



## **2011 Indian Health Service (IHS) Tribal Consultation Summit**

Location (to be determined)

**Purpose:** To provide American Indians and Alaska Natives (AI/ANs) 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 (Location)**

**FACILITATOR:** (TBD)

8:00 a.m.                   **REGISTRATION**

9:00 a.m.                   **Posting of Colors (IHS Color Guard)**

**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 provide the Director with guidance on general consultation issues.

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

The DSTAC is established to provide leadership, advocacy and policy guidance. The DSTAC: 1) Assists and advises 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 participates, to the greatest extent possible, in IHS decision-making that affects the delivery of health care; and 3) provides verbal and written recommendations to the Director, IHS.



12:00 p.m.

**Tribal Self-Governance Advisory Committee (TSGAC)**

The TSGAC provides advice and assistance to the Director, IHS 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 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 Director, IHS and the Director of the Office of Tribal Self-Governance.

12:30 p.m.

**LUNCH ON YOUR OWN**

2:00 – 3:00 p.m.

**Concurrent Breakout Session #1**

<b>LOCATION 1</b>	<b>LOCATION 2</b>	<b>LOCATION 3</b>	<b>LOCATION 4</b>
<b><u>Consultation Topic:</u></b>	<b><u>Consultation Topic:</u></b>	<b><u>Group:</u></b>	<b><u>Group:</u></b>
<b>Indian Health Care Improvement Act Update</b>	<b>Data Sharing Agreements</b>	<b>National Tribal Advisory Committee on Behavioral Health</b>	<b>Director's Workgroup on Improving Contract Health Services</b>

**LOCATION 1**

**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, an agency with the U.S. Department of Health and Human Services. The purpose of this session is to provide an update on implementation activities.



**LOCATION 2**      **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 the Tribes they serve. In response to TECs being designated as Public Health Authorities under the IHCA, 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.

**LOCATION 3**      **Workgroup/Committee: National Tribal Advisory Committee on Behavioral Health (NTACBH)**

The NTACBH 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. It serves as an advisory body to the Director, IHS and to the Division of Behavioral Health. The NTAC provides guidance and recommendations regarding behavioral health programmatic issues which affect the delivery of behavioral health care for AI/ANs served by the IHS and the entire I/T/U system.

**LOCATION 4**      **Workgroup/Committee: 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.

3:00 p.m.

**BREAK**



3:30 – 4:30 p.m.

**Concurrent Breakout Session #2**

<b>LOCATION 1</b>	<b>LOCATION 2</b>	<b>LOCATION 3</b>	<b>LOCATION 4</b>
<p><b><u>Consultation Topic:</u></b></p> <p><b>Indian Health Care Improvement Fund</b></p>	<p><b><u>Group:</u></b></p> <p><b>Tribal Leaders Diabetes Committee</b></p>	<p><b><u>Group:</u></b></p> <p><b>IHS Information Systems Advisory Committee</b></p>	<p><b><u>Group:</u></b></p> <p><b>IHS Budget Formulation Workgroup</b></p>

**LOCATION 1**

**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 Tribal 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% 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%.

**LOCATION 2**

**Group: Tribal Leaders Diabetes Committee (TLDC)**

The TLDC makes recommendations to establish broad-based policy and advocacy priorities for diabetes to the Director, IHS. The TLDC will: 1) Make recommendations and provide advice on policy and advocacy issues concerning diabetes; 2) Provide advice and guidance to ensure the incorporation of appropriate culture, traditions, and values in program development, research, and community-based activities; 3) Provide 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) Serve as a Tribal advisory committee to the Centers for Disease Control and Prevention’s Native Diabetes Wellness Program



**LOCATION 3**      **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.

**LOCATION 4**      **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.

4:30 p.m.

**Adjourn for the day**



**Thursday, July 7, 2011**

**Second General Assembly (Location)**

**FACILITATOR:** (TBD)

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

<b>LOCATION 1</b>	<b>LOCATION 2</b>	<b>LOCATION 3</b>	<b>LOCATION 4</b>
<b>Consultation Topic:</b>	<b>Group:</b>	<b>Consultation Topic:</b>	<b>Group:</b>
<b>Indian Health Care Improvement Act Update*</b>	<b>Director’s Workgroup on Improving Contract Health Services*</b>	<b>Suicide Prevention</b>	<b>Director’s Tribal Advisory Workgroup on Consultation</b>

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

**LOCATION 1      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, an agency with the U.S. Department of Health and Human Services. The purpose of this session is to provide an update on implementation activities.

**LOCATION 2      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. The workgroup recently met to review recommendations from Area worksessions.

**LOCATION 3      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 Indian Health Service 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.



**LOCATION 4**      **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 Director with guidance on general consultation issues.

10:00 a.m.      **BREAK**

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**