

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

November 14-15, 2013

Executive Summary

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on November 14-15, 2013, at the Hubert H. Humphrey Building in Washington, DC. The meeting provided an opportunity for the STAC to converse in-person, hear updates and engage in discussion on the Department of Health and Human Services (HHS) budget, the Intradepartmental Council on Native American Affairs (ICNAA), Indian Health Service (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA), the Affordable Care Act (ACA), and staff and operating divisions' work on Native issues and initiatives. The STAC also prepared for a discussion on its priorities with HHS Secretary Kathleen Sebelius, met with the Secretary, and addressed its business items. Throughout the meeting, the STAC was afforded numerous opportunities to engage with HHS leadership, program staff, and agency officials.

The meeting was facilitated by Ken Lucero, Pueblo of Zia, and the following members were present for the roll call: Ken Lucero (National At-Large Member), Aaron Payment (National At-Large Member), Roger Trudell (Aberdeen Area), Rex Lee Jim (Navajo Area), Marshall Gover (Oklahoma Area - Alternate), Arlan Melendez (Phoenix Area), Cheryle Kennedy (Portland Area), and Chester Antone (Tucson Area). A quorum was met.

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

1. Pamela Hyde and Cynthia LaCounte agreed to look into avenues of volunteerism as a means to assist veterans with mental health issues.
2. Stacey Ecoffey agreed to add Arlan Melendez to the Tribal State Workgroup.
3. Stacey Ecoffey agreed to send a letter out concerning the rescheduled date of the Grants Matrix Training and coordinate a webinar to accommodate people unable to attend the session.
4. Arlan Melendez was instructed to provide Paul Dioguardi with specific information on enrollment issues in Nevada pertaining to descendants so he can pass it on to Cindy Mann.
5. Yvette Roubideaux will send a letter out to tribes soliciting input on Medicare-like rates.
6. Kathleen Sebelius agreed to put Rex Lee Jim in contact with Sally Howard regarding his concerns about the FDA's Food Safety Modernization Act regulations.
7. Kathleen Sebelius agreed to talk with the Office of Management and Budget (OMB) regarding the possibility of having an Associate Director for Native Programs in the OMB and a Tribal Advisory Committee.
8. Cindy Mann agreed to get more information on the status of the Navajo Nation Feasibility Study.

9. Arlan Melendez asked Cindy Mann to follow-up on the Navigator program in Nevada, as Tribal Health Directors are reporting challenges with implementation.
10. Mandy Cohen agreed to work with Geoff Roth to ensure tribes' State Benefits Coordinators are provided with updated information and details on available Assistor trainings.
11. Yvette Roubideaux agreed to include tribes' State Benefits Coordinators on IHS weekly calls for business office staff.
12. Geoff Roth agreed to provide information at the next STAC meeting on IHS facilities that have met the requirement to have at least one person complete the Certified Application Processor training.
13. Lawrence Tabak requested names of potential American Indian/Alaska Native (AI/AN) peer reviewers for research projects.
14. Yvette Roubideaux agreed to work with the Administration for Community Living (ACL) regarding how to educate AI/AN communities on why health care providers ask about elder abuse.
15. Cynthia LaCounte agreed to plan a webinar around explaining why health care providers ask the elder abuse question for tie-in with Title VI programs.
16. Yvette Roubideaux agreed to share comments with the workgroup that is focusing on outreach and education related to prescription drug abuse and IHS area directors about the need to educate Native communities on polices concerning pain management.
17. Lawrence Tabak agreed to follow-up with Chester Antone regarding the status of the National Institutes of Health (NIH) guidance document.
18. Mary Wakefield agreed to work with Cheryle Kennedy to ensure her tribes' service area is being accurately designated.
19. Yvette Roubideaux agreed to speak with Cindy Mann about the availability of Medicaid data and what can be shared with tribes.
20. Mark Greenberg agreed to follow-up with Rex Jim Lee regarding his request for technical assistance for the Navajo Nation's Head Start program.
21. Lawrence Tabak invited Rex Lee Jim to contact him about specific interests the Navajo Nation has regarding infrastructure building for the purpose of research capacity.
22. Cynthia LaCounte agreed to speak with the National Indigenous Elder Justice Initiative and have Jackie Gray contact Rex Lee Jim or Larry Curly to do some capacity building with the Navajo Nation around elder abuse protection.
23. As SAMHSA is part of a department-wide group that deals with behavioral health and coordination, Mirtha Beadle suggested that the STAC be updated on the recommendations of the subgroup that is looking at prescription drug issues once those recommendations are finalized so a discussion can be had regarding how to address them in Native communities.
24. Yvette Roubideaux agreed to check on the progress of the IHS and U.S. Department of Veterans Affairs (VA) sharing behavioral health information, e.g., trainings on Post-traumatic Stress Disorder (PTSD).
25. Yvette Roubideaux agreed to check with her behavioral health staff to see if they are working with the five PTSD centers throughout the U.S., as Marshall Gover suggested that the VA work with IHS on providing training to them.
26. Yvette Roubideaux agreed to check with her behavioral health program staff to see if they are aware of the 3-week PTSD courses offered in the Black Hills. Mary Wakefield asked to be updated on this topic, wanting National Health Service Corps (NHSC) clinicians to have an opportunity to take part in the training.

