INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE

TRIBAL ADVISORY COMMITTEE MEETING

October 22-23, 2014

Table of Contents

EXECUTIVE SUMMARY

CATAC Members:		**Region Represented:**
Mr. John Green	Absent	Northern
Ms. Cheryl Siedner, (A)	Present	Northern
Mr. Peter Masten Jr.	Present	Northern
Mr. Stacy Dixon	Present	Northern
Mr. George Gholson	Present	East Central
Ms. Bonnie Hale	Present	East Central
Mr. Robert Marquez	Absent	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 otherwise indicated-Alternate (A)

IHS Staff in Attendance:

Ms. Beverly Miller	Acting Director, IHS California Area Office
Dr. Charles Magruder	Chief Medical Officer
Mr. Ed Fluette	Associate Director, Office of Environmental Health and Engineering
Ms. Jeanne Smith	Acting Executive Officer
Mr. Travis Coleman	Acting Indian Self-Determination Program Manager

The California Area Tribal Advisory Committee (CATAC) meeting began at 9:00AM on October 22 in the Sonoma 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.

Ms. Beverly Miller, California Area (CA) IHS Acting Director welcomed all members of the CATAC.

Ms. Miller said Dr. Yvette Roubideaux, Acting IHS Director, asked her step in as the Acting Director of the CAIHS following the unfortunate passing of Ms. Margo Kerrigan. The IHS, an agency within the Department of Health and Human Services (DHHS), is the principal federal health care advocate and provider for American Indians and Alaska Natives. Ms. Miller is a member of the Cherokee Nation of Oklahoma. As the Acting Area Director, Ms. Miller manages a unique health care program provided entirely through contracts as allowed by the Indian Self-Determination and Education Assistance

Act, Public Law 93-638, where Tribes establish and maintain responsibility for the development and operation of their health facilities. The California Area serves 103 tribal communities through 26 rural health care operating units, seven urban Indian healthcare programs, and 14 adult alcohol treatment programs. Ms. Miller began her IHS career in 1993 as the Financial Management Officer with the California Area IHS. She has served in various senior management positions in the California Area, including the Associate Director of the Office of Management Support, Area Executive Officer, and more recently as the Deputy Area Director. Ms. Miller holds a Master of Health Administration degree from the University of Southern California and a Master of Business Administration degree from Golden Gate University. She is also a Certified Public Accountant.

Ms. Miller reminded the group that the federal government is operating within a continuing Resolution until December 11. Due to the sequester, there is a permanent 5% reduction in the budget. Once Congress signs the budget, the sequester may change.

The IHS hosted a webinar training regarding Ebola on Monday October 20. There is another webinar scheduled for tomorrow at 10:00am. Additional U.S. Public Health Service Commissioned Corps Officers may be sent to West Africa to assist with the Ebola crisis. These officers will be fully trained prior to deployment and will be monitored upon their return to the U.S. Ms. Miller is unaware of any California officers who have been deployed.

Dr. Charles Magruder, CAIHS Chief Medical Officer, has been distributing information about the spread of Ebola in West Africa. Ms. Miller mentioned that deployment depends on the location of the Commissioned Corps Officer. If the officer is in a rural location, they most likely will not be deployed. The timeline of monitoring someone who may be affected is 21 days. The symptoms are vomiting, diarrhea, and fever. Eleven of 12 officers have been approved for deployment. Ebola is transmitted through direct fluid contact.

Review Executive Summary – July 30, 2014

Ms. Rosemary Nelson, Tribal Leaders Diabetes Committee primary representative, suggested moving this topic to the following day and the other CATAC members agreed.

Youth Regional Treatment Centers – North and South Updates

The architectural drawings for the youth regional treatment center (YRTC) have been completed and a bid has been accepted. Some details are being discussed. Mr. Gary

Ball, CAIHS Staff Architect, showed the group a map of the northern YRTC and mentioned it is close to the Area office as well as the airport. He also showed the group an aerial view of the one-mile square D-Q property. There are concerns about minor flooding, but there are irrigation canals and two extra acres in case of flooding (12 acres were purchased instead of 10, per original site requirements). There are trees on the property where hawks have been nesting. They are not endangered, but are threatened in California. To address traffic concerns, the driveway can be moved or the street may be widened towards the property.

