

# 2011 Indian Health Service (IHS) Tribal Consultation Summit

Bethesda North Marriott Hotel and Conference Center 5701 Marinelli Road Bethesda, MD 20852 Phone: (301) 822-9200 Fax: (301) 822-9201

**Purpose:** To provide American Indians and Alaska Natives the opportunity to attend a "one stop shop" on Tribal Consultation; to learn about current IHS Tribal Consultation activities and workgroups; and to provide feedback and recommendations on current IHS consultation topics.

#### **AGENDA**

# Wednesday, July 6, 2011

First General Assembly (Grand Ballroom D)

FACILITATOR: CAPT Sandra Pattea, Deputy Director for Intergovernmental Affairs, IHS

8:00 a.m. **REGISTRATION (Grand Ballroom Foyer)** 

9:00 a.m. **Opening Ceremony** 

- **Presentation of Colors** (IHS Color Guard)

- Flag Song

- Veteran's Song

- Invocation

9:30 a.m. **Overview** – Yvette Roubideaux, M.D., M.P.H., Director, IHS

10:45 a.m. **BREAK** 

11:00 a.m. Director's Tribal Advisory Workgroup on Consultation (DTAWC)

The DTAWC is charged with working in partnership with the IHS Director to recommend improvements on the IHS Tribal Consultation process to make it more meaningful, effective and accountable. The Workgroup also meets to review progress on consultation efforts and provides the IHS Director with guidance on general consultation issues.

- Lincoln Bean, Tribal Council Member Organized Village of Kake,
   DTAWC Member: Alaska Area
- Leonard Harjo, Principal Chief Seminole Tribe of Oklahoma, DTAWC Member: Oklahoma City Area



11:30 a.m. Direct Service Tribes Advisory Committee (DSTAC)

The DSTAC is established to provide leadership, advocacy and policy guidance by: 1) assisting and advising on the development of Indian health policy that impacts the delivery of health care for Indian Tribes with an emphasis on policies that impact the Direct Service Tribes; 2) actively participating, to the greatest extent possible, in IHS decision-making that affects the delivery of health care; and 3) providing verbal and written recommendations to the IHS Director.

 Dale DeCoteau, Fort Peck Tribal Council Member – DSTAC Representative: Billings Area

 Rex Lee Jim, Vice President, Navajo Nation – DSTAC Representative: Navajo Area

12:00 p.m. Tribal Self-Governance Advisory Committee (TSGAC)

The TSGAC provides advice and assistance to the IHS Director on issues and concerns pertaining to Tribal Self-Governance and the implementation of the Self-Governance within the IHS. The TSGAC represents Self-Governance Tribes by acting on their behalf to clarify issues that affect all compacting tribes specific to issues affecting the delivery of health care of American Indians and Alaska Natives (AI/ANs). They meet on a quarterly basis to confer, discuss, and come to consensus on specific Self-Governance issues. Additionally, the TSGAC provides verbal and written advice about Self-Governance issues to the IHS Director and the Director of the Office of Tribal Self-Governance.

 Lynn Malerba, Chief – Mohegan Tribe of Connecticut, TSGAC Vice Chairman: Nashville Area

- Carolyn Crowder, Health Director – Aleutian Pribilof Islands Association, TSGAC Member: Alaska Area

12:30 p.m. LUNCH ON YOUR OWN

2:00 – 3:00 p.m. Concurrent Breakout Session #1

Grand Ballroom A	Brookside A/B	Grand Ballroom B	Grand Ballroom C
<b>Consultation Topic:</b>	<b>Consultation Topic:</b>	Group:	Group:
Indian Health Care	Data Sharing	National Tribal	Director's
Improvement Act	Agreements	Advisory Committee	Workgroup on
Update*		on Behavioral Health	Improving Contract
_			Health Services*

<sup>\*</sup> These sessions will be repeated during breakout session #3.



