, including the members of the federal/tribal workgroup who participate in the process.

**Intradepartmental Council on Native American Affairs (ICNAA)**

- Work with the Office of Intergovernmental and External Affairs (IEA) to determine a way to have a longer conversation about self-governance between staff from the Administration for Children and Families (ACF) and interested STAC members.

## **Health Resources and Services Administration (HRSA)**

- In response to a request from Ron Allen, staff will work on developing a matrix that shows which HRSA funds tribes are accessing, along with a summary of what the tribes submitted that helped them win funding.

## **HHS Federal Member Roundtable Discussion - National Institutes of Health (NIH)**

- NIH will look into communicating funding opportunities through the National Indian Health Board (NIHB) and the National Congress of American Indians (NCAI) to expand its reach to tribal communities.

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## **Secretary's Tribal Advisory Committee Meeting**

**March 17, 2015**

### **Welcome and Meeting Logistics**

Mr. Dioguardi opened the March STAC meeting with an announcement about upcoming opening seats. Although it occurred early in the year, the March meeting was the last of the current year's cycle, which means openings will occur shortly afterward. The committee staggers the terms of many of the slots in order to get a good rotation of people while maintaining consistency each year.

Following the March meeting, letters will go out asking for nominations of the seats that will be available. The terms that are ending are:

- Aberdeen
- Alaska
- Billings
- Navajo
- Phoenix
- Tucson
- At-large seats held by Aaron Payment and Jefferson Keel.

Members can serve another term if they receive renominations as there are no term limits. Once the new members are confirmed, the STAC will conduct elections for the chair and vice chair positions for the year.

Mr. Dioguardi also discussed the meeting follow-up process, asking STAC members whether they want to receive a list of follow-up items from the staff, present a formal follow-up letter

from the STAC or complete some combination of both. Spelling out the process will help everyone agree on the key issues without duplicating efforts. Before moving on with the meeting, Chairman Payment made a motion to approve the agenda. Councilwoman Frye-Cromwell seconded the motion, and the committee approved the agenda.

## **HHS Budget Updates**

**Norris Cochran**, Deputy Assistant Secretary for the Budget

The 2016 budget came out on time this year, which was a good start to the process, said Mr. Cochran. The budget includes a discretionary increase of \$461 million for IHS, which is about 10 percent and reflects the hard work and due diligence of the STAC. The process also has the mandatory policy for Contract Support Costs (CSC).

Mr. Cochran also addressed these issues:

- The Low Income Home Energy Assistance Program (LIHEAP), which had been a target for proposed cuts for a number of years within a flat or declining budget, didn't face reductions in the '16 budget.
- The Administration has put forward a budget that is modeled off of discretionary spending levels that assume no sequestration. The budget proposes a 10 percent increase for the IHS. The budgetary caps, assuming the lower sequester caps, would be flat.

## **Centers for Medicare and Medicaid Services (CMS)**

**Mandy Cohen**, Chief of Staff, CMS

**Kevin Counihan**, Deputy Administrator, Center for Consumer Information and Insurance Oversight (CCIIO), CMS

**Vicki Wachino**, Acting Director, Center for Medicaid and CHIP Services (CMCS), CMS

**Lisa Wilson**, Senior Advisor, CCIIO

**Kitty Marx**, Director, Tribal Affairs Group, CMS

The strategic plan for the CMS Tribal Technical Advisory Group (TTAG) makes recommendations as to how CMS can best support tribal activities. The plan has recommended support of about \$7 million in funding to support a variety of goals and tasks, including tribal consultation, long-term care services, working with the Center for Medicare & Medicaid Innovation and working with the Center for Insurance and Oversight. Although CMS staff members can't always get what they want, the strategic plan recommendations assist in developing budget requests, said Ms. Marx.

Presenters for CMS also provided these highlights:

- The most recent expansion approval was at the end of January for Indiana. Many states where tribal communities have a lot at stake have been interested in expansion but there have been some legislative challenges.
- Staff members are working on proposed rules modernizing managed care regulations, which haven't been updated since 2003. Also on tap: updates for beneficiary protections and regulations to implement requirements around mental health parity in Medicaid and CHIP.
- During open enrollment, about 11.7 million people signed up for health care.
- As of March 13, CCIIO received a total of about 237,000 individual Indian tribe exemption applications. Staff members have processed more than 90 percent of those.
- A joint TTAG/CCIIO workgroup could talk in more detail about focusing on such specific issues as exemptions.