Mr. Ball spoke about the southern YRTC property and paving the driveway. The southern YRTC does not have a large impact on the property. The site covers less than 20% of the property. The initial concept was to have the buildings separated but it was decided to bring them closer together because of the elevation issues. There is a 16 ft. difference in elevation across the site.

Mr. Ball explained several details of the site. There will be a walking/talking path for discussions between the youth and their counselors. In addition, there will be a cultural room. The tribes will need to decide what they need for this space and the décor relating to the traditions and customs of the local communities. The residence area has four pods for boys and four pods for girls, but this can be adjusted depending on the population mix at the facility. Mr. Ball showed the group the computer lab near the classrooms. He also described the half-court basketball and fitness area. There is also a dining hall for the kids. The administration area will include a culturally appropriate entry point for new arrivals. This is the initial place where the youth will come when they are admitted. The design of this area must be welcoming and comforting as this is where the staff will come to introduce themselves to the youth. There is a therapy area where they can be observed closely for current and possible issues which may arise. There are also five family suites with handicap access in order to bring family into the facility for family therapy sessions. These suites have a cooking and lounge area. Families are able to talk and interact with others. There will be a cultural room with seating. The room will be decorated with items representing the local tribes. There are concerns about fire safety because there is only one exit and high windows. The CATAC suggested installing lower windows for emergency exits. There is currently an open shed on the property that has been used for our celebrations, but it will be dismantled. There is a concern about the dry trees on the property and how the pond is affecting them. Bark beetles have also been found. Mr. Ball says he is able to share the report details with all who are interested. In addition, a hawk has been nesting in the trees and will hopefully stay in the area.

Mr. Mark LeBeau, Executive Director, California Rural Indian Health Board (CRIHB), asked if cultural symbols could be added to the facility and design. Mr. Devers explained how the tribes' cultures are being interwoven into the facility design and how cost plays into this. There are 14 tribes that need to be represented. The building will be culturally appealing to the kids with a spiritual atmosphere. Mr. Ball also noted that round elements were added to the design and traditional items will be added so the kids feel at home. Not every corner was able to be rounded, but a long, curved window was added along the courtyard. Plus, the cultural building is round.

Mr. Frederick Rundlet, Executive Director, Consolidated Tribal Health Project, Inc., asked about staffing efforts. CDR Paul Frazier, CAIHS Division of Facilities Engineering Director, responded that there will be 70 staff. In the 2015 President's Budget there is funding for half of the staff. There are planned bimonthly meetings to discuss staffing, recruitment, the treatment model, and funding. Ms. Miller added that the California Area IHS has already started working with the State of California to arrange for Medicare funding.

One CATAC member asked about Commissioned Corps Officers serving as staff. Ms. Miller explained that staff will be recruited from the public, specifically from the areas surrounding the facilities. The 2016 budget will include full funding for staffing. Commissioned Corps Officers must compete for these jobs along with the public, and Indian preference will apply.

CDR Frazier discussed the pre-construction meeting and noted that the winning base-bid amounted to $12.8 million. The contractor will be on-site in the next couple of weeks and the IHS expects to issue the Notice to Proceed by November 3. From that date, the construction contract provides for 410 calendar days in the performance period. The completion (move-in) date is expected to be early January 2016. CDR Frazier said there is a two-year temporary architect position in Southern California and he is currently reviewing the panel of applicants. The positon will be housed in the Escondido District Office.

Mr. Ball explained that this is a federally-funded construction project and all interested in a tour of the site must schedule a visit through the IHS. The contactor will not allow unscheduled visits to the site because the contractor is responsible for maintaining the construction schedule and ensuring the safety of everyone on-site during construction. Monthly construction meetings will take place at the site. It could be possible to tour the site during one of these meeting. The IHS will accommodate all requests as much as possible. All interested visitors should send a request to Ms. Miller, Mr. Ball, or Mr. Travis Coleman, CAIHS Indian Self-Determination Program Manager.

