# INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE

# TRIBAL ADVISORY COMMITTEE MEETING

## September 9, 2015

Approved November 9, 2015.
Yes: 8
No: 0
Abstain: 0

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# EXECUTIVE SUMMARY

| CATAC Members: | | Region Represented: |
|---|---|---|
| Mr. John Green | Absent | Northern |
| Mr. Peter Masten Jr. | Present | Northern |
| Mr. Stacy Dixon | Present | Northern |
| Mr. John Glazer | Absent | East Central |
| Ms. Gaylene Hunter | Absent | East Central |
| Ms. Glenda Nelson | Absent | East Central |
| Mr. Gerald Howard (A) | Present | East Central |
| Mr. Silver Galleto | Present | West Central |
| Ms. Debra Ramirez | Absent | West Central |
| Ms. Crista Ray | Present | West Central |
| Mr. Chris Devers | Present | Southern |
| Ms. Teresa Sanchez | Present | Southern |
| Ms. Diana Chihuahua | Absent | Southern |
| Ms. Clara Galindo (A) | Present | Southern |
| Ms. Lisa Elgin | Absent | NIHB |
| Mr. Scott Black | Present | Urban |
| Ms. Beverly Miller | Present | IHS |

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

## *IHS Staff in Attendance:*

| | |
|---|---|
| Ms. Beverly Miller | Director |
| Dr. Steve Riggio | Deputy Director |
| Dr. Charles Magruder | Chief Medical Officer |
| Ms. Jeanne Smith | Acting Human Resources Director, Western Region |
| Mr. Travis Coleman | Acting Indian Self-Determination Program Manager |
| Mr. Mark Espinosa | Health Systems Administrator |

The California Area Tribal Advisory Committee (CATAC) meeting began at 9:00AM on September 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.

Ms. Beverly Miller, California Area IHS Director, welcomed all members of the CATAC and tribal guests and reviewed the agenda for the meeting.

Ms. Miller announced the official name of the northern youth regional treatment center (YRTC) as Sacred Oaks Healing Center. The official name of the southern YRTC is Desert Sage Youth Treatment Center.

Ms. Miller also announced that the IHS will host a meeting on lesbian, gay, bisexual, transgender (LGBT) health issues regarding American Indians/Alaska Natives (AI/AN) on September 11, 2015 from noon to 2:00pm at the DHHS – Headquarters Hubert H. Humphrey Building in Washington, DC. Reservations are requested due to limited seating. The purpose of the meeting is for the IHS to obtain input on health issues in order to develop healthcare delivery changes to advance the healthcare needs of LGBT individuals.

Ms. Miller's final announcement regarded the upcoming budget formulation. The IHS will announce the FY 2018 Budget Formulation shortly.

## Review Executive Summary

The group reviewed the executive summary and Mr. Peter Masten, Jr., Tribal Representative, Hoopa Valley Tribe, said he has read through the summary a few times. He motioned to approve the executive summary and Mr. Stacy Dixon, Chairman of the Susanville Indian Rancheria, seconded the motion. All nine CATAC members present approved the executive summary; no CATAC members abstained from the vote.

## IHS/CAO Circular – Tribal Consultation, CATAC, and Workgroups

All were provided the circulars on a flash drive.

Mr. Coleman explained that there have been four or five previous versions of these circulars. He then requested comments and additions from the group.

Mr. Masten Jr. said it would have been helpful if the IHS identified areas were conflicts exist or where changes could be made and suggest revised wording for consolidation. California's circulars should relate to the IHS policy. Mr. Coleman explained that the California Area IHS has circulars separate from the IHS and HHS policies. Ms. Dominica Valencia, Alternate Tribal Leaders Diabetes Committee Representative, agreed with Mr. Masten Jr. and reiterated that there should be consistency among all of the policies.

Mr. Silver Galleto, Vice Chairman, Cloverdale Rancheria, asked about the options for editing the circulars and requested information about how this was done in the past. He asked if IHS would host tribal consultation on this first or if the CATAC should discuss

changes to present to tribal leaders at the Annual Tribal Consultation. He asked if this would be put out for consultation just once, or if the IHS would conduct tribal consultation by region. He also asked for information about how to implement all of the suggested changes. Ms. Miller explained that the IHS will host one tribal consultation. She also explained that the front page of the combined circular lists all of the previous circulars that will be superseded by this one. The last circular was approved in 2004. She said the CATAC can decide how to finalize this. She understands that Mr. Masten Jr. wants this to clearly relate to the IHS policy. If the group agrees, the IHS will host tribal consultation after the circular is revised to coordinate with the IHS and HHS policies. Mr. Masten Jr. agreed with this process. Ms. Miller agreed to revise the circular before the next CATAC meeting, which is not yet schedule. Mr. Coleman said the next CATAC meeting will likely span two days and include the budget formulation.

Mr. Devers commented that there should be a clear understanding of the intent for tribal consultation as a government-to-government process between the IHS Area Director and the Tribal Chairmen of each of the respective Tribal bands. Historically, the IHS has conducted tribal consultation annually, and Tribal leaders have the option to attend. Mr. Devers said it is his understanding that the CATAC is a resource to the IHS Area Office to relay issues to the tribes. The role of the CATAC must be clarified to the Tribal leaders.

Ms. Valencia agreed with Mr. Devers and added that there should be a time component to tribal consultation. Often, there is no conclusion or follow-up to the consultations. The circular should include a plan for resolution in a timely manner.

Mr. Devers said the Tribal Chairs may choose to delegate certain decisions to the CATAC, but they need to be involved and have an understanding of the expectations. Ms. Valencia added that this should also give CATAC members an understanding of what to expect. Mr. Devers said tribal consultation is not a one-time event and will be required periodically.

Mr. Devers asked if the next CATAC meeting would be in December. Mr. Coleman said the meeting would either be in late November or early December. Ms. Miller said there will be a deadline for budget formulation and that deadline is early every year, but often around the first part of December. Several CATAC members requested that the next meeting be scheduled after Thanksgiving.

ACTION:

The California Area IHS will revise the combined circular to demonstrate a clear relationship to the IHS and HHS policies, clarify the intent of government-to-government consultation, and add a time frame to bring closure to issues.

## Youth Regional Treatment Centers

CDR Paul Frazier, Director, CAO Division of Health Facilities Engineering, presented a PowerPoint to the group.

CDR Frazier explained that the contract award for construction was issued in November 2014 and construction started in December 2014. The original completion date was scheduled for December 2015, but there has been at least one contract modification to extend it to January 2016. There is a slight possibility that it may be extended an additional 30 days, but that is unofficial at this point. The contracting office in Dallas is working with the general contractor to see if that needs to be extended.

