

INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE  
TRIBAL ADVISORY COMMITTEE MEETING

June 9-10, 2015

Approved September 9, 2015.

Yes: 9

No: 0

Abstain: 0

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## EXECUTIVE SUMMARY

### CATAC Members:

Mr. John Green	Absent
Mr. Peter Masten Jr.	Present
Mr. Stacy Dixon	Present
Mr. John Glazier	Present
Ms. Gaylene Hunter	Absent
Ms. Glenda Nelson	Absent
Mr. Gerald Howard (A)	Present
Ms. Maryann McGovran (A)	Present
Mr. Silver Galletto	Present
Ms. Debra Ramirez	Absent
Ms. Crista Ray	Present
Ms. Loretta Harjo (A)	Present
Mr. Chris Devers	Present
Ms. Teresa Sanchez	Present
Ms. Diana Chihuahua	Present
Ms. Lisa Elgin	Absent
Mr. Scott Black	Absent
Ms. Beverly Miller	Present

### Region Represented:

Northern
Northern
Northern
East Central
East Central
East Central
East Central
East Central
West Central
West Central
West Central
West Central
West Central
Southern
Southern
Southern
NIHB
Urban
IHS

All are primary representatives unless otherwise indicated-Alternate (A)

### *IHS Staff in Attendance:*

Dr. Charles Magruder	Chief Medical Officer
Mr. Ed Fluette	Associate Director, Office of Environmental Health and Engineering
Dr. Steve Riggio	Associate Director, Office of Public Health
Ms. Jeanne Smith	Acting Human Resources Director, Western Region
Mr. Travis Coleman	Acting Indian Self-Determination Program Manager
Mr. Mark Espinosa	Health System Administrator

The California Area Tribal Advisory Committee (CATAC) meeting began at 9:00AM on June 9 in the Huntington Room at the John E. Moss Federal Building, 650 Capitol Mall, Sacramento, California 95814. In addition to the tribal officials listed above, the meeting was attended by additional Indian Health Service (IHS) staff.

Mr. Chris Devers, Tribal Representative, Pauma Band of Mission Indians, provided the invocation. Following the invocation, Mr. Travis Coleman, CAO Acting Indian Self-Determination Program Manager, conducted roll call and determined that a quorum had been established.

Mr. Devers asked about using tribal identification cards to enter the federal building. Ms. Beverly Miller, California Area IHS Acting Director, asked if the identification cards have successfully been used to enter other federal buildings, and Mr. Devers said they have. Mr. Edwin Fluette, Associate Director, CAO Office of Environmental Health and Engineering, agreed to follow-up on this.

Ms. Miller welcomed members of the CATAC and tribal guests. She welcomed the new members and explained that many CATAC members sit on national workgroups. Those workgroups have been working on formula distributions and different policies for the agencies. They make recommendations to the Acting IHS Director Robert McSwain. She said the role of the CATAC is extremely important, especially to the California Area Office (CAO). She then reviewed the meeting agenda.

Ms. Miller said she sent out an announcement that Dr. Roubideaux is leaving the IHS at the end of June. Mr. Robert McSwain will continue as the Acting Director for the IHS.

Ms. Miller discussed Generation Indigenous, which is a national youth initiative. There will be a national youth gathering in Washington D.C. President Barack Obama and First Lady Michelle Obama went to Standing Rock Indian Reservation and met with the youth there. As a result, they have decided to promote leadership among Native American youth. President Obama wants to involve them in discussion in different departments of the government, to hear what the kids think about different topics in their communities and in general. Ms. Miller saw a list of youth involved and there were some from California tribes. Round Valley Indian Health is sending four youth, for example. IHS must support these youth while they are in Washington D.C. because there is no reimbursement provided to them.

Ms. Stacy Dixon, Chairman of the Susanville Indian Rancheria, said they are sending five of their youth to the youth conference in Washington D.C. The youth were required to undergo background checks because they will have the opportunity to tour the White House. One of their youth sent in an application late and was initially denied, but is ultimately able to attend. Ms. Miller explained that applications were approved/denied as submitted. Ms. Teresa Sanchez, Tribal Representative, Morongo Band of Mission Indians, added that youth from Torres-Martinez will also be attending. Mr. Dixon said their secretary will be there too, to lobby Congressional representatives during this time.

Ms. Miller suggested that the youth summit may affect the budget. She also thinks there will be other opportunities and activities for Native youth in FY 2016.

The CAO is offering positions to interns, but the application period ends today. There are openings at the CAO in Sacramento and at the field offices. Ms. Miller advised the group to urge youth ages 16-24 to apply for the positions. This is a great opportunity to involve the youth and show them the functions of the IHS. Ms. Jeanne Smith, Acting Human Resources Director, Western Region, said the jobs are posted on USAJOBS. The application is online and involves uploading a resume. In addition, youth must show proof that they are enrolled in school; this can be accomplished by uploading a transcript

or acceptance letter from the school. No other documents are required. Although the application period ends today, it can be extended as needed. Right now, over 200 applications have been received for positions in California, Alaska, Portland, Idaho, and Oregon. If youth still want to apply after today, let Jeanne know so she can extend the deadline for applications. Mr. Devers asked how the announcement was distributed and Mr. Coleman said it was e-mailed to tribal chairs and healthcare program directors two weeks ago. Ms. Rosemary Nelson, TLDC primary representative, asked if room and board is provided for these kids and Ms. Miller said no. This would be the responsibility of the tribe or the youth's parents. Mr. Dixon asked about the starting pay and Ms. Smith explained that the youth start as a GS-1. This grade level is meant for high school kids and is equal to minimum wage. The highest pay grade available to them is a GS-4, which is approximately \$15-16 per hour.

Mr. Edwin Fluette explained that, in California, recruitment has focused on the associated field office. In other words, they are recruiting for local interns so they do not have to find room and board. For at least three of the five field office locations, the CAO is confident they will recruit someone local.

Mr. Devers asked about the status of the Area Director position and Ms. Miller said it is still outstanding and will take some time. Mr. Dixon asked how many applicants there were, but Ms. Miller said she does not have that information because IHS Headquarters did the hiring for that position. She suggested he ask Acting IHS Director Robert McSwain.

## **Review Executive Summary – March 23, 2015/March 26, 2015**

The group reviewed the executive summary. Mr. Coleman noted that this includes the proposed name for the northern YRTC – Sacred Oaks Healing Center. Once approved, the executive summary will be sent to IHS Headquarters with other paperwork supporting the name. Mr. Peter Masten, Jr., Tribal Representative, Hoopa Valley Tribe, motioned to approve the executive summary and Ms. Diana Chihuahua, Tribal Representative, Torres-Martinez, seconded the motion. All nine CATAC members present approved the executive summary; no CATAC members abstained from the vote.

## **Review HHS Tribal Consultation Policy, IHS Tribal Consultation Policy, California Area Tribal Consultation Policy, CATAC Circular, and Workgroups Circular**

All were provided the policies and circulars on a flash drive.

Ms. Miller explained that the Department of Health & Human Services (HHS) Region IX hosted a tribal consultation one week after the CAO's Annual Tribal Consultation. Ms. Melissa Stafford Jones is the new Director of HHS Region IX. Mr. Herb Schulz left the department to work for a private business in Los Angeles.

Mr. Devers said tribal officials have been engaging in this consultation process for years, and it seems to have become somewhat lax. For example, IHS has identified conversations with staff at our facilities as tribal consultation. There needs to be clarity on the intent of Government-to-Government consultation. He said this was expressed at the meeting several years ago. Tribal Leaders expect a decision-maker from the agencies to attend so decisions can be made, but they generally send their staff. Tribal Leaders take time to go to these meetings so agency leads should do the same. A true consultation requires follow-up.

Chairman Dixon also questioned the outcome of these discussions. The California Tribes expressed comments as a group and expect feedback.

Mr. Coleman agreed and said that he requested the same thing when he was a Tribal Leader.

