Department of Health and Human Services  
Secretary’s Tribal Advisory Committee Meeting  

May 30-31, 2012 – Washington, DC  

Executive Summary Report  

The Secretary’s Tribal Advisory Committee (STAC) Meeting was held on May 30-31, 2012, in Washington, DC. The meeting provided an opportunity for the STAC to hear updates on the Health and Human Services (HHS) budget, Intradepartmental Council on Native American Affairs (ICNAA) activities, Affordable Care Act (ACA), human service programs, and Tribal State relations; review consultation priorities and prepare for a discussion with HHS Secretary Kathleen Sebelius; meet with the Secretary; hear from HHS staff and operating divisions about their work on Indian issues and initiatives; and discuss its next steps. The meeting, facilitated by the STAC’s Chairman Ken Lucero, afforded the STAC numerous opportunities to engage with HHS leadership, program staff, and agency heads.

A quorum was met each day of the meeting. Members present during the roll call on the first day included the following: Chester Antone, Roberta Bisbee, Stacy Dixon, Gary Hayes, Herman Honanie, Rex Lee Jim, Cheryle Kennedy, L. Jace Killsback, Ken Lucero, and Andy Tueber, Jr. The following members were present during the roll call on the second day: Chester Antone, Roberta Bisbee, Stacy Dixon, Herman Honanie, Rex Lee Jim, Cheryle Kennedy, L. Jace Killsback, Ken Lucero, Andy Tueber, Jr., and Roger Trudell.

As the meeting transpired, the following action items were recorded:

- Lillian Sparks requested that the STAC provide information to her regarding the data matrix on grants eligibility in terms of how outreach can be done, how to use the matrix, and how to keep the document updated and in the forefront of Tribal agendas.
- Roberta Bisbee suggested that a notice be posted on the STAC’s website that recognizes the data matrix on grants eligibility as a project that is being done based on a request by the STAC.
- Dr. Yvette Roubideaux will send the new summary table on the Indian Health Care Improvement Act (IHCIA) to Tribes.
- Cindy Mann agreed to follow-up with Rex Lee Jim concerning the status of the feasibility study with the Navajo Nation.
- Clara Anderson, in response to questions from Roberta Bisbee, agreed to look into what technical assistance can be provided regarding the Safe Haven law; get information on what the $2.9 million reduction in the proposed Administration for Children and Families (ACF) budget is for and how it will be taken if the President’s budget is passed; and provide a status on where the March 2012 letter (from IV-E Development grantees) for the provision of technical assistance to Tribes is in the clearance process.
- George Sheldon said he would get back to the STAC in writing regarding its ACF-related priorities.
George Sheldon agreed to provide a list of new ACF funding announcements to the STAC in writing.

George Sheldon, in response to a request by Cheryle Kennedy, agreed to look at ACF data systems to see if data on how many Native Americans are being served through his programs and if there are improvements in families and/or children that receive those services can be extracted.

George Sheldon agreed to provide a written response to Rex Lee Jim pertaining to his concern that $529,000 went to a non-profit entity for the ACF Navajo Planning Services Program and request to know what can be done to change it.

Dr. Yvette Roubideaux and Dr. Judith Monroe, in response to Chester Antone’s question about collaboration between the Centers for Disease Control and Prevention (CDC) and the Indian Health Service (IHS) to address health facility acquired infections, agreed to see if any work has taken place. Dr. Monroe also agreed to bring up the issue at an upcoming meeting with Dr. Carol at IHS.

Sonsiere Cobb-Souza agreed to work with the Principal Investigator to follow-up with Herman Honanie on information and lessons learned from OMH’s collaboration with the San Carlos Apache Tribe to develop an EMS surveillance system.

Pam Hyde suggested that a separate meeting be held to work through the issues of facilities needing to be built a certain way to be Medicaid eligible for behavioral health services.

The Self-Governance Workgroup will have a final meeting and prepare its final report for presentation to the STAC in September 2012.

The STAC should request written feedback on its budget and policy priorities from the applicable HHS staff and operating divisions.

Edits to the Tribal State Relations documents are to be submitted to Elizabeth Carr.

Feedback on the public information items and website are to be submitted to Stacey Ecoffey, so that a STAC report can be shared with Tribal leaders in the fall.

Meeting materials will be provided in advance of the next STAC meeting for members to review.