27. Mary Wakefield agreed to work with IHS to brainstorm about webinars on best practices related to PTSD and training related to the cultural context of asking about elder abuse.
28. Mark Greenberg agreed to share Tribal leaders' concerns about the impact of sequestration on Head Start programs with his Head Start colleagues.
29. Lawrence Tabak offered to make a compilation of the NIH's research portfolio related to traditional medicine available to the STAC.
30. Lawrence Tabak agreed to share information about the community-based participatory research in the Native American Research Centers for Health (NARCH) with the STAC.
31. Yvette Roubideaux suggested that a STAC subcommittee be formed to address how to go from sharing information about traditional medicine to creating recommendations and implementing actions.
32. Paul Dioguardi agreed to send out notices about vacancies on the STAC.
33. Yvette Roubideaux agreed to send a list out to notify people of vacancies on the Contract Support Costs (CSC) Workgroup.
34. Yvette Roubideaux agreed to ask OMB to be present at CSC Workgroup meetings.
35. Cheryle Kennedy requested that Norris Cochran move forward with inviting Julian Harris to the next STAC meeting.
36. Yvette Roubideaux invited a presentation by the National Indian Health Board (NIHB) on its work concerning public health accreditation at a future STAC meeting.
37. Pamela Hyde agreed to have follow-up conversations as a result of Roger Trudell's concerns about Access to Recovery (ATR).
38. Pamela Hyde agreed to solicit the help of Sheila Cooper to have a follow-up discussion with Chester Antone regarding grant flexibilities, particularly related to providing water.
39. Pamela Hyde requested suggestions on how to get AI/ANs who meet SAMHSA's reviewer criteria to review tribal applications.

The first day of the meeting began with Ken Lucero welcoming the participants and inviting Chester Antone, Tohono O'odham Nation, to give the opening invocation. Paul Dioguardi, Director, Office of Intergovernmental and External Affairs (IEA), also greeted the STAC and stated that letters would be released the following week that announce openings for STAC slots (for terms that end in 2013): Bemidji Area, California Area, Nashville Area, Navajo Area, Oklahoma Area, Portland Area, and two National At-Large positions. Additionally, the Albuquerque Area does not currently have representation on the STAC.

Norris Cochran, Deputy Assistant Secretary for Budget, provided an update on the HHS budget. First, he addressed requests from the last STAC meeting, saying a table on funding information had been provided; the topic of 2-year funding was raised with OMB; and Julian Harris, OMB's policy official over IHS, decided to focus on engaging with the STAC members through various meetings at the White House during the week. Regarding the latter, Mr. Cochran said the STAC could still request to have Mr. Harris put on a future STAC meeting agenda.

