

**U.S. Department of Health and Human Services (HHS)
Regions 6, 7 & 8 Tribal Consultation**



**OFFICE OF HEAD START
SUMMARY REPORT**

from

August 20-22, 2019

Byron Rogers Federal Building
Denver, Colorado

The U.S. Department of Health and Human Services (HHS) held the *Regions 6, 7 & 8 Tribal Consultation* at the Byron Rogers Federal Building in Denver, Colorado, on August 20-22, 2019. The first and second days of the meeting allowed Tribal leaders and representatives to provide input and feedback to HHS and regional leadership on matters of concern; and various presentations and updates from national and regional officials were provided. The third day was reserved for *Regional One-on-One Meetings*, ensuring that each Tribe had an opportunity to discuss issues of importance in a private setting with its respective regional office.

August 20, 2019

Welcome and Opening Remarks

Myron Lizer, Vice President, Navajo Nation, opened the meeting by welcoming the group and acknowledging Fred Schuster, Regional Director, Region 6; Jeff Kahrs, Regional Director, Region 7; and Elsa Ramirez, Acting Regional Director, Region 8, as well as the organizers of the meeting. After providing an opening prayer, Vice President Lizer invited Ms. Ramirez to welcome the group. She thanked the participants for attending the first ever tri-regional consultation, saying she looked forward to discussing issues that are important to Tribal communities; and she asked that after the meeting the attendees provide feedback on the meeting format. Following Ms. Ramirez's remarks, Mr. Kahrs welcomed the group and noted that the meeting had the most Tribal participation of any regional consultation held thus far in 2019. Next, Mr. Kahrs thanked Vice President Lizer for his willingness to serve as the day's moderator; and he thanked Ms. Ramirez and her staff for coordinating the meeting. He proceeded to share some prepared remarks, highlighting some of the initiatives and presentations noted on the consultation agenda. Most importantly, he said the federal leadership wanted to hear from the Tribes about what is most needed in Indian Country today.

Before ending his remarks, Mr. Kahrs touched on a few HHS initiatives he said have significant potential to improve services on Tribal lands, including the Upward Economic Mobility Program which aims to move individuals from welfare or low-wage work into jobs with a more sustainable and self-reliant income through a modern, comprehensive approach; and the Center for Medicare and Medicaid Services' (CMS) Connecting Kids to Coverage Outreach and Enrollment Funding which provides \$6 million to boost the enrollment of American Indian/Alaska Native (AI/AN) children in Medicaid and the Children's Health Insurance Program (CHIP). Mr. Kahrs also reminded the group that one of HHS' key priorities remains substance use disorders, specifically the misuse of opioids. On a positive note, he said that last year there was a 5 percent decrease in deaths from drug overdose—the first decrease seen nationwide in the last 25 years. Finally, he commented on the need for culturally sensitive early prevention efforts and materials to stem alcohol, substance abuse, and cigarette use among AI/ANs. Regarding the latter, he said the speaker series *Our Culture and Meth Don't Mix* is a joint effort between the Substance Abuse and Mental Health Services Administration (SAMHSA) and Bureau of Indian Affairs (BIA) that is currently underway. He expressed hope that Congress allows Tribes and states the flexibility to use future addiction resources to address whichever substance that creates the most pressing problem(s) in their communities. Lastly, he commented on the collaborative efforts put forth by Tribes and HHS to assist Tribal communities devastated by flooding in Nebraska, South Dakota, Iowa, and parts of Kansas last spring; he

expressed a desire to work with Tribes with that same spirit of cooperation throughout the consultation session.