#### **Grand Ballroom A**

**Consultation Topic: Indian Health Care Improvement Act (IHCIA)** 

On March 23, 2010, President Barack Obama signed the Affordable Care Act, which included the permanent reauthorization of the IHCIA. Along with the Snyder Act of 1921, the IHCIA forms the statutory basis for the delivery of health care to AI/ANs by the IHS. The purpose of this session is to provide an update on implementation activities.

Panelists: 1) Yvette Roubideaux, M.D., M.P.H., Director, IHS

2) Geoffrey Roth, Senior Advisor to the Director, Office of

the Director, IHS

**Recorder:** Charles Sockey, Policy Analyst – Office of Tribal Self-

Governance, IHS

**NOTE:** This session will be repeated Thursday, July 7<sup>th</sup> at 9:00 a.m. in Grand Ballroom A.

#### Brookside A/B

# **Consultation Topic: Data Sharing Agreements**

Tribal Epidemiology Centers (TECs) are Tribal organizations funded by the IHS to develop public health data capacity for the benefit of Tribes. In response to TECs being designated as Public Health Authorities under the IHCIA, TECs have requested access to IHS patient data for the purpose of public health surveillance and reporting on community health status of their constituent Tribes. The IHS has worked with the TECs, in consultation with the Office of the General Counsel, Area Directors, and Chief Medical Officers, to develop a draft Data Sharing Contract (DSC) to enable the exchange of health data. The IHS has shared the draft DSC with Tribes and has received numerous comments and feedback.

**Moderator:** Richard Church, Director, Office of Public Health Support

Panelists: 1) Victoria Warren-Mears, Director, Northwest Tribal

Epidemiology Center

2) James Cheek, MD, Director, Division of Epidemiology

and Disease Prevention

**Recorder:** Andrea Patton, Policy Analyst – Office of Tribal Self-

Governance, IHS



# **Grand Ballroom B** Group: National Tribal Advisory Committee on Behavioral Health (NTAC)

The NTAC helps guide the development of, and support for, behavioral health throughout the IHS/Tribal/Urban (I/T/U) systems, and works to ensure that services are as broadly integrated, available and culturally appropriate as possible. The NTAC serves as an advisory body to the IHS Director and to the Division of Behavioral Health by providing guidance and recommendations regarding behavioral health programmatic issues that affect the delivery of behavioral health care for AI/ANs served by the IHS and the entire I/T/U system.

**Moderator:** Jon Perez, Ph.D., National Behavioral Health Consultant –

Division of Behavioral Health, Office of Clinical and

Preventive Services, IHS

**Panelists:** 1) Julia Davis-Wheeler, Nez Perce Tribe

2) Rachel Joseph, Lone Pine Paiute-Shoshone Tribe

**Recorder:** Sharon Folgar, Program Analyst – Office of Direct Service

and Contracting Tribes, IHS

# **Grand Ballroom C** Group: Director's Workgroup on Improving Contract Health Services (CHS)

The CHS Workgroup is charged with reviewing input received on how to improve the CHS Program. They are also responsible for looking at the Fiscal Year (FY) 2001 CHS distribution formula to determine if changes are needed for the new funding beginning in FY 2011 and beyond.

**Moderator:** Carl Harper, Director, Office of Resource Access and

Partnerships

**Panelist:** Johnny Hernandez, Santa Ysabel Band of Mission Indians

Representative: Southern California Tribal Chairman's

Association

**Recorder:** Susan Anderson, Program Analyst – Office of Direct

Service and Contracting Tribes

**NOTE:** This session will be repeated Thursday, July 7<sup>th</sup> at 9:00 a.m. in Grand Ballroom C.

3:00 p.m. **BREAK** 



# 3:30 – 4:30 p.m. Concurrent Breakout Session #2

Grand Ballroom A	Grand Ballroom B	Grand Ballroom C	Brookside A/B
<b>Consultation Topic:</b>	Group:	Group:	Group:
Director's Tribal	IHS Budget	Tribal Leaders	IHS Information
Advisory	Formulation	Diabetes Committee	Systems Advisory
Workgroup on	Workgroup		Committee
Consultation			

# **Grand Ballroom A** Group: Director's Tribal Advisory Workgroup on Consultation (DTAWC)

The Workgroup is charged with working in partnership with the IHS Director to recommend improvements on the IHS Tribal Consultation process to make it more meaningful, effective and accountable. The Workgroup also meets to review progress on consultation efforts and provide the IHS Director with guidance on general consultation issues.