Highlights of the HHS budget presentation included the following:

- FY 2014 started with a government shutdown that lasted over 2 weeks.
- Congress has passed a continuing resolution (CR) with no funding changes, currently leaving IHS at the final FY 2013 enacted budget level that includes the 2013 sequester.
- There is a new budget conference with new rules on how to move the product they produce quickly through Congress. The hope is they can produce a total spending level

for 2014 in time for appropriation committees to create a funding bill for the rest of the fiscal year before the CR expires in mid-January.

- Hopefully the budget conference will reach agreement on 2015 totals, as that would inform formulation of the President's 2015 budget, which is being worked on; OMB is working on 2015 requests from the departments.
- It's not clear how the sequester will be resolved for 2014.
- December 13, 2013, is the deadline for the budget conference.

In other related news, Mr. Cochran said the Health Resources and Services Administration (HRSA) announced that it will put out additional money for new health centers. Following his presentation, Mr. Cochran entertained questions and comments. Details on this discussion, as well as questions, answers, and comments for the other plenary sessions, are provided in the *Secretary's Tribal Advisory Committee Meeting Summary Report* for November 14-15, 2013, under separate cover.

Yvette Roubideaux, IHS Director, updated the STAC on IHS issues. Admitting her concern about the fiscal situation, Dr. Roubideaux said the IHS is being conservative in its management, trying to reduce administrative costs, and spending cautiously. Regarding the effort to improve IHS, she indicated that work continues in that area, adding that a 2-day (3-hour) virtual Tribal Consultation Summit was held with up to 160 individuals participating at one time. Other highlights from her presentation included the following:

- IHS is working on improvements with contract health services.
- IHS will have a budget consultation and Dr. Roubideaux looks forward to tribal recommendations.
- There will be an upcoming hearing on CSC, as well as the impact of the fiscal crisis and the sequestration.
- The President has said he wants to work with tribes and Congress on a solution to CSC; and a meeting with OMB and tribal leaders is scheduled for the afternoon to look for solutions related to appropriations.
- To expedite CSC past claims, there is a case management plan to prioritize them; there is a fast track alternative approach to get a settlement offer up-front; and additional resources have been committed to add additional staff to generate initial settlement offers for the clinics at a faster rate.
- IHS has been talking with the Tribal Self-Governance Advisory Committee and the Direct Service Tribes Advisory Committee to ensure tribal views are heard; a plan has been established to discuss how to calculate CSC. The CSC workgroup will be reconvened to generate recommendations that will then go to all tribes.
- Regarding the VA-IHS Reimbursement Agreement, all the federal sites are billing; and IHS and tribal sites combined have received about \$1 million in reimbursements.
- IHS is meeting regularly with the VA, working on coordination of care issues.
- There will have to be a consultation on the distribution for Special Diabetes Program for Indians (SDPI) if it gets reauthorized beyond 2014.
- IHS business office staff has been receiving training on the ACA.
- IHS continues the reforms of improving its business practices; IHS met all of its Government Performance and Results Act (GPRA) indicators this year. Tribes are encouraged to report impacts the budget and/or sequester is having on the local level.

Pamela Hyde, Administrator, SAMHSA, began her presentation by distributing a resource page on SAMHSA. She introduced Mary Fleming, the new Director of the Office of Policy, Planning, and Innovation; and Phillip Ames, Special Assistant. Speaking about the sequester, Administrator Hyde stated SAMHSA is not a direct service provider and therefore may not be in as dire straits as IHS, but to the extent SAMHSA's dollars pay for data efforts, communication efforts, policy work, technical assistance, work with tribes, and grants, it is causing an impact. The main impact currently is a reduction in the number of grants SAMHSA can give out. Without a better budget, Administrator Hyde said cuts would have to be made to existing grants. Among the highlights of her presentation included the following:

- The new SAMHSA American Indian Alaska Native Team (SAINT) is in place, the charter is complete, and the SAINT agenda focuses on access to services and resources for tribal communities, and increasing staff capacity.
- SAMHSA is working on a new communications strategy, which will include an updated Tribal Consultation Policy.
- Vacancies on SAMHSA's Tribal Technical Assistance Committee (TTAC) include: Aberdeen Area, Phoenix Area, and an At-Large position. [The STAC was told that inquires about serving on the committee should be addressed to Sheila Cooper.]
- The SAMHSA TTAC has been working on data issues, funding issues, and communication issues.
- The Center for Behavioral Health and Statistics and Quality presented at the American Indian Data Summit in Bismarck, North Dakota in July.
- SAMHSA is responsible for coordinating the Department of Justice (DOJ), IHS, SAMHSA and the Bureau of Indian Education (BIE) work around substance abuse through the Tribal Law and Order Act (TLOA). [A map was distributed that shows some of the work being done.]
- SAMHSA's Newsletter Committee has released its latest quarterly newsletter, called Prevention and Recovery.
- SAMHSA will present two new webinars in 2014 for tribes interested in creating Tribal Action Plans. Approximately 30 tribes are currently working on Tribal Action Plans.
- The two previous technical assistance centers have now been combined into a new technical assistance and training center; the contract was awarded to a woman-owned Native company. Eight tribes are receiving intensive technical assistance.
- There is an Addiction Technology Transfer Center (ATTC) specifically focused on tribal issues, e.g., workforce issues, the science of addiction, and technology transfers specifically for AI/AN communities.
- A report from the Tribal Policy Academy was included in the meeting packet.

Before ending her remarks, Administrator Hyde shared highlights from SAMHSA's 2013 grant portfolio. Namely, she said SAMHSA gave out 100 discretionary awards to 76 different tribes and tribal organizations, for almost \$69 million; and she noted that the President's FY 2014 budget expanded the Partnership for Success Program to include tribes who have implemented a Strategic Prevention Framework (SPF) grant; they are eligible for Partnership for Success grants. She said an announcement will be out late in the spring. Other SAMHSA efforts include work around Tribal and Juvenile Drug Courts; high risk tribal grantees; and suicide prevention. Regarding the latter, she said HRSA, IHS, and SAMHSA are working together on resources for tribes regarding suicide prevention and the resources are being updated. She asked about the best way to get the information to tribes. Finally, she said Tribal Colleges and Universities are

eligible for both Garrett Lee Smith Act grant competitions, but can only choose to apply to one; for 2014 more Circle of Care grant opportunities are proposed; and the Suicide Prevention Resource Center has a specific focus area on tribes.

Stacey Ecoffey, Principal Advisor for Tribal Affairs, IEA, provided the STAC with an update on the ICNAA. She reminded the STAC that at its last meeting they discussed the issue of data and presented a draft data plan. She said the Tribal state subgroup, in its review of the plan, discussed how to get priorities set and it discussed what the Department is doing department-wide concerning data. Ms. Ecoffey stated that the Administration for Children and Families (ACF) has been working to come up with one data sharing plan. The tentative plan is to do it in December 2013 or January 2014 and have IEA pay for it. The hope, she said, is to have a solid plan by the next STAC meeting. Before that time, Ms. Ecoffey said representatives from other advisory committees, the STAC, and ICNAA would be convened to discuss the plan and its priorities.

Concerning the grants reports, Ms. Ecoffey informed the STAC that after a few more changes are completed the report will be released to tribes (before the end of the year). She said the report will be available on a jump drive and posted on the web. Additionally, she said a grants training session will be held in January on understanding the document and there will likely also be a webinar. She also said they intend to have a training at the national budget session as well.

Other updates included the following:

- A Request for Information (RFI) was sent out for the Tribal Consultation Report that comes out of IEA. All of the operating divisions, ICNAA, and federal STAC partners are working on their submissions. The report is on track for a January completion.
- An email was sent to all the regions to start working with their regional organizations for planning the 2014 consultation sessions in the field. This year a focus will likely be on data. Regions were asked to have consultations between February and the end of May.
- IEA, with its external partners, has some new outreach activities that are being done with its non-traditional partners.
- The National Tribal Budget Consultation Session will be held on March 6-7, 2014. Planning calls will start in January.
- The ACF Tribal Consultation will be held on June 16, 2014.

Following Ms. Ecoffey's presentation, the STAC met in tribal caucus to prepare for its meeting with Secretary Sebelius.