Following Mr. Kahrs' remarks, Mr. Schuster greeted the participants and introduced himself. He proceeded to recognize Region 6 state officials in attendance; and then Mr. Schuster encouraged the Tribal leaders and representatives to participate on quarterly calls or to contact his office when issues arise, noting that they do not need to wait for an annual consultation to address issues. Next, Mr. Schuster discussed another HHS priority—HIV/AIDS. He commented that if Congress approves the President's proposed budget, then funding will be available as of October 1, 2019, to reduce transmission rates until HIV/AIDS is eliminated. He emphasized the need for people to know when they have the disease, as well as the need to overcome the stigma attached to the disease. Turning his comments to treaty relationships, Mr. Schuster reiterated that HHS recognizes Indian Tribes as sovereign nations and he acknowledged the unique government-to-government relationship that exists between Indian Tribes and the federal government; and he said he respects the knowledge of Tribal leaders and representatives around the table, as well as their skills and efforts to lead their communities. He ended his remarks by thanking Ms. Ramirez and the team of staff that helped with organizing the consultation, as well as Stacey Ecoffey, Office of Intergovernmental and External Affairs, for her guidance concerning the meeting.

Ms. Ecoffey expressed enthusiasm about having the joint session and noted that Jeannie Hovland, Commissioner of Administration for Native Americans (ANA) and Deputy Assistant Secretary for Native American Affairs, made a great effort to ensure that the Administration for Children and Families (ACF) leadership attended the meeting. She also recognized Office of Head Start (OHS) and Indian Health Service (IHS) leadership for attending the meeting. Notably, she said the following day, officials from the National Institutes of Health (NIH) would attend the regional consultation for the first time. Other operating divisions, she said, including CMS and Health Resources and Services Administration (HRSA) have made a commitment to attend.

Before moving forward on the agenda, Ms. Ramirez reminded the Tribal participants that regional administrators were present to discuss issues specific to their programs; and Vice President Lizer had all persons around the table to introduce themselves for the record, followed by introductions by regional directors and other esteemed guests.

Vice President Lizer thanked Mr. Schuster for the invitation to serve as a moderator for the consultation; and he also thanked Ms. Ramirez for visiting Navajo Nation along with Mr. Schuster, saying he and Navajo Nation President Jonathan Nez want to change the lives of Navajo people through their Native teachings and to create positive changes in health for all Navajo people. He said the Navajo Nation combats diabetes, alcohol disorders, and health care access issues daily. He said he hoped the government-to-government relationship over the next few days would play a critical factor in ensuring that resources get to them and ensuring access to high-quality services. He said a priority for the Nez-Lizer Administration is health/wellness, including behavioral health and mental health. He added that as the Navajo tries to address issues such as alcohol, PTSD, domestic violence, murdered and missing Indigenous women, substance abuse, sex and human trafficking, and other ills, they want to lead the Navajo people and other

First Nations to address these problems. To that end, he said they will need the help of all the people around the table.

Administration for Children and Families Consultation (ACF)

ACF Representatives

- Ann Linehan, Deputy Director, Office of Head Start
- Todd Lertjuntharangool, Regional Program Manager, Region 11

Todd Lertjuntharangool, Regional Program Manager, OHS, Region 11, AI/AN, began this session by providing an overview of OHS. Highlights from his presentation included the following:

- OHS was most recently authorized by Congress in 2007 through the 2007 Head Start Act.
- Head Start performance standards were most recently updated in 2016.
- OHS funds programs to deliver direct services to nearly 1 million children nationwide through two streams: Head Start (HS) Programs – services to preschool-aged children (ages 3 -5); and Early Head Start (EHS) Programs – services to infants and toddlers (ages 0-3).
- Head Start Programs support and promote the School-Readiness of children from low-income families by delivering services through a variety of models that are designed to support the whole child.
- OHS has a central office in Washington, DC and 12 regional offices; 10 regional offices are geographic and two serve special populations—Region 11 supports AI/AN programs, and Region 12 supports migrant and seasonal programs around the country.
- Region 11 currently funds 183 grants to 154 grantees.
- For FY 2019, Region 11 is projected to fund just under \$300 million to Tribal communities.
- For FY 2019, Region 11 funded five new EHS grantees and one new HS grantee.
- OHS occasionally provides funding for emergency needs.
- Currently OHS priorities include: a facilities survey that will yield a report to Congress on the status of HS facilities; the Full Enrollment initiative; supporting programs to combat opioid and substance misuse; and better partnering with school districts.
- Region 11 is working on its AI/AN 2020 conference.
- OHS is working on a funding opportunity announcement (FOA) for Region 11 that it is expected to be published in 2020; the funds are derived from those that relinquished HS grants or funds that have been recaptured because of under-enrollment.