Ms. Dominica Valencia, Alternate Tribal Leaders Diabetes Committee Representative, also agreed and explained that former California Governor Arnold Schwarzenegger always sent his staff to the consultations. The Tribes would feel the consultations were just meant to pacify them. They were not aware of follow-up.

Chairman Dixon asked if anyone is working with HHS Region IX on updates, to report back to Tribal Leaders. Ms. Miller said she will be meeting with Ms. Jones in the next three weeks and will discuss this then.

Mr. Coleman then explained that the new CATAC members must complete documents that state that they are representative of their Tribe. In the past, some have claimed to be the Tribal Representative, but were not granted that right by their Tribe.

Ms. Maryann McGovran, Chairperson of the North Fork Rancheria, asked why there are two different consultation policies. Mr. Coleman explained that the CAO is currently trying to consolidate the circulars. There is a draft consolidated version on the flash drives. The last circular was approved in 2002. Ms. Miller said she would like closure on this. Chairperson McGovran asked if this group is responsible for approving the circular. Mr. Coleman explained that this group will edit the circular and then it will be provided to the Tribes for comment. Once feedback is incorporated from the tribes, this group will approve it. Ms. Miller asked all CATAC members to review the combined circular prior to the next CATAC meeting in early September.

Mr. Devers said his Tribal Chairman already reviewed this, but Mr. Coleman said this is a new version.

Mr. Masten said several minor changes were identified when the group previously reviewed these, but Ms. Miller confirmed that minor changes would not have to be reviewed by Tribal Leaders. Ms. Miller hopes the combined circular will be simple to understand for new CATAC members.

Ms. Chihuahua asked for clarification on the timeline for this and Ms. Miller reiterated that the CATAC will review this twice. She hopes to finalize this by the end of the calendar year. After the CATAC reviews this by September, the CAO will distribute it to the tribes for comment. Then, the group will reconvene and review the revised version. The circular will go into effect after that.

Mr. Masten asked about the barriers when combining these three circulars. Travis said there are no barriers, but it was previously created piecemeal. Ms. Nelson asked if this must be posted for a certain period of time and Ms. Miller said it does not because it is an Area circular.

Mr. Silver Galletto, Vice Chairman of the Cloverdale Rancheria, reviewed his notes of previous meetings and confirmed that the group tabled the discussion in 2014. Ms. Miller added that this has been discussed several times in CATAC meetings. She wants to finalize it so it can be provided to new CATAC members.

Mr. Fluette said this policy is only for federal consultations. The state has a separate policy. Mr. Galletto then asked about the circumstances in which the circular would apply instead of the HHS or IHS consultation policies. Ms. Miller said the circular applies to CATAC meetings, for example. Mr. Devers further explained that the circular will describe how the CATAC interacts with the Tribes. For example, the consent of tribal leaders is required for any decisions proposed by the CATAC.

Ms. Miller provided another example related to the budget. When funding is provided to the Area, the CAO may be instructed to conduct tribal consultation regarding distribution of those funds. At that point, the circular would apply. This situation would not otherwise be addressed in the HHS or IHS consultation policy.

ACTION:

All CATAC members will review the combined circular.

## **Urban Conferring Policy**

All were provided the policy on a flash drive. Ms. Miller explained that the policy was reviewed through tribal consultation and then went into effect in 2013. The policy states that IHS must confer with urban Indian organizations, just as they would with tribes. Furthermore, a national meeting with urban Indian organizations just occurred in May in Salt Lake City. Acting IHS Director Robert McSwain met with the national urban programs and conferred with them on applicable issues. There is significant overlap

between the issues of tribal programs and the issues of urban Indian healthcare programs. For example, all are concerned with the Resource & Patient Management System (RPMS) and Meaningful Use. The conferring policy also applies to the CAO since there are urban Indian organizations in California. In March, the California urban Indian healthcare programs requested a conferring session with the CAO. As a result, the CAO held a conferring session with them in conjunction with the 2015 Annual Tribal Consultation.

Ms. Miller also mentioned that Scott Black, Executive Director, American Indian Health & Services (Santa Barbara), is the urban representative on the CATAC, but he was unable to make this meeting.

Mr. Devers said he does not agree with the urban conferring policy because it considers urban Indian organizations as equals to tribal, sovereign governments. Federally recognized tribes deserve respect. He believes this again shows that consultation policies have become lax. He thinks there is another way to acknowledge urban Indian organizations without diminishing the Government-to-Government relationships with the tribes. Ms. Miller responded that the separate urban conferring policy was established because the tribal consultation policy is only meant for federally-recognized tribes, but Mr. Devers said this should be clarified. Ms. Nelson agreed and said that the tribes should be the voice for the Indians served at urban Indian healthcare programs. Urban Indian healthcare programs serve Indians from other Areas, and their tribes are advocating for them.

Ms. Chihuahua explained that some Indians must move to urban areas in order to survive. She also noted that there has always been an urban representative on the CATAC. The former urban representative was Mr. Dave Rambeau, former Executive Director of United American Indian Involvement, Inc. in Los Angeles. She believes all Indians should have a voice regardless of where they live. Mr. Devers further explained that the location of the tribal members are irrelevant. All federally recognized tribes already have a voice.

Mr. Masten Jr. commented that several Indian organizations were formed in the early 1970's and they were provided funding as representatives of tribes. This funding, however, never came to the tribes. Eventually, Public Law 638 was established. He said this is not the same situation, but is similar.

Ms. Miller acknowledged the group's thoughtful comments, but further explained that the urban Indian healthcare programs have a separate budget line item within the IHS budget. At the national budget formulation, they received support to increase the urban budget line item to \$10 million in the FY 2017 budget.

Ms. Valencia added that the Tribal Leaders Diabetes Committee also includes an urban representative. She believes that if they are given representation at that level, they should have it at every level.



Mr. Coleman reiterated that the urban conferring policy does not mention a Government-to-Government relationship. In addition, the policy specifically states that the organization be both urban and Indian.

Mr. Devers asked about the CATAC's role with this conferring policy. Ms. Miller said the policy would only apply when discussing critical events or issues that specifically affect the urban Indian healthcare programs.

Chairman Dixon commented that every tribe in the 12 regions have an equal share of the budget. California has nine of the 35 urban Indian healthcare programs in the nation. In addition, Ms. Nelson noted that 60% of those served at California urban Indian healthcare programs are from outside of the Area. This means that California is supporting the other regions.

Chairman Dixon asked about the active user population of urban Indian healthcare programs in California. Ms. Miller thinks the user population is approximately 8,000, but may be closer to 10,000. She explained that these urban programs are treating unaffiliated Indians.

## **Initiating a Tribal Consultation Concerning Buy-Back Agreements/Full Cost Recovery**

All were provided a sample Buy-Back Agreement on a flash drive. Mr. Coleman explained that Title V programs have one funding table which includes Program, Base, Area, Headquarters, and OEHE funding on one table. Title I programs are requesting all of their money in the beginning instead of allowing the CAO to retain portions for the electronic health record (EHR), VistA Imaging, and/or the Telecommunications System. Title I programs want the CAO to bill them for these services at the end of the year. Mr. Coleman said this will be sent out to tribal leaders within the next month and a half, to request more feedback.

Ms. Miller further explained that the programs have been doing an advanced buyback. For example, programs with an MOA for a Public Health Service Commissioned Officer housed at their facility sign an agreement wherein the CAO takes their estimated salary off of the top. At the end of the year, the CAO calculates the actual cost. As a result, either the CAO will owe the tribe money or the tribe will owe the CAO some money. The CAO does not try to make money off of these MOA agreements or buyback agreements. Rather, the intent is to allow the tribes the opportunity to purchase otherwise expensive equipment. Several tribes are able to benefit from that one piece of equipment. This is considered an advanced buyback. Chapa De Indian Health Program has initiated this request wherein the CAO would pay them their full amount and allow them to make payments. The agency, however, has the right to full cost recovery and would need to bill the programs for administrative costs associated with this. The CAO has never employed a Billing Clerk, but would need to in order to bill the programs in this manner. The programs that participate in this would be required to pay that salary. Ms. Sanchez

asked why the programs want to do this and Ms. Miller explained that the accumulated interest is beneficial in other Areas. The Alaska Area Office, for example, has several MOA agreements with the hospitals and clinics in their Area, totaling millions of dollars. The interest on these millions is worth it to them. In California, however, the agreements are not significant. The additional administrative fee does not make sense for California healthcare programs. Mr. Coleman further explained that the Billing Clerk would be a GS-6, which would cost the healthcare programs approximately \$130,000. This cost, along with a fee up to 25% would be divided among all healthcare programs that want to participate in this process.

