

CYNTHIA LACOUNTE: Good afternoon, everyone. We are now being recorded. I want everyone to be aware of that and we are going to begin the ACL Tribal Consultation on our draft ACL Tribal Consultation Policy. We're very excited to be able to hold this consultation today. This is our first, I've been calling it real consultation, because now we are putting forth our new consultation policy.

I would like to quickly introduce our senior official, Alison Barkoff, who is our senior official performing the duties of the Administrator and the Assistant Secretary on Aging. I'm going to give everyone a test and have you repeat that title for me. But welcome, Alison, and thank you for coming. And then I also have with me Edwin Walker, who is the Deputy Assistant Secretary on Aging at the Administration for Community Living. And I think most everyone is familiar with Mr. Walker. Thank you again, Edwin, and for all your- your help with the tribes and for your huge role in putting together this consultation and consultation policy.

We are so excited that we're joining the big guys, the big guns at HHS with our Tribal Consultation Policy. We're a relatively small organization, as you all know. We primarily do-- thank you-- we primarily do-- or we do aging and disabilities. We work with very specific populations across the country.

And as a small organization-- I was turning my pages and not the computer, but it makes more sense to me now. (Chuckles) As a small organization, we have not had our own policy in the past. Rather, we have adhered to that overall we're part of HHS, Health and Human Services, so we have followed the Health and Human Services Consultation Policy.

However, in the in recent years, beginning with President Obama, there was emphasis on consultation and communicating and working more with tribes and the needs of Indian Country. So stricter consultation policies were put into effect, and which President Biden has-- thank you, Laura-- which President Biden has emphasized again and only added the-- sort of the frosting on the cake.

So we developed our own policy that would outline our communications, our consultations, our- our discussions with tribes, and this will be-- in- in the government, we talk about meaningful consultation, which means you really listen and you really pay attention and you offer dialogue and you work with tribes to help alleviate what the issues are there they're facing. So this, we're, as I said, we're very excited about using this tribal consultation policy to pave our way to improved work with tribes as well.

And this is certainly, you know, the-- this tribal consultation policy is sort of mirrored after, I would like to say, Title VI programs. And Title VI, as you all know, Title VI is one of the-- I think we were one of the early leaders across the government in promoting tribal sovereignty. Title VI has very-- we-- certainly we have regulations and requirements, but they're all sort of softened for tribal determination on how those policies or those services best fit with working with tribes while still adhering to our federal responsibilities.

Oh, I'm supposed to turn this again and not my piece of paper, aren't I? Okay, you're doing it? Thank you. As I mentioned, there is a-- no-- Edwin, my pages are mixed up. (Laughter) Okay. There was a very strong communication that came from President Biden in December. President Biden met with the tribes, which, in this meeting, happens about annually, and met with the tribes to emphasize tribal consultation. And so that was-- we've used that document in designing our policy.

I am going to introduce or reintroduce Alison Barkoff. And everybody, I want you to repeat her title, our Senior Official performing the duties of the ACL Administrator and the ACL Assistant Secretary on Aging. And Alison will talk about our policy more and what it means to our agency and to tribes.

ALISON BARKOFF: Great. Thank you. Can you hear me okay?

CYNTHIA LACOUNTE: Miss Senior Official, go ahead.

(Chuckling)

ALISON BARKOFF: So the easy way to say it is I am really incredibly privileged to lead ACL, to work alongside Edwin and Cynthia--

EDWIN WALKER: [Unintelligible]--

ALISON BARKOFF: You can't hear me. Okay.

CYNTHIA LACOUNTE: You have to get up here [unintelligible].

ALISON BARKOFF: Okay. I'll get up here. No problem.

CYNTHIA LACOUNTE: No slackers.

ALISON BARKOFF: And you're moving the slides, right? As Cynthia said, my name is Alison Barkoff, and the easy way to say it is just I'm privileged to lead ACL, to work alongside incredible career staff here, like Edwin, our Deputy Assistant Secretary, and Cynthia, who leads our Title VI Program, and many others that I see from ACL in the room here. So truly today I'm speaking on behalf of our entire agency.

And really greetings to everyone, to the tribal leaders, other representatives of tribes, and the Title VI grantees. I'm really excited to be doing this today, one of the first things actually when I got here and first spoke to Cynthia and really learned about the Title VI Program is we really did start talking about as we are-- when I was here, we had our ten year anniversary of being ACL and, you know, our-- we had become, you know, more formalized in the way that we work together across the entire agency.

We really started thinking it was time to have a formal policy. As Cynthia said, we've long worked under HHS's policy, and as you know, this administration has been incredibly committed. And just when we were at the Secretary's Tribal Advisory Council together, when was it, October, November-- no, when were we out--

CYNTHIA LACOUNTE: September.

ALISON BARKOFF: September, our secretary, in-person, signed a new HHS policy. And so we have been working on this for a while, a little bit of working on it and then seeing where HHS

would land so we can build our policy after that. As Cynthia mentioned, the relationship, the nation-to-nation relationship with the tribes has been a priority for this administration. And I'm privileged to be appointed by and work for President Biden. And he has put out several presidential memoranda really charging all of our-- us, as federal agencies, to respect and honor that relationship and put policies in place to reflect that and to engage in robust tribal consultations. So next slide.

Just because we're putting out a policy now does not mean that we didn't, of course, engage in robust tribal consultation with you all before. You know, we want to have both a formal policy and continue what we have long done, which is listening to you, creating opportunities. And particularly I really want to call out Cynthia and the team that works for her, and Teya that supports, we try to create so many opportunities for Title VI grantees to consult, both on big ways and in the small, day-to-day ways.

And again, I want to emphasize today is about a both/and, formal policy and we will continue those opportunities that I know that we value. The thing for me that I think is really something I'd like to emphasize, and when you hear from Edwin and Cynthia, for a long time, I think ACL has often seen because the one tribal-specific program we have is the Title VI Program, and in some ways, our consultation with you has been primarily about Title VI programs, and of course that will continue. And what I'm really excited about is that our- our consultation policy means that we will be engaging with you on the work that we do across all of ACL.

So, as Cynthia mentioned, in addition to our aging policies and portfolio, we have an entire disability set of programs. And actually, Rebecca, when we were out in New Mexico and Cynthia and I did an in-person meeting with Title VI directors, we invited folks from the disability community around New Mexico. And it was really great to actually do what we're putting in this policy, which is finding a way to hear from tribes about how we make sure our programs include tribes and what we're doing and really think about the needs of tribes in what we're doing even if we don't have a specific tribal program.

So that is the one way that I think you will start feeling this differently and hearing this differently and maybe those of you in the room are not the right people to be consulting with us on every single policy, so we're going to really be leaning in on you to help make sure we are reaching the right people in your tribes as we broaden the areas that we are engaging. Again, in a few minutes, our Deputy Assistant Secretary for Aging, Edwin Walker, is going to walk you in detail through the key provisions in the consultation policy.

Our draft policy, and hopefully all of y'all got it through the many ways we included a dear tribal leader letter that was sent to all federally recognized tribes formally by the Department of Health and Human Services Office of Intergovernmental and External Affairs, as well as our tribal contractor, Teya, who supports our Title VI services, also sent it out, and then we've passed around a copy of the policy for those of you here in person.

