



Sovereign Nations

TribalSelfGov.org

June 2016 | Issue 2

Letter from the Director, Terra Branson



Terra Branson
SGCE Director

The Self-Governance Communication & Education Tribal Consortium (SGCETC) has been very busy over the last six months planning and implementing the 2016 Annual Tribal Self-Governance Consultation, providing Self-Governance Training in Anchorage, AK, Aberdeen, SD, and Ferndale, WA.

Additionally, Self-Governance Tribes have celebrated many milestones. First, after years of litigation and advocacy, the Indian Health Service (IHS) and Department of the Interior (DOI) have proposed updated policies to calculate Contract Support Costs (CSC) and Congress has fully funded CSC expenses without reducing services to Tribes. Self-Governance leadership hosted a successful, informative discussion with Karen R. Diver, Special Assistant to

the President for Native American Affairs and Morgan Rodman, Executive Director for the White House Council on Native American Affairs. Lastly, Tribal interest in Self-Governance is growing rapidly and SGCETC has supported a number of Tribes and Federal employees as they consider Self-Governance in their communities.

Specifically, SGCETC welcomes a new Tribe and IHS area to Self-Governance. The Spirit Lake Tribe of Fort Totten, North Dakota assumed their health facility on June 1, 2016 – making the Tribe the first from the IHS Great Plains Area.

This is certainly an exciting time for Self-Governance as we near our thirtieth year!

Thank you,

Terra Branson | SGCE Director

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Highlights *Annual 2016 Tribal Self-Governance Consultation*

The Annual Tribal Self-Governance Consultation Conference was a great success, with 700 attendees over four days of consultations, general assemblies, caucuses, and trainings. Held in Orlando, Florida from April 24, 2016 through April 27, 2016, the SGCE team captured some fantastic moments. Check out the new SGCE Flickr account at [selfgovernance](#) to download your favorite images.



Global Health Care Indigenuity

Between the hustle and bustle of the Annual Conference, the SGCE team and leadership had a moment to sit down with special guests from the Canadian First Nations, Native Hawaiian health care leaders, and Māori leaders from New Zealand.

As a group of health care pioneers on a work study program, the First Nations and Māori leaders joined the ranks of the hundreds of Tribal leaders attending the week-long event to collaborate, learn, and inspire change in their communities.

In a meeting with Chairman Ron Allen, Chief Lynn Malerba, Lt. Governor Jefferson Keel, and Indian Health Service leaders, the work group shared their stories and thoughts about the challenges they face at home, finding a parallel in those we face here in our Tribal communities.

Looking to strengthen the continued sharing of information the outcome of the meeting was hopes for the future of a Pacific Rim Indigenous Health Center of Excellence.

Through this Center of Excellence, Indigenous communities would be equipped to share data, experiences, and lessons learned to broaden the health care systems for Indigenous peoples world-wide.

Next steps for the group include the He Huliau International Indigenous Health Symposium at Center for Native and Pacific Health Disparities Research Department of Native Hawaiian Health John A. Burns School of Medicine University of Hawai'i at Mānoa from October 13-14, 2016. Visit http://www2.jabsom.hawaii.edu/native/conf_hh-2016.htm for more information.

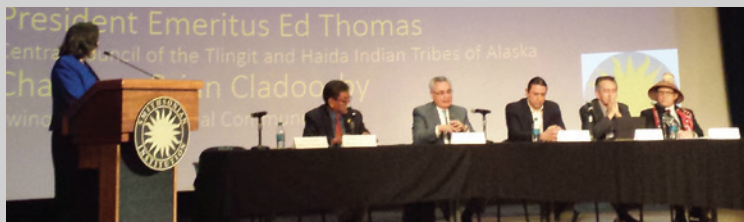


Capital Coast Health, Māori Health Director Riki Nia Nia addresses Indigenous health leaders at SGCE Annual Consultation Conference.



Māori Party President Rangimarie Naida Glavish shakes hands with IHS Deputy Director Mary L. Smith.

Trust Modernization Implementing Self-Governance



Chief Malerba moderates the tribal leader panel at the January 2016 21st Century Trust Modernization Forum.

Trust Modernization is a key growth and evolutionary tactic for Indian Country, but for many, it is a broad theoretical idea that seems a daunting concept to approach.

To help simplify the theory and action plan, SGCE went to the leading voices in this space, USET Sovereignty Protection Fund (USET SPF) Executive Director Kitcki Carroll and Director of Policy and Legislative Affairs Liz Malerba.

Carroll explained that the need for broad and systemic Trust Modernization often becomes more readily apparent this time of year as Indian Country works to ensure that the federal government upholds its fiduciary trust obligations in a budgetary environment that treats funding for federal Indian programs as a discretionary decision. Carroll highlighted that the current Tribal Nation-U.S. government-to-government trust relationship is flawed at its core, essentially broken, and in desperate need of modernization. A modernized relationship must reflect 21st century advances and capabilities, be pro-Tribal Nation, be Tribal Nation defined, and truly uphold the unique and sacred relationship that exists between these two sovereign powers.

