INDIAN HEALTH SERVICE

CALIFORNIA AREA OFFICE

TRIBAL ADVISORY COMMITTEE MEETING

July 30, 2014

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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. George Gholsen	Absent	East Central
Ms. Bonnie Hale	Absent	East Central
Mr. Robert Marquez	Absent	East Central
Ms. Gayline Hunter (a)	Present	East Central
Mr. Silver Galleto	Present	West Central
Ms. Elizabeth Hansen	Present	West Central
Ms. Crista Ray	Present	West Central
Ms. Teresa Sanchez	Present	Southern
Mr. Chris Devers	Present	Southern
Ms. Diana Chihuahua	Present	Southern

All are primary representatives unless noted; alternates denoted with an (a).

IHS Staff in Attendance:

Mr. Robert McSwain	Deputy Director, IHS Headquarters
Ms. Margo Kerrigan	Director, IHS California Area Office
Ms. Beverly Miller	Deputy Director, IHS California Area Office
Mr. Edwin Fluette	Associate Director, Office of Environmental Health and Engineering
Ms. Jeanne Smith	Acting Human Resources Specialist for Western Region/ Associate Director, Office of Management Support
Mr. Steve Riggio	Associate Director, Office of Public Health
Mr. Travis Coleman	Acting Indian Self-Determination Program Manager

The California Area Tribal Advisory Committee (CATAC) meeting began at 9:15 am on July 30 in the Sycamore 6/7 Room at the Pala Casino Resort & Spa, 11154 Highway 76, Pala, California. In addition to the tribal officials listed above, the meeting was attended by additional Indian Health Service (IHS) staff.

Mr. Coleman welcomed all members of the CATAC and Mr. Devers provided the opening prayer.

After welcoming all members of the CATAC, Ms. Kerrigan notified the group that this meeting is in conjunction with the groundbreaking of the southern Youth Regional Treatment Center (YRTC). She introduced Mr. McSwain who hired her in 1979. He briefly introduced himself, noting that he was the Program Director of Central Valley

Indian Health, Inc. in 1971. Ms. Kerrigan thanked Mr. McSwain for traveling to Pala to attend the CATAC meeting as well as the groundbreaking. She emphasized that the groundbreaking is a big event and thanked the CAO for their work preparing for the event.

Mr. McSwain said he is happy to be able to attend the events. He left the CAO in 1994 and expected to work within IHS Headquarters for no more than 5 years, but he is still working there. He has held several jobs within IHS Headquarters, and is currently Deputy Director. He enjoys what he does and thinks it is an exciting time with the Affordable Care Act (ACA) and the Indian Health Care Improvement Act (IHCIA). Department of Health and Human Services (DHHS) Secretary Sylvia Burwell visited his office last week to meet with IHS Headquarters staff. She seemed engaged and eager to talk with staff. She sent a nice thank you note following her visit. Mr. McSwain is encouraging the IHS Director to release the video of Secretary Burwell speaking at the general staff meeting. He believes she will support IHS just as former Secretary Kathleen Sebelius did.

Mr. McSwain continued by discussing the budget and noted that other agencies have been asked to take a reduction of about 5% in the first budget offer. The IHS has been exempted from that reduction. While the funding for other agencies is being decreased, the IHS budget has been increased. Since Dr. Roubideaux has been director, the IHS budget has increased by 30%. Although the economy is not great, the IHS has been able to move forward. The budget for IHS facilities is now stable, but would preferable be $15 billion dollars higher.

Mr. McSwain emphasized that the groundbreaking event tomorrow is special, not only for all of the Indian people in California, but for him personally. He has been working in the system, trying to get projects completed, and he is excited to see one begin to happen. He noted that the last federal facility in California was closed in the 1950s. California's YRTCs have secured a place in the budget so in three years they should both be built and staffed. He added that a critical part of the process is support from California tribal officials. The YRTCs are important for prevention of substance and drug abuse and alcoholism for California youth. Mr. McSwain again mentioned that he is delighted to be attending the events and again thanked Ms. Kerrigan for inviting him and the IHS Director.

Review Groundbreaking Ceremony Schedule

Ms. Kerrigan said the groundbreaking ceremony will start tomorrow at 10:00 am. She suggested that the group leave the hotel no later than 9:00 am. All CATAC members were provided a flyer for the event with a map on the back of it. She warned the group that there is no cell phone service near the property and global positioning system (GPS) units will not work. She suggested all use the map on the flyer to navigate to the site. Ms. Dominica Valencia, Tribal Leaders Diabetes Committee (TLDC) alternate tribal representative asked if the group can caravan to the property. Ms. Kerrigan asked for a

list of drivers and passengers. Ms. Kerrigan said she has visited the property twice, but still has difficulty finding it.

Chairman Dixon of the Susanville Indian Rancheria said he will not be able to attend the groundbreaking and is unsure if Chairperson Elaine Fink of the North Fork Rancheria will be attending.

Ms. Kerrigan reviewed the agenda for the groundbreaking. At 10:00am, bird singers will open the event. Then there will be the posting of the colors, the blessing, and the tribal welcome. She thanked Mr. Jess Montoya, Chief Executive Officer of Riverside/San Bernardino County Indian Health, Inc. for having made the contacts and getting commitments from the tribal members and traditionalists to attend the event. After Ms. Kerrigan presents, Mr. McSwain will provide brief remarks. Tribal chairmen will have time to speak and there will be a presentation on the history of the ranch. The property was called "the ranch" until the IHS purchased it, and then it became known as "the future site of the southern YRTC". The agenda includes a presentation from youth Steven Moellis, who graduated from a YRTC when he was 16 years old. Mr. Moellis is 18 or 19 years old now. He is going to talk about his YRTC experience and what it meant to him. This will be the keynote address. The group will retire the colors at the end of the session and eat cake.

Ms. Kerrigan suggested wearing sensible shoes because the ground is uneven and there is much dirt and gravel. The parking area has been watered down to minimize the dust, but it is a rural location.

Mr. Devers asked if there would be ribbons and signs for directions. Ms. Kerrigan said CAO staff are posting signs that say "YRTC" with arrows. Mr. Gary Ball clarified that the signs will start at Best Road.

Ms. Kerrigan said she looks forward to seeing everyone tomorrow and thinks it will be a great day. She is excited that it is finally happening. Ms. Valencia is also excited to see this happening.

Ms. Kerrigan reminded the group that this will all need to be repeated for the northern site.

Review Executive Summary – March 10, 2014/December 4, 2013

Mr. Coleman said the December 4, 2013 meeting minutes were provided at the last meeting in March and the March 10, 2014 meeting minutes were sent out last month.

Mr. Coleman thanked Ms. Rachel Pulverman, IHS/CAO, Public Health Analyst for completing these meeting minutes.

ACTION:

CAO will send out California's needs provided by Dr. Mark LeBeau, Executive Director of the California Rural Indian Health Board, Inc. (CRIHB) to the Contract Support Costs workgroup, per the March 10, 2014 meeting minutes.