Ms. Valencia asked about the reason for the delay and CDR Frazier said it is related to design issues. Mr. Galleto asked if the contractor will provide additional funds any time there is an extension. CDR Frazier explained that there is not a cost related to these extensions, but there will be additional costs separate from the time extension. Sometimes the general contractor will notice an issue with construction that has an associated cost; this requires renegotiations with the contracting office. The original contract was awarded at $12.82, but the current construction contract amount has increased to $13.1 million. There are currently ten change orders to the original contract, and most are minor combined into one modification. Three of the major modifications are related to the well drilling, demolition of the existing buildings & 48 trees, and the water storage tank. The well bid was based on 250 feet, but the water was inadequate for the demand of the facility itself at approximately 20 gallons per unit. The well was ultimately drilled to 2000 feet for approximately 50 gallons per unit. Ms. Rosemary Nelson, TLDC primary representative, asked if that will be sufficient, and CDR Frazier confirmed that is sufficient with the current conditions (but could change depending on the drought or other circumstances). The demolition of the trees around the pond area was not in the initial scope. The trees were infested by the bark beetles and were removed for safety reasons. Demolition of the existing building required some planning such as surveying the buildings to verify whether asbestos was present and then addressing those findings. Fortunately, they only found a small amount of asbestos in the floor tile. The original design of the water storage tank utilized a 42,000 gallon tank, but that volume did not account for fire protection volume. All of the buildings have sprinklers and the 42,000 gallon tank will not accommodate sufficient water flow if one of the sprinklers is activated. As a result, the tank was increased to a 74,000 gallon tank. CDR Frazier explained that the height of the water storage tank will be increased since the width had already been designed. That design error alone resulted in a $55,000 increase. That was missed by the Architect and Engineer during the design face. Mr. Jess Montoya, Chief Executive Office, Riverside/San Bernardino County Indian Health, Inc. (RSBCIHI), asked if the IHS is working with the county to make the safety modifications to the buildings and water tank. CDR Frazier said they are not required to work with the county because the land is federal trust responsibility, but the IHS has been working with them as a courtesy.

Chairman Dixon commented that these modifications should be implemented into the design of the northern property. Some contractors will look for flaws in order to increase their revenue. CDR Frazier agreed with him. The basic design of the southern facility will be applied to the northern project and these modifications will be incorporated into the new design.

Mr. Robert Super, Vice Chairman, Karuk Tribe, asked about the wood from the trees. CDR Frazier said he has not been on-site for several months, but the trees themselves were probably taken off-site as part of the contract. Mr. Devers commented that the contractor should have mulched the trees in place to reduce the effect of bark beetle. CDR Frazier said he will research this.

Ms. Dawn Phillips, IHS California Area Behavioral Health Consultant, asked if there is already a well on the northern site and CDR Frazier said there is not. He added that the northern facility is still in the planning phase. During the design phase, the IHS will research local wells and incorporate that into the design.

Ms. Nelson added that the northern property is located on farmland that is sprayed with pesticides that could contaminate the ground water. Mr. Super added that farmers are drilling deeper wells and taking water from people's houses.

Ms. Nelson asked if there is plumbing on the flat roofs of the southern facility to accommodate inclement weather. CDR Frazier said the design ensures water does not sit on top of the roof.

CDR Frazier announced that there are monthly construction meetings on-site on the first Wednesday of every month. Mr. Robert Secrest, CAO Staff Engineer, attends these meetings with the general contractor. Mr. Secrest is located at the Escondido District Office. He also announced that tribes can schedule tours to visit the site by contacting Mr. Secrest or CDR Frazier. The next site visit is scheduled for September 17 for RSBCIHI, but the site visit can accommodate others with advanced notice. There are specific safety requirements for visitors. For liability reasons, all visitors must wear close toed shoes. The IHS will provide hard hats and safety vests for all visitors. One worker was injured on site so the contractor is sensitive about visitors taking the appropriate precautions. Ms. Nelson asked if any tribal member has toured the site and CDR Frazier said there have been a couple of tours already.

Mr. Masten Jr. asked if there was any consideration for solar energy and CDR Frazier said there is solar incorporated into the design and construction of the southern facility. Mr. Gary Ball, IHS Staff Architect, said the solar energy provides about 30% of the power. Ms. Nelson asked if there were any subsidies for those cost saving additions, but Mr. Ball said the IHS did not apply for any subsidies. CDR Frazier said he will follow-up on that, although it may be unlikely since the IHS is a federal entity and the subsidies come from a State program.

Mr. Montoya asked about the $300,000 cost overrun and asked if the contingency funding is used for that. CDR Frazier said yes. The original designated contingency amount was approximately $1.3 million. According to the contracting office in Dallas, all of this funding will be used. Mr. Ball commented that this is common for construction projects.

Mr. Ball explained that he is still involved with the pond area on the southern property. He is working on scheduling a meeting with southern tribal leaders to discuss ideas for that area of the property.

Mr. Ball presented several PowerPoint slides on the status of the Sacred Oaks Healing Center. The federal budget was received in March of this year. That money is approved for construction. It is also the amount that will cover design. Per recommendations from IHS Headquarters, the northern property will be designated as design/build. This means the contractor will contract with a design firm and work together on this project. The name of the northern facility was approved in June. The Environmental Assessment (EA) was started in July. The IHS will solicit for a designer in November.

Ms. Nelson asked about the nearest house to the northern facility and Mr. Ball said there is a house directly across from D-Q University. The homeowner sent the only letter of comments regarding the EA. The homeowner also attended the community meetings.

Mr. Galleto asked if it would be cheaper to complete an Environmental Impact Statement (EIS) now instead of an EA, but Mr. Ball said no. The IHS must complete the EA due to the guidelines. There was nothing upfront that indicated an EIS would be required.

Mr. Super asked if the northern property is located on fee land. Mr. Ball explained that D-Q University owned all of the property. One side of the property was a quick claim deed from the federal government back in 1975. In 2002, D-Q University gained full ownership of the land. No tax dollars were spent on the property. The money spent on the property went through the general fund to GSA.

Mr. Ball presented a map that identified the northern tribes, with whom the CAO will primarily be working with for the Sacred Oaks Healing Center. The IHS is requesting delegates from these northern tribes for the design team, just as representatives from the southern tribes participated in the design meetings for the southern property.

Mr. Ball explained that tribal monitors are not required on federal property; therefore, this is not currently part of the budget. In addition, there is no indication that tribes resided on the northern property. Regardless, he invited the tribes to coordinate a tribal monitor during construction of the northern property.

Mr. Galleto asked if and how the budget could be revised to include cultural monitoring, which is low cost. CDR Frazier said the federal budget for design and construction for the northern property is set through Congress and cultural monitoring during construction is not a part of the approved budget. Mr. Galleto asked if the contingency funding could

be used for this or if the tribes would be required to pay for this. CDR Frazier said both of those are options. Mr. Masten Jr. asked how this was handled for the southern property. CDR Frazier explained that the EA includes an assessment of cultural and archeological issues. If something is discovered by a federal contractor, the contractor has to stop construction and notify the IHS as the owners of the property. Mr. Michael Garcia, Vice Chairman, Ewiiaapaayp Band of Kumeyaay Indians, said it would be best to have a cultural monitor on site.

Mr. Donald Brafford, Director, CAO Division of Sanitation Facilities Construction, added that the EA requires a Cultural Resource Specialist. The State Historic Preservation Officer (SHPO) will indicate whether or not a cultural monitor is required. If the SHPO does not indicate it is a requirement, it will be difficult to add that to the budget. The EA and SHPO also have requirements for found artifacts, such as bodies, during construction.