Ms. Miller mentioned that the YRTCs will house a Billing Clerk, but they will be paid with staffing dollars specific to the YRTCs. Those individuals will not be billing for these MOA agreements or these buybacks.

Mr. Devers acknowledged the authority for this facility to request these funds and asked how many want this throughout the state. Mr. Coleman said several programs are interested in pursuing this.

Mr. Devers is concerned that the tribal leaders are not informed enough about this topic in order to provide adequate feedback. He believes the IHS should educate tribal leaders on this. Mr. Coleman said this will be explained via conference call, but Mr. Devers said this should be explained in person. Mr. Galleto added that a face-to-face meeting will be especially important for those programs that will be affected. Mr. Devers wants to make sure it is clear to those programs that they will have to pay for this.

Mr. Galleto asked if this would be optional, and Ms. Miller confirmed that not all programs would be required to participate.

Mr. Masten Jr. asked if everyone would be required to pay for the administrative costs, and Ms. Miller said no.

Mr. Devers questioned the authority of the IHS to bill for the administrative costs. If IHS does not have the mechanism to bill the program, then they shouldn't bill the programs. Ms. Miller explained that the agency has the right to full cost recovery. The CAO has no other reason to employ a Billing clerk and this would be an entirely new function for the Area.

Mr. Coleman said the interested programs are adamant changing this process. They want all of their funds up-front. Mr. Devers thinks these programs should be allowed to pay for this.

Ms. Nelson asked if it is possible the healthcare programs will not have the money when billed by the CAO. Mr. Coleman explained that this is mentioned in the agreement. Ms. Miller added that the agency has the authority to withhold a couple months of advance salary in case the programs do not make the payments on time.

## **Review evaluation summary from the 2015 Annual Tribal Consultation**

The group reviewed the evaluation summary from the 2015 Annual Tribal Consultation.

Chairman Dixon does not want any breaks added to the agenda. Instead, he suggests that the moderators notify the group that breaks should be taken at the discretion of each attendee. He agreed with the other recommendations, especially that all videos should be tested in advance.

Ms. Nelson asked if the facility's electrical equipment caused the technical difficulties. Mr. Coleman explained that the CAO IT staff tested the videos the night before, but the equipment re-set over night. Ms. Miller added that the CAO IT staff were unable access the facility in advance. Regardless, she apologized for the disruption. She thought the digital story was powerful. She said it was unfortunate that the technical difficulties set the tone for the rest of the meeting.

Mr. Galleto said voting information should be clarified and distributed in advance so all are aware when voting will occur.

Mr. Devers said the individuals from IHS Headquarters or Rockville/Washington D.C. should attend in person, just as the tribal leaders are expected to attend in person. The agency and department officials claim to be busy, but the tribal leaders are also busy. Acting IHS Director Robert McSwain should ensure these officials commit to attending in person and not just via telephone. There is risk of technical difficulties with videos; important presentations should be in person.

Mr. Coleman explained that the Annual Tribal Consultation will be held in southern California next year. Ms. Valencia suggested having the Consultation in Santa Ynez. She said there are three hotels in the Area and several shuttles that travel from the hotels to the casino. Others suggested having the Consultation in Morongo, Agua Caliente/Palm Springs, Barona/San Diego Area, or Rincon/Valley Center. Ms. Nelson asked that the CAO consider access to an airport.

The group recessed for lunch at 11:45am and reconvened at 1:00pm.

## **Youth Regional Treatment Centers (YRTCs) North and South Facilities Updates**

CDR Paul Frazier, Director, Division of Health Facilities Engineering, presented an update on the southern youth regional treatment center (YRTC). He mentioned that Mr. Robert Secret is the Project Manager and is located at the Escondido District Office. He is there primarily to support the southern YRTC – Desert Sage Youth Wellness Center – for day-to-day activities.

The facility is scheduled for completion in December 2015. Officially, the contractor has not been granted any time extensions. There is, however, unofficial talk of a two-week extension. That will need to be approved by Dallas. The majority of the contract should be complete in October or November, at which point the budget will almost reach the total amount of the project.

Chairman Dixon asked about the increase in the amount for the current construction contract. CDR Frazier said the original design did not include fire suppressor sprinklers in the cultural building. In addition, the well was original to be drilled to 200-250 feet, but was ultimately drilled to 1,200 in order to access sufficient water. That was not something the contractor could have anticipated.

Ms. Nelson asked if there are commercial wells in that area, and CDR Frazier said he is not aware of any. Most of the nearby wells are residential and shallow.

Ms. Nelson mentioned the drought and asked if the CAO is planning for this. CDR Frazier said yes. He also said they reached 50 gallons per minute at 1,200 feet, which is more than adequate. The change order for the well was \$65,000 for 1,000 feet of additional drilling.

CDR Frazier explained that the CAO requested a proposal for an Equipment Coordinator from Blackbird. This individual would select, identify, and procure equipment that is not inherently attached to building as a part of construction. This includes choosing tables, cabinets, chairs, office equipment, fabric color, fabric texture, and those types of issues. They will develop a list of specific equipment for the CAO to procure. Once the CAO procures the equipment, the Equipment Coordinator will be onsite and assist with the installation. The Equipment Coordinator will not assist with IT equipment; the CAO will do that.

Ms. Nelson asked if this equipment would be used short term, and CDR Frazier said no.

Mr. Michael Garcia, Vice Chairman of the Ewiiapaayp Band, asked about the insulated concrete forms (ICF). CDR Frazier said they are made from a foam-like material that is connected with rebar.

Mr. Devers asked if water system would be pneumatic or a storage system with a pump. CDR Frazier said there will be a storage tank with a pump that will also feed the fire sprinkler system. The system will be on the ground and will not be elevated.

Mr. Masten Jr. asked about the electricity and CDR Frazier said it will come from Best Road. Cox Construction is working with the local electrical company as well as Verizon. All underground utilities on the property are already in place, but they are still working on getting power in from the road. The CAO will purchase the main infrastructure shortly, but this does not include personal laptops.

Mr. Gary Ball, CAO Staff Architect, presented an update on the northern YRTC. There are raptors on the northern property and one has been identified as an endangered species. The construction schedule for the northern facility may need to be adjusted so it does not interfere with fledgling season. In addition, Yolo County is claiming the land to be farmland and they have a zero tolerance policy on removing farmland. The Environmental Assessment is being contracted out of Dallas. They hired the same company who completed the assessment for the southern property. The assessment will include evaluating the flood plain because a small portion of the land is within the 100 year flood plain. This will need to be addressed in the design and the soil will need to be reengineered and brought up to the 12 inch flood plain. This will align with the driveway and parking.

Ms. Nelson asked about how long the land has been federally entitled. Mr. Ball said it was an independent ranch in 1959 and farmed for feed grass.

Mr. Masten Jr. asked if the flooding in that area has to do with the type of farming conducted there and Mr. Ball said that may be true. He thinks a large part of the flooding is due to the irrigation being full of weeds.

Mr. Devers asked about cultural archaeological impact for the northern property. He said the tribes were unable to negotiate with Dallas to have a Native American monitor for the southern property. The northern tribal leaders must push this with Dallas. In the south, one of the staff was designated as the monitor, and this did not please the southern tribal leaders.

CDR Frazier mentioned that designated southern tribal members participated in the planning/design process of the southern facility. The CAO is encouraging northern tribal designees to participate in the planning/design of the northern facility. That would be the opportune time to discuss incorporating an onsite monitor on the tribes' behalf.