Under the current model, funding for Indian Country is allocated via discretionary appropriations, and is often distributed using a grant-based methodology and mindset, which as a whole fails to rightfully honor the uniqueness and sacredness of the federal trust obligation. The budgetary

process in place forces Tribal Nations to advocate and engage in a manner that is more consistent with and appropriate for special interest groups.

"The flaws and shortcomings of the [budget] process is only one example and a symptom of a much deeper and fundamental problem. Fulfillment of federal trust obligations, including budget, should not be a year-to-year discretionary decision," said Carroll. "To change this present reality, we need to be bold and visionary without self-imposed limitations...and invest some time into achieving systemic change that reflects a true, more respectful, and diplomatic nation-to-nation relationship as envisioned by our Tribal Nation elected officials."

Based upon a vision as set forth by Tribal leaders across Indian Country, USET SPF and its partners are working to achieve such systemic change. Collectively, the goal of this effort is to achieve comprehensive change to underlying philosophy, approach and vernacular in legislation, regulations, Executive Orders, and litigation as applied in Indian Country. The group also seeks change to the general broader societal understanding of the relationship, which perpetuates the antiquated and false assumptions about Indian Country and our sovereign existence as self-governing entities.

Proponents of Trust Modernization recognize this is going to be a long evolution, working with the White House, across all federal Departments, the courts, and society more generally, but they are in it for the long haul. Proponents of Trust Modernization further realize that we did not arrive at this point in Tribal Nation-U.S. relations overnight, so this type of deep change will require a long term investment and commitment to realize the vision that we in Indian Country deem as more appropriate and complete.

"Success in the Trust Modernization effort will help to better implement the vision of self-governance as intended," said Carroll.

To get your community involved in Trust Modernization work, contact USET SPF at [202-624-3550](tel:202-624-3550) or partner organization: National Congress of American Indians at [\(202\) 466-7767](tel:202-466-7767).

Want to learn more? Visit <https://goo.gl/yosSYO> to watch the 21st Century Trust Modernization Forum held on January 14, 2016.

Self-Governance Changing Alaska

One System at a Time



MEDICAID IN ALASKA

APRIL 2016 Report Month

16,770

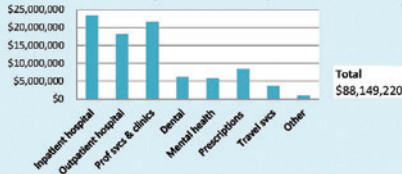
Lives covered by Medicaid expansion

Demographics of Medicaid expansion enrollees

Enrollee count	19-34	35-44	45-54	55-64
	6,059	2,699	4,071	3,981
Male	9,315			
Female		7,455		

Medicaid expansion began on Sept. 1, 2015 in Alaska.

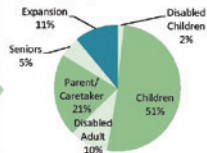
Medicaid expansion claims paid to date



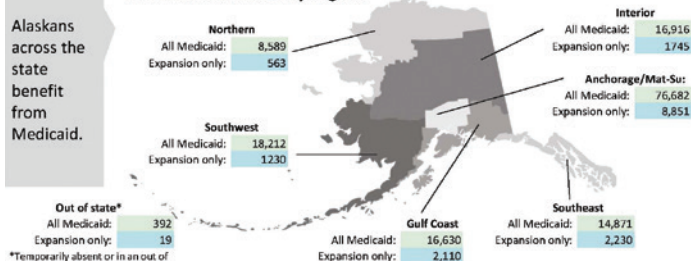
100% federally funded through CY16 and will transition to 90% in 2020 and beyond.

Medicaid provides health benefits to many Alaskans.

All Medicaid enrollees by category



Medicaid enrollees by region



152,422

Lives covered by all Medicaid

Demographics of all Medicaid enrollees

Enrollee count	18 or less	19-34	35-44	45-54	55-64	65+
	76,157	30,643	13,426	11,656	10,693	9,847
Male	71,583					
Female		80,839				

Published in April 2016, the Alaska Medicaid Dashboard displays the strides made by Medicaid expansion.

The impact of underfunding of Indian Health Service (IHS) Programs is magnified in Alaska, with the highest US medical cost delivery and geographically isolated Tribal communities. The gap between needed services and IHS funding is wide, directly translating to limited access to care. When the Affordable Care Act legislation was enacted, the Alaska Tribes and Tribal health organizations utilized principles of self-governance through the Alaska Native Health Board (ANHB) and Alaska Native Tribal Health Consortium (ANTHC) to begin the process of researching Medicaid expansion as a new funding stream to help in closing the gap.