Naming of the Youth Regional Treatment Centers

Ms. Miller explained the process for naming the southern YRTC. A letter was sent out in September asking for suggestions for names for the southern YRTC. On October 7, 22 names were submitted to the CATAC. After many discussions and input from tribal leaders, it was decided that southern tribal leaders would name the southern facility and northern tribal leaders would name the northern facility. On October 21, Ms. Miller met with southern tribal leaders in Pala, California. The naming process follows a specific policy, which requires a consensus from all tribes or the utilization of a steering committee. Ms. Kerrigan designated the CATAC as that committee. The name, approved by a CATAC vote, will be recommended to IHS headquarters by the Area

Director and will then be forwarded to the Department of Health and Human Services for approval. This can take up to 60 days. It is essential that the IHS establishes a name for this facility since it is need for state documents and to proceed with the next stage of construction. The name is also needed to obtain licenses. "Dessert Sage" was the name chosen by southern California tribal leaders. Mr. Chris Devers, Southern Region Tribal Representative, motioned to approve this name, Ms. Teresa Sanchez, Southern Region Tribal Representative seconded that motion, and the motion carried unanimously.

Ms. Miller introduced Dr. David Sprenger, CAIHS Medical/Psychiatric Consultant, who is an adolescent psychiatrist who has worked in California for many years. She also mentioned that the CAIHS hired Mr. James Ward, Consultant, who was in charge of the Southern Indian Health Council Youth Treatment Center and has much experience to offer. Dr. Sprenger and Mr. Ward have been involved in developing standards for education and treatment protocols, meetings with the state, and researching a multitude of activities for the youth.

Once construction is completed, information technology (IT) equipment and other equipment and furnishings will need to be installed. Mr. Preston Pete, California Technical Advisor to Contract Support Costs Workgroup, asked when the northern facility will be named and Ms. Miller said this will be discussed within the next month. The plan is to wait for the budget to be passed. Solicitation for naming suggestions, however, will begin in the next few weeks. Ms. Miller added that these facilities will operate as a business and will require incoming money. As a result, California Area IHS staff have been meeting with the State of California regarding billing.

Mr. Peter Masten Jr., Northern Region Tribal Representative, asked if it is advantageous to develop a document for the state regarding billing and how we would like to proceed. Ms. Miller said this is a good idea to put concerns and suggestions in writing.

Ms. Nelson asked if other states have YRTCs and suggested consulting with them. Ms. Dawn Phillips, CAIHS Behavioral Health Consultant, said some facilities do not survive because they do not have enough certified people to staff it. There have been some discussions with other regional treatment centers around the country. Half of these facilities are federal and half are tribal. The federal facilities are much smaller. Some have made their reports and documents available to us.

Mr. Devers suggested learning from the process for the southern YRTC to expedite the process for the northern YRTC. Ms. Miller said this will be done informally. She also noted that the state is not in opposition and all are establishing processing for the new YRTC.

Ms. Miller added that success of the YRTCs will also depend on continuing care within the communities.

Ms. Miller invited all to listen to the weekly Ebola call with the Department of Public Health today at 11:00am. The California Area IHS conference room was reserved upstairs on the 7th floor for all who want to participate.

Mr. Rundlet asked if IHS established protocols for addressing and preventing Ebola and if there will be additional funding for this. Dr. Magruder said no mandatory requirements have been put into effect at this time for Ebola.

Aftercare Discussion

Ms. Phillips briefly discussed aftercare in the community and addressing addiction, weight loss, and smoking cessation. Assertive Continuing Care (ACC) is based on aggressive case management as opposed to passive follow-up and client participation. She emphasized that setting goals is important. The cost of the program and a licensed behavioral therapist is not a lot of money to invest in the youths. Unfortunately, services provided by a Licensed Marriage and Family Therapist (LMFT) or (Licensed Clinical Social Worker (LCSW) are not reimbursable at tribal healthcare programs.

Mr. Rundlet mentioned the need for more reimbursement for these counselors and suggested the tribes advocate for this with the State of California. Ms. Phillips agreed that counselors are not paid what they are worth. Mr. Jess Montoya, Chief Executive Officer, Riverside/San-Bernardino County Indian Health, Inc., suggested putting more pressure on the state. Ms. Miller suggested that the YRTC risk-pool might be used for this. Ms. Phillips noted that it is not clear what modality is most effective. Plus, convicted felons are sometimes refused care because of their record.

Update on California Indian Health Care Issues

Ms. Heather Hostler, Chief Deputy, Office of Tribal Advisor, was unable to attend this event, but Ms. Miller read a statement from Ms. Hostler:

Good Morning, I apologize sincerely for not being able to give this report for the Governor's Tribal Advisor in person. Thank you for taking a few minutes to listen to updates from the State of California. I'm going to touch on a few highlights that are important for your information and to take back to your tribal governments.