And when we had our last in person meeting in D.C. with the Secretary's Tribal Advisory Council, I also presented there an initial draft and let them know that we would be doing this formal consultation. And I really look forward to reporting back at our next STAC meeting, the Secretary's Tribal Advisory Council, about this consultation. So today is all about hearing from you.

We want to hear your feedback on the draft policy and specifically hearing about, you know, our processes for involving evaluation and notice and conducting a tribal consultation, so how do we make sure we are formally saying when we're going to consult, making sure we have processes to involve tribal official requests when you want to initiate consultation with us, so we'll talk about that, and then our processes for having listening sessions and tribal engagement more broadly. Next slide.

We want to know your preferences. This is really about putting in writing what works for all of us. What is going to be, to use Cynthia's word, meaningful to you and your colleagues in the tribes. So we want to know whether we should continue to hold consultations virtually or hybrid to make sure that they are accessible and that we are as inclusive as possible, or whether we should limit them to in-person attendance. And there are some agencies that do that. So we'll want your feedback on that.

We hope to hear from you any other questions or comments or suggestions that you might have regarding the Tribal Consultation Policy. And then, because we are putting this out in a formal way, you may also send us written comments and recommendations by February 23rd to our olderindians@acl.hhs.gov website.

So, again, I'm about to turn it over to Edwin, but just want to say this has been a long time coming. I really want to thank Cynthia. It was a promise that I- that I made to her when we were here together and really-- and she's watching-- and this is really, I think, an important milestone in our relationship with not just the Title VI grantees, but with the tribes in general. So with that, I'll turn it over to Edwin.

EDWIN WALKER: Good afternoon, everyone. It's so good to see you all. And next slide, Melissa. So my task for the day is to give you a quick overview of the draft policy. And I'm pleased to see that we have written-- have paper copies here in the room so that you can follow along. I'm going to go in the same order in which the draft is identified and outlined. And for those who are on virtually, we had sent it out, as Alison mentioned, so you should have that as well. So I'm just going to walk through these slides pretty quickly and then I'm going to come back to Cynthia, who will wrap it up.

And then we really, as Alison indicated, really want to hear from you. We are looking to get good comments on this policy so that we can. Finalize it and then truly engage in our formal tribal consultation on issues and things of concern, critical incidents, critical events, and issues. So, in terms of this, the goal of our policy is really to ensure that programs and policies are aligned with eliminating Health and Human Services disparities of Indians.

It's also to ensure access to services and making sure that they are maximized. It's to advance or enhance the social, physical, and mental health as well as the economic status of Indians, and it's to engage in open, continuous, and meaningful consultation. Next slide. The policy is-- it does not waive or in any way diminish any tribal governmental rights, any treaty rights, any sovereign immunities, or any jurisdiction.

It does not diminish any rights or protections under federal law, and it recognizes the right to self-govern. It recognizes the right to exercise inherent sovereign powers over members and over Indian territories, and it allows locally relevant and culturally appropriate approaches to issues. Next.

The principles for consultation are that it should be free, it should be open, it should be meaningful exchange of information and opinions, and it should be on an ongoing basis, and that's something we're really looking forward to. Both Cynthia and Alison mentioned how we've been in-- [audio cuts out]-- tribes all along, but now we'll do it in a formal way under the guidelines of consultation.

Also, the philosophy is that it should occur before any critical event that will significantly affect tribes, such as the implementation of statutory requirements or of regulations, of policy statements, of budgets, and other issues with substantial direct effects. As an example, you all know that we've put out the, for the first time in 36 years-- I'm losing count-- 38 years, something like that, the- the-- a Notice of Proposed Rulemaking on the Older Americans Act regulations.

And as you looked at that Notice of Proposed Rulemaking, you saw and we received comments on state and tribal coordination and a number of issues related to implementation of the Act as it has changed over time. And so we will be consulting with you all, with tribes, at the Title VI Conference in March because we're assuming we're going to have a final regulation by that point. And we will be consulting with you on how best to implement the regulation that comes out at that time. So, next slide.

The objectives are really to take what we've been doing, but to really formalize it, formalize this policy for consultation and to create incredible opportunities to raise issues and to consult with us. It's designed to establish or to improve our communication channels, to enhance partnerships, including the provision of technical assistance and providing access to our programs and resources. And lastly, it is designed to facilitate state and tribal relations as well. Okay.

In terms of who are the participants for consultation, from ACL's standpoint, it is certainly the Administrator and the Assistant Secretary, it's the deputies, it's the center directors in the agency, it's our Chief of Staff, it's Cynthia, the Director of the Office of American Indian and Alaska Native and Native Hawaiian Programs. It's our regional administrators, but it's also anyone else that we would designate.

With regard to tribes, the participants are tribal presidents, tribal chairs, tribal governors, any elected or appointed tribal leader, or anyone designated by the tribe to consult with us. And within the Administration for Community Living, we have two points of contact. The first would be Cynthia. And the second is our Chief of Staff, who currently is Rick Nicholls. Next slide.

The process we'll use for consultation is that a tribe may request or ACL may-- [audio cuts out]-- they should identify the program or the policy or the rule or statute that they want to discuss. I have an unstable Internet connection. Okay. We-- they should identify what the implication or the effect on the tribe would be and they should identify which tribe or tribes would potentially be affected by the policy, program, rule, or statute.

ACL then will indicate information about what topics are- are going to be discussed, the date, the time, the location of when we will discuss it, and explanation if we feel there are time constraints that won't allow us to get back in a certain amount of time. We will identify any deadline to submit written comments and we will identify the contact individual for any additional information if a tribe needs additional information about who to contact in the agency to get additional information on the issue. Next slide.

There-- the mechanism that is outlined in our draft policy, and, again, I would- I would restate that our policy mirrors the HHS policy. When ACL determines that consultation is required, then we would determine an appropriate level and an appropriate mechanism for conducting that consultation. And it's going to be based-- it will vary based on the complexity, the implications and the time constraints. And those mechanisms that we would use may include mailings, it may include teleconferences, it may include face-to-face meetings or roundtables.

It will also include opportunities at the HHS tribal budget and policy consultation sessions that they host or any other regular or special program-level session that we may hold. The action that we take with regard to consultation is, to the extent practicable and to the extent permitted by law, and I'll give you an example, we shall consult prior to developing a proposed policy change. And the example I'll use here is the development of regulations or the development of our budget process or the development of our budget.

We heard earlier in the-- in last year, a concern that-- with regard to the development of the regulation that we hadn't consulted with tribes and that we weren't consulting during the NPRM process. That is a process that is separately prescribed by a statute, and as a result, we are not able to consult on the policies at that point. But we will consult prior to issuing our thoughts with regards to a proposed rule. And, as I just indicated, we will consult on the implementation of any final rule.

Similarly with the budget process, we often hear about the need for additional resources. We take that under advisement, we can consult on those issues prior to us engaging in the development of the budget, but once we're in that process, we are not permitted to discuss the details of what we are considering. We will then consult after a budget has been passed on how we will implement the budget.