Dr. Mark LeBeau, Executive Director, California Rural Indian Health Board, Inc. (CRIHB), asked about the tribes near the northern site. He recommends the IHS reach out to those tribes and ask for their thoughts on the matter of a cultural monitor. They may provide cultural monitors for projects within their regions. The IHS should work with those tribes to see if there is a history. Mr. Galleto agreed with Dr. LeBeau.

Mr. Devers said he would like a response from the head of IHS regarding the issue of a cultural monitor. The IHS should accommodate the cultural resource concerns of the tribes that they have been engaged with for thousands of years. Somebody should provide the CATAC with a response as to why IHS is reluctant to accommodate the cultural concerns of the tribes. Ms. Miller agreed. Mr. Devers said he is disappointed with what happened for the southern facility. The tribes requested a cultural monitor early in the process, but were dismissed. He knows the contractor is not working on behalf of the tribes, but rather is trying to complete a job. Ms. Valencia added that the contractor will not stop a job for this. She has heard workers complain that they are not receiving their paycheck because the Indians stopped them from doing their work. Mr. Ball said the cultural monitor will be a higher priority for the IHS for the northern facility.

Mr. Montoya reiterated that a significant amount of time and effort has been put into the southern facility and much of that design will be used for the northern facility. This means that there should not be as high of an expense for the northern property and more of the contingency funding should be available. CDR Frazier explained that the budget for the northern property considered that cost savings.

Mr. Galleto asked how the design committee will be filled. Ms. Miller explained that a couple of representatives from the southern tribes participated in the design meetings with the architect, per Ms. Margo Kerrigan's request. Ms. Miller commended Mr. Devers and Chairman Mark Romero, Mesa Grande Band of Mission Indians, for their work on the design committee. They participated in every meeting and acted as the liaison with the southern tribes to obtain input on the design. Ms. Miller said the IHS is

looking for similar participation from the northern tribes for design of the northern facility. She added that the committee cannot consist of too many people because the committee must make decisions. She said it helped to have CATAC members participate on the design committee because they see the big picture. She would like at least one of the representatives from the northern tribes to be a CATAC member. She asked Mr. Devers to comment on his experience with this. Mr. Devers explained that the southern tribes had the opportunity to look at the facility design and comment with the understanding that the dollar amount would not change. All information was provided to the Southern California Tribal Chairmen's Association (SCTCA), and all were able to review the design and comment. As a result, no pressure was put on a small group of individuals.

Mr. Masten Jr. asked about the number of tribal representatives on the design committee. Mr. Devers said there was not a committee of southern tribal leaders. Rather, he acted as the mouthpiece to obtain buy-in from the southern tribal leaders.

Mr. Masten Jr. suggested the IHS distribute a letter to California tribal leaders explaining this process. The letter should ask tribes to appoint someone to attend these meetings and include a description of what their responsibility would be. In addition to a representative from the northern tribes, the design committee should include a CATAC member and a representative from one of the local tribes. Mr. Devers commented that the CATAC includes representatives from the central tribes and the northern tribes, and they already have the responsibility of relaying information to their tribes. Ms. Miller said it would be beneficial to have two representatives from the CATAC, including one from the northern tribes and one from the central tribes. The CATAC members have already been appointed to represent their areas. Mr. Masten Jr. asked that a letter still go out from the Area Office indicating that CATAC members will be utilized for the design committee. Ms. Miller said she feels comfortable utilizing CATAC members because they have already been elected and have the support from their areas. She agreed to distribute the letter. Mr. Devers said the letter should also include an invitation to the tribal leaders to participate or send their own representatives. Mr. Galleto agreed that courtesy should be extended to the northern tribal leaders. The tribes should be notified of all design meetings.

Mr. Masten Jr. asked if the IHS would reimburse the representatives for their travel costs to attend these meetings. Ms. Miller explained that the IHS reimbursed the travel of two representatives from the southern tribes to attend the design meetings for the southern property. The IHS could not reimburse a larger whole group. Mr. Devers said most of the meetings were in southern California.

Ms. Miller asked for nominations from the CATAC. Mr. Masten Jr. asked about the length of the design meetings and Ms. Miller said some of the meetings lasted all day and went into the following day, but some of the meetings were only four hours.

Mr. Gerald Howard, Chairman of the Bishop Paiute Tribe, asked if the tribes that are local to where the clinic was to be built had more authority than the other southern tribes.

Mr. Devers said decisions were made collectively among all southern California tribes. To obtain buy-in from all southern California tribes, decisions were discussed at SCTCA meetings. Mr. Devers explained that the southern facility is located between two tribes, and discussions never became territorial.

Ms. Miller clarified her action items. She will utilize CATAC members from the northern and central tribes for the design committee. She will prepare a letter to California tribal leaders including an invitation to them to participate in the design meetings. Ms. Nelson asked that the letter also include the criteria and commitment requirements for committee members. The group agreed on these action items.

Ms. Miller said three tribal representatives would be ideal, including one representative each from the northern tribes, east central tribes, and west central tribes. Other tribal leaders could also attend the meetings, but the official representatives should attend consistently in order to make decisions on short notice.

Ms. Miller mentioned the artwork for the Desert Sage Youth Wellness Center. The CAO has been working with an Equipment Coordinator, who will provide a list of areas that we will need artwork. Ms. Miller will bring this list to the CATAC. The artwork in some areas, such as therapy rooms and family suites, will be determined with input from the psychologist and psychiatrist. Ms. Miller asked for the group's consensus that the artwork for the southern property will come from the southern tribes and the artwork for the northern property will come from the northern tribes, and the group agreed. Mr. Galleto commented that he thought this would be the process for naming the facility, but Ms. Kerrigan insisted all tribes have a say in both facilities. Several members of the CATAC commented that they had already agreed on this process for the artwork. Ms. Miller agreed to provide the group with the list of areas and space dimensions once she receives it from the Equipment Coordinator, along with the budget for artwork.

LT Shane Deckert, IHS Staff Engineer, presented on the EA for the Sacred Oaks Wellness Center. He explained that the EA is a series of documents that show that the IHS has done its due diligence to protect the environment. The categories are based on regulations, policies, and environmental laws and concerns. The EA is transparent and is forwarded to several government agencies for comment. It is also made available to the public. The EA includes the site, the environmental factors affected by construction (not the environment's effect on the project), and all environmental studies and findings (such as floodplains, endangered species, and historic preservation). The IHS contracted with an Environmental Specialist firm for this. Last night, the contractor submitted a draft of the EA for review. After a few days of review, the IHS will put it out to the public for everyone to see. It will be available at two different public libraries, in Woodland and Davis, in addition to being posted on our website and in several newspapers. During the 30-day review process, the IHS will host a public meeting to answer questions and concerns of the community.

Mr. Galleto asked if the tribes should be present at the public meetings, to inform the communities why the facility is needed. Mr. Brafford said this stage is only to comply

with regulations. Although some might not like what the IHS is doing, as long as all rules and regulations are followed, judges will rule in favor of the IHS.

Mr. Montoya suggested the IHS distribute a fact sheet to the CATAC if tribes are invited to these public meetings. For example, this fact sheet might say that tribal healthcare programs currently send youth out-of-state and the cost of that. Ms. Nelson suggested the fact sheet also identify the number of years the IHS has been working on this.