## **Indian Health Service Issue Discussion**

**Robert McSwain**, Acting Director, IHS

Contract support costs were the major highlight unveiled in the President's 2016 budget, said Mr. McSwain. IHS staff members sent out a Dear Tribal Leader letter on February 9 to solicit comments and consultation on the proposal in the budget. So far there seems to be wide support. The effort serves as an incredible lift for the agency, which has analyzed 1,300 claims and extended 1,232 settlement offers. Overall IHS has settled almost a total of almost \$700 million.

Mr. McSwain also covered these issues:

- Regarding facilities, the Federal Appropriations Advisory Board is looking at preparing for and putting together a report to Congress that is due in about a year. The biggest news in the facilities area has been the success in the joint venture program. Three programs remain on the initial list of ten that the board is working on. Those three will begin work this year.
- In terms of the Resource and Patient Management System (RPMS), Meaningful Use Stage II has proved to be a bit challenging. IHS is still ahead of the other federal agencies, however, and has implemented the new software in many sites. The problem is getting ready for the direct services piece, the ability to share records, the ability for a patient to get a summary of a record off a website and the ability to e-mail doctors. These changes have been problematic for most systems.
- For IHS, sharing Native patients' data requires agreements to protect that data. Policies and other things must also be in place to ensure data security. IHS plans to send out communication about an agreement that every site has to sign to be able to share that data.

- As part of its memorandum of agreement with the Veterans Administration (VA), IHS has received nearly \$18 million in VA reimbursements for the care of 4,800 veterans. As it continues its work with the VA, IHS will team up with the U.S. Department of Housing and Urban Development (HUD) to focus on homeless American Indian/Alaska Native (AI/AN) veterans in rural and urban areas.
- IHS has sent 14 officers to Africa for one final burst of activity as the Ebola outbreak winds down. IHS also has done an internal deployment, sending commissioned officers to help with the suicide cluster at the Oglala Sioux Tribe.

## **Intrdepartmental Council on Native American Affairs**

### **Lillian Sparks Robinson, Chair**

Commissioner Robinson addressed these issues during her presentation:

- **Data sharing:** ICNAA is in the process of conducting a data inventory to improve the coordination of data reporting and collection across different program offices. Staff members want to get a better understanding of what they are asking for in each of the HHS Operating Divisions. These efforts also include developing strategy for the collection and analysis of all the data received.
- **HHS Tribal Consultation Policy:** Staff members want to expand upon what is existing in the policy with regard to supporting tribal access to state and local data. What are the other data systems available for tribes to use, and does ICNAA have any room to expand the Tribal Consultation Policy to address that?
- **Data focus group:** Staff members are looking at coordinating with the tribal/state initiative, a subgroup of the STAC, to solicit feedback and create a long-term strategy for data collection/data reporting. Staff members also want to develop an overall HHS strategy for HHS program data to eliminate tribal reporting duplication.
- **Tribal Grant Application Data:** Federal partners don't collect application data consistently enough throughout HHS to report on a department-wide basis whether or not the grants matrix has impacted or increased the number of tribal applications received. Staff hope to do a better job of tracking how many tribal applications come in and whether the numbers are increasing or decreasing.
- **Grants reporting/training:** ICNAA has established five focus areas:
  - Improving and increasing grants training
  - Developing a tribal grants webpage
  - Identifying best practices for the grant review process
  - Maintaining and updating the grants eligibility tool as needed
  - Identifying best practices in grants technical assistance
- **State/Tribal Relationships:** The Tribal/State Relationship Group, which had become a bit inactive, is taking another look at issues such as these:

- Identifying which agencies have the authority to mandate or promote consultation between tribes and states.
- Determining whether agencies have policies to require or promote tribal consultation.
- Assessing best practices for tribal/state consultation requirements across the Department.

Through this department-led initiative, staff hope to recommend creation of uniform HHS training materials for states on tribal consultation as well as a term of award for states to notify the tribes that there is a Tribal Consultation Policy required. The final result will be language that tells states they must have a tribal consultation or demonstrate that one has occurred when they receive funding from HHS that includes services to tribes.

- Self-governance: ACF continues to look at its Tribal Early Learning Initiative (TELI) as a possible model to assess how tribes can combine early childhood programs, similar to how things are done with regard to self-governance, with programs working together. Staff members remain open to conversations on ways to promote the goals of self-governance within the grants context.

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

**Pamela Hyde**, Administrator

**Kana Enomoto**, Principal Deputy Director

SAMHSA covered three topics for the committee members: brief updates, a video on the recent Native Youth Conference and a discussion on historical trauma.

