



DEPARTMENT OF HEALTH AND HUMAN SERVICES
2010 Regional Tribal Consultations
Seattle & Anchorage
Consultation Summaries
DRAFT

I. Introduction

The U.S. Department of Health and Human Services' (HHS) Region 10 held two Tribal Consultations. The first consultation was held in Seattle, WA, at the Westin Hotel on Tuesday, March 23, 2010. The second consultation was held in Anchorage, AK, at the Clarion Suites Hotel on Thursday, March 25, 2010. The purpose of both meetings was to provide an opportunity for Tribal leaders and representatives in the Northwest and Alaska areas to engage in detailed discussions with HHS regarding Tribal consultation including issues related to HHS' Tribal policies, processes, and advisory committees.

In addition, some of the issues articulated in Seattle included: H1N1 vaccine distribution, behavioral and mental health programs and relationships with Regional Support Networks (RSN's) in WA, methamphetamine resources and long term follow-up, provision of at-home services for elder care, prevention and wellness, workforce shortage, fear of privatization to ICW, veterans care, electronic records and information technology infrastructure, dental services, rural health issues (access to care, providers, transportation), nutrition and obesity, administrative state of IHS (bonuses), stimulus funding and lack of consultation with Tribes, youth treatment services, Head Start issues (transportation and non Federal matching sources), traditional healing, CHS dependency and priority one status, need for more IHS funding, and contract support costs.

Some of the issues articulated in Anchorage included: contract support cost, village built lease program, behavioral health including methamphetamine addiction and suicide prevention funding, domestic violence, sexual assault and child abuse and neglect issues, workforce development, electronic health records, cancer care funding, dental health aide therapist program funding, water and sanitation issues with infectious disease, diabetes, heart disease and obesity, and elder care including community-based and long- term care.

II. Seattle -- Issues of Concern, Priorities, Recommendations

The top 5 *National* Issues of Concern / Recommendations were the following:

1. Improve HHS' compliance with its Tribal Consultation Policy with the following examples noted:

- Changes were made to Medicaid without Tribal consultation.
- Tribal consultation did not occur prior to stimulus funding distribution.
- No Tribal consultation occurred for American Indian programs under the Administration for Children and Families (ACF) Head Start program. (They have a different review process that is now done by computer.)

Recommendations:

- A 1-day meeting is inadequate for consultation.
- Need for consultation sessions to include follow-up action that yields change / resolution to issues.
- Consultation is more meaningful when the government representatives visit Tribal settings—therefore, more opportunities for consultation are requested
- Important for Tribes to be included when funding for Indian Health Care Improvement Act is being decided.
- Tribes need to be involved in determining the definition of “meaningful use” that was part of the Stimulus funding.
- Concern whether written correspondence constitutes true consultation. Face-to-face interactions viewed as more appropriate.
- Limited travel funds may restrict Tribes' ability to attend consultations and needs to be alleviated.
- If the government wants Tribes to consult in writing, it must be made clear that it is a “consultation.” Clearly mark as such on envelope.
- Suggestion to schedule a meeting with Tribal leaders prior to an Affiliated Tribes of Northwest Indians (ATNI) session. This would be considered a good faith consultation.

2. Increase IHS funding for programs. Funding levels have remained relatively constant but the population is growing with the following examples noted:

- Concern regarding the goal of IHS when it comes to construction priorities, as they are asking for joint ventures (which require substantial funds upfront)—while Tribal dollars have previously been used to build clinics for IHS.
- Funding for contract health is behind by 50 percent
- Prevention money has been an asset for communities but there is not enough of it.
- Money for nutrition programs hasn't increased.
- Dental providers per 2,800 persons falls behind that in US of 1 per 1,500.