So when we think about consultation action, a summary impact statement, which is based on the input of the tribes, would be shared publicly and we would get that out within a reasonable amount of time after consultation has taken place. It will consist of a description and the extent of the consultation that we engaged in as well as a summary of the nature of the concerns, our position which supports the need to continue to issue that policy or the manner in which we're going to issue the policy, and the extent to which the concerns of tribes have been addressed.

Now consultation will occur via an array of communications, direct communications, and it actually occurs when ACL and tribal leaders or their designees meet or exchange written communications to discuss issues or concerns. That's a very broad category. It's not always a formal setting like this. It can be meetings that Cynthia will have with a specific tribe, that can be in the category of consultation. And so, we are-- again, today's purpose is to get comments on this policy.

And I would again state that this policy is based on the HHS policy and that is based on the presidential memoranda that the president has issued, as well as an executive order that goes back to 2020. The communication methods that are used or that we propose to be-- to use include correspondence of all types. As you see on the screen, it could be written, it could be electronic. It should identify the affected tribes. It should highlight the details of the critical event. It should talk about the manner and the time frame of any proposed impact or anticipated impact.

And it should-- also we would want to hear from tribes what the proposed alternative would be. In terms of meeting with tribes, we would try to convene within 60 days. We would have-- it could be a teleconference, it could be a webinar, or as mentioned before, it could be a face-to-face meeting. The official notice that we would send, we could- could be back to the tribes, could be by mail, it could be by broadcast email like we did with Teya, sending it out to our Title VI grantees, and with the Office of Intergovernmental and External Affairs, sending it out to all tribal leaders, or it could be very formal where we publish something in the Federal Register.

And what our timeline is, is that we would send that notice out 30 days prior to consultation so that folks would have adequate time to participate with us during the consultation. When-- with regard to the receipt of tribal comments, they can be in person, as we're doing today, or teleconference, video conference, as we're doing today, and comments can be submitted in writing. With written comments, the draft indicates that they can be sent up to 30 days after we host a consultation.

And as you saw in the dear tribal- tribal leader letter, we are receiving comments for this consultation through February 23rd. Okay. With regard to reporting the outcome of the consultation, we will develop a summary of the discussions and the recommendations and any responses we received. We will disseminate that summary throughout our American Indian Alaska Native web pages, and in this case it'll be Older Indians. And we will publish it in the Annual HHS Consultation Report, which comes out from the Office of the Intergovernmental and External Affairs.

With regard to state and tribal cooperation, we are really emphasizing the need to consult and to cooperate with one another. We believe that that will result only in enhanced services for some of our neediest populations. And if a tribe needs a waiver of some sort, we would give consideration and make a decision within 120 days. Okay. And now I'm going to turn it to Cynthia to wrap us up with the last few slides and then open it up for consultation.

CYNTHIA LACOUNTE: Thank you, sir. All right. As Edwin said, tribes have a number of methods that you can use to correspond with us and to contact us. Certainly we're used to receiving tribal resolutions. We receive tribal resolutions for grant authorization and for decisions on age of service. So certainly a tribal resolution is recognized and is the most formal method of- of direct correspondence with the federal agency.

Other official correspondence from the highest elected or appointed officials will also be given equal consideration. I may well receive, or Edwin may well receive a letter from a- a specific tribal leader asking us about the impact of, and whatever that is will also be received as consultation. And what do we do once we get it? This policy has very specific time frames. Once we receive a contact from a tribe, tribal leader, a resolution, a letter, we have to log that in within 15 days to show our receipt.

We will also need to identify which center within ACL is responsible for follow up. If it has to do with aging, it'll come to my office. If it has to do with SMP, SHIP, or MIPPA, it will likely go to Rebecca Kinney and that specific center. We have centers within our agency. There is also a process, an identified process for resolution of- of comments or contacts from tribal leaders, and there is a specific timeline, again, for resolution. Edwin mentioned we have to do-- we have 30 days to provide resolutions. We have specific times on all of these steps.

Go ahead, Melissa. I get to do the exciting one. Some of you have asked during this- this cluster training about if we have any advisory committees. And what we expect with this consultation policy that we are putting forth is, if budget allows, if funds allow, that we can form ad hoc groups or advisory groups, whatever the case may be, of tribal leaders or their designees to help us make-- or to help us respond and understand issues being raised by tribes. So we want to give you the very best answer and response from the very best center that we have within ACL.

To offer enhancements, that doesn't take the place of consultation, we have to have nation-to-nation discussions. And the work groups that we're kind of settling on because it makes sense within ACL is to have ad hoc groups that focus on aging issues and to have ad hoc groups that focus on disabilities issues. And again, depends on the budget. Supporting this consultation policy will be the equivalent of about five-- funding for about five of our small grants in Title VI programs.

So this is absolutely-- we're putting forth the policy, and at the same time, Alison is digging through her, as she says, her couch cushions to find us funding to pay for this consultation. Any other-- next slide. Okay. We also will be putting forward indicators to see-- for accountability on this consultation and on our policy and to see how effective this is. If we're truly meeting with tribes, if we're getting the- the participation from tribes and the communications that we want, and how we can rate ourselves in that consultation, if-- to make sure we're in compliance.

We will also have tribal consultation training annual, and that's both in-house and through our conference here or our-- wherever our Title VI conference is. So we are-- when I said in-house, we've got staff at ACL who aren't familiar with working with tribes because that's not their current role, so we have education to provide in-house as well as these meetings and learning from all of you.

And then, again, as I said, we're going to annually determine whether or not we've-- if we've done a good job, if we've adhered to our own policy and if we've had meaningful consultation with tribes, what those comments are, to make sure that we respond as we need to and to take those issues on to HHS or whatever federal agency that may be, as well as within our own agency.

Conflict resolution. We will probably not agree with everything tribes put forward. There may be some comments that come from tribes or some recommendations that come from tribes that are statute or our specific laws regulations don't allow us to change. So consultation-- meaningful consultation indicates a dialogue. So we need to have dialogue with tribes and we will come to common terms as we can.

This, as we've all been saying, this consultation policy is really exciting, I think, for tribes to have a formal communications and consultation process with us, but I think it's equally exciting for ACL to take the next step in- in working with tribes and in helping to solve issues at the tribal level. And again, we might not always agree. Edwin and I always agree on everything, but tribes- (chuckles) tribes and ACL might not always agree, but that's why we consult and we discuss and we work through these- these issues.

Some quick ideas that I can think of that will be-- come up in consultation. We expect issues that we faced in Title VI and you've all been aware of it for years, you know we're all broke. We don't have any money. You know that we have it every three years we get grant

applications from you and our old language says we have to adhere to very specific service areas determined by- by the Bureau of Indian Affairs and Congress. Our new regulations or our new methods, our new practice kind of takes us maybe in a different direction.

We also have a conflict, I believe, in our grant applications because originally we used BIA enrollment numbers. Then when tribes started responding more to census, we allowed census numbers. Which numbers do tribes want us to use? Which makes more sense in Indian Country to get us the highest numbers of people 60-and-over for participation? Those are the kinds of issues that I expect the tribal leaders will bring forward to us to explain some of what we've been doing and what some of our methods are.