CAO will send out information about the IHS National Behavioral Health Workgroup (BHWG) conference call held in March, per the March 10, 2014 meeting minutes.

Mr. Coleman noted that there is a possibility that Mr. Robert Marquez will no longer be California's representative to the BHWG or to the CATAC. Mr. Marquez was not reelected to the Cold Springs Rancheria Tribal Council. It is up to the Tribe whether or not to retain Mr. Marquez as their representative. The Cold Springs Rancheria Tribal Council and Tribal Administrator have been notified of this situation.

Ms. Loretta Harjo, CATAC alternate, Hopland Band of Pomo Indians asked for clarification on Ms. Kerrigan's comments about the regional treatment centers as the only option to bring more funding into the Area, per the March 10, 2014 minutes meetings. Ms. Kerrigan explained that the areas that get the most funding are those with hospitals. She explained that the VA already has surgical centers throughout the country. CAO's proposal is unlike anything IHS Headquarters has seen before because it is for an intermediary center rather than an inpatient hospital. Ms. Harjo asked about the number of facilities needed, and Ms. Kerrigan said this information is the result of a feasibility study. Ms. Kerrigan explained that the CAO has not moved forward with this, but it is an option. She believes the focus should be on the YRTCs and not on these facilities that would not be constructed for some time. Ms. Kerrigan reiterated that in her experience in the 30 years she has worked for IHS, most of the funding goes to hospitals. California must establish such centers in order to enjoy the funding that other IHS areas are enjoying. The direct service tribes already have their facilities and do not need to fight for more funding because they are funded for staffing and facility costs. Plus, Congress is putting more money into facilities to maintain them. Ms. Kerrigan said again that she knows of no other way to bring funding into California and has been looking into this for years. She added that the appropriation process does not allow the CAO to give the money to the tribes to build their own facilities. It will take more deliberation and consensus, but these facilities are attainable.

The CATAC members reviewed the Executive Summaries from December 4, 2013 and March 10, 2014 and approved them.

Ms. Kerrigan said she anticipates hardy third-party reimbursements into the YRTCs that will allow the CAO to expand services due to the Affordable Care Act. She said the CAO will pursue the ambulatory surgical care centers if more interest grows. For now, she is looking for a consensus to add the facilities to the health priority system. This tells IHS Headquarters that California plans to build them. She wishes there were other ways to get money, but there are not. She reiterated what Mr. McSwain said about the budget

increasing 30% under Dr. Roubideaux. The majority of those funds are going to direct facilities. Even though there has been an increase in the budget, California has not seen these extra funds. The ambulatory surgical care centers would allow the tribal primary care programs to exist alongside of them and would not duplicate those primary services. These centers would be for mammograms, colonoscopies, and other outpatient procedures that generally utilize Purchased/Referred Care (PRC) dollars. The PRC budget would be freed to expand priorities. Ms. Kerrigan hopes to lay the groundwork to build these facilities, but she cannot do it without California's tribal leaders.

Youth Regional Treatment Centers

Mr. Gary Ball, IHS/CAO Staff Architect presented on the naming of the southern YRTC. The CAO has consulted with tribal leaders and Dr. Roubideaux regarding the process. All CATAC members were provided a two-page handout about the process for naming the facilities. The DHHS Secretary has authority to approve the wording. IHS may not name a facility after a living person. To name a facility after a deceased person, a committee must submit a request to the Area Office. If the Area Director concurs, the request is sent to the Office of Facilities Operations at IHS Headquarters. They review that request to make sure it meets the requirements. Ms. Kerrigan said the CATAC will be the committee that will submit name requests.

Ms. Valencia asked if the facilities could be named after something other than a person. Mr. Ball said other YRTCs have names he cannot even pronounce. Anything that is meaningful, traditional, and cultural to the tribes served is fine. Ms. Kerrigan thinks the name might relate to sage since that is prevalent in the area around the facility. Mr. Ball said the closest municipality is also called Sage, but noted that he is not making a recommendation. Mr. Devers said that is also the name of the road. Ms. Valencia thinks the groundbreaking might inspire a name. Ms. Kerrigan said it is important to understand the limitations for the name and that DHHS makes the final decision. She also mentioned that the name could remain "California Southern YRTC". Chairman Romero of the Mesa Grande Band of Mission Indians said there were discussions about keeping that name some time ago. He said some tribes wanted to name it in their language and others were opposed to that, so they considered a simple name such as "Southern YRTC". Ms. Kerrigan said the consultation request will go out to all tribes in California. Mr. Devers thinks IHS should meet with the Southern California Tribal Chairmen's Association and other tribes to discuss the name.

Ms. Rosemary Nelson, TLDC primary representative asked who the indigenous people are of the area. The Cahuilla are indigenous to the area, but there are several Cahuilla tribes. Plus, other tribes have passed through the area.

Ms. Kerrigan stated that the regulations spell out the limitations as well as the opportunities. The name needs to be decided as soon as possible for both the south and the north. The IHS/CAO will conduct tribal consultation for the northern facility and the southern facility at the same time and send it out to all California tribal chairmen.

Regardless of the number of responses, the majority will decide the name. She hopes the CATAC will think about a name after seeing the property.

Ms. Kerrigan clarified that this tribal consultation will be conducted via letter rather than during an in-person meeting. That way all can send in their ideas. Mr. Devers said he would prefer that the tribes up north name their facility; he believes the southern tribes should name the southern facility. Mr. Masten concurred as well as several others. Ms. Kerrigan commented that northern tribes may not want to name the southern facility, but she wants to give them the opportunity to respond. A name will be needed in the next 3-4 months. Mr. Masten added that the pictures inside and outside of the facility will be based on the area and the name will be the same way.

Ms. Kerrigan said she anticipates the facility to open with 40-50% of its capacity and slowly build up.

Mr. Devers asked when the tribal consultation letter would be sent out, and Ms. Kerrigan said within the next couple of weeks. She said the naming happens during the construction process and cannot be delayed until the facilities are built.

CDR Paul Frazier, incoming IHS/CAO Facilities Director updated the group on the Division of Health Facilities Engineering (DHFE) at the IHS/CAO as there will be several staffing changes in support of the YRTCs. CAPT Richard Wermers, outgoing IHS/CAO Facilities Director is retiring from the Public Health Service after 29 years. He has accepted a position within IHS Headquarters in Rockville. Historically, the DHFE has consisted of four staff members including the director, administrative assistant, and staff architect. An entry-level engineer will be joining the DHFE next month. In addition, IHS Headquarters is funding a staff engineer (GS-12 level) to support construction of the YRTCs.

CDR Frazier provided some background of the YRTCs. He said sometimes the end result gets lost during construction. There will be 32 beds for routine general residential treatment, 6 beds for close observation, and 5 family suites.