Recommendations:

- Fully fund IHS services including contract support costs
- Provide additional funding so tribes can get off Priority One. Additional funding is needed for behavioral health services (including alcohol / chemical dependency and mental health services, evaluation, and follow-up), dental care services, prevention (especially as it relates to chronic diseases and childhood obesity and methamphetamine), to secure quality providers (to pay competitive salaries and to give industry-standard bonuses), and for a variety of long term care options at the community level so elders have choices closer to home.
- Because of new regulations on arsenic in water, funding is needed for water wells.
- Youth treatment dollars are needed for jails and treatment facilities.
- Tribes want direct funding consideration from the government.
- Desire for the special diabetes program to be re-funded.
- Culturally specific programs as with traditional healing need to be prioritized in evidence based funded programs.
- Conduct a review of IHS management hierarchy including provision of bonuses.
- Evidence-based program money needs to come directly to the Tribes. A lot of these programs have terms for duration, like 3 years, and then there are no continuation dollars to make the program successful for the long run.
- Need for a policy change to allow IHS to bill Tribal insurances.

3. Increase funding and make changes to Human Services Programs with the following examples noted:

- Construction funds for Head Start programs are needed.
- Head Start has unfunded mandates, e.g., teachers need to be certified or work towards an Associate's degree or a Bachelor's degree; but there is no money in the grants for Tribes to follow the mandates and many Tribes can't afford to give incentives for compliance. When mandates come down, money needs to come along with them.
- Money for kinship care (for kids to stay within the community/family circle) is needed.
- Violence against women services needed for Indian women.
- There is a surge in obesity of children.
- Tribes have been doing single reporting and co-mingling Federal dollars under one umbrella; but TANF funds have been blocked from inclusion.

Recommendations:

- Regarding TANF, would like a commitment to Indian people to not have "any job" but to have a "career" that would allow them to own a home and have a vehicle.
- Tribes need to be empowered to take care of Indian children so that child welfare programs don't send them away. Fear of privatization to Indian Child Welfare (ICW).
- ACF needs to simplify award processes to Tribes.

4. Improve coordination of services for Tribal Veterans with the following examples noted:

- It is a burden on Tribes to have to travel members to receive veterans care.
- Veterans have difficulty in obtaining funds to help them.
- One of the problems regarding providing services to veterans is the antiquated attitude that they have IHS dollars to take care of them.
- The VA has space that isn't being used, and the Olympic peninsula would be grateful to use it.

Recommendations:

- Tribes need assistance to utilize Tribal facilities to serve veterans and to receive reimbursement.
- Assistance is needed to help veterans get through the paperwork required to receive services.

5. Assist Tribes in equalizing inequities across the country with the following examples noted:

- Some states need “assistance” from the federal government to improve relationships and required Consultations with tribes.
- Smaller tribes do not have the capacity to compete for grant opportunities and electronic health records can be burdensome to them.

Recommendations:

- Provide direct federal “encouragement” to states to improve their relationships with tribes and to enforce and emphasize the requirement of Consultation.
- Provide federal dollars for technical assistance to small tribes to build capacities needed to compete for grants and to increase competencies.

The Top 5 *Region Specific* Issues of Concern / Recommendations were the following:

1. Continue to improve and build solid relationships between states and tribes and between county governments and tribes with the following examples noted:

- Individual States are making unilateral changes to Medicaid and Child Support Programs without Consultation with Tribes.
- State to tribe distribution of H1N1 vaccine was not done in a consultative manner.

Recommendations:

- States need to respect and proactively act on Consultation policies.
- Federal government needs to emphasize the requirement for states to consult with tribes.

2. Increase resources for substance abuse and behavioral health treatment for tribes with the following examples noted:

- Response time from Regional Support Networks (RSN’s) in WA is unacceptable.
- Increasing numbers of suicides and methamphetamine use and no programs to assist in combating the rising numbers.

Recommendations:

- Improve the Regional Support Networks (RSN) responsiveness to tribal needs in WA.
- Fund additional programs in the mental health and drug dependency areas of need as noted.
- Create a SAMHSA regional presence to assist with enumerated needs identified.

3. With state budgets in distress, the possible threat of subcontracting key programs, which could undermine the nation to nation relationship, is of concern with the following example noted:

- Threats to subcontracting of Indian Child Welfare; breast and cervical cancer and mental health programs.

Recommendation:

- Prohibit privatization of such programs when in conflict with the recognition of the sovereignty of tribes.

4. Increase options for long term care within or close to tribal communities with the following examples notes:

- Many elders need to travel too far away from home to receive needed services.
- End of life issues need to be more responsive to traditional care services and be provided within the community.