Ms. Rosario Arreola-Pro, Director of Health Systems Development, CRIHB, said the Yocha Dehe tribe is intimately involved in the area surrounding the northern property. She recommended inviting the tribe to participate in these conversations. They have connections to the University and may be a good resource. For example, they have a dove sanctuary in the veterinary school.

Mr. Galleto said it might be best if the tribes do not participate in the public meetings since it is just a regulatory process. Although he would like to educate community members, that might disrupt the process that should proceed quickly and quietly. Some community members will have concerns about the particulars of the property, but tribal members will be defensive due to the mission of the facilities. Ms. Miller agreed and commented that these meetings should be quiet and low-key, only addressing environmental concerns such as flooding.

## YRTC Aftercare Discussion

Mr. Mark Espinosa, California Area IHS Health Systems Administrator, spoke briefly about several of the YRTC planning activities with which he is involved. Several California Area staff visited the YRTC in Nevada and Mr. Espinosa will be visiting a facility in North Carolina to learn about operations. In addition, several California Area staff will be meeting next week to discuss furniture needs and procurement. Eventually, the contractor will provide the Area Office with a list of all of the furniture that must be procured for the facility. Then, the Area Office will need to develop a list of all other equipment needs, such as linens. Other YRTCs have been helpful throughout this process. The California Area IHS is developing position descriptions. There are five key positions that will be filled first, including the Intake/Aftercare Coordinator. This individual will coordinate the youth entering the facility and will follow-up with them after they leave the facility, to ensure they have the appropriate resources in their communities. In addition, the California Area IHS will be hiring a consultant to visit various California sites and determine their capacity for caring for youth who return home after treatment, including an assessment of resources currently available and those needed. The assessment will be completed for 15-20 sites, prioritizing those sites that currently refer the most youth to YRTCs.

Mr. Super commented that his Tribe offers counseling for adults only, and he knows several programs only offer counseling for adults. He said there is no funding to send individuals to alcohol programs. Mr. Espinosa said he knows funds are limited for

everyone, but hopes the assessment will determine funding and training needs. The consultant will look at community-level abuse and aftercare services, the intake process, and post-treatment outcomes. These youth may have medical and/or social service needs in additional to their behavioral health needs. It will be important to treat the whole individual. Administration is important because they allocate those resources. Sites involved in the assessment will be notified in advance to ensure staff are available to work with the consultant.

Mr. Devers commented that the consultant should be someone who is already engaged with the tribal communities, and preferably someone who has ties to the tribal clinics. Some of the tribal facilities provide basic behavioral health services. Some parents and community members may be reluctant to talk about this, but staff at tribal healthcare facilities who are working with these youth, may be able to answer some questions. At some point, the youth's families will need to be involved, in order to treat the whole individuals, including their family and community. Mr. Espinosa agreed and said that the RFP for the consultant is specific and requires experience working with tribes and youth, and within the behavioral health field. This is a specialized area, but the California Area IHS will vet whomever applies.

Ms. Teresa Sanchez, Tribal Representative, Morongo Band of Mission Indians, said it has been difficult to send youth out-of-state. Mr. Espinosa said the California Area IHS has a plan to follow-up with those youth for up to two years after they leave the out-of-state facility.

Ms. Valencia mentioned that interventions at high schools are helpful because the youth often do not want their parents to know they are receiving help. Schools are often a safe haven for these youth, and they respond better to older youth with which they can relate. Mr. Espinosa agreed that is a good suggestion. The California Area IHS is considering establishing a peer group at the YRTCs, wherein the youth that are close to completing the program can mentor the youth that are entering the program. The older youth will better understand what the other youth are experiencing, and they are more likely to listen to other youth rather than individuals who are their parents' ages. These older youth can also assist their communities with aftercare.

Mr. Super suggested positive parenting classes because sometimes parents are doing the best they can and do not know what to do different. Ms. Nelson and Mr. Super commented that many tribal members were sent to boarding schools and there is now much intergenerational trauma. Many parents are doing the best they know how to do, based on their experience with their parents. Mr. Espinosa agreed and said a lot of kids are having kids. The California Area IHS will look at what services are available in each area throughout the assessment.

Mr. Espinosa mentioned that right now, when the youth are sent out-of-state for treatment, they have no connection with their communities. Families and communities will have a point of contact at the California YRTCs, such as a therapist.

Mr. Montoya said the physicians within his healthcare program visit the out-of-state YRTCs when sending youth to them. He suggested the California Area IHS work with his staff. He then asked if accreditation is part of licensure. Mr. Espinosa said it is not, but the California Area IHS is pursuing accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). He also agreed that it would be helpful to work with RSBCIHI's staff to learn about their experiences, including what worked well and what did not work well.

Mr. Montoya asked if Mr. Espinosa would be managing both YRTCs and Mr. Montoya explained that he will first be managing the southern facility when it opens.

Mr. Espinosa announced that the next Best Practices Conference will feature sessions regarding the YRTCs, including the intake process as well as training courses. He suggested each program send their behavioral health staff to the event. He also mentioned that the California Area IHS will be developing an intake packet that can be downloaded online, so tribal healthcare programs will soon be able to see the type of information that will be required. The referral process will be complicated and will require school records and cycle records, for example.

Mr. Scott Black, Executive Director, American Indian Health & Services Corporation, said he was approached by Medi-Cal regarding the availability of facilities for their population. They are working with the Holman Group on this request. They are also looking at the aftercare needs, especially since most of the youth are eligible for Medi-Cal. Mr. Espinosa said he is also looking at the funding piece to assess sustainability because IHS will not be able to fully fund the aftercare.

Mr. Montoya asked about the intent for the third party revenue, since there is already a budget for $7 million. Mr. Espinosa said the $7 million is for staffing salaries and operation costs, and the third-party revenue is need to fund food, cleaning supplies, and gas, for example. Ms. Phillips commented that is not much money to pay for salaries. Mr. Espinosa said the facility will be operating for 24 hours a day, 7 days a week. This will require two staff for every three youth. On top of that, if a youth needs a dental appointment, they will need an escort, for example.

Mr. Montoya mentioned that RSBCIHI is the closest facility to Desert Sage and asked if the California Area IHS would be subcontracting with them. Mr. Espinosa agreed that the Pechanga clinic would be the most ideal facility with which to work. The California Area IHS was also researching local hospitals, but RSBCIHI already has relationships with them. Mr. Montoya also mentioned that they are building another clinic in Bonanza.

Ms. Phillips commented that counselors cannot be alone with the youth at the YRTC; there must always be two staff in the room with a youth. Mr. Espinosa said this also pertains to times when the youth are not in counseling. Two staff members are required at all times. That requires a significant amount of staff and coordination of hiring and scheduling.

Chairman Howard asked if the California Area IHS is also addressing the education piece, and Mr. Espinosa said this is necessary. He said the education piece has been difficult because there are a lot of people with which to coordinate. The facility includes two large classrooms. It is essential that the youth do not waste time for education while in treatment, and that the education fits their needs. It is also essential that there is record of the education provided, for when the youth return home.