CDR Frazier provided the FY 2015 funding amounts for staffing - $2.8 million for 33 positions or FTEs. There is also $312,000 for facility support, engineers, and maintenance staff for the building once the facility is completed. This could also be used for utilities, and mainly for power. Most importantly, the $3.2 total is based on beneficial occupancy when the IHS/CAO takes ownership from the contractor who is building the facility. That is when funds will be released for staffing and that is pro-rated. When the budget was first formulated, the beneficial occupancy was estimated in the third quarter of FY 2015; as a result, half of FY 2015 was to be funded for staffing. In other words, the IHS/CAO would receive half of the funds, but the funds are pro-rated. If there is a delay in construction past the third quarter of the fiscal year, the staffing budget will be reduced. Once the facility opens, funding will be ongoing and will increase to 100%. This is not something the IHS/CAO will need to fight for every year.

The IHS has already solicited for construction of the southern YRTC and is evaluating the general contractors' proposals. Eventually, the IHS will issue a notice to proceed for whatever contractor is selected.

Chairman Dixon asked if the architect will be onsite during construction. Part of the contract includes Assessment & Evaluation and to have a representative on-site during construction. CDR Frazier expects an IHS/CAO engineer to make routine visits as well. The frequency of the visits will be determined once the construction schedule is finalized, but there will certainly be an engineer onsite for significant milestones.

CDR Frazier also mentioned that the IHS/CAO is conducting in-person interviews with contractors next week. Then, the Dallas office will issue the notice to proceed in late August or September. Construction will take 410 days after the notice to proceed. To clarify, the facility should open in October or November of 2015.

Mr. Masten asked who is reviewing the bids. CDR Frazier said the Dallas office will be issuing the notice, but the evaluation group (including CDR Frazier, Mr. Ball, Dallas representatives, and representatives from Seattle) will review the bids. The evaluation group will only focus on the qualifications and proposals and will not look at pricing.

Mr. Devers asked if the IHS/CAO could say if anyone from southern California submitted bids and CDR Frazier said he could not. Ms. Kerrigan clarified that the Dallas office coordinates this and the IHS/CAO is not always brought into the decision. Plus, it is a competitive bid process. Ms. Valencia asked how the position is advertised. Mr. Ball said the solicitation was input into Fed BizOpps, as is the process with all federal projects. CAPT Wermers clarified that this is done in two rounds. First, they ask who is interested and then they put out the information and the schedule and identify what needs to be bid on. The contractors are accustomed to looking for these.

Mr. Preston Pete, Contract Support Costs workgroup, Technical advisor asked about the availability of the funds if construction is delayed, since the funding is pro-rated. Ms. Kerrigan said the funds will go back to DHHS and will be used in other areas. The Dallas office and IHS Headquarters determines this. CDR Frazier said that in the past, in similar situations, areas have requested start-up funds (not staffing funds). These requests have been awarded in the past, but there is no guarantee. Mr. Pete asked how to keep the funds in the California Area. Ms. Kerrigan reiterated that IHS Headquarters will take the funds and apply them to other construction projects in the country.

CAPT Wermers summarized the information provided. He said selection will occur in the next month and construction will start in August or September. The southern YRTC is expected to open in late fall or early winter of 2015. Fifty percent of the funding is expected in 2015 and fifty percent is expected in 2016.

Mr. Devers asked when efforts will be concentrated on filling the facilities with youth rather than building the facilities. He asked if this will be dictated by the existing healthcare facilities or by the courts. He does not want to see the doors open with no

youth for several months. He asked if IHS/CAO has determined a process for obtaining referrals for youth. Ms. Kerrigan said tribal healthcare programs already contact IHS for this. Youth must be referred as the YRTCs will not be walk-in facilities. Referrals may be for six or nine months depending on the needs of the youth, and the tribal healthcare programs in California already know how to do this through the risk pool referral program.

Chairman Romero asked if youth could be transferred from out-of-state facilities to California YRTCs so they could be closer to their families. Ms. Kerrigan said they could be transferred to the California facilities if they would like. Ms. Dawn Phillips, IHS/CAO Behavorial Health said transferring may not be to the benefit of the youth since they may have developed relationships with the staff at the out-of-state facility.

The group took a break and resumed at 11:00am.

Ms. Romelle Majel-McCauley, Executive Director of the Indian Health Council Inc., said she is excited about the YRTC, but is concerned that construction will not be adequately monitored. She thinks someone should be onsite on a weekly basis. Ms. Kerrigan said IHS Escondido District Office staff will be onsite. Ms. Majel-McCauley asked if tribes could meet with the contractor at any time. She is concerned that a lot of direction comes from the Dallas office. Mrs. Majel-McCauley reiterated that she would like someone to be onsite every week to ensure everything goes as planned. Mr. Romero added that he wants to make sure the momentum keeps going to ensure the facility is built, staffed, and operating. Mr. Devers asked about the decision maker for day-to-day operations and Mrs. Kerrigan said different activities will require different levels of approval. She believes there is little to be improved upon at this point in the process. The Project Justification Document launched the YRTCs into the budget. Right now, everything is on track for the southern facility. Mr. Devers said something invariably will arise and they need someone onsite to minimize delays.

Mr. Coleman said in order to get certifications through the state of California and other accreditation, the facility must be named. That is one task that needs to be completed as soon as possible. Also, it will be difficult to change the name once it is decided.

Ms. Yolanda Latham, Executive Director of the Sonoma County Indian Health Project, Inc., asked for clarification on the remaining funding that will come next fiscal year. She asked if construction will stop mid-way if the funds are not approved. Ms. Kerrigan said that construction will be completed in 10-11 months and then the IHS/CAO will receive the remaining funding for staffing. This funding is only for the southern facility. The IHS/CAO will schedule the groundbreaking for the northern facility in 2015. Then, the IHS/CAO will receive funding for the northern facility for design, construction, and ultimately staffing. The money will arrive in those three stages. The IHS/CAO is already slated to receive the money to build the southern YRTC. She said the IHS/CAO will be proceeding at a rate that should impress California tribes while not compromising the quality of care that that facility will provide.

Mr. Coleman said the central tribes must also be considered when naming the facilities. Ms. Kerrigan said that is part of the reason she is consulting with the tribes for names for both facilities at the same time. The instructions will indicate that all tribes are welcome to submit a name for either or both facilities if that is what they would like to do. Northern tribes may not offer a name for the southern facility. Central tribes may only offer a name for the northern facility.

Mr. Jess Montoya asked for clarification on the 410-day construction schedule and if that includes work days or calendar days. CAPT Wermers clarified that this refers to calendar days. The YRTC will not open until late 2015 or early 2016. Mr. Montoya informed the group that youth would not be transferred to the facility until then. He then asked if all California youth would be referred to the southern facility while the northern facility is being constructed. Ms. Kerrigan said patients could be referred and transported to either YRTC depending on availability.

Mr. Devers asked if admission to the YRTCs is on a first come first serve basis. The southern facility will be the only one in California for at least 1.5 years. Ms. Kerrigan does not think the southern facility will be full in the first year. The CATAC disagreed.

Ms. Kerrigan said the IHS/CAO will work on staffing while the YRTCs are being constructed.