Moderator: CAPT Sandra Pattea, Deputy Director of

Intergovernmental Affairs, IHS

Panelists: 1) Lincoln Bean, Tribal Council Member – Organized

Village of Kake, DTAWC Member: Alaska Area
2) Leonard Harjo, Principal Chief – Seminole Tribe of Oklahoma, DTAWC Member: Oklahoma City Area
3) Yvette Roubideaux, M.D., M.P.H., Director, IHS

**Recorder:** Anna Johnson, Program Analyst – Office of Tribal Self-

Governance, IHS

### **Grand Ballroom B** Group: IHS Budget Formulation Workgroup (BFWG)

The IHS budget formulation process is comprised of annual forums for Indian Tribes to interact with the IHS to provide program priorities, policies, and budget recommendations. The workgroup provides input and guidance to the IHS Headquarters budget formulation team throughout the remainder of the budget formulation cycle for that fiscal year.

**Moderator:** Elizabeth Fowler, Director – Office of Finance and

Accounting

Panelists: 1) Rex Lee Jim, Vice President, Navajo Nation

2) Andy Joseph, Jr., Colville Business Council Member,

Confederated Tribes of the Colville Reservation

**Recorder:** Charles Sockey, Policy Analyst – Office of Tribal Self-

Governance, IHS



# **Grand Ballroom C** Group: Tribal Leaders Diabetes Committee (TLDC)

The TLDC makes recommendations to establish broad-based policy and advocacy priorities for diabetes to the IHS Director. The TLDC: 1) makes recommendations and provide advice on policy and advocacy issues concerning diabetes; 2) provides advice and guidance to ensure the incorporation of appropriate culture, traditions, and values in program development, research, and community-based activities; 3) provides broad-based guidance and assistance in defining how other Federal Agencies and organizations, States, Tribal epidemiology centers, institutions of higher learning and private health organizations can play a role in addressing diabetes and; 4) serves as a Tribal advisory committee to the Centers for Disease Control and Prevention's Native Diabetes Wellness Program.

**Moderator:** Lorraine Valdez, MPA, BSN, RN, Acting Director, Nurse

Consultant – Division of Diabetes Treatment and

Prevention, Office of Clinical and Preventive Services, IHS

**Panelists:** 1) Julia Davis-Wheeler, Tribal Leader – Nez Perce Tribe,

TLDC Representative: Portland Area

2) Connie Barker, Tribal Legislator – Chickasaw Nation,

TLDC Representative: Oklahoma City Area

**Recorder:** Susan Anderson, Office of Direct Service and Contracting

Tribes, IHS

#### **Brookside A/B** Group: IHS Information Systems Advisory Committee (ISAC)

The ISAC was established to guide the development of a co-owned Indian health information infrastructure and information systems. The ISAC assists in ensuring that the information systems are available, accessible, useful, cost effective, user-friendly, and secure for local-level providers, and that these systems continue to create standardized aggregate data that supports advocacy for the Indian health programs at the national level.