So we look forward to those communications. I look very-- I look forward very much to tribal guidance in decision-making around aging programs in Title VI. I really look forward to having tribal-- formal tribal guidance in some of the decisions that I'm faced with making. So with that, again, we are accepting comments today and we will also be accepting written comments before close of business on February 23rd, close of business Eastern Time. And written comments can be sent to our Older Indians website, which is olderindians@acl.hhs.gov. And with that, I believe we can take the first comments, person-to-person comments, and I'm going to ask Melissa to take over with that process. Thank you.

MELISSA SZASZ: So we had people sign up previously to speak and currently on the pre-registration list we have Vice Chairwoman Loni on the line virtually that we can unmute your line if you're ready to speak. If there's anybody else on leadership that is also on the call that needs to speak or if you need to speak if you're virtual, please write it in the comment box that you would like to be unmuted so that we can put you in the correct order for speaking. And for those who are speaking and giving testimony, I believe we need to have permission. Cynthia, if you want to go over-- I don't want to say [unintelligible]--

CYNTHIA LACOUNTE: Yes, if you speak here today or you speak virtually, you present virtually without a written follow-up so that we have your words in writing from you, we will need your permission as you begin or end your testimony that we can record your testimony for the record. Thank you.

LONI GRENINGER: Great. Everyone, I know I am unmuted, but can you see me on camera as well?

CYNTHIA LACOUNTE: No.

MELISSA SZASZ: No, we cannot.

LONI GRENINGER: Oh, okay. So let me ask this question first. I saw that there were five questions that you were hoping to have feedback on today. Would it be better to go through those questions one at a time or for me to give all of my comments right now?

MELISSA SZASZ: They have said all of the comments, please.

LONI GRENINGER: Okay, great. And feel free, yes, please, to record. I will also be submitting written comments on behalf of the Jamestown S’Klallam Tribe. So [speaks Native language]. I’m Loni Grinnell-Greninger and I’m the Vice Chairwoman for the Jamestown S’Klallam Tribe. And I have quite a few comments to offer today. I’m really glad for this discussion, and my comments come from my experience of facilitating consultations, co-facilitating.

I am currently the Chair of the ACF, or the Administration for Children and Families, Tribal Advisory Committee under HHS. And then here in Washington State, I’m also the Chair of the Indian Policy Advisory Committee for the Department of Social and Health Services, which has aging services under their administration. And I’m also the Tribal Chair of the Governor’s Tribal Leaders Council on Social Services.

So, needless to say, I’ve been in many consultation circles, and so what I have to offer today is what I have seen work well. And I also have in here just things that I have seen ACL do in their consultations that I think should continue. So what I have to offer today is- is not to say that we’re doing a bad job, but rather that I have a heart to see consultation go well. And so I hope that what I offer today is considered deeply and hopefully supported by other tribal leaders and representatives here today.

So, with that, I’m going to start off with a couple of overall comments and then I’ll go through each question. The first of the overall comments is we need to keep consultation government to government, which I do see is in this policy. But the reason I bring this up is we are currently in consultation with Indian Health Service and we’re trying to talk about that the consultation question at hand is, what is the definition of Indian tribe? Should that include tribal organizations or not?

And so because IHS is under HHS and because I’m hearing comments today of we’re aligning with HHS consultation policies, I just want to make that clear that from Jamestown’s perspective, government-to-government relationships, that’s the consultation level. I would say that maybe in this policy we could add a confer section with tribal organizations, but it should also be made clear that tribal governments should have-- they can, they do-- let me say it this way, tribal governments have the authority in their sovereignty to delegate a tribal organization to represent them at consultations, if they see fit.

That’s Jamestown’s perspective. And I know that who is and is not allowed at the consultation table can be an emotional and passionate subject, so I mean no disrespect to anyone who may disagree with me. Let’s continue to have those conversations together as tribes and organizations. But that is the perspective that I come from today. And I see the authorities are listed in the draft consultation policy already. That’s great.

We’re talking about why ACL has the authority to call for consultations and I see that we have tribal governing authority through the United States Constitution. I see references to that, so that’s great. So all that to boil down to we can add-- we should probably add that tribes can delegate to tribal organizations if they see fit. That should be done in writing, and we should add a section on confer policy where you can still get information from the tribal organizations because tribal organizations are important.

They reach the populations that we can’t. You know, especially in urban areas for us here in Washington State. So I know that their input is important as well, but I do make that delineation between tribal government and tribal organization. The second overall comment,

Cynthia, I saw you wrote-- put in there that looks like ACL is able to do ad hoc advisory. I want more, frankly. I want a tribal advisory committee.

And I know that's been stated before, but there has been some-- I don't-- I'm not-- I think funding was probably the main barrier. You can confirm that. But I want a tribal advisory committee for ACL. I think it deserves one. We see tax and other administrations within HHS. I mean, like I said, I'm on the ACF TAC. HHS has a STAC. You know, SAMSA has a TAC. We need ACL to have a TAC as well. So, as a tribal leader, tell me what I can do to help out because I want to help move that forward.

Okay. So going into the five questions, the first being processes involving evaluation notice and conducting of tribal consultations. And I apologize for everyone listening because I am going to-- I- I will just say up front I'm going to be long-winded. (Chuckles) So I'll make sure to give these in writing for sure.

So for the question on evaluation, before I heard the opening comments this morning, I was going to ask you what does evaluate mean, is this as in we're evaluating whether an issue requires tribal consultation or not, but you clearly stated that if a tribe brings this forward, calls for consultation, you're not-- it sounded like to me you're not going to question it, which is where I would have come from.

If a tribe is calling for consultation, then it- then it likely-- it needs to happen. Could there be moments where a tribe brings something forward and it doesn't fall under consultation? Sure, but I've really never heard of that happening before. Usually tribes are pretty darn aware of what can and cannot be consulted on, so I would continue to have ACL lean toward don't question a tribe if they're bringing this forward.

Moving into notices, I saw in the consultation policy that you're going to give at least 30 days, I think it was. I would actually push for 60 days. Everyone is so busy. Elected leaders on both sides, appointed leaders on both sides, and I would probably maybe assume, and you can tell me if I'm wrong, but we all have such busy calendars, my assumption is that on the ACL side, the officials are probably looking at their calendar 60 to 90 days in advance as well and are setting those dates. So it would be fair to tribes if we could also have more than 30 days' notice and I would push for 60 days in the policy itself.

And then having those meeting or consultation materials also in advance. Like, for example, this PowerPoint today, that would have been good to have in advance at least two weeks maybe, maybe even a month ahead of time, so just in case we needed this reference material to help us with our comments today. I would also say on notifications that reminder emails and I did see some reminder emails about this, so thank you on that. Reminder emails to tribes at 30 days, 14 days, 7 days, that's really helpful.

I would also say continue to do calendar invites, which you did for this at least for me as a virtual participant. I received a calendar invite and I am grateful for that. I live and breathe by calendar invites and I'm sure other tribal leaders do as well. And then something that you already mentioned and I'm just confirming it, notices should be clear on the ask. So like you did today, I would continue to ask specific questions, put those in a list in the letter so that we can form our comments accordingly.

