

INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE

TRIBAL ADVISORY COMMITTEE MEETING

December 4, 2013

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## EXECUTIVE SUMMARY

### **CATAC Members:**

Mr. John Green	Present
Mr. Peter Masten Jr.	Present
Mr. Stacy Dixon	Present
Mr. George Gholson	Present
Ms. Bonnie Hale	Present
Mr. Robert Marquez	Absent
Mr. Silver Galletto	Present
Ms. Elizabeth Hansen	Present
Ms. Crista Ray	Absent
Ms. Teresa Sanchez	Present
Mr. Chris Devers	Present
Ms. Diana Chihuahua	Absent

### **Region Represented:**

Northern
Northern
Northern
East Central
East Central
East Central
West Central
West Central
West Central
Southern
Southern
Southern

All are primary representatives.

### ***IHS Staff in Attendance:***

Ms. Margo Kerrigan	Director, IHS California Area Office
Ms. Beverly Miller	Deputy 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 December 4 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. Kerrigan welcomed all members of the CATAC.

The group discussed the previous day's budget formulation. Mr. Devers insisted that a representative from IHS/HQ should have been available to speak about Contract Support Costs (CSC). He would like to know what is really going on and what the California tribal clinics should be doing. He also wants to know about the strategy to receive those funds back. If it is important enough to have a consultation on it, it should be important enough to have all information available. Ms. Kerrigan said she does not recall any conversations with Dr. Roubideaux about those issues. Since there is litigation on this topic, the IHS/CAO cannot comment on anything.

Ms. Kerrigan explained that, for Contract Health Services (CHS), Acting IHS Director, Dr. Yvette Roubideaux has a workgroup, and Mr. Devers and Mr. Johnny Hernandez were the representatives. Mr. Hernandez left and Mr. Devers volunteered to step in for him. Mesa Grande Chairman Mark Romero has since agreed to act as the primary representative and Mr. Devers agreed to be the alternate representative. Mr. Devers asked who Dr. Roubideaux is talking to from the California Area since it is not him or Mr. Romero. Ms. Kerrigan said the Acting Director posts information on her blog.

Mr. Coleman noted that California's CSC representative is Ms. Michelle Hayward and her alternate was Ms. Mary Benedict. Since Ms. Benedict is no longer employed with her Tribe, her letter was pulled in accordance with the Federal Advisory Committee Act (FACA). Ms. Kerrigan noted that Dr. Roubideaux met with Direct Service and Contracting Tribes; California was not a part of that. The first CSC workgroup meeting was deemed non-FACA compliant and the second meeting primarily consisted of introductions. The following meeting was held virtually via teleconference and there have not been any meetings since that. Due to litigation, the meeting minutes are unavailable and it is as though the meetings never happened.

Ms. Hayward shared additional information about the CSC workgroup meetings. During the second meeting, the workgroup reviewed policies, but no data sharing. Without that, the group did not know how to change anything in the policies. Although the group continued to ask for this information, it was never provided to them. The workgroup will meet again in January. Ms. Hayward said she is frustrated because the workgroup has not been able to accomplish anything.

Mr. Devers mentioned that he received an e-mail about CDC workgroup yesterday and forwarded it to Mr. Coleman. The e-mail had nine attachments and included the charter.

Ms. Kerrigan provided some additional opening remarks. She said many of the initiatives California would like to receive may happen now with Medi-Cal, the Medicare Expansion, and the Affordable Care Act (ACA). Individuals must determine their income category, what they can afford, and how much coverage they want. Many of them will visit California tribal healthcare programs for help. In California, many individuals have started to sign-up, and many have signed up within the past three days.

Ms. Kerrigan also said she is troubled that more and more healthcare programs are being broken up by tribes and a few more will be broken up this year. She said there are some hot issues with a couple of tribes. The IHS/CAO sent letters to some California Tribal programs regarding the way they operate their CHS programs. Also, some tribal health plans provided to tribal employees are being cancelled as of January 1. Those employees will not have much choice but to go to the marketplace (unless they are eligible for Medicare or Medicaid).

