



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

Brief summary:

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.

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 Indian Child Welfare, 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, contract health services 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.



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 1 (Seattle):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<b>Continue to improve and build solid relationships between states and tribes and between county governments and tribes.</b>	Consistency of relationships between the states and tribes and between county governments and tribes may be lacking. As Federal funding flows through States, tribes have expressed a lack of respect for Tribal sovereignty and reluctance on the part of the Federal government to hold States and local governments accountable to the Executive Orders.	As expressed in Secretary Sebelius' February 2010 letter to tribal leaders, HHS is committed to having a solid relationship with the tribes.  The Regional Director (RD) will continue to remind states of the Federal requirements.	On-going.



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 2 (Seattle):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p><b>Increase resources for substance abuse and behavioral health treatment for tribes.</b></p>	<p>There are increasing numbers of suicides and methamphetamine use and no programs to assist in combating the rising numbers. The response time from the Regional Support Networks (RSNs) in Washington needs to improve.</p>	<p>In Spring 2010, RD Susan Johnson raised the issue on an RD Conference Call with SAMHSA and invited them to place a representative in Region 10 to work on these issues.</p> <p>Numerous provisions of the Indian Health Care Improvement Act (IHCIA) and the Patient Protection and Affordable Care Act (ACA) offer opportunities for Indian Country in these areas of need as implementation occurs.</p>	<p>October 2010 – The RD will follow-up with SAMHSA regarding placing a representative in Region 10.</p>



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 3 (Seattle):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<b>With state budgets in distress, the possible threat of sub-contracting key programs, which could undermine the nation to nation relationship, is of concern.</b>	There are threats of sub-contracting various services including Indian Child Welfare; breast and cervical cancer, and mental health programs.	The RD will work with the Northwest Portland Area Indian Health Board (NPAIHB), the Alaska Native Health Board (ANHB), and the tribes to raise awareness of this issue with states and the nation to nation relationship with tribal governments.	On-going.



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 4 (Seattle):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p><b>Increase options for long term care within or close to tribal communities.</b></p>	<p>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. These issues need to be coordinated and paired with funding from minority health grants. Elder care facilities / accommodations are needed on the reservations. In home dollars need to go directly to the tribes.</p>	<p>The RD will work with NPAIHB, ANHB, and the tribes to emphasize this need as elements of ACA implementation unfold which may assist with this identified priority.</p> <p>Suggest a Region 10 workgroup to explore pilot programs and grants also available in this area to include AoA, CMS, HRSA, etc.</p>	<p>On-going.</p> <p>2011 -- 2012</p>



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 5 (Seattle):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<b>Improve distribution of H1N1 vaccine for tribes.</b>	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.	In Spring 2010, RD Susan Johnson spoke with Washington State Secretary of Health Mary Selecky and HHS Regional Health Administrator Rear Admiral Patrick O'Carroll regarding this issue and ensured tribes were invited to participate in the H1N1 Retrospective Conference Call.	November 2010 – The RD will reconnect with Washington State Secretary of Health Mary Selecky and HHS Regional Health Administrator Rear Admiral Patrick O'Carroll on this issue.



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

D R A F T

Issue 1 (Anchorage) :	Background	Next Step/Plan	Timeframe/Target Dates
<p><b>Increase behavioral health funding and access (including methamphetamine, suicide, domestic violence, sexual assault, child abuse, and child neglect prevention and treatment).</b></p>	<p>Alaska has twice the national rate of suicide. Each year, over 10% of Alaska high school students attempt suicide. Alaska ranks in the top 10 nationally in heavy drinking and binge drinking. Alaska's rate of alcohol-related deaths is three times the national average. Alaska 12-and-over illicit drug abuse rate is second in the nation. These numbers add up to high homicide, suicide and unintentional injury death rates. Tribes have difficulty providing services because funding comes through the State. Alaska ranks in the top 5 nationally in its rates of domestic violence, sexual assault, and child abuse and neglect. Need direct funding for prevention and treatment.</p>	<p>In Spring 2010, RD Susan Johnson raised the issue on an RD Conference Call with SAMHSA and invited them to place a representative in Region 10 to work on these issues.</p> <p>Numerous provisions of the IHCA and the ACA offer opportunities for Indian Country in these areas of need as implementation occurs.</p>	<p>October 2010 – The RD will follow-up with SAMHSA regarding placing a representative in Region 10.</p>



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 2 (Anchorage):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p><b>Strengthen Tribal health facilities' and providers' ability to participate with Electronic Health Records.</b></p>	<p>While Alaska tribes appreciate the efforts to provide incentives for the utilization of EHR, they are concerned about the ability of Alaska's Tribal health facilities and providers to participate meaningfully in the program. Tribes want to expand the definition of "Eligible Professionals" to include Community Health Aids / Practitioners, Behavioral Health Aides, and Dental Health Aides / Therapists. Tribes also want HHS to incorporate the recommendations from CMS' Tribal Technical Advisory Group.</p>	<p>The RD will work with NPAIHB, ANHB, the tribes, and CMS on these recommendations.</p>	<p>On-going.</p>



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 3 (Anchorage):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p><b>Improve prevention and treatment services for cancer, diabetes, heart disease, and obesity.</b></p>	<p>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 services. Additionally, Alaska Natives suffer significant and increasing rates of diabetes, heart disease, and obesity. 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.</p>	<p>The RD will work with IHS and referenced HHS agencies to coordinate where possible programs to address these issues.</p> <p>Suggest a Region 10 workgroup focusing on elements of prevention that could work across agencies to coordinate improvement.</p>	<p>January 2011 – RD Susan Johnson will follow-up on this issue with NPAIHB, ANHB, and the tribes.</p> <p>2011 – 2013</p>



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 4 (Anchorage):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p><b>Improve workforce shortages which are at a critical level.</b></p>	<p>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. Alaska Tribes have found innovative ways to provide care and increase access through new provider types such as the Community Health Aide / Practitioner, Dental Health Aide / Therapist, and Behavioral Health Aide.</p>	<p>The RD will work with NPAIHB, ANHB, and the tribes to emphasize this need as elements of the ACA implementation unfold which may assist with this identified priority.</p> <p>Suggest Region 10 workgroup to explore progress in reducing workforce shortages.</p>	<p>On-going.</p> <p>2011 – 2013</p>



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2010 REGIONAL CONSULTATION**

**REGIONAL IMPLEMENTATION PLAN TO ADDRESS TRIBAL  
PRIORITIES / RECOMMENDATIONS / ISSUES**

**D R A F T**

<b>Issue 5 (Anchorage):</b>	<b>Background</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p><b>Increase options for long term care within or close to tribal communities.</b></p>	<p>The Alaska Native Elder population is growing quickly and it has becoming increasingly difficult for Tribes to care for their elders in the home and community level, especially in rural areas. Regulatory, statutory, and financial barriers make it difficult to care for elders and to provide in-home care. Tribes want to work with IHS to develop the necessary level of care through self-governance agreements and existing allocation processes.</p>	<p>The RD will work with NPAIHB, ANHB, and the tribes to emphasize this need as elements of the ACA implementation unfold which may assist with this identified priority.</p> <p>Suggest a Region 10 workgroup to explore pilot programs and grants also available in this area to include AoA, CMS, HRSA, etc.</p>	<p>On-going.</p> <p>2011 – 2012</p>