The first day of the STAC meeting began with Chairman Lucero welcoming the group and thanking everyone for their attendance. After inviting Rex Lee Jim, Vice President, Navajo Nation, to give the opening blessing, Chairman Lucero called the roll. Paul Dioguardi, Director, Office of Intergovernmental and External Affairs (IEA), noted that the STAC was meeting for the sixth time; and he commented on the importance of continuing its momentum, reporting its accomplishments, and identifying priorities to advance its work. After Mr. Dioguardi reviewed the meeting agenda, HHS Chief of Staff Sally Howard addressed the group. She assured the STAC that HHS continuously works to address issues it raises and she noted that recommendations of the committee have driven changes in the Department. Notably, Ms. Howard informed the group that the Centers for Medicare and Medicaid Services (CMS) informed two States that their waiver requests could not be approved due to insufficient consultation with Tribes. Following her remarks, Stacey Ecoffey, Principal Advisor for Tribal Affairs, IEA, provided a review of STAC public outreach materials. She directed the group to a draft outline of a website intended to publicize the STAC’s work/activities and share resources; and she indicated that the STAC National Report will be mailed to Tribes and made available at national meetings.
Norris Cochran, Deputy Assistant Secretary for Budget, provided HHS budget updates to the group. Two documents, the Composition of the HHS Budget and Targeted FY 2011-2013 HHS Funding for American Indians and Alaska Natives, were provided in response to requests for information on HHS’ discretionary budget and mandatory programs. Mr. Cochran focused his comments on the issues of sequestration, the 2013 appropriations process, and the 2014 budget formulation process. If sequestration occurs, Mr. Cochran explained, most discretionary, non-defense programs (like HHS) will see a 7.8% reduction across the board; but IHS program reductions would be limited to 2%. He said disagreements about the 2013 budget appropriations process involve the Senate and the Administration wanting to stick to spending levels agreed to in the Budget Control Act, while the House wants to reduce spending below those caps. In regards to the 2014 budget, he said the Office of Management and Budget (OMB) is asking agencies to present budgets that are 5% below the 2014 projections in the President’s proposed 2013 budget.

Lillian Sparks, Chair, Intradepartmental Council on Native American Affairs (ICNAA) and Commissioner, Administration for Native Americans (ANA); Yvette Roubideaux, IHS Director; Sue Clain; Kim Romine; and Kathy Killian, provided updates on ICNAA activities. Various workgroups have been focusing their efforts on improving technical assistance and outreach to Tribes, expanding Tribal self-governance, and increasing Tribes’ access to grants. During this session, documents on grants eligibility; access and availability; and expansion of self-governance were reviewed and the topics discussed. Additionally, information on training initiatives, upcoming resources, and future workshops and meetings was shared.

Mayra Alvarez, Director of Public Health Policy, Office of Health Reform; Teresa Miller, Senior Advisor to the Director, CCIIO [Center for Consumer Information and Insurance Oversight]; Cindy Mann, CMS Deputy Administrator and Director, Center for Medicaid, CHIP [Children’s Health Insurance Program], and Survey & Certification; and Dr. Roubideaux all served as co-presenters for the update session on the ACA [Affordable Care Act]. STAC members were provided with ACA announcements to-date; information on State’s options concerning Health Insurance Exchanges and related issues; and information regarding changes occurring to the Medicaid program and State-level activities. It was noted that three consultations on the ACA were scheduled for July 26th, August 7th, and August 9th in Washington, DC; Anchorage, Alaska; and Denver, Colorado, respectively; the “long awaited” PowerPoint presentation on the ACA was now available; the new summary table on the IHCIA is completed and posted on Dr. Roubideaux’s blog; and a draft agreement is in place for the U.S. Department of Veterans Affairs (VA) provision for reimbursement of services at delivered at IHS and 638 facilities.

Yvette Sanchez-Fuentes, Director, Office of Head Start (OHS); Earl Johnson, Office of Family Assistance (OFA); and Clara Anderson, Deputy Commissioner, Administration for Children, Youth and Families (ACYF), served as co-presenters for the update session on human service programs. Namely, the STAC was given updates on the OHS’ Head Start and Tribal programs; provided information on Title IV-E and discretionary funding available to Tribes; and given grantee and funding data on Tribal TANF and other OFA programs.

The second day of the STAC meeting began with a Tribal Caucus session that was closed to the public. When the general session reconvened, Chester Antone, Council Member, Tohono O’odham Nation, provided the opening blessing. Chairman Lucero proceeded to explain to meeting attendees...
that technical advisors to the STAC had compiled consultation comments from Tribes across the country and the STAC subsequently identified its top (budget, policy, and legislative) priorities. He further explained that the top priorities that the STAC wanted to work on throughout the year would be shared with the respective agencies; and the budget priorities would be shared with the Secretary during the meeting, later in the day. After calling the roll, Chairman Lucero invited Federal representatives to give highlights of staff and operating divisions’ work on Indian issues and initiatives to the STAC. Presenters for the session included:

- Aryana Khalid, Chief of Staff, Centers for Medicare & Medicaid Services
- George Sheldon, Acting Assistant Secretary, Administration for Children and Families
- Judith Monroe, Director, Office for State, Tribal, Local, and Territorial Support from the Centers for Disease Control and Prevention
- Kathy Greenlee, Assistant Secretary, Administration for Community Living
- Lawrence Tabak, Deputy Director, National Institutes of Health
- Marsha Brand, Deputy Administrator, Health Resources and Services Administration
- Sonsiere Cobb-Souza, Acting Deputy Director, Office of Minority Health
- Pam Hyde, Administrator, Substance Abuse and Mental Health Services Administration
- Yvette Roubideaux, Director, Indian Health Service

Highlights of the information provided are included in the full summary report, under separate cover.