Tribal Consultation Policy

The California Health and Human Services Agency has been doing a lot of work developing a Tribal Consultation Policy. The agency policy will provide guidance for the thirteen departments within the agency who will develop their own Tribal Consultation Policies. A few departments have already started the work to institute a department

policy.

The CHHS agency policy will be finalized early 2015 and that's when you will see most departments developing their specific tribal consultation policies. It is important that tribal leaders and health program directors participate in sessions to discuss creation of department policy and review drafts and provide written comment. This is the first time that all state departments have been required to develop and implement tribal consultation policies so your participation is necessary for them to get it right.

Drought

Cynthia Gomez has been appointed to the Governor's Drought Task Force (DTF) to ensure there is a tribal perspective in the Governor's team to tackle drought. The DTF was created in December 2013, Cynthia was tasked with tribal engagement in January 2014 and starting February 2014 we've conducted Tribal Consultation Calls/ Webinars every month. These have been informative, real time information to keep tribal leaders and their designated drought staff up to date on information, strategy and opportunities throughout drought response initiatives. A copy of the webinar power points can be found on our website at www.tribalgovtaffairs.ca.gov. The next Monthly Drought Tribal Consultation Webinar is scheduled for Wednesday, October 29th beginning at 10 am. If you are interested in participating, please contact me at Heather.Hostler@gov.ca.gov.

On our website, you can also find weekly drought reports that provide situational and current status updates for all areas being monitored through this drought event.

From the beginning, IHS has been an integral partner for tribal engagement. Our approach has been to coordinate state, federal and tribal partners and IHS has been an important leader providing vital information about high-risk water systems and emergency situations that need to be immediately addressed and fast and effective response. The tribal governments have been engaged at a high level, talking to the Governor's highest appointed officials about concerns and issues on a very regular basis.

Legislation

AB 1812 – Reports are required to be filed with the Office of State Health Planning and Development that include specific data and information. In existing law, those reports were to be disclosed to any California Hospital, local health department or local health officer. AB 1812 expands the law to include access of disclosure information to Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the **Indian Health Service, Tribal Epidemiology Centers**, as defined, the National Institutes of Health, the National Cancer Institute, and the Veterans Health Care Administration within the United States Department of Veterans Affairs. This bill was authored by Assembly member Pan and signed into law by Governor Brown on August 22, 2014. This is particularly significant for Tribal Health Programs as they seek to gather accurate data from the state to better understand health issues, trends and epidemics for tribal communities in California.

Thank you for your time and I look forward to seeing you in person at the next CATAC meeting. Please don't hesitate to contact me with any questions or concerns at Heather.Hostler@gov.ca.gov or (916) 373-3718. Thank you.

Annual Tribal Consultation – agenda & location

This year's Annual Tribal Consultation will be located in central California in March 2015. The California Area IHS is researching facilities that can accommodate the large group that usually attends. Ms. Phillips said approximately 200-250 individuals attend. Lemoore has a hotel and there are a few others in town, but attendees would need to fly into Fresno and drive an additional 45 minutes from there. Thunder Valley Casino Resort, Cache Creek Casino Resort, and Jackson Rancheria Casino Resort are also options for this.

Ms. Miller said there may be issues related to the YRTC that will require a vote during the consultation. She also said there will be discussions on contract support costs and long-term solutions for this. During the consultation, Tribal leaders will be asked to vote on health priorities for California.

Mr. Masten suggested invited the Secretary of the Department of Health and Human Services to the annual consultation.

Mr. Coleman suggested checking the dates of the gaming conference so this consultation does not conflict.

The committee recessed for the day.

The committee reconvened on October 23, 2014 at 9:00am.

Budget Update

Ms. Miller explained that the budget will include an additional 5% reduction in addition to the last 5% reduction. The FY 2015 President's Budget includes funding for design and construction as well as half of the staffing funding for a total of $3.2 million for 35 staff. This will be pro-rated depending on when the CAIHS has beneficial occupancy.

CDR Frazier said there is $6.4 million allocated for staffing just for the southern YRTC. Besides the physical structure, the YRTC will require policies and procedures, administrative support, and service contracts. It is possible that the YRTC will be built, but no funds will be provided to staff it. Plus, there could be additional rescissions.