Recommendations:

- Provide and coordinate this with funding of minority health grants and funding to improve health disparities.
- In home care dollars need to go directly to the Tribes.
- Need elder care facilities / accommodations on reservations.

5. Improve distribution of H1N1 vaccine for tribes with the following examples noted:

- In 2009 rural Tribes were told that H1N1 vaccinations were available 45 - 65 miles away. Clinics would have to drive to sites to pick up vaccine, only to find they were not always there.
- CDC's "high risk" definition changed often.
- H1N1 vaccine distribution was inequitable and created more disparities.

Recommendations:

- Hold a Consultation with the tribes regarding H1N1 policies and distribution.
- Should be a nation to nation relationship and not via states and counties.

II. Anchorage -- Issues of Concern, Priorities, Recommendations

The top 5 *National* Issues of Concern / Recommendations were the following:

- 1. Improve HHS' consultation and communication with the Tribes. Note the following recommendations:**
 - Co-Signers want recognition as speaking on behalf of Alaska tribes. They recommend the Secretary's Advisory Committee include Chairs of Agency Advisory Committees and tribal representatives from each region.
 - Co-Signers look forward to implementing the IHCI and NHCR in cooperation with IHS under Self-Governance agreements.
 - Consultation with Tribes is needed before IHS considers questions of allocation and eligibility.
 - Request an update on the Contract Health Services (CHS) Consultation Process and Reform Plan, e.g., Have the work group members been named? Have the cancelled meetings been rescheduled? Objection to the embargo on budget information.
 - Tribes recommend opening up the communication on budget information. Tribes should be an exception to the embargo (as it was under the Bush Administration) because they administer more than half of the IHS funding. Request for a more transparent process.

- 2. Improve HHS' support of Tribal Self Governance in Alaska. Note the following recommendations:**
 - The 229 federally recognized tribes in Alaska look forward to federal support for the passage of "Title VI" legislation to extend the efficiencies and flexibilities of Self-Governance to all of the Department of Health & Human Services.
 - Alaska has the highest percentage of participation in self-governance however there has been chronic under funding of IHS contract support costs. Restoration of IHS contract support costs due to tribes and tribal organizations is recommended with the ensuing increase in jobs it will produce.
 - Tribal Self-Governance agreements need to be the primary conduit for transmittal of funding to tribes. New funding via grants can erode and constrict the fundamental structure of the self-governance model which must be upheld and reinforced as consistent with and fundamental to the trust responsibility.
 - Concern that ARRA EHR funds are not being distributed through the Tribal Self-Determination and Self-Governance funding agreements.
 - Request for support of the passage of Title VI legislation to extend the efficiencies and flexibilities of self-governance to all of HHS.

3. Continue improvement of Indian Health Service systems and funding.**Note the following recommendations:**

- Co-Signers oppose any discussion changing the existing standards regarding who is eligible to receive services through IHS and tribal system and recommend such consideration must be done in consultation with the tribes that reflects the Trust responsibility.
- Alaska Tribes and Tribal organizations have had to carry the brunt of the national problem of chronic under funding of IHS contract support costs. Request to fully fund the contract support shortfall.

4. Increase Facility Funding Sustainability. Note the following recommendations:

- The Co-Signers are appreciative of the IHS ARRA funding for the Nome hospital and the FY2010 appropriation amounts for the Barrow hospital and recommend full funding for staffing packages for these hospitals in coming fiscal years.
- Village Built Clinics have not had a substantial increase in program funds since 1996, despite increases in heating fuel, electricity, and rise in cost of complying with regulatory requirements. This inadequate funding is creating significant hardship for over 150 villages across Alaska and poses a great risk to the entire system of village-based primary care access.
- All villages need certification for night landings of Medivac; modernization of health care requires finishing clinics in the villages; construction and maintenance of sanitation facilities requires funding (many villages in rural Alaska do not have safe drinking water, nor do their present sanitation systems meet basic standards).
- Alaska's rural utilities cooperative should be considered for investment by the government.

5. Increase program funding. Note the following recommendation:

- Request HHS include the Dental Health Aide Therapy (DHAT) training program in the President's budget request through the IHS budget as an Oral Health Center of Excellence.

