

Please save the date for the first Region 10 Tribal Affairs Quarterly Call for 2012. This call has been scheduled for **Monday, September 17 at 10:00 a.m. (PDT) (9:00 a.m. in Alaska; 1:00 p.m. in DC)**.

I hope you will join me for the conversation, which will allow us to update each other on priorities and issues, and provide input on these topics.

Below is the proposed agenda:

<b>Welcome:</b>	Susan Johnson, Regional Director
<b>Agency Updates:</b>	Steve Henigson, Regional Administrator, ACF Diana DeForest, Deputy Regional Administrator, HRSA David Dickinson, Regional Administrator, SAMHSA
<b>Update for HHS HQ: Regional Update:</b>	Elizabeth Carr, HHS Tribal Affairs Specialist RD Johnson <ul style="list-style-type: none"><li>• Progress on issues raised in 2012 Tribal Consultation, and seeking input on the attached draft implementation plan for addressing these issues.</li></ul>
<b>Discussion:</b>	All
<b>Adjourn:</b>	RD Johnson
<b>Call-in Number:</b>	<b>(800) 779-6165</b>
<b>Participant Pass Code:</b>	<b>9960448</b>

I hope you will be able to participate, and I look forward to talking with you.

Regards,  
Susan

**Susan Johnson**

Regional Director

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*Region 10 serving Alaska, Idaho, Oregon and Washington*

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Brief summary:

The U.S. Department of Health and Human Services' (HHS) Region 10 held its annual Tribal Consultation on March 30, 2012 in Seattle, 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: focus on Tribal State relations; improve grant reviewers' understanding of Indian Country; increase the number of mental and behavioral health professionals and services in Indian Country; improve services to Native elders; ensure States compliance with the Indian Child Welfare Act (ICWA); provide education, outreach, and technical assistance to Tribes in understanding provisions of the ACA; inform Tribes of grant opportunities and explaining legislative barriers to eligibility when they exist; continue support and funding to Indian programs; acknowledge traditional Tribal practices as credible health treatments and interventions, and; clarify IHS reimbursements from the Veterans Affairs (VA) for services to veterans.



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<b>Issue 1:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Focus on Tribal State relations.	Need to communicate more effectively to States what are their mandates.  Increase outreach to state governments to reiterate importance of government to government process.	<ul style="list-style-type: none"><li>• On September 14, 2011 Secretary Sebelius sent a letter to State Governors stating her commitment to the government to government process and encouraging States to consult with Tribes as they administer health and human service programs that are supported by federal funding.</li><li>• In May and June 2012, RD Johnson followed up with Idaho state official.</li><li>• In August 2012, RD Johnson learned that Dr. Bruce Goldberg, Director of the Oregon Health Authority, has reached out further to tribes and will hire a contracting specialist to report directly to him and to act as a liaison with tribes to help broker the relationship for each tribe and clinic and to provide technical assistance to Tribal and Urban programs. He has promised to involve tribal representatives in the recruiting and hiring process.</li></ul>



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		<ul style="list-style-type: none"> <li>• The Oregon Exchange Board has hired Sonciray Bonnell, formerly with the NPAIHB, as the Tribal Community Program Analyst.</li> <li>• August 29-31, 2012 HHS convened a meeting of the Tribal State Relations Working Group in Albuquerque, New Mexico to focus on improvement of Tribal/State relations.</li> </ul>
<b>Issue 2:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p>Improve grant reviewers' understanding of Indian Country.</p>	<p>Look to SAMHSA's streamlined grant application process as model for other agencies. Need to streamline reporting requirements.</p> <p>HHS needs to communicate more clearly about grant opportunities.</p> <p>Need to train reviewers about issues specific to Tribal communities and message better about opportunities to be grant reviewers.</p>	<ul style="list-style-type: none"> <li>• RD Johnson and RA Wylie (HRSA) addressed grant concerns in Alaska.</li> </ul>



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<b>Issue 3:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p>Increase the number of mental and behavioral health professionals and services in Indian Country.</p>	<p>Work with SAMHSA to identify solutions.</p>	<ul style="list-style-type: none"> <li>• RD Johnson and SAMHSA RA Dickinson worked with Dean Seyler and IHS staff to address questions regarding the nature of adolescent treatment facilities and the Klamath Nation.</li> <li>• In September 2012, HRSA and SAMHSA will provide a training in Anchorage for primary care physicians to treat opioid addictions in primary care setting.</li> </ul>
<b>Issue 4:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
<p>Improve services to Native elders, such as improving access to rest homes and hospice care.</p> <p>Many elders need to travel too far from home to receive needed services. Regulatory, statutory, and financial barriers make it difficult to care for elders and to provide in-home care. Grants are needed to plan and implement long term care services.</p>	<p>Gather state specific information for optimal delivery of services.</p>	<p>Ongoing.</p> <ul style="list-style-type: none"> <li>• January 11, 2012; Dr. Roubideaux sent a letter to Tribal leaders addressing this issue. Letter posted on her blog.</li> <li>• New authorities with IACIA.</li> <li>• Potential new opportunities with restructuring of Administration for Community Living (AC).</li> </ul>



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<b>Issue 5:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Ensure States compliance with the Indian Child Welfare Act (ICWA).	Ongoing.	Ongoing.
<b>Issue 6:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Provide education, outreach, and technical assistance to Tribes in understanding provisions of the ACA.	<p>Increase overall outreach through consultations, webinars, conference calls, and trainings.</p> <p>Explore use of addendum that is Indian-specific to inform carriers of obligations of working with Tribal programs.</p>	<ul style="list-style-type: none"> <li>• Monthly ACA calls (ongoing).</li> <li>• ACA Tribal Consultations will be held in Denver, Anchorage, and Washington DC.</li> <li>• New Tribal/State Relations workgroup has been meeting since March 2012</li> <li>• New Tribal ACA materials available. On May 14, Dr. Roubideaux posted a PowerPoint presentation on her <a href="#">Director's Blog</a>.</li> <li>• CMS – IHS – NPAIHB partnership training September 18-19, 2012 in Seattle, WA.</li> </ul>



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<b>Issue 7:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Inform Tribes of grant opportunities and explain legislative barriers to eligibility when they exist. Need for more multi-year funding opportunities and technical assistance.	Grant opportunities included in monthly Region 10 updates.	STAC is working to have an accessible, accurate, and comprehensive list of every grant offered by HHS for which tribes are eligible. Under development.
<b>Issue 8:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Continue support and funding to Indian programs.	Ongoing.	Ongoing.
<b>Issue 9:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Acknowledge traditional Tribal practices as credible health treatments and interventions.	<ul style="list-style-type: none"> <li>• Bureau of Health Professionals (division of HRSA) provides grant dollars for training in this area.</li> <li>• Essential Health Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in ACA consultations.</li> <li>• Work with state exchanges.</li> </ul>



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<b>Issue 10:</b>	<b>Next Step/Plan</b>	<b>Timeframe/Target Dates</b>
Clarify IHS reimbursements from the Veterans Affairs (VA) for services to veterans.	Ongoing.	A sharing and reimbursement agreement has been finalized to facilitate Department of Veterans Affairs' reimbursement to Alaska Tribal Health Programs (ATHP) for direct care services provided to eligible Veterans.

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