Mr. Super asked if the program will include detox. Mr. Espinosa said no, but there will still be opportunity to send youth to facilities in Nevada and Arizona if needed.

Mr. Super also asked if the program will include treatment for patients with dual-diagnoses. Ms. Phillips said 75% of the youth in the program will have dual diagnoses. In addition, the majority of the youth will be behind in school. The education program at the facility will be individualized and aim to keep the youth interested in school. When the youth are released from the program, staff will coordinate with school counselors and arrange for special education if needed.

Mr. Montoya asked about the length of the program and Mr. Espinosa said that will depend on how well the youth is progressing and how much work is needed. The program could be as little as 3 months or as long as 6 months. The treatment plan and discharge plan will be developed by everyone involved with the youth, including the psychologist, therapist, resident assistant, and teacher. Ms. Phillips mentioned that the YRTCs in Phoenix and Pyramid Lake currently receive reimbursement for up to 6 months.

Mr. Montoya asked about the $2 million that was reserved for youth who require out-of-state treatment. Ms. Phillips said approximately $1.2 was reserved for this, and has been spent this year. Mr. Montoya asked if that money will be set aside for the youth who must go out-of-state, and Ms. Phillips said that is how she foresees the process. The youth cannot be treated at the California facilities if their primary diagnosis is mental health or if they have a history of sexual misconduct. Mr. Espinosa added that this will be part of the intake process. If the youth are not appropriate for the California facilities, they will be provided options.

Mr. Super asked about the closest airport to Desert Sage and Ms. Phillips said the closest airports are in Ontario and Palm Springs.

Mr. Galleto asked if the staffing money can still be utilized even though the facility will not be opening this year. CDR Frazier explained that the staffing funding is based on beneficial occupancy, or when the building is safe to enter. Ms. Phillips clarified that staffing funding will be received once Mr. Espinosa receives the keys to the facility. Mr. Montoya said he thought that half of the $7 million was budgeted for this fiscal year and the other part would be available in the next fiscal year. He asked if the California Area IHS will receive the full allocation of staffing next fiscal year. Ms. Miller said she thinks the funding is prorated. This means that starting in FY 2017, the Area should receive the full amount. Otherwise, the funding cannot be rolled over. Mr. Galleto asked if the

whole building must be operational, or if one portion could open in order to utilize those funds. Ms. Miller said the whole building must be operational and the contractor must be gone. Mr. Espinosa commented that once beneficial occupancy is achieve, the full facility will not open its doors. There will be a slow ramp-up. Initially, only 6-8 youth will be admitted as staff are hired and trained.

## Special Diabetes Program for Indians (SDPI) Update

Ms. Nelson presented an update on SDPI. She said the amount of funding is still unknown. The first TLDC meeting will be held in a week and a half in Washington DC. The last TLDC meeting occurred via telephone with IHS Principal Deputy Director Robert McSwain. He decided to eliminate the Healthy Heart and Diabetes Prevention Programs and transfer that funding into the Community-Directed program.

Mr. Galleto commented that tribes are being told funding will be competitive, but that they will receive approximately the same amount even though new tribes are being added to the program. He asked how that will work and if there is a possibility current programs will receive less funding due to the addition of the new tribes. Ms. Nelson said it is unclear how much money California will receive, but there will likely be more funding than has been received in the past.

Mr. Montoya asked about the basis of the distribution and whether the formula will utilize data from the diabetes registries or the total population of all clinics in California. Ms. Nelson said she does not know, but Ms. Helen Maldonado, California Area Diabetes Consultant, assists the tribes. Once the process starts, however, she is not allowed to assist. The deadline will be in October or November.

Ms. Miller explained that the California Area IHS ha distributed $1,000 to each program for a grant writer. Ms. Maldonado has identified several grant writers in the Area. According to IHS Headquarters, this cycle will be extremely competitive and require the application to be near perfect. The IHS has hosted several webinars regarding the different sections of the grant application to assist with this.

Ms. Miller explained that California received approximately $3.5 million of the $70 million diabetes grant money in 2001. There was a national directive at that time to hire diabetes consultants and the CATAC agreed to utilize $200,000 for two consultants. Right now, those consultants are Ms. Monica Giotta and Ms. Jamie Sweet. In addition, every Area was instructed to hire an Area Diabetes Consultant, and the CATAC agreed that an additional $150,000 of the $3.5 million would be utilize to support that position. Shortly thereafter, the CAO entered into negotiations with California's tribal healthcare programs and inadvertently included that position in the discussion. Ms. Miller asked the group if they are again willing to allocated $350,000 off the top for the Area Diabetes Consultant and two additional diabetes consultants. It is expected that the Area Office will receive more funding than was received in 2001.

Ms. Nelson expanded on the activities performed by the diabetes consultants and emphasized that Ms. Maldonado is invaluable. At the national level, California is ahead of the program. Ms. Maldonado has been a great resource for her as the Area's representative to the TLDC. Ms. Nelson said she calls Ms. Maldonado every time she is scheduled to visit Washington D.C. to gain a better understanding of California's concerns and what she should be sharing at the national level. For example, Ms. Maldonado provided the data regarding the Healthy Heart and Diabetes Prevention Programs and the reasoning for transferring the funding into the Community-Directed program. Ms. Nelson was alone when advocating for this at the national level, but used the information from Ms. Maldonado in discussions with IHS Director Robert McSwain, who eventually made this adjustment in California's favor. In addition, Ms. Maldonado assists the programs with the grant process. Ms. Nelson said Ms. Maldonado has made her job much easier.

Mr. Montoya asked if the California Area IHS is requesting the same amount ($350,000) or 10% of the new budget. Ms. Miller said she is requesting the same amount.

Mr. Montoya commented that he is receiving mixed messages about this cycle of SDPI. During a recent meeting in Roseville, the assistant for IHS Director Robert McSwain said the application process would be easier than usual. Now, he hears that the process will be much more intensive. Ms. Miller said this cycle should be taken very seriously because she hear it will be competitive. Ms. Nelson agreed with Ms. Miller.

Mr. Montoya also commented that the grant process penalizes programs that do not have a resolution from every tribe in their system. He said that his board has the authority of the tribes, so that should be acceptable.

Ms. Maria Hunzeker, Executive Director, Feather River Tribal Health, Inc., asked if there is a threshold for the score. Ms. Phillips said she is unsure, but the threshold for the Methamphetamine/ Suicide Prevention Initiative is set at 60 and is very competitive.

Mr. Devers commented on Ms. Miller's original request and said that if this does not impact the program as a whole, he does not have a problem with taking the $350,000 off the top. Ms. Miller said she needs a motion and a vote form the group. Mr. Devers motioned to approve this and Mr. Galleto seconded that motion, but requested more time for discussion.

Mr. Galleto said he agreed with Ms. Nelson that Ms. Maldonado has consistently provided the necessary data for the clinics. He said she is priceless, especially when this data is needed to advocate for California in meetings. He asked how other Areas fund the position. Ms. Miller said she does not know how other Areas fund this position, but the funding should have been in the Area's regular budget. Mr. Galleto asked if IHS Headquarters should be responsible for adding funds to the Area's existing budget. Ms. Miller said IHS Headquarters would require the Area to renegotiate with each tribe to put this funding back into the Area's budget. Since the Area offered the position during negotiations for tribal shares, the funding is now dispersed throughout the state with tribal

shares. Mr. Galleto agreed that would be too difficult. Ms. Phillips added that the requested amount is no longer 10% of the budget since the Area has received over $6 million due to the Tribal Size Adjustment.