With a continuing resolution, there is no funding for the YRTC. The California Area IHS is hoping that the budget is passed that provides funds for staffing for the southern YRTC and design and construction for the northern YRTC.

California Representatives to National IHS and HHS Workgroup List and Reports

CMS TTAG:

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

Mr. LeBeau presented on CMS TTAG and said the system is complex and reporting requires a lot of tracking of patients. The TTAG meets approximately once a quarter in Washington, D.C. This workgroup was established in 2004 under ARRA. The group has had great accomplishments, but there is still work to be done. The group is working to resolve issues of state laws along state borders.

Mr. LeBeau mentioned that he is from Pit River. He said Hoopa is being recognize on Capitol Hill and the rest of the tribes need to work like Hoopa did to be recognize by the politicians.

A data sub-committee is preparing a diabetes brief. Reports reflecting the issues of native people are needed.

The workgroup is looking at the Medicaid waiver in Arizona. There is $1.7 million in medical optional benefits. Arizona does not want to cover former foster Indian kids who were treated at tribal clinics. The Medicaid program is not willing to cover them.

One individual asked about the selling of tribal property. Mr. LeBeau explained that land not in trust owned by tribal families could be lost if an elder is in long term care. They are looking into exemptions from DHHS to change this.

The next meeting in Washington D.C. will be in February.

Contract Support Cost (CSC) Workgroup:

Representatives: Mr. Silver Galleto and Ms. Michelle Hayward (not present)

Mr. Galleto resigned from the CSC Workgroup and Ms. Hayward was not re-elected to her Tribal Council.

Mr. Preston Pete presented on the CSC workgroup. According to the report provided at the last meeting, there were eight recommendations to be submitted to Dr. Roubideaux. CSC funds should be mandatory multi-year x-year conversion funds. CSC is fully funded for 2014, but Congress did not provide funds to pay for this. There were $50 million overages estimated at one time and it is currently estimated at $25 million over. Primarily, these amounts came from IHS Headquarters funds. She should provide an accounting of where the money came from. If it was multi-year funding, it could be rolled over from year to year. The workgroup is looking for the due dates to submit documentation. It is hard to calculate the changes every day. IHS is still reconciling CSC funds. The California Area needs a federal representative on the committee.

Mr. Galleto, said they cannot adequately represent all of the tribes from California.

Ms. Miller confessed that CSC is a challenge. There are different ways to calculate and different exclusions. Every healthcare program is different. The CAIHS would like to support the recommendations of the workgroup. CSC is like a stream – it can be viewed at any particular time, but it continues to move on. This makes it seem like you don't know what you're doing because the numbers keep going. There needs to be a policy to state when to reconcile.

Mr. Galleto said IHS Headquarters blames the Area offices and the Area offices blame IHS Headquarters. All need to have the same information.

IHS National Behavioral Health Workgroup (BHWG):

Representatives: Mr. Robert Marquez (not present) and Mr. Michael Thom (not present)

No report

IHS Budget Formulation Workgroup (BFWG):

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

Chairman Dixon of the Susanville Indian Rancheria said there was a good turnout from California for the budget formulation last week. The next meeting will be in February 2015 for the FY 2017 budget.

IHS Purchased/Referred Care (PRC) Workgroup:

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

There will be more meetings regarding the creation of a position paper on CHEF. There is $51 million dollars available across the nation, but each case must meet a $25,000 threshold. California only received $89,000. Navajo, Billings, and Oklahoma received $5 million. The workgroup came up with nine recommendations, which include knowing what qualifies and assembling a more definitive list. California must start to participate in this.

There is a discussion of reducing the $25,000 threshold to $19,000 after one year of analysis. The workgroup put a hold on this discussion until there is more data analysis. There needs to be more training on this program. California is underrepresented in the country. One leukemia case can cost over a million dollars.

Mr. LeBeau noted that there are three government accountability reports and all three show "equitable funding" for IHS Areas. He said tribal leaders refer to this as "equitable discrimination". California has the most tribes and patients and is historically at the bottom of the list for receiving PRC funds. Other areas are advocated and California is struggling to build facilities. The committee recommends more equitable funding between areas and to use a better funding formula. Mr. LeBeau offered to send the reports to the CATAC.

