



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
2014 REGIONAL CONSULTATION**

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

Brief summary:

The U.S. Department of Health and Human Services' (HHS) Region 10 held its annual Tribal Consultation on February 24 and 25, 2014 in Marysville, Washington. The purpose of the meeting was to provide an opportunity for Tribal leaders and representatives in the Northwest and Alaska areas to engage in open, continuous, and meaningful consultation with HHS to further the goals of eliminating health and human service disparities of Native Americans/Alaska Natives, ensuring that access to critical health and human services is maximized, and to advance or enhance the social, physical, and economic status of Native Americans/Alaska Natives.

Some of the issue areas that were articulated include: the need for advanced funding for Indian program, increased funding in health care services for the Indian Health Service (IHS), and IHS protection from sequestration; the need to fully fund contract support costs without cutting other program services; ensure States compliance with the Indian Child Welfare Act (ICWA); Administration for Children and Families (ACF) review of states' self-reporting efforts to encourage states to provide meaningful consultation; Violence Against Women; more funds for Behavioral and Mental Health Services; Tribal Sovereignty in the state of Alaska; program and budget reporting requirements for Tribal Temporary Assistance for Needy Families; Tribal-State Relations; and a call for the Office of Management and Budget (OMB) to establish a tribal advisory committee, hold a tribal consultation, and attend the STAC meetings.



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<b>Issue 1:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Funding	Need for advanced funding for Indian programs, increased funding in health care services for the Indian Health Service (IHS), and IHS protection from sequestration.	
<b>Issue 2:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Contract Support Costs	Fully funding contract support costs should not come at the expense of cutting program services; both the Bureau of Indian Affairs (BIA) and HHS must continue to consult with tribes to adopt a long-term solution that addresses future funding of contract support costs without harming health care programs and other services.	



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<b>Issue 3:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Indian Child Welfare Act (ICWA)	Need for federal government assistance in providing resources to enforce ICWA laws and federal oversight in those states who are ignoring it; states should be reviewed and scored on their compliance with the ICWA; and Indian Child Welfare should be fully funded to work with children's services, so more ways can be found to keep tribal children home or in foster care homes on or near the reservation.	
<b>Issue 4:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Consultation	The Administration for Children and Families (ACF) should more carefully review states' self-reporting efforts, encourage states to provide meaningful consultation, and provide more detailed guidance to states as to the parameters of meaningful consultation. States should identify exactly what type(s) of consultation they had, who they consulted with, and what tribes were present.	



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<b>Issue 5:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Violence Against Women	Whether through a specific amendment to the Violence Against Women Act (VAWA) or through enacting the Alaska Safe Families and Villages Act, Section 9-10 of VAWA must be repealed.	
<b>Issue 6:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Behavioral and Mental Health Services	Alcoholism, drug abuse, domestic violence, child abuse, and suicide continue to be problems; funds aimed at prevention and building treatment facilities are needed.	



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<b>Issue 7:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Tribal Sovereignty	The state of Alaska requires tribes to waive sovereign immunity in order to receive grant funds; and the U.S. Supreme Court has found that any such waiver must be expressed and unequivocal. Tribes feel that the state's blanket requirement for such a waiver in order to receive funds is coercive and therefore not unequivocal. HHS should work with tribes and the state to remove such indiscriminate and blanket requirements which both erodes tribal sovereignty and risks tribal assets that the federal government intended to be protected.	
<b>Issue 8:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Tribal Temporary Assistance for Needy Families (TANF)	Tribes that administer their TANF programs under the Public Law 102-477 consolidated plan continue to be concerned about the Department's program and budget reporting requirements; and tribes continue to be adamant about the repeal of the Alaska-specific provisions requiring Tribal TANF programs in Alaska to be comparable to those of the state in requiring and redefining what a tribe is.	



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<b>Issue 9:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Tribal-State Relations	States need to be reporting to tribes on the progress or on the delays there might be for providing services to tribal members in their states; and tribal recommendations should be reflected in documents that are produced following tribal consultation, or at minimum tribes should be given a response to their recommendations. [Washington's State Health Care Innovation Plan (to integrate physical/behavioral health services in the state) did not include any of the recommendations from tribes.]	
<b>Issue 10:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Office of Management and Budget (OMB)	The OMB needs to establish a tribal advisory committee, hold a tribal consultation, and attend the STAC meetings.	