Mr. Devers asked about when that process will begin for the northern group. Mr. Ball said the current budget includes funding for design and construction for the northern YRTC. Dallas wants the design started and that funding obligated by the end of this fiscal year. This will depend on the Environmental Assessment process. If the assessment only takes 60 days, the project will be in a good position. Also, Dallas can make the decision to start design before the assessment is complete.

Mr. Devers asked if the Environmental Assessment will have an impact on the design and Mr. Ball said that is not likely. Instead, the assessment will have an impact on the schedule for construction. CDR Frazier said there may be some issues, such as the flood plain issue, but those can be incorporated into the design before construction.

Mr. Devers expressed concern about accessing the site from Road 31. Mr. Ball said there will be a driveway similar to the one in the south. A traffic study was completed for the northern property. The CAO discussed reduced speeds around the facility because it is a school, but the discussion will need to be revisited with Yolo County.

Ms. Nelson asked if there will be a turn lane, and Mr. Ball said nothing of the sort is required at this point. There may be an adjustment with the speed limit, but they are not yet considering a turn lane or traffic signal.

## **Sustainability Funds**

CDR Frazier mentioned that IHS Headquarters is offering sustainability funds, which may be used for water conservation efforts. LT Shane Deckert will be managing the proposals and providing technical assistance. Mr. Rick Wermers is managing this at IHS Headquarters and is aware the issues in California.

Mr. Devers asked if this funding is for health facilities, and CDR Frazier said yes. He is not aware of any limit on the funds, but there needs to be an evaluation of the facility and a return on investment analysis. CDR Frazier advised the group to have their health programs contact the CAO to assist with this.

## **Introduction to the YRTC Coordinator**

Ms. Miller introduced Mr. Mark Espinosa who was hired as the YRTC Administrator/Director, effective May 3, 2015. All were provided Mr. Espinosa's short biography on a flash drive.

Ms. Miller explained that while construction is moving along, the CAO must consider the operational part of the YRTC. She said Mr. Espinosa has the expertise and is a joy to work with.

Mr. Espinosa said he is from California and spent his summers at D-Q University. Nine of his 12 siblings abuse alcohol/substances. He wants to give back to the community and help as much as he can.

Mr. Espinosa said CAO staff are visiting other YRTCs to observe how they operate. The CAO is also focused on procuring furniture and other equipment. The equipment budget and IT budget are merged. Mr. Espinosa is also starting to work on policies and procedures, such as for human resources, operations, how residents must behave, and tying this into accreditation. The CAO must also start to research contracts and bids for laundry service, janitorial service, food, fuel, transportation, plumbing, and facilities. The YRTC operations will be different than clinic operations because the YRTC will be operating for 24 hours a day. For this reason, the CAO must consider contingencies for if the electricity goes out, for example.

Mr. Espinosa said the CAO has a staffing plan and will fill approximately 70 positions for each facility. This involves creating job descriptions, selecting candidates, and determining a start date for each position. Determining the timeline will be tricky, in

order to ensure staff are not sitting around with nothing to do. The CAO has identified the following staff as initial hires:

- Clinical Director – involved in therapeutic decisions
- RN Lead Nurse – involved in quality assurance
- Administrative Director – reporting directly to Mr. Espinosa
- Lead Resident Assistant
- Intake/Aftercare Lead

All of these individuals will also be trainers and involved in the hiring of their staff. It is important that the staff are trained to provide a positive atmosphere for the youth so that the facility does not feel like a prison.

Mr. Espinosa mentioned the educational component of the YRTC. He met with the Office of Education in Riverside County and discussed the items that will need to be planned for in advance, including classroom size considerations and computers, for example.

Mr. Espinosa mentioned aftercare as a huge component of the YRTC discussion. He is worried about what will happen to the youth once they leave the facility. There will need to be follow-up. It is not suitable to treat the youth for 3 months and then never see them again. The CAO is trying to establish an aftercare model. One option is to utilize telemedicine wherein the youth could speak with a therapist once they return home. The CAO will depend on advice and suggestions from the tribes regarding this.

Ms. Valencia agreed that aftercare is important. Her tribe is small and they spend thousands of dollars to send youth to these facilities, but when they return, they are vulnerable again. Sometimes these youth end up in emergency rooms or the facility again. She hopes the tribes can provide aftercare. She does not want to depend on IHS all of the time. She believes that when the youth come back to their reservations, it is the responsibility of the tribes to ensure they are taken care of. Family members will be in denial and will not want to admit they are doing something wrong. Mr. Espinosa said it will be important to work with families. The YRTC will provide tools to encourage pride/self-worth, but when the youth go home, that will be tough. Ms. Valencia said the family must be incorporated into treatment because the whole family will be affected. Mr. Espinosa mentioned the family pods at the YRTC. Ms. Sanchez agreed that the family pods are a good start.

Mr. Masten Jr. mentioned that the Indian Health Care Improvement Act includes funding for behavioral health and defines in some degree how it might be used. This may be used to develop a statewide system for aftercare.

Mr. Devers said certain types of treatment have worked and there are several success stories in Indian country. They show that recovery is possible. These youth must be presented with tools and accept the fact that they were out of control. They can attend Alcoholics Anonymous meetings, for example. The youth may need to alienate themselves from their former group of friends. He thinks developing an aftercare

program may be a waste of money. Instead, the YRTC should focus on providing tools to the youth while they are in the facility.

Mr. Espinosa said hiring the right staff will be important. The staff should be Native and enjoy working with kids. Maybe people who have recover from alcohol/substance abuse and can show the kids that recovery is possible. Many people have already expressed interest in working at the southern YRTC, despite its isolated location.

Ms. Dawn Phillips, CAO Behavioral Health Consultant, added that all California healthcare programs have the capability of providing psychiatry visits/counseling via televideo. UC Davis, for example, provides psychiatric services to several healthcare programs.

Ms. Nelson asked if IHS has the ability to purchase supplies in bulk in order to limit the cost. Ms. Miller said some items may be purchased through the General Services Administration (GSA) at a government rate. Although some items may be cheaper outside of GSA, it is more difficult to purchase because the IHS must advertise the list for 30-60 days depending on the dollar amount, for example.

Ms. Miller said that, at the last meeting, the CATAC determined that the southern tribes would look at artwork for the southern facility and then the northern tribes would look at the artwork for the northern facility. She will obtain a list of dimensions and then provide that to the tribes so they can determine how they want to proceed with the artwork. For example, the tribes may allocate one room per tribe. Ms. Miller said she expects the southern tribes to establish a committee for this. There is a small budget for this as well. Although the government does not have much money for this, it will be important that the youth feel the facility is culturally appropriate.

Mr. Espinosa mentioned that the YRTC will have a soft opening, and will not initially accept 32 kids.

Mr. Devers asked about the interview process and the make-up of the interview committee. Ms. Miller said the committee will primarily consist of CAO staff and the YRTC department leads. Mr. Devers asked if the southern tribes will be able to provide input on the hiring of the key positions and Ms. Miller said she will give some thought to that. Mr. Devers said he is not interested in sitting on that committee, but thinks there may be some healthcare program directors that may be able to provide some valuable input, since they are already in the field and will be sending their youth.

## **Update on California Indian Health Care Issues**

Judge Cynthia Gomez, California Governor Jerry Brown's Tribal Advisor, thanked the group for inviting her to the meeting.



Judge Gomez presented an update on the U.S. Department of Veterans Affairs (VA). She advised the group to contact her if they would like the VA to visit their reservation. The Veterans Affairs Indian Health Reimbursement Project provides 100% reimbursement for services provided to veterans. Some tribes commented that the paperwork was cumbersome. As a result, a technical assistance program was established. Twelve clinics have already signed agreements with the VA program and three more are in discussions. The CalVet tribal liaison is Mirtha Villarreal-Younger. Tribes may email her directly at [mirtha.villareal@calvet.ca.gov](mailto:mirtha.villareal@calvet.ca.gov). The tribes asked Judge Gomez to send a letter to the federal government to consider reimbursing services provided to non-Native veterans served at tribal and urban Indian healthcare programs. That letter was sent on May 5, 2015.