Going into conducting, so I do have a couple of comments here. So I- I am able to see in the room right now, so I'm going to talk about room setup for a moment. And I'm very sensitive to the nuance of the room. And when it comes to consultations, what we do here in

Washington State and what I push for in my ACF TAC is that the room should be in an open square table setup so that everyone is in the same authority.

I see right now there's more of like a classroom setting and that's-- that can-- to- to me, I don't want to accidentally put this environment of we sit before you or there's a division between us. When we have the open square, from the tribal perspective, it's everyone's at the same level, leadership to leadership. And if we're talking about government to government, I like making the environment, the physical environment reflect that also. So I'm- I'm very sensitive to that.

I would also say continue to allow hybrid options because not all tribes have resources to travel all the time. And with Biden's memorandums, they are great, but it's starting to overwhelm tribes with the number of consultations that are being asked for. And so we can't travel all the time. And me being one of them today, because I have things to do here at home, you know, we have losses, we have things we need to take care of, and so I would say continue to offer hybrid as an option.

I would say I've seen this happen before but continue to have a tribal co-chair to help facilitate and having a TAC or this ad hoc that can help but having a tribal leader co-chair for these consultations would be helpful. If there is a TAC, I'm going to say it in faith, there- there will be a TAC, right? (Chuckles) If we can help it. But once we get a TAC chair, we can also consult with them on the consultation agenda to make sure that it is culturally sound for all parties. I would say continue to avoid conflicting dates of national or regional meetings. You guys do a great job of that already.

If possible, always provide a meal in person. And I know that there are federal laws that make this very, very difficult, but sharing a meal together is really important. Another important aspect to the physical environment of partnership and government to government. So if the federal-- we need to-- we as tribes I know need to help push on federal law to help, you know, what can we do to help that along, but if that is not something that can be done immediately, then maybe there's a tribal organization or a tribe who can help us or a couple of tribes who can pitch in to help with meals so that we can have that important aspect of our relationship.

I would say I've seen this before, continue to start off in a good way. Asking a tribal elder or tribal leader to start us off in prayer or song or good words, that helps set the- the tone. I would say give brief overview of the issues to discuss. So today we were probably at about maybe 45-ish minutes. If we could keep it to a half hour at most that would be awesome because one of the things I heard Alison say today, and thank you for this, is this is about us having a conversation, having a dialogue, and so we want to give as much time to that as possible.

Going back to room setup, so for the virtual setup, this morning we have it set up as a webinar, and I wish I could be seen on the screen so that you could see my face through my, you know, through my non-vocal communications. You know, being able to see my face and my expressions and my movements as I'm talking, you know, there's so much communication, verbal and nonverbal, and so I want to be able to have that connection with you all in the room, especially when I'm not there.

Setting it up as a webinar too kind of creates this gatekeeping in a way where I have to be allowed to come in and speak. So if we could set it up as a regular Zoom rather than a

webinar so that anyone can raise their hand at any time, and then you don't have to do extra clicks to allow people in as panelists, that would be awesome. And then we can, you know, help manage ourselves on our own end trying to make sure that we keep ourselves muted when we're not speaking. But again, it's about that creating that space of dialogue and sometimes the webinar can cut that off a bit and I don't-- we don't want that.

So second question, processes involving tribal official requests to initiate. We have consultation records and training. I've covered this already and it sounds like ACL is in agreement, if a tribe calls for consultation, we're going to make it happen. Consultation records should include the main points of discussion, main points of decision, main points of action, and the next steps. I have had other HHS agencies ask me before are you wanting the entire transcript of a meeting? Please no.

As a tribal leader, I'm not-- I'm too busy to wade through an entire transcript, so if we could have just the summary main points, that would be amazing. Let's see what else here. When asking about training, I guess my clarifying question is training for who? And then so that would be the end of my comments on question two. Question three, the process for involving listening sessions and tribal engagement. Listening sessions are great. It needs to be clear that-- or what ACL will be doing with the information once you receive it. Are you going to sit on the information?

Are you going to take it back to your leadership? Is there any decision-makers that can make something happen in the moment of the listening session? So that would be, you know, listening sessions could be also held regionally, so that could be helpful. In Washington State, I wanted to offer this as a potential option. In Washington State, we do two round table meetings before consultation and that really is more of like work sessions. So we really dig into the issues at hand so that by the time you come to the consultation, really what you're doing is just quick review and then consensus.

So that's a great system for us. Wanted to offer that up here. Question four, preferences on whether ACL should continue to hold consultations virtually, hybrid, in-person only. I would say yes to hybrid options. Thank you very much for holding this one hybrid today. And then question five was any other comments/questions, and I've already offered those at the beginning. So thank you everyone for allowing me to be so long-winded. This is a passion of mine and I will follow up with written comments. Thank you so much.

CYNTHIA LACOUNTE: Thank you, Vice Chair, very much for your comments. We always look forward to you joining us. Go ahead, Melissa--

ALISON BARKOFF: And- and-- oh, and Cynthia just I want to add thank you both for big picture policy comments as well as incredibly specific comments on implementation, big and small manner, and that was really helpful. Thank you. We'll look forward to your written comments.

MELISSA SZASZ: We have an in-person speaker who needs to head to the airport soon and would like to be verbally heard. Loni Taylor is here. Let me give you the microphone.

LONI TAYLOR: [Speaks Native language] Loni Taylor [speaks Native language]. My name is Loni Taylor, Chippewa Cree Tribe out of Rocky Boy, Montana. I sit on our Tribal Council. And I've been wanting to meet you for a long time.

CYNTHIA LACOUNTE: Good to see you.

LONI TAYLOR: Lisa is my mom--

CYNTHIA LACOUNTE: [Unintelligible] okay--

LONI TAYLOR: Yeah, so my mom's our senior director back home. Sorry for kind of just coming in, but I was actually at NCAI, National Congress of American Indians, I sit on their executive committee now, so we were just talking the last day and a half about working together with all of these other entities, such as, obviously, seniors. I ditto all of what Vice Chair Loni out of Washington said for the most-- mostly what everything she said.

I will get with my business committee back home and we will send in our written comments on everything by the- by the deadline. So I just wanted to also state that I agree, but I don't agree with- with more committees. But I guess that's a work in progress at any level. So I just wanted to say that- that much, that we do care about seniors across the board, across the country. I wanted to be more present here.

It would have been nice to have more colleagues, but hopefully at the next gathering we could have more presence, leadership, tribal leadership from our end. I could speak for our- our side so but thank you. I apologize. I'm going to zoom in and listen in the rest of the meeting, but I do got to get to the airport. Thank you. Thank you all. Safe travels, everybody.

CYNTHIA LACOUNTE: Thank you so much.

LONI TAYLOR: Thank you. Good to meet you.

CYNTHIA LACOUNTE: Good to meet you as well. Thank you. Loni from Rocky Boy Chippewa Cree in Montana. Go ahead, Melissa.

MELISSA SZASZ: So next on our list, we do have Maureen, who is virtual, Maureen Kinley, Council member for Lummi Indians-- do we have her ready on virtual to put her on?

CYNTHIA LACOUNTE: The name again, please.

MAUREEN KINLEY: Maureen Kinley. Can you hear me okay?

CYNTHIA LACOUNTE: Yes.

MELISSA SZASZ: Yes.