Leading the discussion on trauma, Ms. Enomoto noted that the issue is part of a cross-collaborative effort to address violence and the criminal justice system. The issue of trauma also affects health and chronic disease. Addressing historical trauma with the STAC gives SAMHSA an opportunity to discuss the subject with other HHS departments.

In October 2014, SAMHSA released its national working definition for trauma and a trauma-informed approach: Individual trauma results from an event or set of circumstances that are experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting, adverse effects on the individual's functioning as well as on their mental, physical, social, emotional or spiritual well-being. It is:

- An event,
- How you experience it, and then
- The effects.

First contact, federal policies, geographic relocation and boarding schools are common traumatic events experienced by tribal communities. Through its strategic initiative, SAMHSA continues

to develop a framework for community and historical trauma as well training materials, data and screening tools. The Department also is aligning its technical assistance and training in supporting work on trauma throughout its grant programs. Those funding opportunities include:

- The Tribal Behavioral Health Grant Program: This new program targets the prevention and reduction of suicidal behavior and substance abuse. It also promotes mental health among young people and supports efforts to address historical trauma.
- The Circles of Care Program: This is SAMHSA's longest running grant program specifically designed for tribes. To date SAMHSA has awarded \$49 million in Circles of Care grants, which focus on developing culturally competent systems of care for children's mental health.
- Tribes have been successful grantees in the Children's Mental Health Initiative, which supports the development of comprehensive, community-based systems of care for children and youth with serious emotional disturbances (SED) as well as their families. That funding supports mental health and related recovery support services to children and youth with SED, including work around trauma for the family and the individual. A funding announcement is available now. Applications are due April 10.

Other details from SAMHSA:

- SAMHSA is working with CMS and IHS on a webinar regarding the Institutions for Mental Disease exclusion. The webinar, which will occur in May or June, will help tribes clarify what can be funded in a facility-based program.
- Federal partners continue to seek input on a framework for a national tribal behavioral health agenda. Working with IHS, SAMHSA will offer a series of listening and consultation sessions. SAMHSA also will team up with the Department of Justice (DOJ), DOI, HUD, Department of Education and Department of Labor.
- Dr. Marcella Ronyak has come on board as the director of the Office of Indian Alcohol and Substance Abuse.
- A tribal call took place in November to announce the funding for state pilots for Certified Community Behavioral Health Centers. Staff members are now developing and revising the draft certification criteria. States will use the final criteria to certify clinics, and SAMHSA wants to ensure that tribes are eligible to become one of those clinics. Eight states can participate in the initial demonstration project.
- The Tribal Technical Advisory Committee has primary vacancies in the Phoenix and Billings Areas as well as several open positions for alternates. TTAC will meet April 15-16 at the SAMHSA offices.

## Health Resources and Services Administration

### Mary Wakefield, Administrator

After announcing that she will be leaving her position at HRSA to take a different position in HHS, Ms. Wakefield provided these updates:

- Jim Macrae, who will be the acting administrator for HRSA, has a long history with the agency. Mr. Macrae attended the STAC meeting with Ms. Wakefield.
- Recruitment and retention of the health care workforce: Ms. Wakefield reminded tribal leaders of the HRSA programs available not only for the development and training of the next generation of health care providers but also for placing them in underserved communities. More than 14,000 clinicians visit the Job Center website each month looking for places to practice to help reduce their medical school loans. However, only 40 percent of eligible tribal clinical sites have placed information on this site.
- Regarding behavioral health, of the 384 clinicians serving in Indian Country, 79 provide mental and behavioral health services at tribal sites as licensed professional counselors, health services to psychologists, licensed clinical social workers, psychiatric nurse specialists and so on.
- HRSA also has a funding opportunity that supports paraprofessional training of students in community and technical colleges, including tribal colleges and universities. Students can ultimately receive certifications as behavioral health paraprofessionals focusing on the behavioral health needs of at-risk individuals and families.
- About 550 new community health centers have opened within the last three years as a result of the Affordable Care Act. In 2013, more than 259,000 AI/ANs received services from those health centers.
- In September 2014, \$295 million in ACA funds were awarded to expand services at community health centers. Of those, 24 tribal health centers and 7 urban Indian health centers received more than \$6.3 million to expand their services. The health centers that receive those funds expect to serve more than 15,000 new patients and add about 54 new jobs in FY15.
- In 2013, the Ryan White HIV/AIDS Program served 5,907 AI/ANs living with HIV and AIDS. Of that number, 286 were Native youth between the ages of 13 and 24. Culturally competent resources about treatment, testing and prevention are available for tribal communities through this program.
- Two Ryan White grants are going to AI/AN communities in Anchorage, Alaska. The Anchorage Neighborhood Health Center received \$330,000, and the Alaska Native Tribal Health Consortium received more than \$500,000. The funds will flow over three years to provide comprehensive HIV primary medical care.
- In 2014 about \$68 million in HRSA funds went to tribes and tribal entities through such areas as Maternal and Child Health, HIV/AIDS, funding for National Health Service Corps clinicians, community health centers and so on. Those responding to grant announcements should identify themselves as tribes or tribal organizations to help HRSA