**Moderator:** Charles Gepford, Chief Information Officer, IHS (Acting

Director) – Office of Information Technology (OIT)

**Panelists:** 1) Carolyn Crowder, Health Director – Aleutian Pribilof

Islands Association, ISAC Tribal Co-Chair

2) Richard Hall, Director of Statewide Health Information

Management Systems, Alaska Native Tribal Health

Consortium, ISAC Tribal Representative

3) Lisa DeCora, Management Analyst - Information

Technology Tribal Shares Improvement Project, OIT, IHS

**Recorder:** Andrea Patton, Policy Analyst – Office of Tribal Self-

Governance, IHS

4:30 p.m. **Adjourn for the day** 



# Thursday, July 7, 2011

**Concurrent Breakout Session #3** 9:00 - 10:00 a.m.

Grand Ballroom A	Grand Ballroom C	Grand Ballroom B	Brookside A/B
<b>Consultation Topic:</b>	Group:	<b>Consultation Topic:</b>	Group:
<b>Indian Health Care</b>	Director's	Suicide Prevention	Indian Health Care
Improvement Act	Workgroup on		Improvement Fund
<b>Update*</b>	Improving Contract		
	Health Services*		

<sup>\*</sup> These sessions are a repeat of what was presented during breakout session #1.

# **Grand Ballroom A**

Consultation Topic: Indian Health Care Improvement Act (IHCIA)\*

**NOTE:** This session is a repeat of what was presented during breakout session #1, please see page 3 for more information.

#### **Grand Ballroom C**

**Group: Director's Workgroup on Improving Contract Health** 

Services (CHS)\*

**NOTE:** This session is a repeat of what was presented during breakout session #1, please see page 4 for more information.

#### **Grand Ballroom B**

#### **Consultation Topic: Suicide Prevention**

Suicide is a public health issue and a top Tribal priority and concern. This year, 10 listening sessions were held by the Department of Interior, the Substance Abuse and Mental Health Administration, and the IHS to hear ideas about how Tribes and Federal agencies can better address the problem of suicide in Tribal communities. The purpose of this session is to report on the listening sessions and to discuss preparations for the upcoming Action Summit for Suicide Prevention.

Cheryl Peterson, MN, RN, Senior Public Health Advisor – **Moderator:** 

Division of Behavioral Health, Office of Clinical and

Preventive Services, IHS

**Panelists:** 1) Rachel Joseph, Lone Pine Paiute-Shoshone Tribe

2) Julia Davis-Wheeler, Nez Perce Tribe

**Recorder:** Andrea Patton, Policy Analyst – Office of Tribal Self-

Governance, IHS



# **Brookside A/B** Consultation Topic: Indian Health Care Improvement Fund (IHCIF)

A letter to Tribal leaders was sent December 30, 2010 initiating consultation on the IHCIF. The IHCIF was established to determine the overall level of need funded for Federal, Tribal, or Trial organization health care facilities. A formula was established that assigned facilities a level of need funded percentage relative to funding spent for Federal employees for health insurance through the Federal Employees Health Benefits (FEHB) Program. The average level of need funded for all facilities was determined to be 55 percent of the FEHB benchmark. Many facilities were funded a levels below that average. Each year since 2001, Congress has appointed funding for facilities with the lowest percentage level of need funding, and to date, all facilities have been raised to at least 46% of their estimated level of need. However, additional funding is needed to raise all facilities to the IHS average of 55 percent.

**Panelist:** Cliff Wiggins, Supervisory Operation Research Analyst –

Office of the Director, IHS

**Recorder:** Sharon Folgar, Program Analyst – Office of Direct Service

and Contracting Tribes, IHS

10:00 a.m. **BREAK** 

Second General Assembly (Grand Ballroom D)

**FACILITATOR:** CAPT Sandra Pattea, Deputy Director for Intergovernmental Affairs, IHS

10:30 a.m. General Session – Summary/Comments/Wrap Up

Yvette Roubideaux, M.D., M.P.H., Director, IHS

12:00 p.m. LUNCH ON YOUR OWN

1:00 p.m. Affordable Care Act Session

The purpose of this session is to provide updates on current consultation activities related to implementation of the Affordable Care Act, including

an update on the State Exchanges.

4:00 p.m. **Retire the Colors** 

**Closing Prayer** 

4:30 p.m. **Adjourn Summit**