Tribal Leaders Diabetes Committee (TLDC):

Representatives: Ms. Rosemary Nelson and Ms. Dominica Valencia

The new chairs are Roland Higher and Connie Parker. As a result of the new chairs, there was a lot of confusion at this meeting. In addition, Portland wants California to use epi-centers, but this may not work. The budget has been set every year and has put stress on California healthcare programs. California needs a strong voice. Navajo has statistics for six clinics and Alaska and Phoenix have statistics prepared. California needs to come back with data to discuss.

IHS Facilities Appropriation Advisory Board (FAAB):

Representatives: Mr. Pete Masten and Mr. John Green (not present)

Mr. Masten presented that there should be an organizational document for the FAAB. The final draft should be available before the next meeting in Sacramento. The FAAB is mandated by legislation to conduct surveys and report recommendations. Oklahoma has their facts together. Like Navajo, they are protected their interests. California needs to assemble data. Every 5 years, they are required to submit a report to Congress on accomplishments and shortfalls. The next report is due in May 2015. The FAAB will have input into that report.

Mr. Pete suggested using a blind survey to compare tribal facility funding to federal facility funding based on population.

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

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

No report

Tribal Self-Governance Advisory Committee (TSGAC):

Chairperson Danielle Vigil-Masten (not present) and Mr. Robert Smith (not present)

No report

HHS Secretary's Tribal Advisory Committee (STAC):

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

Chairperson Fink, California Representative to STAC, sent a 12-page report.

Mr. Pete said the December STAC meeting is scheduled for December 4-5. The group will meet with the President on December 3.

Affordable Care Act

Mixed families cannot enroll in Covered California together and have benefits. If one family member is a member of a federally recognized tribe and another is not, they cannot enroll together as a family. If a person is eligible for Medicaid, they are

automatically enrolled. No asset test is applied for eligibility. Assets will be seized if an elder uses Medicaid. Land is being lost. Once the elder dies, if it is a not considered official tribal land, it will be lost. Open enrollment is scheduled until February 15.

Drought Update

Mr. Don Brafford, CAIHS Division of Sanitation Facilities Construction (DSFC) Director, presented on the drought. DSFC developed a list of tribal water supplies at risk. This list is updated once a month. Water is essential to life, but is a finite resource. The drought outlook until January 1 shows the drought will persist and intensify. 30% of water should be in snow pack each year.

Mr. Galleto asked about IHS' responsibility if wells are low and filled with sludge, not being able to flush toilets and showers in healthcare clinics. Mr. Brafford said before IHS can provide funding, the flow must be down below 30 gallons of water. If it is below 30 gallons, IHS can lower pumps and drill deeper. DSFC will provide services. IHS will not reimburse for emergency water use. Fifty-two homes have been served.

Mr. Brafford presented on drought plans. Thirty-five percent of tribes need to develop a contingency plan.

Mr. Brafford offered to send this presentation to Mr. Coleman to distribute to the CATAC.

The CAIHS webpage features information about contingency plans.

The CAIHS field offices are available to assist with water issues.

Emerging Issues

Ms. Miller would like to compose a ballot for health priorities. Mr. Devers said tribal leaders need an opportunities to change priorities. The chairmen need to sit down with personnel to see if changes are needed. He suggested sending out information prior to sending out a ballot.

Dr. Roubideaux is requesting input from tribes regarding the Area Director position. Ms. Miller will act in this capacity until the position is filled. This process may take some time.

The next meeting will occur alongside the budget formulation in November or December.

The meeting adjourned at 2:30PM.

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

Name	
Mark LeBeau	Executive Director, California Rural Indian Health Board
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.
Frederick Rundlet	Executive Director, Consolidated Tribal Health Project, Inc.
Cheryl Seidner	Wiyot Tribal Council
Dominica Valencia	Alternate Tribal Leaders Diabetes Committee Representative
Tonya Walker	North Fork Rancheria citizen

IHS/CAO staff	
Gary Ball	Architect
Preston Dohi	Staff Engineer
CDR Paul Frazier	Director, Health Facilities Engineering
Julie Morrow	Reporting & Property Management
Trisha Sutherland	Administrative Support Assistant

Approved December 15, 2014.
Yes: 9
No: 0
Abstain: 0