better identify which grants are going to Indian Country. HRSA also continues to offer webcasts and outreach to train tribes on the application process.

Whereupon, the meeting adjourned at 4:24 p.m., to resume at 9:00 a.m. on Wednesday, March 18.

## **Secretary's Tribal Advisory Committee Meeting**

### **Wednesday, March 18**

The second day of the Secretary's Tribal Advisory Committee opened with a review of the previous day as well as remarks and discussion with HHS Secretary Sylvia Burwell.

In her brief comments, Secretary Burwell expressed her appreciation to the STAC members as well as to federal staff and partners for their efforts in creating a successful meeting. STAC members raised several topics with the Secretary, including contract support costs, Child Care Development Block Grants, P.L. 102-477, Affordable Care Act, self-governance, behavioral health, ICWA, meaningful use, elders, facilities priority list, and Generation Indigenous.

### **HHS Federal Member Roundtable Discussion**

This session began with a report from Stacey Ecoffey that provides detailed follow-up on each of the issues addressed during the December 2014 STAC meeting. The front of the report includes information from the follow-up letter from STAC members. The rest of the letter includes the current status and response to issues as well as a point of contact. Vice President Jim then turned the floor over to the federal partners. The discussion covered these points:

#### National Institutes of Health

- NIH continues making progress in standing up its Tribal Consultation Advisory Committee. The deadline for receiving member nominations was extended until March 18 for Alaska, Albuquerque, Billings and Phoenix as well as national at-large members. The committee should launch in April.
- NIH also recently issued a request for information entitled Reducing Suicide in Alaska Native Communities Rapidly, Substantially and Sustainably. The request is a first step on getting input on innovative research strategies and determining the factors that would protect against suicide in Alaska Native communities.
- Responding to concerns in AI/AN communities, NIH has released a funding opportunity announcement: Interventions for Health Promotion and Disease Preventions: Native American Populations. This opportunity focuses on wellness and health promotion. Those responding to the grant must submit tribal resolutions with their applications. NIH has funded 14 projects so far.

- NIH continues to seek reviewers from under-represented communities for its peer review system. STAC members should contact Mr. Tabak if they know of a person in their community who might be interested.

### Centers for Disease Control and Prevention (CDC)

- CDC hosted a successful Tribal Advisory Committee (TAC) meeting and consultation in Atlanta in February. Highlights included a roundtable discussion with senior leaders from across the agency. Representatives from SAMHSA, ACF and the Food and Drug Administration (FDA) also attended the TAC meeting. One at-large seat on the TAC remains vacant.
- Capt. Carmen Clelland will join the CDC as the new associate director of the Tribal Support Unit after many years of working with IHS. Anabelle Allison joined Tribal Support Unit as the deputy associate director back in January.
- Training on working effectively with tribal governments will be available in April and September for staff members from CDC and the Agency for Toxic Substances and Disease Registry (ATSDR).
- In FY14, 51 tribes and tribal organizations received direct funding from CDC. These entities successfully competed for \$60.4 million in contracts, said Dr. Judith Monroe, Director of the Office of State, Tribal, Local and Territorial Support (OSTLTS). NIHB, one of the funded tribal organizations, announced small amounts of funding to five tribes to help them achieve accreditation for their health departments.
- The National Institute for Occupational Safety and Health (NIOSH) has announced the state occupational health and safety surveillance program, and federally recognized tribes are eligible to apply.
- Dr. Monroe will be attending the NIHB Tribal Public Health Summit in April. On April 7, Ms. Monroe will conduct a second CDC listening session along with Dr. Ursula Bauer, director of the National Center for Chronic Disease and Health Promotion. As a result of the first listening session, Dr. Bauer mobilized funding for Tribal Epidemiology Centers.