Mr. Devers explained that the reimbursement process requires veterans to go to the VA to be screened. The VA has the final determination regarding which medical services they will approve or deny. Judge Gomez said she does not know the process for this, but said Ms. Younger can provide that information. Dr. Charles Magruder, CAO Chief Medical Officer, clarified that veterans that signed up with the VA already have a defined set of procedures/benefits that are eligible to them. The VA has a complicated system that involves tiers of services for which veterans are eligible. Clinics will not be reimbursed for services they provide to veterans that are not eligible. Some veterans are only eligible for a narrow amount of services. Chairperson McGovran commented that in addition to the process to which veterans must adhere, clinic providers must also have a pre-established agreement with the VA in order to be reimbursement. This requires a VA MOU between the health clinic and the VA. It is the responsibility of the veteran to be screened with the VA. Judge Gomez commented that California clinics see a high number of veterans and have had difficulty being reimbursed for Medi-Cal. Mr. Devers said it is important for the California healthcare programs to understand this process, more so than the veterans. The veterans go straight to their clinic – whether or not the clinic will be reimbursed for the services. Judge Gomez agreed and said the healthcare programs are serving these veterans regardless and should pursue these avenues for reimbursement.

Judge Gomez advised the group to take advantage of the opportunities provided by the Brown administration. Governor Brown issued an executive order directing his staff to consult with tribes. The previous administration did not seek tribal consultation. As a result of that executive order, the Office of the Tribal Advisor asked all agencies and departments to develop a consultation policy.

Judge Gomez mentioned that the mental health department is initiating a pilot project totaling \$60 million. The program will include tribes. She met with the mental health department staff several times over the past year to look at the complexity of the tribes and determine how much tribes would receive. The program will be competitive and a good share of the funding will go towards tribal competitors. Ms. Phillips asked if the CAO is included on the listserv to be informed of this mental health program. Judge Gomez said the program is still being developed, but information will be sent to IHS as soon as it is available. The information will also be sent directly to the tribes. Ms.

McGovran asked if the pilot project is for California only and Judge Gomez confirmed this.

Judge Gomez mentioned the California First Responders Network, which is a board designated by Governor Brown. There is a federal law requiring the nation to connect infrastructure whenever there is a national disaster. The states have the option of developing their own infrastructure and California has decided to do that. There will be a statewide consultation on this and tribes are invited. Judge Gomez will send out that information. Judge Gomez has asked fire chiefs, police chiefs, and others that first respond to issues to advise her office.

Judge Gomez describe Assembly Bill 941, which provides for regulation and licensure of clinics and is defined within the Department of Public Health. Under existing law, specific types of clinics are exempted from licensing. There was a law last year that exempted tribal healthcare providers. This bill would include clinics that are conducted, maintained, or operated by a federally recognized tribe.

Judge Gomez mentioned the Tax Allocation Credit Community pilot project, which sets aside \$1 million for housing. Two tribes will be funded this year. The program has been revised based on tribal consultation. Mr. Galleto asked for further clarification on this. Judge Gomez said money has been set aside for investors who are willing to put their money towards developing housing in different parts of the state. This particular program did not specifically include tribes, although it did not specifically exclude tribes. When Judge Gomez's office asked about funding for tribes, \$1 million was specifically set aside for Indian housing.

Judge Gomez commented that the transportation bill will be eligible for reauthorization next year. She has asked the transportation department to state their support for tribes on state letterhead. For example, in the past Caltrans has stated, "We support Indian tribes getting their transportation needs met." This shows that the state is working with tribes on transportation issues.

Judge Gomez provided an update on the Franchise Tax Board Consultation. Those tribal members that live on their reservation and receive income from a source within the reservation, are exempt from state taxes. The source of income need not be tribally-operated, but it must be located on the reservation. Any tribal member that has income from another source, but lives on the reservation has four years to petition for this. Judge Gomez requested a change to the webpage. As a result, tribal members can now identify claims relating to tribal lands, and the claims will skip the quasi-judicial process. Mr. Devers asked about spouses that reside on a tribe or work for the tribe, since they are not currently receiving benefits. Judge Gomez said they must still pay taxes as if they live in town. The law says you must live on your own reservation. New legislation will be required to change this. This type of legislation was passed in Washington.

Judge Gomez reported on tribal consultation regarding the drought. She said IHS has been the most responsive federal agency regarding the drought. Most of California gets

their water supply from the mountains, but the water is not cold enough. This is causing trouble for the fish species. The Office of the Tribal Advisor has been hosting monthly tribal consultation calls. She encourages all interested to review the meeting agendas and attend when applicable. The next consultations are on June 17 and July 15. All of the information for these calls is on the webpage. As a result of Proposition 1, tribes are eligible for state funding for water conservation. There will be some regulations on how that funding will be dispersed, but it will specifically include tribes. Mr. Devers asked if there will be tribal representatives on the committee that decides to where that funding goes. Judge Gomez said the committee has not yet been established.

Judge Gomez reported that some tribes discovered illegal marijuana growing on their reservation. Tribal members were even shot at it some instances. Furthermore, IHS could not go to some of the reservations to install water storage tanks because due to safety concerns. There were international cartels growing marijuana on some reservations. Seventeen agencies partnered to redirect some funding for the eradication of marijuana on the Yurok and Tule River reservations. As soon as the illegal piping system and pesticides were removed, full streams of water came back immediately. Judge Gomez advised tribes to contact Jeff Moore if they are having similar issues with marijuana farming. State funding has been set aside to serve tribal communities.

Judge Gomez announced that they finally printed a tribal directory. The Bureau of Indian Affairs provided all of the mapping and the tribes provided all of the information. All tribes were contacted and all information was authorized by the tribes. The Office of the Tribal Advisory was given enough funding to print one for every tribe. In addition, the directories can be ordered through the webpage. There are also two different styles – one is bound like a book and the other is bound like a binder.

Judge Gomez mentioned that her office invites college-level interns. Six interns from UC Davis created the director, for example. There is no funding for the interns, but they may benefit from the experience and addition to their resumes. Interns may also work remotely. At the end of the internship, all are provided a letter thanking them for their service. The letter is helpful for use with college applications.

Judge Gomez announce that the Native American Heritage Commission is hiring approximately eight positions. Three of the positions will be temporary for one year and five of the positions will be hired as permanent employees. All applicants must follow the state process. State regulations do not allow her to use Indian preference.

Mr. Devers asked about the Covered California group. He recalls adding a Native American Advisory Committee to the group, but has not heard from them in approximately one year. The California Rural Indian Health Board, Inc. was funded for this at one point. Some questions were offered at the Annual Tribal Consultation in March, also. Judge Gomez asked Mr. Devers to send her an email articulating his concerns regarding Covered California.

**The committee recessed at 3:15pm.**

**The committee reconvened on June 10, 2015 at 9:30am.**

## **Review California Representatives to National IHS and HHS Workgroup listing**

All were provided a listing of California representatives to national IHS and HHS workgroups.

Mr. Devers asked if the workgroup representatives are to attend all CATAC meetings and Mr. Coleman said yes. Primary and alternate workgroup members should attend these CATAC meetings. Mr. Devers thinks there is some confusion about this since some workgroup representatives are not CATAC members. Mr. Coleman said he sends the CATAC meeting invitations to all workgroup representatives.

Ms. Miller said the CAO is not notified about upcoming workgroup meetings. She requested that the representatives notify the CAO if they want a federal representative to attend with them.

Mr. Masten Jr. said he identified a technical representative, as requested, when he was appointed to the FAAB, but he is unsure if Ms. Margo Kerrigan, former CAO Director, submitted that name. A letter to the tribes was supposed to go out regarding the appointment of technical representatives, but he never saw it.

Ms. Nelson said she consults with Ms. Monica Giotta, Diabetes Contractor, and Ms. Helen Maldonado, Diabetes Consultant. She informs Ms. Maldonado whenever she goes to a meeting. Recently, she requested Ms. Maldonado's presence in Washington D.C., and she did attend with her.

