

IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING
August 5th, 2008
EXECUTIVE SUMMARY

Members in attendance:	Tribe Represented	Region Represented
Mr. Peter Masten, Jr.	Hoopa Valley Tribe	Northern
Mr. Duane Sherman,	Hoopa Valley Tribe	Northern
Mr. John D. Green,	Elk Valley Rancheria,	Northern
Ms. Rachel Joseph,	Lone Pine Reservation	East Central
Ms. Jacquie Davis-Van Huss,	North Fork Ranch.,	East Central
Mr. Joseph Saulque,	Toiyabe Indian Health	East Central
Mr. Reno Franklin,	Stewarts Point	West Central
Ms. Crista M. Ray,	Middletown Rancheria	West Central
Mr. Robert H. Smith,	Pala Tribe BLM	Southern
Ms. Diana L. Chihuahua,	Torres Martinez Res.	Southern
Ms. Rosemary Nelson,	Unaffiliated Representative	

IHS staff in attendance:

Ms. Margo Kerrigan,	Director, California Area IHS
Dr. David Sprenger,	Chief Medical Officer (CMO)
Mr. Dennis Heffington,	ISDA Program Manager
Mr. Ed Fluette,	Associate Director, OEHE
Ms. Jeanne L. Taylor,	Human Resources Specialist, CAIHS

The California Area Tribal Advisory Committee (CATAC) meeting began on Tuesday, August 5th, at the Silver Legacy Hotel in Reno, Nevada. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, Indian Health Service (IHS) staff, and guests.

Ms. Kerrigan, California Area Director, IHS, welcomed everyone, facilitated group introductions, and reviewed the planned agendas (See at end of this summary).

IHS Director's Three Initiatives - Dr. David Sprenger, CMO, reviewed and discussed the attached description of the 2006 California Area Indian Health Service (CAIHS) initiated efforts to improve the integration of Indian Health Service Director's

Three Initiatives; Behavioral Health, Health Promotion/Disease Prevention and Chronic Care.

An integration strategic plan was completed during the fourth quarter of 2007. The plan aims to counter health conditions and chronic diseases that are related to lifestyle challenges, and foster physical, spiritual and mental wellness through healthier lifestyles that leads to reduced health disparities in current and future generations of California Indian people. It strives to be community focused, patient centered, multidisciplinary and includes defined objectives. The plan includes focus on four GPRA measures, which characterize the integration of behavioral health, chronic disease and health promotion/disease prevention and will provide a means of evaluating the progress of this integration. These measures demonstrate clinical services and community initiatives that support overall health and wellness.

Following is the attachment providing a status of progress on these initiatives, ***CALIFORNIA AREA DIRECTOR'S INTEGRATION STRATEGIC PLAN, FY FISCAL YEAR 2008 UPDATES.***

<http://www.ihs.gov/FacilitiesServices/AreaOffices/California/UpLoadedFiles/AgendaMinutes/CAIHS2008initiativesupdate.pdf> (PDF 48KB)

Behavioral Health Advisory Committee (BHAC) - Ms. Rachel Joseph was appointed as the primary tribal representative from the California Area and Mr. Manual Hamilton, Vice-Chairman, Ramona Band of Mission Indians, will hopefully serve as the alternate tribal representative. Ms. Joseph reviewed the vision for the IHS Behavioral Health mission as an integrated health and wellness system encompassing all aspects of mental, physical, social, and spiritual needs of American Indian and Alaska Native individuals, families, and communities. The major goals include the development and promotion of behavioral health standards and credentials, integration of behavioral health with the structure of health services, availability of skilled, culturally competent workforce, securing reimbursement for behavioral health services, and the sustenance of interagency partnerships to support behavioral health.

Representatives from this new workgroup will direct the Behavioral Health Initiative, which focuses on preventing suicide, reducing methamphetamine abuse, protecting families from violence, and improving data quality and relate tribal

concerns about mental health, alcohol and substance abuse issues.

Youth Regional Treatment Center - Mr. Gary Ball, Architect, and Mr. Richard Wermers P.E., Director of Health Facilities Engineering, provided a status report and historical perspective of the YRTC efforts in the California Area Office. See the following attached "YRTC Looking for Land August 2008 Reno" for the powerpoint presentation.

<http://www.ihs.gov/FacilitiesServices/AreaOffices/California/UploadedFiles/AgendaMinutes/August08YRTCUpdate-ALT.ppt> (PPT 12MB, **LARGE** File)

There has been much difficulty in identifying land for the YRTC sites. The CATAC all agreed that the California tribes need to be involved in the identification of land for the planned California Area YRTCs.

After lunch the CATAC met at the **Nevada Skies YRTC for an "Orientation to California Tribes"**, 104 Big Bend Ranch Road Wadsworth, Nevada. This orientation and tour of the facility with a question and answer session for the CATAC members was provided by the staff of the facility and Mr. Reuben Howard, Director.

See agenda at the end of this summary.

Emerging Issues - The next California Area Tribal Advisory Committee meeting is planned for southern California. Information on next meeting will be provided at a later date.

AGENDA
IHS/CAO Tribal Advisory Committee Meeting

August 5th, 2008

Tuesday, August 5th

09:00 AM Welcome Margo Kerrigan

09:14 AM IHS Director's Three Initiatives Dave Sprenger

09:45 AM Behavioral Health Advisory Committee
Rachel Joseph

10:15 AM YRTC Status Rick Wermers

11:30 AM - 01:00 PM Break for Lunch and
Travel to Pyramid Lake YRTC

01:00 PM Pyramid Lake YRTC

04:00 PM Adjourn

Nevada Skies Orientation to California Tribes

104 Big Bend Ranch Road
Wadsworth, Nevada

AGENDA

August 5, 2008

12:00 P.M.

- I. Introductions
- II. Review of Desert Visions and Nevada Skies
Organizational Chart
 - A. Budget and Staffing
 - B. Construction Documents
 - C. Third-Party Reimbursements
- III. Review High Profile Policies and Procedures
 - A. Admissions
 - B. Behavioral Management System
 - C. Emergencies
 - D. Hold
 - E. Continuing Stay
 - F. ASAM Criteria
 - G. Medication Management
- IV. Review Quality Management Process
- V. Review Treatment Schedule
- VI. Governing Body Role and Responsibilities