Dr. David Sprenger, IHS/CAO Behavorial Health/Psychiatric Consultant commented on the anticipated timeline for operation relative to the time the facility is completed. He said there is going to be a couple of limiting steps, such as staffing, in terms of ability to accept patients. The current plan is to begin hiring key staff prior to the opening of the facility and hopefully have at least a skeleton staff available at opening time. This will partially be based upon timing of funding. That is going to be one of the pieces that is important in how quickly the facility will begin accepting patients. He also mentioned that only about 40 kids are treated per year through the risk pool as that is what the available funds will allow. Capacity will be doubled just by opening one YRTC. It will take some time to establish the referral pattern. To mitigate this, tribal healthcare programs must know when the program is coming online so they can start thinking about how to ramp up their referral processes. Based on the experience of some of the other YRTCs in Indian country, sometimes it takes 6-12 months before the facility is full.

Ms. Harjo said she received an email about the YRTC risk pool. She asked what is happening to youth that are referred now. Ms. Phillips said there are about 28 youth in treatment. She said Ms. Kerrigan is good about taking funds from the IHS/CAO to fund the risk pool, but there was no money this year. The risk pool used $1.8 last year and $2.1 the year before. The IHS/CAO has always found money to pay for these youth. Fortunately, two out-of-state programs – Desert Visions in Sacaton and Nevada Skies outside of Reno - are Medi-Cal California providers so California youth can go there free of charge and bill the state of California for services. In summary, Ms. Phillips said there are still options for California youth, and she knows which programs are still waiting for placement. She has spoken to the program directors and they understand.

Ms. Latham said her clinic recently remodeled the front area and used a project plan and timelines so all knew the status of the project and what was to be expected. She would like to see some soft deadlines for the YRTCs because it helps her plan when they can start referring patients there. Ms. Kerrigan said the IHS/CAO does not have that document as it is developed by the Dallas office. The IHS/CAO is only told when the funding is coming and plans what to do with it. When the YRTCs are able to accept patients, all tribal and urban Indian healthcare programs will receive a letter inviting them to refer patients there. It is unclear whether or not the risk pool will be used to operate the southern YRTC.

Mr. Denis Turner, Executive Director of the Southern California Tribal Chairman's Association commented on the naming of the facility. He said there are over 106 tribes in California and 32 tribes in southern California. He thinks southern tribes would not vote on a center in northern California. Central tribes could vote on both facilities. He asked about parameters for voting, knowing the diversity among the tribes and their populations. He believes the tribes should come to an agreement on the name without federal interference, since naming the facility is a cultural matter. Ms. Kerrigan said she is not looking for a vote, but rather a consensus. She referred him to the set of regulations from the handbook about government owned property. This document spells out what DHHS will and will not approve. She would like to conduct the tribal consultation to everyone's liking. She understands the argument for the north only voting on the name of the northern facility and the south only voting on the name for the southern facility, but does not know where that leaves the central tribes. Plus, there will be northern youth in the southern facility and southern youth in the northern facility. She wants to find a name that means something to all California tribes. She said the naming of the facility will involve the CATAC since the IHS/CAO is required to convene a committee to review the suggested names. Once all name suggestions are submitted to the IHS/CAO, the CATAC will look at all of them and make a decision at the next CATAC meeting. All interested are welcome to attend. She reiterated that the name of the facility is controlled by DHHS. Ms. Kerrigan will undertake tribal consultation for the naming of the YRTCs as soon as she returns to Sacramento. She does not think the northern tribes will want to vote on the southern site, but they will want the chance to opt out. She believes it is important to involve everyone.

Mr. Michael Garcia, Vice-Chairman of the Ewiiaapaayp Band of Kumeyaay Indians said there is a wealth of knowledge regarding YRTCs and asked if IHS/CAO is reaching out to those that have already done this well to discuss their barriers and successes. Ms. Kerrigan said IHS/CAO staff have visited YRTCs in Spokane, Pyramid Lake, and Arizona to see how they are operating. The IHS/CAO is aware of their limitations and where there are opportunities. Ms. Kerrigan said California's YRTCs will soon be the ones everyone comes to for advice.

Ms. Nelson thinks the name should not be the focus. She is just grateful to have a facility for youth in California. Ms. Kerrigan thanked Ms. Nelson for this comment.

Dr. Sprenger said IHS/CAO has contracted with James Ward, Professional Consultant to assist with some of the YRTC development process. He has experience developing the La Posta facility.

Ms. Phillips said a soft timeline may be completed as soon as construction begins; however, the IHS/CAO does not know when that will be because that is controlled by the Dallas office. She added that youth can go to any facility regardless of where they live. She said that it will be difficult to manage two programs simultaneously and would have preferred one facility to only accept males and one facility to only accept females.

CAPT Wermers clarified the construction management process. There will be a manager onsite everyday of construction. In the case of unforeseen conditions, the Dallas office will change the contract. Regarding the northern YRTC, the final documents needed to begin design are approved. In the 2015 President's budget, there is $17.1 million to cover both design and construction of the northern YRTC. The northern YRTC should be operating one year after the southern YRTC is operating. He said these YRTCs belong to all California tribes. It will be helpful if everyone can come together to agree on the care the facilities will provide. The youth must understand why they are there. The YRTCs will treat youth ages 12 to 17. Eighteen-year-olds are considered emancipated minors and can live on their own. There will be transfers from other facilities in Nevada and Washington in addition to transfers between the two California YRTCs. If a child is Medi-Cal eligible, Medi-Cal will now pay for YRTC services provided out of state. They will pay for YRTC services in both Nevada and Arizona. Now there is one application for Medi-Cal, Medicare, and CHIPs. With Obamacare, patients are screened for all three. The IHS/CAO did not see any revenue with the risk pool, but will see some money coming back to maintain services at the YRTCs.

Ms. Kerrigan asked the group if they have visited the site of the southern YRTC and if they saw the pond. She said the pond was cleaned out. The IHS/CAO thought the pond was 12 inches deep, but it was actually six feet deep. She said the budget does not include funding for anything artistic for the youth to view around the YRTC. She is starting a campaign to see if any tribe will sponsor the pond's renovation and/or a few fountains. She would like the sound of running water within the YRTC. She asked the CATAC to think about the need for some aesthetic improvements for the YRTC. Mr. Harjo asked about the aesthetics inside the buildings. She said other YRTCs decorate the walls with artwork produced by the youth. Ms. Kerrigan said the YRTC can choose to do that; however, the facilities will see more than 100 youth per year and might not have enough wall space. Ms. Harjo added that it is part of therapy to express yourself. Plus, it is important for the youth to show where they have come from. The Sherman facility has beautiful murals that the youth appreciate.

Dr. Sprenger said there have been discussions about incorporating art from some of the youth into the design of the building, to allow them to "put their stamp on it" and beautify it.