Open Tribal Leader Comments and Questions

During this session, Tribal participants asked questions and commented on the information they heard. A recap of the exchanges is provided below. Comments and questions are reflected by a “C” and responses are reflected by an “R” throughout this document.

C: (Ronald Shaw) Did I hear a statistic of a 5 percent reduction in opioid overdose mortality, and was that in Indian Country or just the general population?

R: (Unknown) General population and all drug overdoses, not just opioids.

C: (Ronald Shaw) I would not want the federal government to reduce any of its trust responsibility that's focused on drug overdose death rates because of a general population reduction. Data is difficult to come by in Indian Country, admittedly; but we shouldn't assume things are working in Indian Country. What age group was the gentleman referring to when he spoke about Head Start programming to address drug and opioid use?

R: (Todd Lertjuntharangool) A lot of the support that we provide is not just to the child but to the family, so resources are pushed out to programs so they can support the families who are impacted opioids.

C: (Ronald Shaw) I agree. A lot of parents don't realize that they may be modeling behavior that may be dysfunctional for their children.

C: (Rick Vigil) Tribal sovereignty was mentioned and us Tribal leaders have been articulating this a lot. How do you guys in the federal government define Tribal sovereignty and trust responsibility? As a Tribal leader, it seems like every administration we go through the same cycle and have to continue to advocate that you have a trust responsibility. Pueblo of Tesuque appoints leaders every year and I've been here year after year and still we have funding disparities. We know the report card of Indian Country; we are always the last on the list. Many Natives at this table have experienced historical trauma. Put yourself in our position as leaders. Indian Country doesn't participate 100 percent with the census, so we need better data. ICWA is what I face in my small community; kids are having kids and they are being raised by grandparents, aunts, and uncles. It's disheartening. The funding that we get is minimal. I applaud the Indian Child Welfare Coalition in New Mexico; they are a strong advocacy group. Data is critical because many funding agencies rely on data, for programs like the CHR [community health representative]. I moved to create an RPMS system as a Tribal leader. Talk to the EpiCenters; many of their efforts are to enhance data sovereignty. Jurisdiction is an issue. We need to partner and work together. I'm seeing changes in New Mexico. I'm advocating for our elders, because I see the reality at home. I invite you to my community. We've been in dialogue with the state and local government to improve the lives of our people. I would like to bring my youth coalition to be a part of these discussions. What is truly Tribal sovereignty as you, as federal agents, see it?

C: (Canoncito Band of Navajo Nation) Does the Head Start program provide services to special needs children from birth to five and how are services identified? My grandson is four and he doesn't speak so I'm learning sign language to work with him. How do people get services for Head Start for special needs kids? I praise Head Start. I attended many Head Start meetings. Children learn in Head Start. It's a place where children learn and grow, so it's important.

R: (Todd Lertjuntharangool) In terms of services for special needs children, programs are required to screen and assess children when they are enrolled and after that, should further evaluations be needed, then they are to work with local providers to get services to the child.

R: (Ann Linehan) Head Start has had a long history of serving children with special needs and we have a requirement that every program must have at least 10 percent of its enrollment be filled by children with special needs. We require the program for ages birth to three to work with early intervention; the preschool program must work with LEA. Sometimes the LEAs are not responsive in doing the formal evaluation or working cooperatively with the program to develop an individual educational plan (IEP). In those cases, we expect the Head Start program, in the absence of a timely response from the LEA, to use its dollars to ensure that services are being provided to the child and support to the family.

R: (Jeannie Hovland) When I talked about my priorities as Commissioner, one of them is citizens with disabilities; our funding can be used to support that population—including those that are caretakers.