Ms. Miller reiterated that the California representatives should contact the CAO for all upcoming workgroup meetings. In Ms. Miller's experience, tribal leaders were asked to sit at the table and the federal representatives were asked to sit towards the back of the room. The tribal representatives can, however, request that the federal representatives sit with them at the table.

Mr. Jess Montoya, Chief Executive Officer, Riverside/San Bernardino County Indian Health, Inc., asked if Ms. Miller can request from Acting IHS Director Robert McSwain to be notified of all workgroup meetings. He asked if the CAO needs a letter from the representatives and/or tribes for this. Ms. Miller said no letter is necessary. Mr. Devers said notifying the CAO is especially critical since IHS is covering the travel costs for tribal representatives.

## **California Representatives to National IHS and HHS Workgroup Reports**

### ***CMS Tribal-Technical Advisory Group (TTAG)***

Representatives: Dr. Mark LeBeau (not present) and Mr. Inder Wadhwa (not present)

No representatives present.

### ***Contract Support Cost Workgroup (CSC)***

Representatives: Mr. Chris Devers and Mr. Preston Pete (not present)

All were provided a write-up from Mr. Preston Pete on a flash drive.

Ms. Miller notified the group that she is the federal representative for this workgroup.

Mr. Devers said the key issue at the last workgroup meeting was the transfer of the funding from discretionary to mandatory. Ms. Miller said she does not have an update on that.

Ms. Miller explained that in 2013 and prior to that year, contract disputes claims involved IHS legal attorneys. The CAO assisted with pulling information together and then the information was analyzed. Starting in FY 2014, contract supports costs are being fully funded. This was a new and difficult process in FY 2014. Now, in FY 2015, the IHS has an obligation to review FY 2014 claims in order to update IHS records regarding new rate changes. The CAO has been able to contact most of the financial management officers at the healthcare programs. In FY 2016, the CAO must again review FY 2014 and FY 2015 claims to check for rate changes. If the rate goes up, the IHS owes the healthcare program money. The CAO notes all non-recurring funds provided to the healthcare programs during the year so they are able to review the exclusions at the end of the year. For 2015, the CAO will not be able to finalize calculations until September. For this reason, programs may still receive some non-recurring funding. This funding will affect the contract support costs. At the end of FY 2015, the CAO will be able to calculate the best estimate possible at that time. In FY 2016, the IHS will be able to work out the details. There is a significant amount of reconciliation that occurs through this process.

Mr. Devers said the workgroup discussed establishing a set CSC percentage so healthcare programs can plan for an exact amount for several years. Ms. Miller said the CAO has been informing the California healthcare programs that if they change their rate and it somehow affects 2014, they may owe money to the IHS. As Mr. Devers mentioned, the IHS may ask the healthcare programs for money if their rate goes down, or the IHS may owe the healthcare program money if their rate goes up. This create some uncertainty with budgets.

Mr. Devers says he does not know how this will relate to CSC, but he is aware of some legislation that may exempt tribes from sequestration. He thinks the tribal leaders need to follow up on that, and Ms. Miller agreed. Ms. Miller reminded the group that federal employees cannot lobby Congress so it is critical that tribal leaders lobby for the budget.

Mr. Masten Jr. asked if the CAO has worked with any tribes to recalculate CSC for past years before 2014. Ms. Miller said with the Claims Dispute Act, if claims are filed, an internal IHS group will work on it. The IHS will respond to a tribe if they have specific questions and will search IHS records for certain information, but there is a designated group that works on this otherwise.

### ***IHS National Behavioral Health Workgroup (BHWG)***

Representatives: Mr. Robert Super (not present) and Chairperson Maryann McGovran

Ms. Phillips presented that there are four California tribal healthcare programs that have received Methamphetamine and Suicide Prevention Initiative (MSPI) funding, including San Manuel, Hoopa, Toiyabe, and UIHS. This is the sixth year of funding and it will end on August 31, 2015. There is an MSPI meeting scheduled for the week of Aug 3 in Phoenix, Arizona. This meeting will be conjunction with the Behavioral Health Conference. MSPI has been handled similar to a cooperative agreement as opposed to a grant; it did not go through grants.gov. This may be handled differently in the future. The tribes need to advocate for this funding before it ends on August 31. It is helpful if the tribal healthcare programs send pictures and stories to Congressmen showing how helpful this funding is. MSPI was originally funded at \$16 million for tribal and urban Indian healthcare programs. Some Areas received a significant amount of this money, but have not been able to spend it all. California does not have that problem, with the exception of San Manuel who had a change in leadership. California only receives \$889,000, but it makes a difference in California communities. California healthcare programs have been able to make incredible changes with this little amount of money.

The Domestic Violence Prevention Initiative (DVPI) funded several California healthcare programs at approximately \$34,000.

All members may contact Ms. Phillips at [dawn.phillips@ihs.gov](mailto:dawn.phillips@ihs.gov) or 916-930-3981, extension 331 with any questions.

### ***IHS Budget Formulation Workgroup (BFWG)***

Representatives: Chairman Stacy Dixon and Chairman Mark Romero (not present)

Chairman Dixon reported that the BFWG met in conjunction with the Self-Governance Meeting in Reno, Nevada. The workgroup is preparing for the FY 2017 budget. The FY 2017 budget will include an increase, but most of that is due to inflation and population growth. The workgroup discussed the survey from the last budget formulation. It was sent out via SurveyMonkey and received few responses. Out of the 12 regions, only 63 individuals responded to the survey. No responses were received from the California, Nashville, or Phoenix Areas. Ms. Miller explained that the evaluation link was provided

during the budget formulation session, but required the attendees to write down the link and complete it when they returned to their computer. Ms. Miller added that it is not an efficient system because it is not sent to your e-mail address.

Ms. Loretta Harjo, Council Member, Hopland Band of Pomo Indians, mentioned an e-mail she received a week and a half ago informing tribal leaders that the IHS was sued for loss of overtime. Mr. Coleman explained that only applies to the unions at federal facilities. Ms. Harjo asked if this would somehow affect California Area tribes. Ms. Miller explained that IHS has a union, but it is not active in California. The letter states that those federal facilities affected will use their third party revenue to pay back those employees.

Chairman Dixon mentioned that the FY 2015 budget includes an increase for IHS in the amount of \$7 million. The \$10 million previously subtracted as a shortfall for CSC was restored. There is also a small increase help providers. For FY 2016, IHS is proposing a \$5.1 million increase to \$460 million. This includes an increase for federal and tribal employees.

Acting IHS Director Robert McSwain acknowledged the need for better data and evidence-based data. With the additional funding, it would be difficult to achieve many meaningful increases. He confirmed that another IHS budget summit would likely occur this fall. He also acknowledged many unique challenges regarding EHRs. A special health information technology (HIT) summit is likely to occur in order to discuss long term solutions for HIT.

Chairman Dixon said the workgroup will meet again in the fall to start on the FY 2018 budget.

### ***IHS Purchased/Referred Care (PRC) Workgroup***

Representatives: Chairman Mark Romero (not present) and Mr. Chris Devers

Mr. Devers said the workgroup has been discussing changes to the formula. Mr. Montoya distributed some information to California healthcare programs about this. His understanding is that, at this time, California does not want the formula to change. Mr. Galleto was outspoken about looking at this and Mr. Devers hopes he can sit down with him and other financial officers to review the impacts of a change in the formula. The Portland Area is in a similar position as the California Area. Mr. Devers commented the staff of California healthcare programs for their work reviewing these numbers. CRIHB has been engaged as well, but he is sometimes unable to open their e-mail messages. He is unaware of any upcoming workgroup meetings.

Mr. Montoya said he has been reviewing the PRC methodology. The U.S. Government Accountability Office (GAO) developed a report with recommendations regarding the methodology and the distribution of PRC funds. The report identified some concerns, such as some Areas receive a higher percentage of PRC funds.