### Administration for Community Living

- The Administration for Community Living (ACL) is expanding long-term care ombudsman again in response to a lot of conversation about caring for people in nursing homes both on and off reservation. The tribes can pick a long-term care ombudsman, someone to visit seniors in nursing homes. States are responsible for the training with funding provided by Title III.
- Many domestic violence programs also are working in elder justice and elder abuse issues, including shelters. Ms. LaCounte will work on merging these two networks together.
- Ms. LaCounte also is working to help urban Indian centers tie in with the state and local entities that operate senior centers.
- The notice of new funding for Title VI will be available late March/early April.

- The Corporation for National and Community Service has foster grandparent and senior companion program money available only for tribes. Grants are due May 14. A webinar on writing for these grants will take place April 8.
- A White House Conference on Aging Tribal Listening Session will take place May 5 in Norman, Oklahoma. An HHS Regional Consultation will occur in the same city May 6 and 7.
- ACL will hold a conference in Washington, DC, August 10-13.
- Indian Country is beginning to address the disabilities issue. A diversity plan at ACL now includes working with tribes. Further, wherever there is a state with tribes, tribes have membership on the Independent Living Council and on the state disability council.

### **Joint Meeting of DOI and HHS**

This session provided a look at the joint work and concerns of the ACF and the Bureau of Indian Affairs (BIA). The discussion included these issues:

- An available tribal funding opportunity will make announcements by the end of fiscal year. The grant is up to \$300,000 for two years.
- The comment period on the Adoption and Foster Care Analysis and Reporting System (AFCARS) is open until April 10.
- The Attorney General's Advisory Committee on American Indians Exposed to Violence gave specific recommendations to HHS and DOI to work together. The departments are working together on compliance and data collection.

### Indian Child Welfare Act Implementation

HHS, DOI, and DOJ also are working together on ICWA. Updated ICWA guidelines came out a few weeks ago. Those guidelines had not been revised since 1979.

During listening sessions conducted as part of the update process, tribes requested updated guidelines as well as regulations with teeth. Consultations and public meetings also will occur in response to a proposed rule on ICWA compliance that came out March 18. Dates are available on the BIA Website. Tribes must respond to the proposed rule within 60 days.

### P.L. 102-477 Implementation

This discussion provided an update on the efforts of ACF and Indian Affairs on P.L. 102-477 program implementation as it relates to Tribal TANF, Native Employment Works and the Child Care Development Fund. Speakers addressed such issues as these:

- Noting the growth of the Tribal TANF program, Ms. Patel reported 70 programs representing 284 federally recognized tribes and Alaska Native villages. There are 6 pending programs and 2 proposed expansions.

- Ms. Patel has established two priorities for the TANF office during the next two years:
  - Increase family economic security and stability by supporting tribal/state and community partners in designing and implementing programs that focus on parental employment and child/family well-being.
  - Promote greater collaboration among human services agencies, workforce agencies and educational institutions to encourage holistic service delivery.
- In late August /September Tribal TANF leaders will meet in Washington, DC. The event will include joint sessions with states and tribes.
- A funding opportunity for Tribal TANF/Child Welfare Coordination Grants is available. The program offers \$1.8 million in funding for competitive grants for demonstration projects that will test the effectiveness of coordination between Tribal TANF and child welfare services.
- The 477 program is moving from the Office of Indian Energy and Economic Development to the Office of Indian Services within the Bureau of Indian Affairs.

### **Substance Abuse and Mental Health Services Administration**

This session highlighted the joint work occurring with the Tribal Law and Order Act (TLOA) and coordination regarding Indian alcohol and substance abuse. Highlights included:

- This program provides no funding for tribes or for the federal agencies. TLOA is a law about coordinating.
- In 2014, BIA allocated \$3 million toward the establishment of an additional 26 tribal and 9 BIA regional and agency case worker positions to deal with family violence. Those positions were located at locations that had high rates of domestic/family violence, teen suicide, child abuse and neglect.
- BIA is in the process of distributing an additional \$5 million for social services that will be going to all tribes that have social services programs.
- The 2015 budget included an additional \$5 million for tribal ICWA programs.
- The 2016 budget includes a \$10 million increase for a tribal family services initiative coordinated among BIA education, social services, law enforcement and job placement/training programs. BIA also will work with other agencies and bureaus as well as state programs. The initiative will focus primarily on four pilot sites.
- In 2012, IHS, SAMHSA and DOJ collaboratively developed Tribal Action Plans and produced a two-part Webinar series. Since the original development of the TAP guidelines, IHS, together with SAMHSA, DOJ and DOI, have hosted these Webinars in the Phoenix and Billings areas to help tribes develop their own TAPs to address alcohol and substance abuse in their communities. IHS stands ready to collaborate with its federal partners to offer additional training.

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