C: (Camille Whitmore) What level of collaboration occurs with BIA on ICWA? And who specifically focuses on ICWA? In relation to Head Start, culture and language are important to the development of youth; is there money set aside in Head Start for this? At the Pueblo of Laguna, our Head Start is chronically under-enrolled, so we will lose some funding; we may possibly lose our entire Head Start program. It's good to hear that there will be funding coming for new Head Start buildings. Pueblo of Laguna offers a language preservation program and we struggle to use our own funding for that; we have a concern from our elders regarding if we use federal money that we may have to share our educational booklets/dictionaries that we create. Will our resources have to be shared with others if we use grant funding?

R: (Todd Lertjuntharangool) In regard to language and culture, it is a requirement to provide an environment of culture and language that is reflective of kids in the community. Programs do have the ability to program funds as needed, based on the design of the program; operations funds can be used. In terms of facilities, I would love to see a new facility for Laguna. From time to time we can support programs with one-time funding, so I would suggest we touch base to begin those discussions. On the materials, if you use grant funds to support the development of language materials, there is no requirement to share them.

R: (Ann Linehan) I just want to say that we fully support and have several Tribal programs that have full [language] immersion Head Start programs.

R: (Jeannie Hovland) Regarding the question on what collaboration we have with BIA on ICWA, so at ACF we have the Children's Bureau and there are some elements that they have proposed for the collection of some data of children that come into the foster care system that may be from a Native American Tribe and to track Tribal notification; so, this is being considered. Right now, there is no data being collected at intake. The Department of Interior has somewhat of the jurisdiction of enforcement of ICWA. I've been working with Tricia Tingle, the Director of Courts for the Office of Justice Services, and the Casey Family Foundation to get a better understanding. I've also had conversations with Assistant Secretary Sweeney about how

we can partner. We kind of changed our focus to MMIW, so we haven't really moved our discussions forward; but we are finding out from the reports on foster children that MMIW ties into ICWA, so that will be part of our strategy. There is an ICWA law in each state, but because of staff turnover many don't know the law in their state. So, we've agreed to help strengthen this area, so people know the law.

C: (Davy Malie) In New Mexico, we have 19 pueblos that reside there. We continue to fight for cultural resources and the return of protected items to our pueblo, as well as protection of Chaco Canyon and Bears Ears. Water right adjudication negotiation is important to us. We are fighting because our water is being contaminated with uranium spills that have not been cleaned up. We are putting negotiations forward to the federal government. We appreciate your help with helping us protect our natural resources, culture, and water. In terms of teacher qualifications for Head Start, our elders have cultural knowledge, but not formal degrees. We are asking that some sort of certificate or degree equivalent be instituted on their knowledge so they can participate in our school system. Mr. Malie shared a story of man who broke his arm and was not given an x-ray but was given 2 weeks of Percocet. He told another story of a parent that overdosed, and police caught a 5-year-old child about to poke the drug needle in her own arm. These things, are happening in IC. We are here to take care of our children. Children are our life. Thanks to Head Start for providing the very basics to our children. We also need funding for cultural teachers. September 2, 2019 is our annual feast day; an invitation is extended to you all.

R: (Todd Lertjuntharangool) I'm glad to see that language and culture is a priority for you all; I commend the program. I encourage all programs to continuously look at what the community needs are because the needs are changing and design your programs to meet those needs. New Mexico has begun to certify language teachers for Native languages, so I hear your need on this. If you find someone willing to take courses, you can apply for a teacher waiver and they can work toward the minimum certifications. I think we have some creative ways to get them in the classroom; every program is different, so I'm open to additional conversations.

R: (Ann Lineham) We do recognize that this is a challenge, to decide how to spend federal dollars. It is allowable for a Tribe to bring the elder into the classroom and pay for that time using the federal dollars. Also, regarding concerns about under-enrollment, should we reach a point that under-enrollment can't be fixed with a Tribal program, the funding does not get lost. It goes back into Tribal communities.