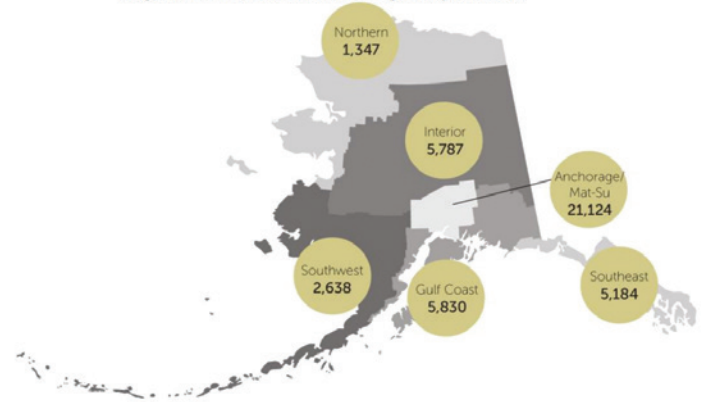
"[The] ANTHC commissioned a study with Northern Economics and the Urban Institute to study the impact that Medicaid expansion could potentially have within the state," said President & CEO Verné Boerner. "...ANTHC, with great foresight, was not just researching the impact for tribal programs but for the state as a whole and for all populations."

Fortified with ANTHC's reports, the Alaska Tribal Health System built new relationships. According to Boerner, it was obvious from the beginning there was economic benefits to Medicaid expansion in addition to the health benefits and resource benefits to the state and to the tribes enabling ANTHC and ANHB to grow momentum for statewide support.

Ultimately, over 150 organizations signed on to support Medicaid expansion and assisted in lobbying with letter writing, rallies and public service announcement buys. Tribal health organizations, stood side-by-side with labor unions, faith-based organizations, business owners and other health and behavioral health professionals during public testimony to the Alaska Legislature.

"I live and breathe self-governance. Now that we have the tools what can we do? We can do lots!" said ANTHC Vice Chair Lincoln A. Bean, Sr.

Geographic Distribution of Alaskans Eligible for Medicaid through Expansion



"We have the technicians, health care professionals, and the knowledge. Give us the tools we'll make it work. We are ahead of the curve, and we want to stay there, but we have to keep moving forward."

The tipping point in the initiative came with the election of a Governor and appointment of a Health and Social Services Commissioner who saw the benefit of Medicaid expansion and supported both implementation and reform. When the Legislature ultimately did not vote, Governor Bill Walker armed with the support of his staff and these 150 organizations exercised his power on September 1, 2015 to implement Medicaid expansion.

"I love health care, my favorite time of year is Alaska Federation of Natives (AFN) annual meeting, it fills my heart to look at all of the people that we serve and know that they all have access to health care – to me that makes it all worth it. What matters the most is the patients and we know our people best."

- ANTHC Vice Chair Lincoln A. Bean, Sr.

"I think one of the phenomenal things is the role that self-governance played in the entire process," said Jim Roberts, Senior Executive Liaison, ANTHC Intergovernmental Affairs. "What Alaska did with their health care delivery system to develop the systems of care, the collaboration, and the capacity that has resulted in the system being able to do the policy development, do the analytics to evaluate the benefits of Medicaid expansion, and hire an outside entity to come in and issue key reports that played a central role in the state's decision to go forward with Medicaid expansion. This speaks to the objectives and outcomes of self-governance."

The Alaska Tribes recently engaged in a tribal consultation process between the State of Alaska and tribal health organizations to facilitate a cooperative approach to Medicaid reform.

"Self-governance and our ability to have a recognized voice at the table, has benefited our tribal health system, as we are able to communicate directly the needs of our tribal health system," stated Boerner. This effort was best summarized by Roberts, "This is true self-determination and self-governance—the human and intellectual capacity building that happens from managing your own programs."

To learn more about Alaska Medicaid expansion, contact the Alaska Native Tribal Health Consortium (ANTHC) at (907) 563-2662 or via email at anthcwebsite@anthc.org.



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Police Work Beyond the Checker-Borders

In December 2005, the Bureau of Indian Affairs (BIA) and the State of Oklahoma signed an agreement allowing Tribal governments enter into cross commissions between tribal governments and local law enforcement agencies.

The new program was ideal for the newly re-established Chickasaw Lighthorse Police Department based in Ada, Oklahoma. With a checkerboard jurisdictional area, the authority of the Lighthorse Police Department and other tribal law

enforcement were limited to just that, the checkerboard.

“Tribal law enforcement was relatively new in Oklahoma,” said Chickasaw Lighthorse Police Chief Randy Wesley. “There was opposition, but that has gotten better over the years.”

Police Chief since 2012, Wesley has chosen to build a relationship with those other departments rather than meeting opposition with more opposition. No shop talk, no extreme political moves, just pure friendship. And he encourages other Tribes to do the same.

“You have to be part social services, part lawyer, and part realtor,” said Wesley.

Making the point that being a police officer is more than just enforcing the law, it’s also about understanding people you serve.

When asked about the positive aspects of cross commissioning officers, Wesley said that it is a “win-win” situation for everyone involved by simply increasing the resources both ways.

Through his relationship building, Wesley informed SGCE during the interview that a neighboring police department had agreed to cross commissioning their officers with the Lighthorse Police Department.

Following the interview, the Oklahoma State Legislature passed a new law HB 2319 allowing Tribal law enforcement the same jurisdictional provisions on all tribal property effective as of November 1, 2016. Governor Mary Fallin signed HB 2319 into law on June 6, 2016.



Lighthorse Police Department Leadership Staff (L to R) Captain Steve Cash, Captain Vince Walters, Major Michael McCoy, Chief Randy Wesley.