Secretary Sebelius joined the meeting to address and hear from the STAC. She assured the members that she is kept updated on their activities and said their advice helps the Department target its priorities. As evidence of HHS’ commitment to ensuring meaningful consultation with Tribes, Secretary Sebelius noted that two States (Kansas and New Mexico) were allowed to voluntarily withdraw their 1115 waivers after being told that their requests were being returned because of insufficient Tribal consultation. She thanked Tribes for their contributions to the dialogue and deliberations that occurred across the country, noting that three consultation sessions on the ACA were scheduled for July - August 2012. She said the expansion of health coverage through Medicaid and the Exchanges can be enormously beneficial to AI/ANs; and to that end she emphasized the importance of hearing from Tribal leaders, especially concerning what the Federal Exchange should look like. After informing the STAC that she would need its assistance in terms of doing effective outreach on the ACA and ensuring that people are educated about it, the Secretary said she was also interested in having less formal, ongoing consultations with individual agencies. Finally, she invited the STAC to present its priorities to her.

Chairman Lucero shared the STAC’s budget priorities with the Secretary, noting that the group felt that Indian Country and any programs geared towards Native Americans should be held harmless from budget reductions. He also commented, “We brought up the issue of direct funding in past, and more recently as it pertains to ACF, SAMHSA, CDC, and the Health Insurance Exchange program. We would appreciate your support on this; and we understand that some attempts are being made to make that happen.” The following five budget priorities were identified as most important by the STAC:

1. Head Start Block Grant – It is an invaluable program and should continue to be supported.
2. SAMHSA programs – The Tribal Prevention grants and Circles of Care need to continue and be increased.
3. Health Insurance Exchange – It’s a means of access to health services for our people and I’m glad to hear your comments about education and outreach. We want funds to go directly to Tribes for outreach, enrollment, and education of our community members, perhaps utilizing the dollars that States have returned or decided not to use for the implementation grants.
4. Cancer Research – Several agencies are involved in the cancer initiatives, but we focused on the CDC initiatives; and we feel that the National Institutes of Health (NIH) has a role in terms of conducting this research. So we are asking for increased grants for cancer research in Indian Country.
5. Language Preservation – We are asking for support of language and culture programs, particularly the language program through the ANA and any other programs that are specific to preserving the culture and heritage of our Tribal communities. We feel strongly that our language, culture, and traditions will keep us intact and it has helped us survive over the hundreds of years in this country. We would like to see this preserved and see more initiatives carried out through the ANA.

During the session on Tribal State updates, Ms. Ecoffey reminded the group that during the last STAC meeting the group discussed Tribal State relations, created a workgroup, established regional office conference calls, and laid out a tentative plan to move the issue forward. She said feedback from Tribes on the topic yielded two resounding issues: child welfare and Medicaid. She directed the group’s attention to the State profiles in the meeting materials, which lists the Tribes in the State, the governor (with a bio), the makeup of the State legislature, where the State is with the ACA, and information on the State’s Tribal Consultation Policy. She also indicated that all the conversations from regional consultations on Tribal State relations and a survey of operating divisions on what they do with Tribal State relations was provided on a jump drive for each member. Ms. Ecoffey stated that conference calls, as well as in-person meetings, will be conducted over the summer and a plan for the next fiscal year concerning Tribal State relations, e.g., national forums and how to tie Tribal State relations into HHS programs to impact policy, will be laid out in September 2012. Commissioner Sparks reminded the group that States would be issued guidance on the implementation of the ICWA [Indian Child Welfare Act]; and she said she is hopeful that they can find ways to improve the implementation of Indian child welfare on the State level and find ways to promote enrollment of Native children in CHIP programs. She also said ACF has learned that a lot of work is being done around Tribal State relations that are not talked about. Recognizing that each State is different, she asked for input on Tribes’ challenges and difficulties in working with States so they could work with the STAC to implement those recommendations.

Chairman Lucero recapped the events of the 2-day meeting and he listed the items that needed to occur prior to the group’s next session. HHS Deputy Secretary Bill Corr joined the meeting during the closing session to speak with the STAC. After the STAC members provided him with brief self-introductions, Mr. Corr thanked them for serving on the committee, noting the value the committee brings to HHS. Chairman Lucero briefed Mr. Corr on the STAC’s priorities, as shared with the Secretary earlier in the day. Before the meeting closed, Councilman Antone requested that the STAC keep in mind the topic of social determinants of health, stating that it will be important to track their progress (with actual numbers) over the years in terms of preventing illnesses and diseases. Chairman Lucero encouraged the STAC to pay more attention to the model, noting that it
looks at how various factors in a person’s life affect their health. The meeting closed with Councilman Antone providing the closing prayer.