Mr. Devers asked Mr. Montoya to briefly describe PRC for the new CATAC members. Mr. Montoya said PRC is funding for services provided outside of a clinic's four walls. Any services a clinic provides within the clinic walls is funded using program funds, third-party fund, or grants. Specialty services or hospitalizations are funded using PRC funds. This is a large amount of money and there is competition for it across the nation. The California Area is reviewing the methodology for distributing these funds to ensure the Area is receiving its fair share. CRIHB developed a white paper which outlined the historical distribution. Each year, PRC base funding is equal to the previous year's rate. Base funding includes new tribes as well. After the base funding has been fulfilled, leftover funds are distributed based on several factors including population growth across the contract health service delivery areas (CHSDAs) and based on the U.S. census. The second factor considered is medical inflation. Generally, each year the cost of medical equipment increases 6-12%. The third factor considered is cost of living and access to health care. Since there are no federal hospitals in the California Area, a significant amount of funding should be provided within the third factor. This funding is only received, however, once the first two factors have been fulfilled. If all of the funding is exhausted based on base funding, population growth, and medical inflation, there is often no funding available for the third factor. In addition, within the third category, 75% of the funding goes towards cost of living and only 25% goes towards access to care. In the last 14 years, California has only received funding for category three for 7 of those years.

Since the formula must be negotiated across the 12 Areas, California is discussing strategies and gathering information. As a last resort, California can file a lawsuit. In the meantime, California is considering several recommendations. In tier 3, California may suggest moving access to care to the second factor. That would mean California would need to be funded for access to care, since there are no hospitals in the Area, before any Area is funded for cost of living. In addition, California may suggest reversing the distribution in the third factor. This would fund access to care at 75% and cost of living at only 25%. California could justify this since medical inflation is already considered in the second factor. California may be able to build alliances with Portland, Tucson, and Bemidji since they also do not have access to hospitals. At this point in time, California representatives have requested additional information from IHS. They are analyzing data and preparing to make a formal recommendation to California tribes.

The GAO reported that the allocation of funding is based on total population rather than actual users accessing contract care. A formula that considers user count would benefit some healthcare programs in California, but would hurt others. In addition, the programs that receive the most funding will continue to receive the most funding, due to the allocation of base funding.

Ms. Phillips asked about distribution in the Navajo Area since they have a hospital. Mr. Montoya said the Navajo Area, for example, receives a double benefit because they receive PRC funding on top of funding for their hospital.

CRIHB is hosting a meeting next month at the Thunder Valley Casino Resort with the Northwest Portland Health Board to discuss legislative issues that affect both Areas. Mr.



Devers said he does not think CRIHB should be doing this, but Mr. Montoya said they are hosting the meeting on behalf of their constituents only.

Ms. Nelson commented that Ms. Kerrigan initiated a plan to build two surgical facilities in California. These facilities would be federally funded and would therefore maximize PRC funding. Ms. Kerrigan's proposal was not received well, but Ms. Nelson said she supports it. Mr. Montoya mentioned that the initial analysis proposed four facilities. The next proposal considered population density, but patients would then be required to drive long distances to access the facilities. Tribes thought it would be best to advocate for more PRC funding than pursue these facilities. Tribes also pursued Medicare-like rates (MLR) in order to reduce PRC costs. Also, it took California almost 30 years to get the YRTC's and this was the result of the tribal leaders uniting and advocating at the state and federal levels. Mr. Montoya thinks the two surgical facilities will require another huge initiative among the tribes. Also, hospitals are constantly closing due to many challenges. Ms. Nelson said she supports two facilities instead of four with less equipment available. She said she is 50 miles from the border must drive to San Francisco, Sacramento, or Stanford for specialized care. That requires considerable contract health dollars. Mr. Montoya suggested the Area take a fresh look at the proposal.

### ***Tribal Leader's Diabetes Committee (TLDC)***

Representatives: Ms. Rosemary Nelson and Ms. Dominica Valencia

All were provided two documents from Ms. Nelson on a flash drive.

Ms. Nelson said the although the Special Diabetes Program for Indians (SDPI) was reauthorized for two years at \$150 million, there has been no raise since 2002. This means there is no additional funding for new tribes. Ms. Nelson is advocating for re-directing funds into the Community-Directed line item in order to allow access to new tribes that currently receive no funding for diabetes. At the national level, 76% did not want the national formula changed. In California, only 11 individuals completed the survey.

SDPI is funded at \$108 million for Community-Directed Programs and at \$27.4 million for Diabetes Prevention/Healthy Heart Initiatives. The \$27.4 million is divided among 834 programs nationwide. Out of the 40 programs in California, ten receive this funding. Nine of these ten programs are having difficulty recruiting individuals. Ms. Nelson does not believe this funding is being used wisely nationwide. Acting IHS Director Robert McSwain is looking at the data and the TLDC is waiting for his analysis. Ms. Nelson does not think IHS Headquarters is transparent and has expressed this during meetings.

Ms. Harjo is upset that there is more focus on drugs and alcohol in Indian Country than diabetes. She believes youth have no concept of diabetes and should be educated. Mr. Devers added that youth should be educated about diabetes as soon as they start eating real food. Ms. Harjo says she sees concentration on those individuals who are already diagnosed with Diabetes, but would like to see more concentration on prevention at a

young age. Education could occur in daycares with mothers. Ms. Valencia said TLDC discussed this at the last meeting. The target population is currently those age 18 and above. The TLDC is trying to lower the age in order to target youth.

Dr. Magruder said there is a program at Toiyabe that is specifically funded by the Centers for Disease Control and Prevention that focuses on primary prevention beginning at an early age. He encouraged Ms. Harjo to contact that program and learn about what they have done. Resources are an issue. Toiyabe received federal funding in order to implement the program. Our California programs can learn from what they have done and how they have used those resources.

### ***IHS Director's Advisory Workgroup on Tribal Consultation (DAWTC)***

Representatives: Chairman Charlie Wright (not present) and Ms. Teresa Sanchez

There have been no meetings.

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

Representatives: Mr. Ryan Jackson (not present) and Chairman Robert Smith (not present)

The TSGAC will meet on July 21-22, 2015 in Washington D.C.

### ***IHS Facilities Appropriation Advisory Board (FAAB)***

Representatives: Mr. Peter Masten, Jr. and Mr. Michael Garcia

Mr. Masten, Jr. announced that he no longer wants to be California's representative to the FAAB due to the travel requirements.

Mr. Garcia attended the last FAAB meeting at the end of March in Rockville, MD. At the beginning of the meeting, Dr. Charles Grimm, Chairman of the FAAB, discussed the Federal Advisory Committee Act (FACA), but most of the meeting related to the report to Congress. CAPT Gordon Tsatoke attended the meeting with him and he thanked him for making the process easier.

CDR Frazier announced that the next meeting will be in North Carolina, wherein the draft minutes will be approved and available to distribute to the group.

CDR Frazier said a Facility Needs Assessment Workgroup was assembled in order to help draft the report due to Congress in March 2016. The report is a requirement of the Indian Health Care Improvement Act (IHCIA). The workgroup will review the existing authority, new authorities, the technical infrastructure, and resource needs. Acting IHS Director Robert McSwain requested the top five priorities of tribes. The IHS received approximately 75 electronic responses nationwide. There may be additional responses via regular mail. The workgroup will incorporate all responses into the report to

Congress. The workgroup is also to maintain the new facilities priority list for new construction. The new list will incorporate and consider the previous health facilities priority list.

Mr. Montoya recalled that the projects on the current list equates to \$2 billion. This means that new projects would not be funded for 15-20 years. For this reason, the top 5 priorities of California tribes is futile. Southern California tribes would like to build an adult facility similar to the YRTC.

Mr. Montoya also noted that the tribes requested \$80 million for ambulatory clinics during a previous budget formulation. This would allocate \$2 million to each of the 40 or so clinics in California. Unfortunately, this request has not moved forward. The request of the FAAB is not aligning with budget formulation and what others are reporting from the agency.

Mr. Fluette explained that the priority list has been in existence for at least 25 years. Nobody knows the methodology for that list nor the methodology for moving to the top of the list for funding. A new priority list was developed 10 years ago, but it did not benefit the 638 tribes in California. This is the reason the new workgroup was formed and a new list is being developed. There was a nationwide consultation regarding all of this, but nothing has changed as a result of that.