Mr. Turner thinks maintaining the pond is a good idea, but knows federal facilities have many ponds and wonders how they were able to pay for them. He asked for the cost of the pond so the tribes can decide if it is feasible to maintain it. A smaller pond may be needed or the current pond may need renovations. Ms. Kerrigan asked everyone to look at the pond at the groundbreaking ceremony tomorrow. If it is left undeveloped, it is an insurance hazard; one of the youth could fall into it and drown. Based on the enthusiasm in this room, she knows it will not be difficult to think of ways the tribes can help make the facility look more acceptable to the youth and their parents.

Ms. Harjo suggested a large tree at the entrance to the facility and all of the tribes could be represented on a leaf. Ms. Kerrigan said each YRTC is going to have a round room in the center of the campus and the youth and tribal officials will be invited to bring an artifact from their tribe to place in the room. There is a ledge at the top of the room where the artifacts will be placed. Ms. Nelson thinks that is a great idea. She encouraged looking at commonalities among the tribes when naming the facility, such as the four seasons, circles, trees, birds, and animals.

California Representatives to National IHS and HHS Workgroup List and Reports

CMS TTAG:

Representatives: Dr. LeBeau (not present) and Mr. Inder Wadhwa, Executive Director of the Northern Valley Indian Health, Inc. (not present)

All were provided a report from Dr. LeBeau discussing what has been happening with TTAG.

Contract Support Cost (CSC) Workgroup:

Representatives: Mr. Galleto, Ms. Michelle Hayward, Tribal Secretary of the Redding Rancheria (not present), and Mr. Pete

All were provided a report from Mr. Galleto. He said there are additional issues that need to be discussed. When the IHS Director visited California, tribes let her know that there have been discrepancies with how tribes calculate the data and how the Area calculates the data. Other areas do not have this problem, except for Alaska. He asked how the California Area IHS is calculating the data and why there is a large disconnect between the tribes' numbers and the Area's numbers. He also asked how this will be resolved within the next month.

He said there is potential for a lawsuit with the anti-deficiency act. He asked who is working on these numbers, how they are calculated, and how the issue will be resolved. He also asked if California is limited to a certain amount of money and if some tribes were overpaid resulting in other tribes being underpaid.

Ms. Kerrigan introduced Ms. Miller who has attended the CSC hearings. In April, the CAO offered to hold conference calls with each healthcare program, and ultimately held over 30 calls regarding CSC. Then, the CAO reconciled the numbers and paid full funding. Mr. Galleto again asked why the tribes' calculation of full funding differs from that calculated at the Area Office. Ms. Miller said the CAO is currently reconciling fourth quarter numbers. Mr. Galleto asked if this would be done in the next two months since there is no "rollover". He asked what will happen if a tribe works with IHS but no agreement is finalized. Ms. Miller said the CAO will work with tribes. She explained that tribes are still receiving non-recurring funds which could affect the final CSC amount. She reiterated that fourth quarter reconciliation is happening now at the CAO. She said that programs that have not yet been contacted will be contacted shortly.

Mr. Galleto said his healthcare program utilizes CRIHB, but other tribes do not have such representation. He has only spoken to the tribes who spoke to the IHS Director when she visited California and cannot adequately convey the views of all California tribes. He does not know how many clinics are satisfied with what they have received.
Ms. Miller said amounts provided in April were estimated based on full funding and were not yet final because funds are received throughout the year. This is why the CAO is now reconciling fourth quarter numbers. She also noted that all programs have a different agreement.

Mr. Montoya said that his program was contacted and asked to respond to questions within a day or two. They sent an initial calculation, but knew the amount should be more. They submitted further documentation, but have not heard anything back. He was one of the many that spoke to the IHS Director about this when she was in California. He insists that the methodology must be standardized. He is concerned that the end of the year is approaching and wants to discuss the differences in the calculations. He knows the differences are based on the methodology used for past claims. Depending on how the methodology was applied, the program could lose one or two million dollars. He wants to ensure the calculations are correct and that there is money to compensate his program.

Ms. Miller said the CAO has had multiple conversations with the programs about their rate agreements. She said if the CAO has not yet contacted a program, they will shortly.
Ms. Kerrigan said the IHS Director committed herself to fully paying CSC during this fiscal year. Everyone has been on an accelerated timeline in order to distribute the funds by September 30, 2014. Then, the CAO will need to start calculating this for 2015. This is the first IHS Director that has promised to look at CSC and the first to fully fund CSC.
Ms. Kerrigan emphasized that one problem is that several programs have never established a rate that is accepted by all government agencies. It is the absence of negotiated rates that is now causing the largest difference between the tribes' figures and the Area's figures.

Ms. Harjo repeated Mr. Galleto's question regarding if the tribes are going to have enough time to renegotiate the numbers. Ms. Miller said the CAO has already calculated

the numbers for all of the healthcare programs and are now looking at the discrepancies. Although there is some backlog, this will all get finished. Most of the reconciliations should be completed at the beginning of August. During the reconciliation process, the CAO will review the tribes' numbers and the Area's numbers.

Mr. Galleto again asked if some clinics were overpaid and if the CAO is reviewing that. Ms. Miller confirmed that some clinics were overpaid and said the CAO is working with them. The CAO is also working with programs that have submitted revised calculations. Mr. Galleto asked if the IHS will be able to recover the costs before September 30 in order to reallocate the money. Ms. Miller said the CAO is still working with these programs.

Mr. Pete said it would be helpful to have information from the regional level, including the issues that are happening, so he can relay this information to the workgroup to change the policy. The national workgroup is trying to make the process more streamlined. There are many aspects to this and every tribe is different. One tribe may include CHS in the calculation and one tribe may not. Every region does this differently. He is specifically looking for feedback from the tribes on how they're calculating the data and how it differs from the Area's process. Feedback should be provided to Mr. Galleto, Mr. Pete, or Ms. Hayward. IHS must follow the regulations and the regulations allow tribes to submit and renegotiate their rates up until the last day of the fiscal year. This complicates the process. The IHS is required to fully fund the tribes in 2014 or they are breaking the Anti-Deficiency Act. Better communication is needed between tribes and IHS.

Mr. Galleto said better communication is needed in the future. He has argued with the national workgroup about only giving tribes four days' notice to collect data, but the other areas insist the tribes receive several months' notice. He said he looks like a fool because California was the only Area that did not give clinics at least two weeks' notice. He does not want to argue with the national group when the problem lies in California. Ms. Miller clarified that the amounts provided in April were estimates of full funding. Programs receive non-recurring funding throughout the fiscal year that must be included in CSC. As far as reconciliation, the IHS/CAO is fully entrenched in the reconciliation process. She said if you have not yet been contacted, you will shortly.

Mr. Galleto asked if the IHS/CAO can refute the costs for the clinics that were overpaid. He also asked if there are other sources of funding so the rest of the tribes can be fully paid. Ms. Kerrigan said there is a way to recover those funds. Ms. Kerrigan said most of his questions should be addressed to CRIHB. He said CRIHB became involved early; he is concerned about the clinics not associated with CRIHB. Ms. Miller explained that some of the clinics have negotiated rates, and it is clear how CSC should be handled. Although some programs have formal rates, they sometimes differ from other formal rates and the IHS/CAO must review everything. Mr. Galleto suggested meeting with CFOs to discuss this process so everyone is on the same page in the future.