The Top 5 *Region Specific* Issues of Concern / Recommendations were the following:

- 1. Increase behavioral health funding and services (including methamphetamine, suicide, domestic violence, sexual assault, child abuse, and child neglect prevention and treatment). Note the following recommendations:**
 - Tribes have difficulty providing services because funds come from the State. Funds should be given directly to the Tribes. Filtering funds through the State is another layer of stripping Tribes' sovereign power and it reduces funding because of added layers of regulations and guidelines—therefore limiting services.
 - Need for more prevention funds and treatment facilities within the State. The waiting lists for treatment are too long (average is 6 to 9 months) and there is no place to refer people.
 - Alaska ranks in the top 5 nationally in its rates of domestic violence, sexual assault, and child abuse and neglect. Need for continued financial support to Tribal-State forums on domestic violence, sexual assault, and child abuse and neglect and increase funding for programs and shelters. Additionally, request HHS assist Tribes with working with the Department of Justice on domestic violence matters. Perpetrators are not held accountable because staff is not available to do sexual assault exams. Suggest loan forgiveness programs to solicit professionals (including pediatric professionals) to work in Alaska communities. There is a need for more home visitors and child advocacy centers to prevent the cycle of abuse.

- 2. Strengthen Tribal health facilities' and providers' ability to participate with Electronic Health Records. Note the following recommendations:**
 - Necessary to go through Trailblazer to get reimbursed for Medicare. Concern that guidelines and requirements are problematic and need to be addressed.

Recommendations:

- Include Community Health Aides / Practitioners, Behavioral Health Aides, and Dental Health Aides / Therapists in the definition of "Eligible Professional" and consider all providers when considering incentive payments.
- Lengthen the amount of time, given the lack of infrastructure, for IHS facilities to comply with reporting requirements of electronic health records (EHR) implementation.
- Incorporate the recommendations from CMS' Tribal Technical Advisory Group.

3. Improve prevention and treatment services for cancer, diabetes, heart disease, and obesity. Note the following recommendations:

- Cancer is the leading cause of death for Alaska Natives. From 1998 – 2003, the cancer death rate was 20%. Factors contributing to this are late stage diagnosis, access to screening, travel and distance to treatment and care related services. Tribes feel strongly there is a pressing need for better support for colorectal cancer screening and mammography
- Additionally, Alaska Natives suffer significant and increasing rates of diabetes, heart disease, and obesity.

Recommendations:

- The Agency for Toxic Substances and Disease Registry (ATSDR) needs to go into villages and recommit cleanup.
- Regional hospitals need better cancer screening capabilities.
- Need for better support for colorectal cancer screening and mammography services from IHS and the National Cancer Institute.
- Request for a visit from the Director of the National Institutes of Health (NIH), or the Director of the National Cancer Institute within NIH because of the cancer problems in Alaska. Perhaps the visit(s) will help get funds appropriated and funded.
- Tribal leaders ask HHS agencies such as IHS, CDC, HRSA, Office of Minority Health, and NIH partner with Alaska Tribal health entities and other Alaska stakeholders work together to improve these disparities.

4. Improve workforce shortages which are at a critical level. Note the following recommendations:

- Alaska Tribes have serious health workforce staffing shortages, experiencing a large number of practitioner vacancies. The Tribal provider vacancy rates exceed the statewide vacancy rate (of 10% and growing) by 150-200%, particularly for hard-to-fill positions in rural Alaska (almost all of whom are “safety net providers”). The average time for a Tribal health provider to fill a physician vacancy is 14 months. The average time to fill a mid-level vacancy is 6 months, while the average length of employment is only 2 years.
- Income level of some fishermen drive up the income of Alaskan communities and this stops communities from getting on the “distressed” list, (even though the fishermen don’t live there and they leave after the season is over.)

Recommendations:

- Request that a tax incentive be given for providers to work in Alaskan facilities/communities.
- Request the government look at helping Tribes improve workforce development and not penalize them for their innovative ways to provide care and increase access, e.g., new provider types such as the Community Health Aide / Practitioner, Dental Health Aide / Therapist, and Behavioral Health Aide.