Mr. Black asked how this is handled with the urban Indian healthcare programs. He has been receiving letters indicating that diabetes support is different now. Ms. Phillips said the California Area IHS provides technical assistance for the whole Area and does not separate urban programs.

Mr. Masten Jr. called for the vote. CATAC members unanimously approved utilizing $350,000 off the top of the diabetes grants funding to support the Area Diabetes Consultant and two additional diabetes consultants; 9 members voted for this, 0 members voted against this, and 0 members abstained from the vote.

Ms. Nelson asked Ms. Miller to let the consultants know that the tribes appreciate them.

**The committee recessed for lunch at 12:00PM and reconvened at 1:00PM.**

## Drought Update

Mr. Brafford provided an update on the severity of the drought.

Mr. Brafford said three tribes are experiencing emergency conditions – Hoopa, Grindstone, and Tule River. The California Area IHS assisted Hoopa with cleaning their wet well and infiltration gallery inside the river. The Tule River is going dry and the IHS is attempting to drill in several locations.

Mr. Super said water coming through dams is not cold enough because it is let out over the top of the dam. Mr. Brafford said many fish are dying because of this.

Mr. Super also said that he heard the well drillers do not have the capacity to drill all of the wells that are needed. Mr. Brafford said there are about 20 wells that cannot be drilled in California for another 1-2 months for this reason. He added that several dry wells cannot be any deeper. As a result, there are 16 Indian homes in central California that do not have water. The IHS will provide them with the infrastructure (large barrels) to obtain water for their homes in the interim. The California Area IHS is trying to inform the tribes of the opportunity to obtain storage tanks and booster funds. Tribal members need only to go to the state's website and let them know that they are out of water and where they are located. The link to the state's website will also be posted on the California Area IHS's website.

Mr. Brafford mentioned that there are billion dollar water projects with which the tribes should be involved. These projects could result in a pipeline to reservation land.

Mr. Montoya asked if there is reimbursement available for the electricity needed to pump the water up from deeper levels. Mr. Brafford said there is no reimbursement available for this. If tribes install solar panels for approximately $17,000, the excess energy can be sold back to the electrical company. This is only available for community-type systems and not for individual homes.

Mr. Brafford said the state distributes a monthly drought update, and shared it with the group.

Mr. Devers asked for an update on the bonds passed last year. He said the state gathered information from the tribes regarding their well logs and asked if that is still part of the process to get assistance from the state. Some of the tribes are hesitant to share information because there is a fear that the state will ask for a portion of their water. There will be no simple solution to the drought, especially for tribes in rural areas. Mr. Brafford said that is why tribes need to be part of the larger water projects.

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

### *CMS TTAG:*

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

Dr. LeBeau said the TTAG meets monthly; the last call was today at noon. He is the Chair of the data sub-committee. On the call, CMS provided an update on state waiver demonstrations. California has an 1115 bridge to reform waiver, and it includes particular carve-outs for Indian Country. The tribal healthcare uncompensated waiver program will continue. In addition, the state of California has restored a series of Medi-Cal optional benefits, including dental and behavioral health that Governor Schwarzenegger cut in 2009. There will likely be a downturn in the CRIHB program because programs will be able to access those services and see revenue for providing that care. This is not a complete solution, especially for urban Indian clinics. That was brought up in the meeting. One of the positive takeaways for the urbans is the work on the Affordable Care Act (ACA) and access for Indian patients at urban Indian clinics participating in the enrollment process. Mr. Montoya asked why the urban clinics could not have been incorporated under the 1115 waiver and Dr. LeBeau said it is a sovereignty issue.

Dr. LeBeau said the state of Wyoming is now looking at the uncompensated care waiver and will build their own. That is an exciting innovation for which California can take credit. It is not a perfect program, but it allows tribal clinics to see Indian patients and bill for it.

Dr. LeBeau said there is going to be a substance abuse component in the current bridge to reform waiver. Programs that are currently providing substance abuse services for which they are unable to bill, will soon be able to bill for those services if provided to Medi-Cal patients. That is another revenue stream for the clinics. Mr. Super asked if that applies to certified substance abuse counselors and if they will be required to be under a mental health subdivision. Dr. LeBeau said yes, it will be under a drug Medi-Cal system. Mr. Super said his program has had difficulty urging the drug and alcohol counselor to do the paperwork and be supervised by the mental health department in order to bill. The ARB counselors do not have the licensure. Dr. LeBeau said he will analyze the document further.

Mr. Devers asked if Medicaid is the other component. He thought there were restrictions and qualifications to be eligible for that. Dr. LeBeau said there are guidelines, but the waiver can reduce some of the rigidity on those guidelines. Mr. Devers asked if he thinks there would be a waiver for the age restrictions of Medi-Cal, but Dr. LeBeau said he does not know. Ms. Arreola-Pro said she recalls there was a component about the number of beds, and that was waived, but she is unsure if the age was extended to younger or older individuals. Ms. Phillips said the IHS has worked extensively on this issue and had a meeting with CMS at Friendship House. Right now California's tribal residential treatment programs do not receive any revenue for Medi-Cal, and this would allow sites to bill $70 per person per day under Medi-Cal.

Ms. Christine Smith, Associate Health Policy Analyst, CRIHB presented on the ACA.

Mr. Super said the ACA requires individuals to pick a provider and stay with them. As a result, individuals are being charged for seeing outside providers. Dr. LeBeau said, for example, if Karuk is part of the managed care delivery system, and there is a new clinic that is part of that managed care, the CEOs are divvying up the patients to make sure the patients from Karuk are brought back over. In the fallout of the managed care implementation system, patients would be diverted back to their clinics. There are discussions like this happening at the local level.

Mr. Montoya commented that there is a group of people that sit on Covered California's tribal input committee, but the committee has not convened for some time. The group previously raised an issue that it was difficult to submit an application with mixed families, and no one has heard back about that. Dr. LeBeau said they convened a committee with Covered California representatives and are wondering the same thing. He is upset that they are not taking the next step to implement the program. Mr. Montoya said a Covered California representative said they were making the changes for this mixed families application process last May, but they never reported back. Dr. LeBeau said the committee needs to learn what tribal consultation means. Ms. Amanda Wilbur, Health Policy Analyst, CRIHB, said CRIHB has been pushing them and are hoping for a consultation with them in November or December.

Mr. Devers said he does not think the ACA turned out to be what they expected it to be. His tribe is looking at renewing insurance for tribal members and looking at 10-12%

increase in the coverage. Dr. LeBeau said time will tell because the federal government is pulling away the funding dollars from the state exchanges.

Ms. Hunzeker commented that tribes can buy coverage for their members, but no providers are accepting it. Programs using PRC as a resource, are trying to send their patients to specialty providers, but they are not covered.