Ms. Chihuahua explained that all tribes are different and unique. The IHS/CAO should not be surprised that each has a different process for this. She said she is surprised that the IHS has not disseminated a simple plan or procedure for this. Ms. Miller said the national workgroup is working on this now and that the work is at the national level.

Mr. Galleto still has concerns that the IHS will not have enough money to give each tribe 100%. He thinks the national workgroup may need to work on a process for how the Areas calculate these numbers.

Mr. Montoya explained that there are over 25 clinic organizations in California and all receive federal funds. He said there needs to be an indirect cost plan for the federal government for federal and state funding. He believes his calculations are correct, especially since it was reviewed by an outside organization. With an indirect cost plan, discrepancies are rolled over to the next fiscal year. He said grant funding works this way also. Ms. Miller said some programs have negotiated formal rates and some programs are negotiating rates with IHS.

Ms. Kerrigan invited all to call her if they have any problems with their CSC funding. She said the IHS/CAO is comparing the tribes' estimate with the Area's estimate. She knows every program is different. The IHS/CAO has had to adjust their approach several times to ensure they are inclusive of all of the different rates. She added that this is not an attempt to defund anyone. The IHS/CAO is trying to calculate each tribe's fair share of CSC for this year and previous years. The IHS/CAO was not given any additional funds from Congress to fund CSC. She also said that programs will not see additional funds at the end of the year, such as from the Director's Emergency Fund. At the end of the year, the IHS/CAO disseminates all money that has not yet been obligated.

Mr. Galleto asked if tribes should be worried if they have not received anything by September 15. Ms. Kerrigan said that all requisitions must be completed by August since it takes 2-3 weeks to process them. As a result, all negotiations will be finalized by September 15.

IHS National Behavioral Health Workgroup (BHWG):

Representatives: Mr. Marquez (not present) and Mr. Michael Thom, Vice-Chairman of the Karuk Tribe (not present)

All received a copy of the BHWG meeting agenda strategic plan. By the next CATAC Meeting, Mr. Thom will be the primary representative.

IHS Budget Formulation Workgroup (BFWG):

Representatives: Chairman Dixon and Chairman Romero

Chairman Dixon was not able to attend the last meeting in July. The BFWG is planning a summit in Washington D.C. and they are working on an agenda for it now. The workgroup is considering Mr. Ron Allen as their tribal spokesperson. Chairman Dixon suggested Dr. LeBeau as the urban spokesperson.

IHS Contract Health Services (CHS) Workgroup:

Representatives: Chairman Romero and Mr. Devers

Chairman Romero was not able to attend the last CHS Workgroup meeting and had nothing to report.

Ms. Kerrigan said the agency has renamed "contract health services" to "purchased and referred care". Congress and the Senate Committee on Indian Affairs were confusing contract health services with contract support costs. All forthcoming budget documents and reports will use the new term.

Tribal Leaders Diabetes Committee (TLDC):

Representatives: Ms. Nelson and Ms. Valencia

Ms. Nelson provided a report to all CATAC members. She noted that the TLDC has not met since January/February. She was excited to announce that the Special Diabetes Program for Indians (SDPI) was reauthorized for one year, but noted that there is still work to be done.
Ms. Kerrigan asked how the TLDC determines the funding amount for each Area. Ms. Nelson said the calculation was developed many years ago and has not been updated. The calculation includes prevalence rate, tribal size adjustment, and population. Ms. Valencia said many programs will be cut because Congress believes the population has been served. Ms. Nelson agreed that California's funding will be cut. Ms. Valencia continues to inform Congress that the California Area IHS does not have a hospital. She needs statistics to further argue this point, including the number of tribes that are not served and the population size. She said she will continue to do her best to ensure California does not lose funding.

Ms. Valencia said other areas agree that the funding allocations are not equitable. Even the representatives from the areas that will see increased funding disagree with the calculation.

Ms. Nelson provided an update from the annual California Area Diabetes Day. She said she uses every opportunity to present to the tribes in California. She has been pleading with tribes to speak with their Congressional representatives and show them what has been accomplished with SDPI funds. She said it is difficult for the programs to retain employees when they are only guaranteed one year of salary.

Ms. Nelson emphasized that everyone should help with building support in Congress. During August, members of Congress will be working in their local areas. This is the perfect time to invite them to the programs. Site visits are an effective way for members of Congress to see firsthand how federal dollars are saving lives. She is confident that the SDPI will be renewed with the tribes' support. The National Indian Health Board offers resources such as an SDPI site visit toolkit to ensure a successful visit with a congressman.

Ms. Nelson said she is passionate about SDPI because Indian healthcare is only funded at 50% of level of need. This means American Indians/Alaska Natives have rationed healthcare and people will die. Tribes cannot afford to lose the SDPI program because diabetes greatly impacts Native people. She asked for the support of all CATAC members and reiterated that she will do as much as she can to spread the word.

Ms. Valencia mentioned that she is on a separate workgroup for the TLDC that focuses on travel budgets, etc. The TLDC does not have a travel budget. As a result, they hold teleconference meetings on the first Wednesday of every month. The workgroup discussed what is happening on Capitol Hill, the budgets, their current concerns, and various other topics. Unfortunately, few individuals participate on these calls. Recently, the number of participants has not exceeded five. Ms. Valencia hopes that the participants will stay consistent.

Ms. Valencia thinks Ms. Nelson summarized the current situation well. Renewing SDPI will be a fight. Tribes must visit their Congressional representatives. California tribal healthcare programs have great staff and they do not want them leaving because they do not know if the grant will be extended. In Indian country, it is hard to find providers that are passionate. Because of the status of the SDPI, programs have had difficulty keeping these passionate providers. These providers love our elders, respect them, and want them to be healthy. Ms. Valencia said she is fortunate to have Ms. Nelson as a teacher to guide and advise her.

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

Representatives: Mr. Charlie Wright, Chairman of the Cortina Rancheria (not present) and Ms. Sanchez

Ms. Kerrigan said that workgroup has not been convened during this fiscal year.

IHS Facilities Appropriation Advisory Board (FAAB):

Representatives: Mr. Masten Jr. and Mr. Green

Ms. Kerrigan said Pete Masten has been California's representative for some time.

Mr. Masten provided a report to all CATAC members.

The next FAAB meeting is scheduled for November 11-12 in Sacramento.

Mr. Masten said the workgroup convened a meeting in Albuquerque and finalized organizational documents.

Mr. McSwain said he requested alternate representatives from all areas and half have submitted names. He said the Facilities Needs Assessment Workgroup is a statutory workgroup that will require the IHS Director to send a letter requesting alternates and

technical representatives for the workgroup. He hopes to complete this by the middle of August for the November meeting.