MAUREEN KINLEY: I don't know how to turn my-- it's not giving me the option to turn on my camera so I'll just go ahead with my comments. Good morning, Maureen Kinley [speaks Native language]. My name is Maureen Kinley. My traditional name is [Native name]. I serve as council member to the Lummi Nation in Washington State and serve as Secretary of the American Indian Health Commission. Thank you for your presentation. Feel free to record and we will be submitting written testimony, our comments.

On behalf of the Lummi nomination, we thank you for hosting this consultation and your commitment to conducting regular, meaningful, and robust government-to-government consultation with tribes in accordance with Executive Order 13175. This process strengthens our nation-to-nation relationships. We appreciate the directive that the administration and all divisions and agencies make respects for our tribal sovereignty, self-governance, and- and through consultation, shows us your commitment towards fulfilling the federal trust and treaty responsibility to the tribal nations.

I would like to share our comments regarding the questions posed for this consultation, and like I said earlier, we will follow up with a letter. Lummi Nation would like to see more analytical reports back to us on a-- on any identified proposed actions or our requests. We also recommend the provision of timelines related to activities committed to the- to the agencies of the administration, especially on federal proposals before final implementation. We are concerned when consultation notices come to us with only days prior to the consultation event. We take consultation activities very seriously and it is important we have sufficient time to prepare.

Consultation is the formal process for meeting between our governments. Protocols are very important to us and it is important these are followed. This shows respect for our authorities and status as sovereign nations. Tribes are administratively, culturally, and traditionally very diverse. We request all agency and administration staff receive general training in the processes and protocols involved.

We value formally-- formality and a formal response when requesting consultation, since this gives respects to both our governments. In addition, consultations become part of the formalized record of the interactions between us and our part of our history, which is important for our future generations to show what we did on their behalf. We appreciate the opportunities to engage in consultation in person for face-to-face discussion. However, for many, this may not always be possible.

When Lummi Nation requests an individual formal consultation with an agency or administration, it is our- it is our preference representatives come to our homelands for a face-to-face meeting. We continue to support the option for virtual online tribal consultation when it involves all tribal nations. It would have been nice to see who's all on the call today. I can see the room and then the panelists and whoever speaks, but it would have been nice to know who's- who's all joined today.

Also I want to say that we support Vice Chairman Loni Greninger's request for ACL TAC. And that covers the questions. Again, I will follow up with written comments. Thank you for this opportunity to engage in consultation. And then everything that I talked about today, we will submit- submit it- submit it in writing. So thank you, again, for this time.

CYNTHIA LACOUNTE: Thank you very much, Maureen. We're very glad to get Lummi's comments.

MELISSA SZASZ: So next on the sign-up sheet we have James DeLaCruz in person. Are you planning to give comment today or did you want to submit written testimony? Both? Okay.

JAMES DELACRUZ: Edwin, Cynthia, [unintelligible] . . .

EDWIN WALKER: Alison. Alison.

JAMES DELACRUZ: . . . Alison, we're glad that you brought this forward opportunity for- for tribal governments. I've listened to the comments and I agree with them. I'm a member of the Quinault Indian Nation. I serve as the-- I'm the Vice Chairman of the National Indian Council on Aging, acting chairman. I agree with the comments that were put out today. One of the things over time and I'm wondering about the advisory board, on how that will be formed. Is it going to mirror Indian Health Service? I don't- I don't know the answer to that.

If the appointees would be by region for this, I believe that's how the Indian Health Service consultation process is. One of the challenges that I just faced as an individual working for- for tribal elders is I understand the advisory committee with Indian Health Service, but my thoughts are with Indian aging that I agree that it does need to be tribal leaders. But I also am concerned or wondering if there's an opportunity for the only national Indian aging organization to be part of this advisory board if it is put together.

We are not elected leaders that represent NIOA, but we are elected by regions. And so, in- in the past, I've- I've wanted to address National Indian Health Board, but because of their rules, I wasn't able to. Several tribal chairmen wanted me to, so they invited me in, and I was appreciative of that to address elder issues. But they're always not at the table with Indian Health Service and hopefully you'll consider that possibility of however that is formed that-- and I know this is tribal leaders, but our organization is interested and we're willing to put forth the efforts to be part of this.

I'm not here representing the Quinault Indian Nation, but I do know that the Quinault Indian Nation does have a consultation policy, and so, when I go back home, I will address our tribal council and we-- I want to ask them to review their tribal consultation policy and how it would work with this. And thank you for the opportunity.

CYNTHIA LACOUNTE: Thank you very much, Mr. DeLaCruz, and how the advisory committees are put together will be determined through consultation.

ALISON BARKOFF: Yes, and I'll just- I'll just add one thing. Thank you for the comments, and again, please put them in- in writing because there may be different perspectives as we've heard here, I do want to just emphasize with this policy the flexibility and really wanting your input on how to best structure this.

And I'll just say we use the word ad hoc groups versus a very formalized TAC, in part, we are in a room that is filled with lots of people with expertise on aging and the place where we are going in a very new place is having consultation across all of ACL's programs and it may be

that the people who are the right people to be the committee, working group, TAC, whatever word you want to use around our aging programs may be different than the disability part of our portfolio.

So, again, we really welcome your comments, but really want to make sure that we are doing what fits with the fact that we have really this diversity of programs. And I'll just say we also, as Cynthia mentioned, are working very hard to think about how do we get funding to support this, and I think we're trying to think of how to start with where we are and grow the formality.

So, again, really look forward to your comments. And, as Cynthia said, how we structure this, we really want to consult with you on. And we're consulting obviously at a Title VI Conference where people are thinking about Title VI, but again, I'd encourage you to look at ACL's website. We can share more information about all of our programs. We are really wanting to engage with the tribes on all of our programs and that is very different than maybe what you have experienced to date, so thank you.

MELISSA SZASZ: Okay. We have the next sign up for giving comment, Elizabeth Watanabe, who is virtual.

ELIZABETH WATANABE: Hi, good morning. Can you hear me okay?

MELISSA SZASZ: Yes.

ELIZABETH WATANABE: Okay. Thank you. Libby Watanabe, Health and Wellness Director with the Snoqualmie Indian Tribe in Washington State, as well as Alternate Delegate with the Northwest Portland Area Indian Health Board. I really want to thank all of the ACL team for the tribal consultation this morning. I think it's- it's wonderful to have the engagement and input by tribal leaders and really do appreciate that.

I want to give a shout out to Vice Chair Loni Greninger. Your recommendation has been followed through on. Now we can see each other. Yay. So thank you very much for being flexible with that. I really do appreciate that. I support the comments and suggestions made by Vice Chair Loni Greninger as well as all the other speakers. I think those are excellent suggestions and recommendations and I really appreciate the openness and willingness of ACL to not only receive those comments and suggestions, but to follow through on those.

And I just have two recommendations for the actual Tribal Consultation Policy itself. And you are welcome to record this section. I don't believe I'll have written comments, but again, my recommendations are fairly brief. They are on page four of the Tribal Consultation Policy under the Consultation Actions section, and I believe you have that on the slide deck as well. Thank you very much for being very thorough with the slide deck, and I look forward to receiving a copy of the slide deck so I can share that within the tribe.