Mr. Galleto asked if any California tribal health programs have offered tribal sponsorships, and Dr. LeBeau said no. Mr. Galleto asked why and Dr. LeBeau said it could happen on the tribal side without Covered California being actively engaged. Ms. Hunzeker said her board approved tribal sponsorships on their strategic plan and set aside the funds for it. Their concern is the process for a patient that does not file their income taxes and, as a result, does not qualify for the premium. Her board is unsure how to get that money back. The other hurdle is deciding who will qualify – just the elderly or everyone. They will start with the people who have compromised health status and are using the most PRC money.

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

Representatives: Mr. Chris Devers and Mr. Preston Pete

Mr. Preston Pete, Finance Director, Consolidated Tribal Health Project, Inc., said he has participated as the CSC delegate for a couple months, and had been participating as the technical representative for the Area since 2014. The last workgroup meeting occurred in Phoenix on August 24-25. Mr. Pete attended with Mr. Bill Gallagher, Chief Financial Officer, Indian Health Council, Inc., and Ms. Miller. In fact, Ms. Miller is now an official representative on the workgroup. Mr. Pete and Mr. Galleto requested a federal representative last year. Mr. Pete said there are many great minds on the workgroup, but not everyone agrees on the basic concepts of the CSC policy. The agenda of the last meeting included the Interior Business Center and Cost Allocation Services, the two entities that negotiate indirect cost rates. Tribal programs negotiate indirect cost rates through the Interior Business Center and consortiums negotiate through DHHS Cost Allocation Services. California has 17 programs that negotiated a fixed carry-forward calculation. That is a type of indirect cost rate that is recalculated based on the prior two years. There are 8 programs with provisional final rates, which are more simplified. It was helpful for IHS to understand the process that tribal organizations experience to negotiate rates. He is still concerned that IHS Headquarters is not comfortable with the rate negotiation process. Even though those two agencies establish the rates, the Area Office is still concerned with what is in the rates. In this way, IHS is only looking at one piece of the pie. For example, tribal programs have BIA and EPA programs and those are built into the rates. If IHS tweaks this number, it affects the whole group. Consortiums with provisional final rates are primarily IHS and grant funded. It was an educational process for IHS to hear what's going on. FY2014 rates are still being discussed. Programs were fully funded for 2014 and were paid throughout the year. Some of programs were required to issue a check back to IHS and some programs received additional funds after 2014 because they were underfunded. As of December 9, 2014, CSC was still not finalized. That's concerning because programs do not want to

receive a bill after closing out the books. There is still possibility that there is an invoice coming or additional funds coming. The workgroup is still trying to work with IHS to discuss ways to close out earlier. Ideally, close out would occur within 90 days.

Mr. Galleto asked if the workgroup is still discussing a two year process, and Mr. Pete said yes. One of the workgroup members from Alaska, with the support of the majority of the workgroup, is pushing for a fixed lump sum calculation wherein programs would agree to a number at the beginning of the year based on historical numbers. Things change throughout the year and programs may come out ahead or IHS may come out ahead. Regardless, the number would be agreed to prior to the fiscal year. There are concerns that type of agreement would not meet the full funding requirement made by Congress. Although programs might not be fully paid in some years, they would not have a hanging balance for 2-4 years. For example, now that FY2015 is about to close, there will be two open years of CSC. CSC for FY2015 will not be closed until FY2014 is closed, and that won't happen for some time. That is concerning. Several programs in California may received invoices last year, but IHS may owe them funds this year. This is always a moving target. IHS is wanting to fulfill the mandate to fully fund tribes, so they are in a difficult situation.

Mr. Pete said there is a sub-committee to finalize 2014 rates. That committee will take a group of tribes and clinics who have final IDC rates for 2014 or 2015 now and look at their numbers, and compare that with prior year's data to see how much things were off. The workgroup is hoping for a lump sum or to use the indirect cost negotiation process.

Mr. Galleto asked who acts as referee when there is a discrepancy between the number(s) from the Area Office and the number(s) from the tribes. He also asked about contingency funds to cover costs. Ms. Miller said when there is a new budget the agency still has a budget sitting for any items that need to be completed and reconciled for the previous budget. She said the Area tries to reconcile costs at the Area level, but if other opinions are required, the Area has discussions with IHS Headquarters. The Area strives to work with the tribes to resolve things at the Area level.

Ms. Miller announced that the California Area IHS will host a Program Directors meeting on October 14-15. In the afternoon on October 15, there will be time to discuss CSC. Program directors are encouraged to bring their finance staff. This is an opportunity to talk about the fundamentals. There will not be negotiations at this meeting; the meeting is purely informational. Some programs may even share their best practices about how they set up their accounting system. The IHS wants to make the process as simple as possible and all should have an understanding of what each other is doing.

Ms. Miller said one individual at the Area Office is working full-time reconciling CSC costs. In addition, the California Area IHS hired Mr. Harry Weiss to help.

Mr. Devers said this is difficulty because there are so many entities involved. Once the rate is established, it should not be challenged.

Ms. Miller confessed that 2014 was a difficult year because, before that, no program was fully funded. Programs were required to analyze their numbers. This last year, the IHS has gone back and forth with programs. The IHS sent them a list of what is included in the exclusions and base funding so programs could review awards and make sure the numbers are there. She thinks this will get easier at some point.

Mr. Pete asked if this could be handled by an auditor and Ms. Miller said the IHS does look at the audit report. She encouraged all to bring their finance staff to the upcoming meeting because the IHS is trying to make the process easier.

Mr. Pete said the next meeting is tentatively scheduled for November 4-5. He invited all CATAC members to contact him, Mr. Devers, or Mr. Gallagher for any assistance.

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

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

Mr. Super travelled to the national meeting last month in Tucson, but once he arrived, he was notified that the meeting was cancelled. He will attend the next meeting with Ms. Phillips.

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

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

The next workgroup meeting has not been scheduled, but it will be soon, with pressing deadlines for California to make decisions regarding the upcoming budget.

Ms. Miller offered some highlights of the President's Budget for IHS. It proposes an 8% increase over the 2015 budget and includes $718 million in FY 2016 to fully fund CSC. The budget also includes behavioral health services for Native youth and within the IHS, including $25 million to expand the Methamphetamine/Suicide Prevention Initiative and increase the number of child and adolescent behavioral health professionals who will provide direct services and implement youth-based programming in IHS. President Obama also wants to expand healthcare services through population growth, pay cost increases for medical inflation, and infrastructure projects at $107 million over FY 2015. The budget includes $185 million for construction of facilities from the healthcare facilities construction priority list, $89 million for maintenance & improvement, and $115 million for sanitation facilities construction. President Obama also proposes an investment of $150 million per year for three years for SDPI and $10 million for the Resource & Patient Management System electronic health record.

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

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

Mr. Devers deferred to Mr. Montoya.