Ms. Kerrigan thanked Mr. McSwain and Mr. Masten. She believes the IHS is entering an era where facilities will come to California. This is an important milestone because California's level of need funding (LNF) is 52%. If the California Area IHS proceeds with the ambulatory surgical centers, California's LNF will increase to approximately 94%. The majority of IHS funding is for construction of new facilities. She is grateful that Mr. Masten is representing California on the committee. She is convinced that the YRTCs would not have been funded without Mr. Masten's support on the FAAB.

Mr. Masten said the surgical centers will save CHS dollars if programs can send their patients to them and bill third party, such as private insurance, Medicare and Medi-Cal. This is how the centers will bring money into California.

Mr. Masten also mentioned that the FAAB recently discussed the facilities appropriation priority list. While the old priority system considered the number of large inpatient facilities that will serve one group of people (15-20k in that area), the new priority system will allow for three other facilities that will serve the same number of people or even more. The rating will need to be adjusted slightly to allow for that. All of the funding was going to large facilities and hospitals, but this is changing now.

Ms. Kerrigan thanked Mr. Masten for his representation on the FAAB.

HHS Secretary's Tribal Advisory Committee (STAC):

Representatives: Chairperson Fink (not present) and Chairman Dixon

Mr. Dixon said he is the alternate representative and Chairperson Fink is the delegate. All CATAC members were provided a report from Chairperson Fink.

The next STAC meetings are scheduled for September 18-19 and December 4-5 in Washington D.C. Having the meetings in Washington D.C. allows federal employees to attend the meetings and meet with tribal employees from across the country.

Ms. Kerrigan thanked Chairman Dixon for serving as California's STAC representative for four years. She is glad that Secretary Sebelius set up this workgroup. All representatives must be FACA compliant, which means they must be duly-elected tribal officials or have a designation letter from their tribal government. Recently, DHHS Secretary Sebelius was replaced by Secretary Burwell, who is a former director of the Office of Management and Budget. When she visited IHS Headquarters last week, she was asked if she had any prior experience with Indians, and she said she did, especially regarding contract health services and contract support costs.

Tribal Self-Governance Advisory Committee (TSGAC):

Mr. Ryan Jackson, Tribal Council of the Hoopa Valley Tribe (not present) and Chairman Robert Smith of the Pala Band of Mission Indians (not present)

Review IHS/CAO Circulars for CATAC and HHS/IHS Boards/Committees/ Workgroups

All were provided three IHS circulars that Ms. Kerrigan executed 17 years ago. She would like the CATAC to review them to see if there is anything to change, add, or delete. This discussion will be tabled until all have the chance to review the material.

Ms. Kerrigan thinks all of the circulars should be combined into one document which includes a section on the FACA so all understand the limitations. She said all of the circulars still apply, but they should be compiled. The policies reflect how the Area Director works with the CATAC as well as tribes in national consultations.

Ms. Kerrigan noted that the CATAC is 100% compliant with FACA.

Ms. Kerrigan noted that all travel vouchers are due by Friday, August 1, but the IHS/CAO will accept them next week. These must be added into tribes' contracts by the end of the fiscal year in order to allow for reimbursement.

ACTION:

The IHS/CAO will compile the circulars and distribute to the CATAC.

Emerging Issues

Ms. Latham mentioned the regulation for the HITECH Act of 2009, which required clinics to switch from paper systems to using electronic health records (EHRs). She said this requires purchasing new systems and training of staff. The costs for this are increasing. Healthcare programs must hire staff with higher levels of technical knowledge. Plus, there is a cost for upgrades and computer systems. There is a cost every time there is a patch. She said the costs are steadily increasing and the CSC funding does not cover this. She asked how tribes can advocate for more funding for HITECH, especially since they have been mandated implement EHRs.

Ms. Kerrigan responded that healthcare programs must find funding to cover this in their own budget and through third party billing. She said the IHS/CAO offers technical assistance and training for RPMS and only to those tribes that leave their shares for this. Sonoma County Indian Health Project, Inc. (SCIHP) is associated with CRIHB and should seek assistance and resources from them. There is no money left in the budget. She further commented that staff must be trained and ensure that every patient visit is captured correctly in order to bill third party. Streamlining third party activities would bring in more revenue. Ms. Kerrigan further suggests finding a specialized biller to find uncollected amounts.

Ms. Latham thanked Ms. Kerrigan for her response, but said they already conduct audits. All of SCIHP's billing for Medi-Cal is conducted electronically. When the system dies, there is no way to recover it. This may result in the purchasing of a $30,000 server and this cost will increase over time. Ms. Latham thinks the tribes should be advocating for more funding to support these systems, especially since the government has mandated that they use them in order to be reimbursed.

Mr. Devers asked about the water drought. He asked about the resources that are available to tribes if they drain their supply of water. He knows the IHS has been working with the tribes, but is concerned as the warmer part of summer is approaching. Ms. Kerrigan said the IHS/CAO is assisting with well drilling and also looking at sanitation. The IHS/CAO has a listing of individuals that need assistance for their homes. Mr. Don Brafford, IHS/CAO, Sanitation Facilities Director and CAPT Chris Brady, IHS/CAO, Sanitation Facilities Deputy Director are working on this. Ms. Kerrigan also noted that the IHS/CAO includes five field and district offices staffed with engineers. Ms. Kerrigan offered discussions with the Escondido District Office engineers in order to address specific site concerns. Chairman Romero said his tribe was in desperate need and ultimately spent $30,000 of the tribe's money to address the issue.

Mr. Galleto said one of his tribes declared a state of emergency. Ms. Latham confirmed that the tribe at Stewarts Point recently notified SCIHP that they declared a state of emergency. The tribe has four wells; when two of the wells are drained, the pumps are not operational. Ms. Kerrigan asked them to give the details to Ms. Miller so the IHS/CAO can follow-up with the tribe.

Ms. Harjo asked about the plans for RPMS. The IHS/CAO is asking each program to sign buy-back agreements associated with the system. She asked if IHS is funding this in full and Ms. Kerrigan said the IHS is not. Dr. Steve Riggio, IHS/CAO, Office of Public Health Associate Director explained that the buy-back agreements are with contracted/compacted programs for Clinical Applications Coordinator (CAC) Mentors and to assist with contracted services outside of the capabilities provided by IHS/CAO staff. Buy-back funds are removed when the contract/compact is negotiated and then reconciled at the end of the year. The IHS/CAO only charges the costs for outside contractors.

Mr. Pete asked if the solution to fix RPMS as recommended by the IHS/CAO is to bill more. He asked if there is any plan to speed up the process to improve RPMS. He knows everyone is working hard to make fixes, but thinks it would be helpful if the healthcare programs knew if this will take 6 months, 18 months, 3 years, 10 years, or more. Dr. Riggio explained that stage 2 of meaningful use is being rolled out now and being beta-tested at SCIHP. In comparison to the VA's program, IHS is ahead of many of the improvements. The RPMS EHR is not as outdated as its reputation indicates. In general, physicians and providers are having problems with EHRs across the nation. In a recent survey, RPMS was one of the higher rated programs. The controversy is the demand that programs go through as they implement electronic records. There is often

much resistance from providers. It is costly for the IT department to meet all of these challenges with the Affordable Care Act and meaningful use.