My request is under the first paragraph under consultation action, where the second sentence ends with, within a reasonable time period, if that could be changed to be a specific period of time, whether it's 30 to 60 days or whatever is reasonable, I think that would be greatly appreciated because I think, as Vice Chair Loni mentioned, everybody's so busy we wear many hats within the tribes that we work within.

We attend many different consultations, and having a specific time frame would be excellent to make that change there as well as the second paragraph, where it does list on the fifth line, a reasonable time period, again, change that to 30 to 60 days or a specific time frame that's reasonable just so that the action is measurable and there is a time frame expected for the consultation action. Those are the only comments I have. Thank you very much. I really appreciate the time and attention to hearing the input from different tribes. Have a great day.

MELISSA SZASZ: Are there any other participants that want to make comment, either virtually or in person? Vice Chairman Loni, did you want to unmute yourself?

LONI GRENINGER: Yeah.

MELISSA SZASZ: I believe you are now promoted as a panelist to be able to share your video, if that's what you were intending.

[People talking over each other]

LONI GRENINGER: Thank you so much for being quick on this one for us. So this is good. Good to see everyone. So I wanted to respond to Mr. DeLaCruz's comments on NICOA. I forgot about NICOA and I want to get more involved in that, but brought up a good point, I think NICOA would fall under that confer policy.

I think that NICOA could also, if-- when we get a TAC, (chuckles) they can hold a member-- a national member at large position. I've- I've seen that happen before where organizations' representatives would hold a TAC spot like that. So I just wanted to put that out there. I put it in the chat, but I wanted to verbally say it as well and I will make sure to add that to my notes to support organizations like NICOA. Thank you.

CYNTHIA LACOUNTE: Thank you, Vice Chair.

MELISSA SZASZ: Is there anyone else, virtually or in person, that would like to give comment? Seeing none in person, anyone virtually you can raise your hand or chat, and we can unmute you and also show your video if you would like. [Pause] We have someone in person that would like to give comment, if you can say your name as well and use the microphone so we can make sure we have the recording.

ALICE GENNETTE: Thank you. My name is Alice Gennette. And I was just kind of looking through this ad hoc consultation policy, and it refers to addendums, publications, sections of different policies, and if you could just maybe post those in the policy if you refer to them. And that was about all that I noticed. Thank you.

CYNTHIA LACOUNTE: Thank you, Alice, and we'll make sure to make that information available on Older Indians as well so that it's clear.

GARRETT LANKFORD: Good afternoon. My name is Garrett Lankford. I'm a member of the Little Shell Tribe of Chippewa Indians based in Montana. I also work for the National Indian Health Board. I have a question about during the presentation there was a slide and it's written in the consultation policy and I hope we can have some clarification from that. There was a section-- oh, why isn't it in front of me-- about consultation occurs when, right?

And in the policy, you know, it kind of-- and through the description that I'm understanding and I want to get clarification on this, is it ACL's intent that, you know, any exchange of an email or any exchange of verbal written communication would be considered as consultation? If that's even just a, hey, I need clarification, or that . . .

EDWIN WALKER: No, it is not any, but we are saying that it could include something as-- something like an email. It could be as-- it depends on the issue. It depends on whether or not it's an issue that's going to have a substantial effect on a particular trial.

GARRETT LANKFORD: Okay. Thank you.

CYNTHIA LACOUNTE: Thank you.

MELISSA SZASZ: Are there any more in-person or virtual participants that would like to provide comment? Please raise your hand if you're virtual and we can unmute your line.

CYNTHIA LACOUNTE: And remember, virtually and those of you here, that you have until February 23rd to submit written comments. So if you go home and talk with your tribal leadership or your elders, or you have to think about other particular concerns, please raise them to us in written. Anyone else?

MELISSA SZASZ: We have someone who would like to speak in person.

CYNTHIA LACOUNTE: Miss Victoria Wells.

VICTORIA WELLS: Good afternoon. I'm Victoria Wells from Little River Band of Ottawa Indians in Manistee. I had kind of a question regarding the ad hoc. It says that they do not take place of tribal council. Where-- there we are. They do not take the place of, basically, essentially our tribal leadership, but in the role of where someone like me who runs the program, who knows the ins and outs, but our tribal leadership will not give a designee status or anything, they just tell us to come and speak and that's it, would this be a chance to have our voices heard? Because otherwise we don't have a way to fill in for our tribal government or anything, and nor do they care to be a part of this.

EDWIN WALKER: Yeah. The purpose of the ad hoc is for us to get expert information to dive deeply into an issue, to make sure that we're understanding it well. It- it enhances our knowledge and understanding of the issues that may have an impact. It is not a-- it is not intended to be done in lieu of consultation. It's designed to be on top of, in addition to, so that

we can engage in effective consultation on a particular matter of substantial or significant concern to a tribe.

VICTORIA WELLS: Thank you.

EDWIN WALKER: Mm-hmm.

MELISSA SZASZ: Is there anyone else, virtually or in person, who would like to provide comment? Again, if you are virtual, you can raise your hands and we'll unmute your line. [Pause] We have an in-person participant who would like to give comment. Just one second.

ELAINA SEEP: Elaina Seep, Aniwahya Consulting and also with the National Resource Center for Native American Aging. I just wanted to make a comment as others have about the ad hoc and the need for a dedicated advisory to ACL AOA. It's no secret, the data is very clear that Native people have higher rates of disability than any other population in the country and yet there is no tribal advisory to ACL where those activities are happening.

A lot of aging programs are supplying support to people with disabilities sideways because they're not getting support, federal or otherwise, to include people with disabilities, not just elders, but of all ages. So the fact that there is not a dedicated advisory at ACL is really kind of shameful. So we're definitely underserving tribal members when it comes to disability and not just aging.

So having a dedicated TAC and not splitting those issues up because they overlap, so to have ad hoc groups that one is disability, one is aging, one is housing, that's not a way to get something accomplished as it is to have a dedicated group of experts within those different areas to collaborate and coordinate, which is really the definition of person-centered care and collaboration. So that's my comment. Thank you.

CYNTHIA LACOUNTE: Thank you very much, Mrs. Seep. That's very helpful. And a very interesting perspective. Anyone else?

MELISSA SZASZ: Anyone virtual, you can raise your hand and we will unmute your line or we have someone in person who would like to give comment.

CYNTHIA LACOUNTE: Polly.

POLLY CHASE: Okay, this is Polly Chase. I work with the Mandan, Hidatsa, and Arikara Nation in North Dakota. And I am also in support, I agree with Elaina on the ad hoc advisory boards. I believe that you need-- they need to establish one specifically for the needs of Native Americans, the first people of this nation. We need to forget-- we could say we want our nation back, too, but we've shared it so long that-- (chuckles) but anyway, that's beside the point. But I think that we need that dedicated one for ACL and Title VI programs.

Our-- the tribe I work with, we provide at least 700 home-delivered congregate meals per day. That's-- and I'm sure other Native American nations provide more than that. But that's per day on average. And those meals are essential, especially for elders who are frail, living with

chronic diseases, disabled, or live home-- at home alone. And the home-delivery meals were especially vital during the COVID pandemic times, where our staff was essentially working each and every day during COVID.