Mr. Montoya announced that the California representatives to the PRC Workgroup are meeting tomorrow regarding PRC. During the meeting, the group will discuss the lack of accurate information from IHS Headquarters. The group requested information from IHS Headquarters and Ms. Toni Johnson, Area PRC Officer, assisted with this. The information received was incomplete, so the group requested additional information. As a result, the group will discuss the option of submitting a public information request. The group will also discuss the GAO Report. According to the report, there has not been a significant change in PRC in terms of how California and three other Areas are impacted negatively. The existing formula funds base first and then secondary programs. The GAO recommended changes in 1982, 1991, and 2012, but there have not been any major changes. In 2012, a committee was formed to review this policy issue. California is benefitting from access to care in tier 3, but that factor gets 75% of whatever is left after base funding and adjustments. Access to care only gets 25% of that. The overall program has grown since 2000 by almost $715 million, but because of the base funding, there has not been any substantial change for the Areas with no access to hospitals. Increases in funding has not affected California on a per-capita basis. The formula is not working and there is a wide variation in PRC funding across the 12 areas. One option to improve the formula is to move access to care from tier 3 to tier 2 so every year there would be some increase in funding. That would require negotiations across the 12 areas. Another option is to make cost adjustment 25% and access to care 75% in tier 3, since there is already adjustments for medical inflation in tier 2. All options will need to be discussed and negotiated among the tribal leaders so California can speak with one voice. If the other 11 Areas will not agree to formula changes, California might need take some other action.

On Friday, California's representatives to the PRC Workgroup will report to any interested tribal leaders the outcome of tomorrow's meeting.

Mr. Galleto asked for clarification about the inability to access the proper data. He asked if the Area Office or IHS Headquarters was holding back the data. Ms. Miller said she has been working with Ms. Johnson to obtain this data from IHS Headquarters. Mr. Galleto said the workgroup cannot proceed without the data.

Mr. Pete commented that the CSC Workgroup is also struggling with obtaining data. He thanked Ms. Miller for providing some of the data. He said the workgroup has been struggling with the national IHS staff who claim they cannot release the data for privacy reasons; however, the requested data is public information. That workgroup disseminated an inter-tribal leader letter asking tribes to let them know if they did not want their information shared.

Mr. Montoya said there is not much transparency at the national level like they claim there is.

Mr. Devers commented that the PRC data was not accurate for some time and the workgroup agreed accurate data was necessary in order to obtain funding. That should not, however, be the stumbling block for the group. The group made promises to the

tribal leaders at the last Annual Tribal Consultation. Mr. Devers said he does not want to go before them again without any progress. He suggested the group put aside their concerns about the data and discuss ways to proceed.

Mr. Galleto asked if the Northwest Portland Area is similar to California, with no hospitals, and if they want to change the formula. He also asked if they are ahead of California in terms of data collection. Mr. Montoya responded that they have data for their own Area, but there is not aggregated data for all 12 Areas. In general, Bemidji, Tucson, California, and Northwest Portland Area are most affected by the access to hospitals part of the formula.

Ms. Wilbur added that the information the group is requesting is the national information by region. This information cannot be withheld because it is public information. Without looking at the other regions, the group cannot see the bigger picture and compare California to the other regions.

### *Tribal Leaders Diabetes Committee (TLDC):*

Representatives: Ms. Rosemary Nelson and Ms. Dominica Valencia

Ms. Valencia distributed the agenda for the upcoming TLDC meeting to the group.

Ms. Valencia said several tribes sent letters directly to IHS Director Robert McSwain during the SDPI consultation. The Area representatives did not get to see those letters. She said it would have helped to know the opinions of California tribes, in order to represent the entire state of California and not just small groups of people. She said she does not need to know the reasons for their opinions or to know the name of the tribe, but just whether or not they support the proposal. Mr. Montoya asked why they could not obtain copies of the letters and Ms. Valencia said she does not know. Ms. Carolina Manzano, Chief Executive, Southern Indian Health Council, Inc., agreed to forward her letters to Ms. Valencia.

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

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

No report

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

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

The next meeting will be October 6-7 in Washington, D.C.

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

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

Mr. Garcia said he attended the last FAAB meeting in Cherokee, NC. At the start of the meeting, the group discussed administrative issues, including approving the previous meeting minutes. Then, the group discussed their endorsement of the new construction facilities appropriation system. The existing, grandfathered list remains and has precedence. The group believes the system needs to be enhanced to include new authority type projects. The group also discuss the joint venture application scoring and evaluation process. The top 3 projects have been notified to proceed with planning documents. Congress is generally supportive of staffing for the new facilities in the joint venture. The group discuss the Dear Tribal Leaders letter also. After that, the rest of the meeting consisted of the report to Congress. Then, the group toured the facilities at the Cherokee Indian Reservation.

The next meeting will be November 17-19 in Phoenix, AZ.

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

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

Chairman Dixon said the STAC is meeting next week, but he and Ms. Fink are not able to attend. Instead, Geoffrey Strommer, California's technical advisor, will attend.

The next meeting will be during the first week of December.

## Emerging Issues

Mr. Coleman said the California Area IHS plans to conduct tribal consultation on the buyback agreements. Mr. Pete shared his thoughts on the buyback agreements. CTHP wants a better understanding of what services are provided to us in the agreement. They would like more information throughout the year about how much services are being utilized. Mr. Pete said when he worked in the Phoenix Area, his tribal program was invoiced monthly or at least quarterly. They want more information about what they are utilizing or not utilizing (and should be utilizing). He also added that this could have an effect on CSC.

Mr. Masten Jr. said he is resigning his position on the FAAB. He said he enjoyed his time and thanked the group. He has participated on that committee for nearly 8 years. Mr. Devers thanked him for his participation and acknowledged that he will be a good resource for the next representative.

Mr. Devers congratulated Ms. Miller on her new position as Area Director.

Dr. Magruder presented an update on Hepatitis C.

Mr. Black asked if clinics could still participate in the Hepatitis C program and Dr. Magruder said additional clinics may still participate. The goal of the program is to screen every individual in the high risk category and treat all patients who have been identified as having Hepatitis C.

Ms. Valencia asked how often individuals should be screened, especially since some may be a carrier, but not display symptoms. Dr. Magruder explained that the focus of screening is on individuals in a certain birth cohort who may have been participating in high risk behaviors that would make them susceptible to Hepatitis C. Once all high risk individuals are addressed, other birth cohorts will be addressed. This first stage is a major project.

**The meeting adjourned at 3:40PM.**

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

| **Name** | |
|---|---|
| Rosario Arreola Pro | Health Systems Development Director, California Rural Indian Health Board, Inc. |
| Michael Garcia | Board Member, Southern Indian Health Council/ Vice Chairman, Ewiiaapaayp Band |
| Maria Hunzeker | Executive Director, Feather River Tribal Health, Inc. |
| Mark LeBeau | Executive Director, California Rural Indian Health Board, Inc. |
| Carolina Manzano | Chief Executive Officer, Southern Indian Health Council, Inc. |
| Jess Montoya | Chief Executive Officer, Riverside/San Bernardino County Indian Health, Inc. |
| Rosemary Nelson | Tribal Leaders Diabetes Committee Representative |
| Preston Pete | Finance Director, Consolidated Tribal Health Project, Inc. |
| Christine Smith | Associate Health Policy Analyst, California Rural Indian Health Board, Inc. |
| Dominica Valencia | Alternate Tribal Leaders Diabetes Committee Representative |
| Amanda Wilbur | Health Policy Analyst, California Rural Indian Health Board, Inc. |

| **IHS/CAO staff** | |
|---|---|
| Gary Ball | Staff Architect |
| Don 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 |