Mr. Montoya mentioned the testimony provided by tribal leaders at the DHHS Region IX meeting. The tribal leaders insisted that the IHS eventually move off of RPMS. There was discussion about the VA system being more user-friendly. Mr. Montoya said he was reviewing the STAC meeting minutes and noticed that Dr. Roubideaux is checking on the status of upgrading RPMS. Clearly, at the national level, she is starting to raise the issue. He said healthcare programs must make modifications at the local level through private groups in order to transfer data. RSBCIHI may work with Inland Empire Services in order to obtain information about patients released from the hospital. The RPMS has an HL-7 interface so RSBCIHI has contracted with Cimarron to write a program that speaks in HL-7 language. Mr. Montoya believes the IHS must move off of RPMS because it is built with MUMPS language. Mr. McSwain clarified that RPMS does not use MUMPS; the system was upgraded and now uses CACHE language. This upgrade has allowed for the front-end graphical user interface instead of the old blue screen.

Ms. Kerrigan added that there is no money for this. If there is year-end distribution, the healthcare programs can put some of that money towards this. The agency will continue to use RPMS.

Mr. Montoya said RSBCIHI may be able to offset these increases if they continue to grow their business and are able to see more patients through the Medi-Cal expansion and Covered California. He said many directors are talking about how the system can be improved. For example, many sites are now using Vista Imaging. The system works well, but since the servers are located in Sacramento and Redding, there is some delay. He asked if the Vista Imaging servers could be moved and administered at the local level to allow for a quicker response time. Ms. Kerrigan said sites should administer their own servers and be independent billers.

Ms. Harjo said Consolidated Tribal Health Project submitted two resolutions in Las Vegas. Ms. Kerrigan said she has not seen these resolutions. Ms. Kerrigan added that Mr. Herb Schultz resigned his position two weeks ago and a new regional director will be appointed shortly.

Ms. Phillips suggested everyone think about community members who may be interested in becoming a substance abuse counselor for the YRTCs. The substance abuse counselor credential can be completed online. Ms. Phillips completed the program through the University of Phoenix. She added that the program may be good for young community members that are unsure of their professional interests. The program costs $2,900 and the credential requires 200 hours of experience before completing the final examination.

Ms. Nelson asked about the date for the next CATAC meeting and Ms. Kerrigan offered a range of dates. Ms. Valencia suggested scheduling the meeting after October 10 since there is a Bureau of Indian Affairs meeting that week. Ms. Kerrigan noted that the IHS may be operating under a continuing resolution then. The group decided to hold the next

meeting on October 22 or 23. Ms. Kerrigan said the CATAC will decide on the name for the southern YRTC then and the meeting will be in Sacramento.

Ms. Kerrigan thanked the group for their contributions and giving her the advice she needs to do her job.

The meeting adjourned at 3:50PM.

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

Name	
Robert Brown	Board Member, Southern Indian Health Council, Inc.
Leora J. Treppa Diego	Board Member, Lake County Tribal Health Consortium, Inc.
Bill Gallagher	Chief Financial Officer, Indian Health Council, Inc.
Michael Garcia	Board Member, Southern Indian Health Council/ Vice Chairman, Ewiiaapaayp Band
Orvin Hanson	Chief Operating Officer, Indian Health Council, Inc.
Loretta Harjo	Council Member, Hopland Band of Pomo Indians
Terry King	Chief Financial Officer, Southern Indian Health Council, Inc.
Yolanda Latham	Chief Executive Officer, Sonoma County Indian Health Project, Inc.
Vickey Macias	Tribal Council Member, Cloverdale Rancheria
Romelle Majel-McCauley	Executive Director, Indian Health Council, Inc.
Carolina Manzano	Executive Director, Southern Indian Health Council, Inc.
Jess Montoya	Chief Executive Officer, Riverside/San Bernardino County Indian Health, Inc.
Rosemary Nelson	Tribal Leaders Diabetes Committee Representative
Gwendolyn Parada	Chairperson, La Posta Band of Mission Indians
Preston Pete	Finance Director, Consolidated Tribal Health Project, Inc.
Mark Romero	Chairman, Mesa Grande Band of Mission Indians
Dennis Turner	Executive Director, Southern California Tribal Chairmen's Association
Dominica Valencia	Alternate Tribal Leaders Diabetes Committee Representative

IHS/CAO staff	
Gary Ball	Staff Architect
Cordell Bailey	Contract Specialist
Michelle Blackowl	Administrative Assistant
CDR Paul Frazier	Incoming Director, Division of Health Facilities Engineering
Dawn Phillips	Behavioral Health Consultant
Rachel Pulverman	Public Health Analyst
David Sprenger	Medical/Psychiatric Consultant
CAPT Rick Wermers	Outgoing Director, Division of Health Facilities Engineering

INDIAN HEALTH SERVICE

CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING

Sycamore Rooms 6&7
Pala Casino Resort & Spa
Pala, CA
July 30, 2014

July 30, 2014 **Location: Sycamore Rooms 6&7**

9:00 AM	**Invocation Roll Call**	**Mr. C. Devers**
	Introductions-All Participants and Guests	**Mr. T. Coleman**
	Opening Remarks	**Ms. M. Kerrigan**
9:15 AM	**Review Groundbreaking Ceremony Schedule**	**Ms. M. Kerrigan**
	Tab 1	
9:45 AM	**Review Executive Summary-March 10, 2014**	**Mr. T. Coleman**
	Review Executive Summary-December 4, 2013	
	Tab 2	
10:00 AM	**Youth Regional Treatment Centers**	**Ms. M. Kerrigan**
	- **Naming of the southern facility**	**Mr. G. Ball**
	- **Staffing**	**CDR P. Frazier**
	- **Looking ahead at the YRTCs**	**CAPT R. Wermers**
	Tab 3	
12:00 noon	**Lunch**	
1:30 PM	**California Representatives to National IHS and HHS**	
	Workgroup List and Reports:	

CMS	**TTAG**
Contract Support Costs	**CSC**
Behavioral Health	**BHWG**
Budget Formulation	**NTACBH**
Purchased/Referred Care	**PRC**
Diabetes Committee	**TLDC**
Workgroup on Tribal Consultation	**TCW**
Self-Governance	**TSGAC**
Facilities Appropriation	**FAAB**
HHS Secretary's Tribal Advisory Committee	**STAC**

Tab 4

3:30 PM	**Review IHS/CAO Circulars for Tribal Consultation, CATAC and Workgroups**	**Ms. M. Kerrigan**
	Tab 5	
4:00 PM	**Emerging Issues**	**Ms. M. Kerrigan**
	Tab 6	
4:30 PM	**Adjourn**	