5. Increase options for long term care within or close to tribal communities. Note the following recommendations:

- Regulatory, statutory, and financial barriers make it difficult to care for elders and to provide in-home care.
- Concern that injury due to falls far exceeds national average in Alaska.
- Eager to work with IHS to develop the necessary level of care through self-governance agreements and existing allocation processes.

Recommendations:

- IHS has to agree to include program descriptions in a way that is sufficient for it to be considered an IHS facility.
- State Medicaid Program has to agree to a reimbursement methodology that will sustain the program over time (negotiated with CMS).
- CMS must recognize the facility as an IHS facility for purposes of the State getting reimbursed at 100% Federal Medical Assistance Percentage (FMAP).
- Tribes want to work with IHS to develop the necessary level of care through self-governance agreements and existing allocation processes.

III. Conclusion:

The decision to hold two Tribal Consultations in Region 10 was appreciated by tribal leaders / representatives at both sessions. Stacey Ecoffey, Principal Advisory for Tribal Affairs with the Office of Intergovernmental Affairs, and Region 10 Director Susan Johnson worked with both the Northwest Portland Area Indian Health Board and the Alaska Native Health Board to ensure regional issues were considered in the planning and execution of both Tribal Consultations. There was a spirit of hope in President Obama's Administration, noting his signing of the Indian Health Care Improvement Act and his recognition of the government to government relationship between the federal government and the tribes. Some issues continue to surface, e.g., increasing funding, funding through the states vs. direct to the tribes, communication and follow-up, HHS grant timelines, etc. New issues include the H1N1 vaccine distribution, Electronic Health Records, Village Built Clinic Lease Program, etc.

IGA agreed to continue the dialogue with tribal leaders by holding quarterly conference calls to update them on the progress of HHS recommendations and issues and provide information on new initiatives.

Regional Director (RD) Susan Johnson worked with the Northwest Portland Area Indian Health Board (NPAIHB), the Alaska Native Health Board (ANHB), and Indian Health Service's Portland Area and Alaska Area Offices to coordinate visits and meetings with tribal leaders. Since her first day as RD (December 1, 2009), she has participated in ANHB's Mega Meeting (Feb 2010), the Affiliated Tribes of Northwest Indians Mid-Year Meeting (May 2010), and Eastern Aleutian Tribes Health Fair Ferry (June 2010); hosted both the Seattle and Anchorage FY10 Tribal Consultations (May 2010); and visited with tribal leaders / representatives from the following tribal governments:

- Affiliated Tribes of Northwest Indians
- Alaska Native Medical Center
- Alaska Native Tribal Health Consortium
- Aleutian Pribilof Islands Association
- Benewah Medical Center
- Bristol Bay Native Association
- Central Council Tlingit & Haida Indian Tribes of Alaska
- Colville Tribal Business Council
- Confederated Tribes of Siletz Indians
- Confederated Tribes of Warm Springs
- Cook Inlet Tribal Council
- Colville Tribe
- Cowlitz Indian Tribe
- Denali Commission
- Eastern Aleutian Tribes
- EWU NW Tribal Technical Assistance Program
- Jamestown S'Klallam Tribe

- Kawerak, Inc
- Kootenai Tribal Health Clinic
- Lower Elwha Klallam Tribe
- Lummi Tribe
- Makah Indian Tribe
- Maniilaq Association
- Muckleshoot Indian Tribe
- Native Village of Afognak
- Native Village of Eklutna
- Nez Perce Tribe
- Nooksack Tribe
- Norton Sound Health Corporation
- Orutsaramiut Native Council
- Puyallup Tribe of Indians
- Quileute Tribe
- SE Alaska Regional Health Consortium (SEARHC)
- Seattle Indian Health Board
- Shoalwater Bay Tribe
- Shoshone Bannock Tribes
- Snoqualmie Tribe
- Southcentral Foundation
- Spokane Tribe
- Squaxin Island Tribal Health Clinic
- Stillaguamish Tribe
- Suquamish Tribe
- Swinomish Indian Tribe
- Upper Skagit Tribe
- Yukon Flats Health Center
- Yukon Kuskokwin Health Corporation

RD Johnson will continue to visit and meet with tribal leaders / representatives coordinating with NPAIHB, ANHB, and the IHS area offices. She is planning additional visits to Oregon and Alaska and a visit to Idaho in the next two months.