Councilman Lucero welcomed Secretary Sebelius to the STAC meeting, noting that the STAC had five issues to present to her: 1) ACA issues, including data collection for enrollment; 2) concern with the FDA's Food Safety Modernization Act regulations; 3) budget, including the impact of sequestration and OMB; 4) resolving CSC; and 5) regional issues, including the Arizona 1115 Waiver.

Secretary Sebelius thanked the STAC for its support and for sharing its views and ideas. She encouraged them to spread the news that, "the law is in place, the website is getting better, the Call Center is in place, and people have until the 31st of March to enroll in the Marketplace." She agreed to follow-up on the issues presented to her, reminding the STAC that some issues require congressional actions and others can be advanced administratively. The Secretary

applauded tribal leaders' outreach to members of their community who will benefit most either from Medicaid expansion or Marketplace enrollment; and she thanked the committee for the work it's doing.

Following the Secretary's remarks, HHS leadership staff provided the STAC with various updates pertaining to the ACA. Namely, Catherine Okar, Office of Health Reform, provide a global update on the ACA; Kitty Marx, Director of Tribal Affairs, CMS, provide an update on the Call Center; Cindy Mann, Deputy Administrator, CMS and Director, Medicaid and CHIP Services, provided an update on the implementation of 2014 changes on the Medicaid and CHIP side and followed up on issues raised at the last STAC meeting; Mandy Cohen, Director of Consumer Support for the Marketplace, discussed the Marketplace; and Dr. Roubideaux discussed IHS items related to the ACA.

Among the highlights from the panel's presentation included the following:

- 25 states and the District of Columbia have decided to expand Medicaid.
- The Tribal Affairs Office has been working with the Office of Communications and the Call Center staff to update scripts that are specific to AI/AN provisions in the ACA, including the exemptions for tribal members and the hardship exemption for those eligible for services from the IHS.
- Some states have expressed an interest in what is being called the Premium Assistance Model, where they would expand Medicaid eligibility and provide the services by enrolling people in one of the qualified health plans that's doing business in the Marketplace in that state.
- Proposed regulations were put out around the new option called the Basic Health Program and the rule is open for public comment. If a state uses the Basic Health Program, it covers people above the Medicaid eligibility level, up to 200% of FPL.
- Work continues to improve the Marketplace website, as well as improvements to the Call Center and improvements on the Assistor/Navigator side, including a weekly newsletter and webinar.
- 20,000 individuals have been trained to be Assistors.
- The comment period for the form related to AI/AN exemption from penalty closes on November 15, 2013.
- There is a new ACA website <http://www.ihs.gov/aca> explains the exemptions and issues related to AI/ANs.
- All IHS sites with the Resource and Patient Management System (RPMS) will have the ability to print out an IHS eligibility letter for patients to apply for the hardship exemption/exemption from the penalty.
- IHS has a new email address, ACAinformation@ihs.gov, for inquiries related to the ACA.

The second day of the STAC meeting opened with Councilman Lucero greeting the participants and inviting Councilman Antone to give the opening blessing. During the *HHS Federal Member Roundtable Discussion* session, the STAC was updated on staff and operating divisions' work on Native issues and initiatives. Updates were provided for and by the following:

- Health Resources and Services Administration: Mary Wakefield, Administrator
- Administration for Community Living: Cynthia LaCounte, Director, Office of American Indian, Alaska Native, and Native Hawaiian Programs
- National Institutes of Health: Lawrence Tabak, Deputy Director
- Administration for Children and Families: Mark Greenberg, Acting Assistant Secretary
- Centers for Disease Control and Prevention (CDC): Judith Monroe, Director, Office for state, Tribal, Local, and Territorial Support

As the meeting drew to a close, Councilman Lucero asked the STAC to review the upcoming STAC meeting dates and voice any concerns. Noting concerns about the scheduling of the National IHS Budget Formulation meeting during the same timeframe in February, Councilman Lucero suggested that the next STAC meeting be held on February 13-14, 2014; the group agreed. The group also agreed to the following dates on the STAC's 2014 calendar: June 4-5; September 10-11; and December 4-5.

The STAC meeting ended with Mr. Dioguardi thanking the STAC for its service and Councilman Antone providing a closing blessing.