Mr. Masten Jr. commented that he became a member of the FAAB shortly after the last priority list was developed. He wrote a letter to Former IHS Director Yvette Roubideaux approximately 3 years ago asking for an update on it, but he was never notified as to whether it was accepted or presented to Congress. He has since heard that the list did not move beyond the Office of Management and Budget. In the new authorities for FAAB, there are some openings for discussion about monstrous facilities that will serve 25,000 individuals, such as in the Navajo Area. A great number of individuals can be served for 25-30% of the cost of those facilities. CDR Frazier added that, as part of the IHCIA requirements, IHS must submit a master plan. Mr. Masten Jr. said the FAAB will focus on the new authorities over the next 2-4 years.

Mr. Montoya said that California tribal leaders need to work together and decide what is most important for the Area. That is why the YRTCs are finally being built. Then, the tribes can advocate for California's priorities with legislators in order to move up on the priority list.

Mr. Garcia mentioned the next meetings may be in August in North Carolina and in September in Phoenix.

Mr. Fluette commented that Mr. Masten Jr. has served as California's FAAB representative for a number of years and has a wealth of information about the IHS Office of Environmental Health & Engineering. He said Mr. Masten Jr.'s reports have been outstanding. Mr. Fluette also responded to Mr. Masten Jr.'s comment about the technical representative, which the FAAB member has the ability to select. The CAO

selected the technical representative as the Director of Health Facilities Engineering since health facilities have been the primary topic of FAAB meetings. This means Mr. Wermers was the previous technical representative and CDR Frazier is the current technical representative. Once a tribal primary representative is appointed, the technical representative will be revisited.

Chairperson McGovran said the workgroups should not be required to conform to FACA. Her constitution states that if their Chairperson is not present, their Vice Chairperson can act and so forth. With FACA, if their Chairperson is unable to attend a national workgroup meeting, no one is allowed to attend on behalf of the tribe. This goes against their constitution. Ms. Nelson added that she has witnessed some tribal representatives unable to vote for this reason. Chairperson McGovran said she has experienced that as well.

### ***HHS Secretary's Tribal Advisory Committee (STAC)***

Representatives: Vice Chairperson Elaine Fink (not present) and Chairman Stacy Dixon

Chairman Dixon will send a report, which Mr. Coleman will distribute to all CATAAC members.

The next STAC meeting will likely occur in December in Washington D.C.

## **Drought Update**

Mr. Don Brafford presented an update on the drought situation in California.

Mr. Devers asked about what is in place for emergency response. He thinks it would be beneficial for the tribes to have an alternate source of water. He asked if there is anything like that put in place by IHS and/or the Bureau of Indian Affairs. Mr. Brafford said the IHS has met with federal partners and developed a plan involve several agencies. For example, the plan identifies three types of events, including emergency, short term, and long term events. There are two federal agencies able to assist with emergencies – IHS and the U.S. Department of Agriculture (USDA). IHS is able to haul water, but only for a limited amount of time. The USDA can do this for three months, but there is an application process. The IHS is trying to pre-qualify high risk areas. There was also some discussion about leasing water tanks through GSA. The state also has several approved water vendors. Mr. Devers asked if the Federal Emergency Management Agency (FEMA) would respond to severe drought areas, but Mr. Brafford said that FEMA does not respond to droughts due to the Stafford Act. The IHS has had meetings with FEMA, and FEMA has met with the tribes, but FEMA says they will not respond to drought situations. In addition, Mr. Brafford said no United States President has declared a disaster for the drought.

Ms. Nelson said she has heard the government will require permits for digging wells and will require monitors on commercial wells. Mr. Brafford said that does not apply to tribal land.

Chairperson McGovran asked how to complete a pre-qualification application for the USDA. She thinks every tribe should submit one.

Mr. Brafford mentioned that Proposition 1 authorizes funding to develop a statewide water plan to manage water in California. It will be difficult, however, to develop a water plan that benefits the whole state. California is the only state that does not have tribes tied into the state water system. There is not a reason why there is not a pipeline through the state serving these tribes. The tribes need to advocate for this at the major meetings. This will require a feasibility study and a line item with support from several Congressmen. Mr. Brafford said it is important to start these large projects before the situation worsens in 15-20 years.

Ms. Nelson recalled hearing that the land would depress approximately one foot, and Mr. Brafford said the land has depressed approximately 20 feet in some areas. Most of the groundwater pumping on tribal lands is small, pumping less than 200 gallons/minute.

Mr. Brafford said IHS declared a water emergency at 30 gallons per capita. The state of California is at 55 gallons per capita. The original intent of making this proclamation was to advocate for support from FEMA, but FEMA will not declare a drought situation an emergency.

Mr. Brafford said some tribes will not allow IHS to list them on the drought maps. It is advantageous for tribes to allow the IHS to list them on maps in order to show a need and advocate for funding. In addition, drought funding often requires a letter from IHS stating the tribe is experiencing an emergency. Mr. Devers acknowledged that funding is limited especially from the IHS. He is concerned about the required documentation tribes will need to offer in order to access funding through Proposition 1 through the State. Mr. Fluette said agencies are looking at Mr. Brafford's list in order to contribute. Mr. Brafford also mentioned that IHS met with federal partners a month ago, but the BIA was not present. Tribes should advocate for their presence at these meetings.

ACTION:

Mr. Coleman will forward the link to complete the pre-qualification application for the USDA.

## **Hepatitis C**

Dr. Magruder presented an update on Hepatitis C.

Mr. Devers asked about the potential side effects of the new medication. Dr. Magruder said, according to researchers, this new medication has very few side effects.

Ms. Nelson asked about the risks of transmission for those individuals within the target age group that did not have a risky lifestyle. Dr. Magruder said researchers are unsure about the risk factors and encouraged all within that target age group to be tested. Hepatitis C was not tested in the blood supply until 1992, so there is the possibility that individuals contracted Hepatitis C during a blood transfusion. This would not require a risky lifestyle.

Ms. Nelson asked if the healthcare programs have been notified about this information and Dr. Magruder said yes.

Dr. Magruder mentioned that the medication is costly, exceeding \$100,000 in many cases. In the past, patients were unable to receive treatment for this reason. Fortunately, some Areas have been able to bill Medicaid. Although initially denied, these Areas were ultimately reimbursed for the cost of the medication. This process has not yet been tested in the California Area.

**The meeting adjourned at 1:00pm.**

Additional Tribal members, Indian Health Service staff, and guests in attendance during the CATAC meeting included:

**Name**

Michael Garcia	Board Member, Southern Indian Health Council/ Vice Chairman, Ewiiapaayp Band
Cynthia Gomez	California Governor Jerry Brown's Tribal Advisor
James Mackey	Tribal Administrator, Susanville Indian Rancheria
Carolina Manzano	Executive Director, Southern Indian Health Council, Inc.
Lona Marioneaux-Ibanitoru	Chief Operating Officer, Susanville Indian Rancheria
Jess Montoya	Chief Executive Officer, Riverside/San Bernardino County Indian Health, Inc.
Rosemary Nelson	Tribal Leaders Diabetes Committee Representative
Edward Pokenhorn	Tribal Council Treasurer, North Fork Rancheria
Leora J. Treppa Diego	Board Member, Lake County Tribal Health Consortium, Inc.
Dominica Valencia	Alternate Tribal Leaders Diabetes Committee Representative
Gary Walker	Tribal Council Member, North Fork Rancheria

**IHS/CAO staff**

Gary Ball	Staff Architect
Donald Brafford	Director, Division of Sanitation Facilities Construction
LT Shane Deckert	Staff Engineer
Preston Dohi	Staff Engineer
CDR Paul Frazier	Director, Division of Health Facilities Engineering
Rachel Harvey	Public Health Analyst
Dawn Phillips	Behavioral Health Consultant
Rachel Rosas	Contract Specialist
Rick Vredenburg	Chief Contracting Officer

**Approved March 23, 2015/March 26, 2015.**

**Yes: 9**

**No: 0**

**Abstain: 0**