And so, I believe that there needs to be more money across the board, everyone serving Native communities, that there is a need for that. And we talked about it here in our- in our sessions this week that we advocate, we just said that much of our percentage during the day is advocacy. And I believe that there needs to be something in place for advocacy, a position that we need just to advocate the needs of our Native people, whether it's staying warm in the winter, whether it's getting equipment because they became disabled, and things like that besides housing needs, I think, I believe that needs to be in place.

These-- the services, there is evidence in decrease of long-term care needs because of what Title VI does. We need to keep our people home longer and there needs to be support for these. So, and I believe that, as federal programs are funded to the states, the states need to share some of that money for the services that we provide. We shouldn't fight for it. We should be given those services equally. And let's see-- and I believe that's what I have to say today, but I will also provide written comment.

CYNTHIA LACOUNTE: Thank you, Polly.

MELISSA SZASZ: Is there anyone, virtually or in person, that would like to provide a comment? If you're virtual, please raise your hand and we'll unmute your line. I think I saw a hand in person.

GARRETT LANKFORD: Good afternoon. This is Garrett again. I wondered do y'all have a timeline for revision? And I know you mentioned that you want to have the ACL Consultation Policy finalized by the March aging conference. Is that correct? Yeah. I'm seeing a yes from Cynthia. Is there a timeline of if there's going to be an additional conversation or consultation on revisions? If there's going to be, you know, other work groups or how-- both a question of how is revision going to happen and then timeline for that and if there's opportunity for additional conversations between tribes, tribal leaders, and the ACL.

EDWIN WALKER: We have not yet established a specific timeline for the finalization of this Tribal Consultation Policy. We wanted to see what type of comments we received today, plus we are waiting to see the comments that are-- that would be submitted in writing by February 23rd. Then we'll be able to make a decision about how quickly we could finalize the policy. With regard to the Title VI Conference in March, what we are hoping to do is to implement the, hopefully, a final rule on the Older Americans Act. And so, in the context of tribal consultation, we were talking about how we would go about discussing implementation of that rule.

GARRET LANKFORD: My mistake. Thank you.

CYNTHIA LACOUNTE: Thank you, Garrett.

MELISSA SZASZ: Is there anyone else in person or virtual that would like to provide comment? You can raise your hand both in person and virtually. We have someone in person.

ALVINA THOMAS: Hello, I'm Alvina Thomas from the Shoshone Peyote Tribes. I would like to make a comment to have funding for the ACL in Title VI. I would like to see more funding for the 574 tribes in the United States making the Indian Americans as a priority because we are the first Americans. Our people are-- our elders are our treasures. They are our history. Once they pass on, we lose our history. They have fought for our land, so we must fight for them to be treated with the respect and the dignity that they deserve.

Their wishes are to be home for their final days. We wish to respect their wishes and we do not have enough funds to fulfill their wishes to be home. I would like to see more funding for our elders and our administration. I would like to see our tribes get funded for all of our elders that are enrolled in a federally recognized tribe and elders who are in our service area. Elders are valued as our protectors, mentors, teachers, keepers of wisdom, and intergenerational transmitters of cultural knowledge.

I would like to see funding for each tribe to have assisted living centers in our communities so that elders can feel at peace and can continue to have their traditions with our own people who can take care of them. We are the advocates for our elders and I just ask to see the change in funding. Thank you.

CYNTHIA LACOUNTE: Thank you, Alvina.

ALISON BARKOFF: Thank you. And just on budget, I want to share, again, that is the type of thing that, when explained, that, you know, through a consultation policy, it's really important for us to hear about your needs. I will share that we have worked very hard, at least in this administration, to ask for increased funding. It's- it's never enough what ends up in the president's budget, but we can only make recommendations.

The president puts forward his budget, and unfortunately, at least in the three years I've been here, Congress has given some small increases, which we will fight to keep but has not taken the president's recommendations. So that is something we talk about at the- at the STAC a lot, which is we can do one thing which is put forward a budget, but it is ultimately Congress that sets that and we absolutely are your advocates on pushing for the huge importance of these programs and the huge unmet need. So thank you for your comments.

CYNTHIA LACOUNTE: Thank you, Alison.

MELISSA SZASZ: Anyone in person or virtually that would like to give comment? Laura, do we have someone virtually who would like to speak?

ALISON BARKOFF: If there's no other comments, I just really want to thank you all on behalf of the ACL team. And we have a lot of people who have worked really, really hard listening to you to get this policy down on paper. I really want to thank Edwin. I want to thank Cynthia and her team. I want to thank Krissy, who is not even with ACL anymore but helped us put together this

policy. That's how long we've been working on it. We were, of course, waiting, as we mentioned, for HHS to finalize their policy.

Our-- within ACL, we have our office of-- our Center for Policy and Evaluation, and that is where our lawyers are, and we worked very closely with them, with HHS's Office of Intergovernmental and External Affairs. So I really want you to know how much we heard you, how much energy we have put into this. We are really trying, as I said at the beginning, to do both/and, to keep the things and I really appreciated the comments that many of you had of keep doing so many of the things you're doing, we like that very iterative informal engagement and we are very happy as we heard from you today to have more formality.

We are trying to recognize the realities of the budget and the staff that we have. I wish we could expand Cynthia's team by many fold and so that is some of why you are seeing what's in here, which is we want to get started. We want to find a way to start. We are not IHS or ACF in terms of the resources that we have, but we-- I wish we were.

CYNTHIA LACOUNTE: --the ACF.

ALISON BARKOFF: I did. I said we are not, we are not--

CYNTHIA LACOUNTE: Oh, I thought you said we are ACF--

ALISON BARKOFF: We do not have the resources of ACF or IHS. And so, again, we'd really welcome your comments as we structure this on how do we do this and get started and not have to wait for an appropriation from Congress to set up something big and formal. And so, for those of you who, you know, had comments about our concept of let's start with work groups or task forces on specific things, we really welcome your input on how we can do what you are looking to do within the resources that we have.

So thank you so much for your comments today. We really look forward to your comments in writing by February 23rd. I think one comment we heard, and I know Cynthia and the Teya team are great about that, is you will get a reminder, I am sure, probably many, of how to submit comments and when they are due. And- and really this is our shared policy. This is our government-to-government relationship and really, really appreciate your feedback. And just today has been really impactful. Thank you. It's been a privilege to be here.

CYNTHIA LACOUNTE: Thank you, person occupying the job of the special-- [audio cuts out]--

EDWIN WALKER: (Chuckling)

CYNTHIA LACOUNTE: I appreciate your comments and your commitment to tribes. Edwin, did you have any final words?

EDWIN WALKER: No.

CYNTHIA LACOUNTE: No? Edwin is good. We did it. (Chuckles) We did it. Congratulations, everyone. And Teya, if you would put, I'm not sure how we do this formally, Hannah and

Garrett, but if you would put a notice on our Zoom, whatever that the consultation has ended and comments are due until-- yep, that's okay-- until--

ALISON BARKOFF: February 23rd.

MELISSA SZASZ: Yes, we will make that note.

CYNTHIA LACOUNTE: Okay.

ALISON BARKOFF: Thank you.