There are three newly recognized or restored tribes (Wilton Rancheria, Tejon Indian Tribe, and Koi Nation of Northern California) in California who have been provided non-recurring bridge funding from HQ in order to run a small CHS program.

She acknowledged that the CATAC has many of the same questions as the IHS/CAO, and she will do all she can to keep them informed. She said California needs another fifteen people to join national workgroups, but all representatives must be FACA compliant. She also said that she asked Dr. Roubideaux to consider forming a single tribal advisory committee, much like the CATAC.

California's marketplace was the first one to be launched and already has a large number of enrollees. Ms. Kerrigan thinks the hope is that American Indians and Alaska Natives sign up in the marketplace. Individuals can mail in their application, completed it in person, or submit the application via e-mail. She hopes Indians in need will complete an application, especially since it's easy to apply. Healthcare programs will need to decide if they will devote employees to helping people apply. Contract health representatives may be able to help with this too.

Ms. Kerrigan said the partial government shutdown was very hard on IHS/CAO, as less than 10% of employees were retained during that time.

Ms. Kerrigan thanked all of those serving on national HHS/IHS workgroups, boards, and committees. She acknowledged that it is hard to travel, especially with the time difference in Washington D.C. She acknowledged that it is not fun and glamorous to be a California representative, expressing the interests of the entire Area. She is grateful for those who have served on committees, even if it was just for a small period of time.

Ms. Kerrigan thinks the CHS committee may only meet once more. She asked Mr. Devers to attend that meeting and he agreed as long as Mr. Romero attends. She also thanked Ms. Nelson for all of the work she does on the diabetes committee. Her thorough reports are helpful. She also thanked Ms. Valencia for her participation on the diabetes committee. Finally, she thanked Ms. Sanchez and Mr. Green for the workgroups they will belong to at the conclusion of the meeting.

Ms. Kerrigan asked all in attendance if they were able to attend the Dedication to the Land at the site of the northern youth regional treatment center (YRTC). She said it was a great event that gave the IHS/CAO hope that new facilities can be built. She said the IHS/CAO has learned through this process how to pursue new facilities. She hopes that the CATAC will include small ambulatory and specialty referral centers in the budget request that is yet to be complete. She said that direct service tribes tend to get the most money from IHS, and in California, the tribes own all of the clinics. She said it was nice that Dr. Roubideaux was able to attend and make a nice statement at the event.

Ms. Nelson asked about the healthcare programs that are under threat by tribes. Ms. Kerrigan said there are some healthcare programs that it appears will split up into smaller units. There will be a healthcare program to the extent that the population supports positions and functions. Some tribes want to take their share of the funding and walk away, but they cannot do that. All American Indians in California are eligible for expenditures for their healthcare.

Ms. Nelson asked if the healthcare programs are trained to provide guidance on the ACA, and Ms. Kerrigan said they are not yet trained. The IHS/CAO is expected to conduct ACA outreach, but this will be the responsibility of tribal and urban Indian healthcare programs. There will be some individuals who can apply online without assistance. Ms. Kerrigan said this may benefit homebound elders, but Ms. Nelson said elders often do not have computers nor know how to use them. Ms. Nelson asked if there will be training information forthcoming. Ms. Kerrigan said the IHS/CAO received about \$200,000 to conduct ACA outreach, and this was provided to the California Rural Indian Health Board (CRIHB).

Mr. Mark LeBeau, Ph.D., Executive Director of CRIHB provided additional information about ACA outreach. He said CRIHB received seed funding to provide educational presentations. Ms. Kerrigan clarified that the IHS received \$2 million and the California Area received \$200,000, which was awarded to CRIHB. CRIHB worked with the IHS Portland Area and others to bring in as many resources as they could. The Health Resources and Services Administration (HRSA) received \$150 million to do their outreach and referral, so the disparities still exist. With the funding from the IHS, CRIHB developed a series of presentations for different entities. They have been travelling throughout California to provide trainings. He said many individuals in the room have likely participated in some of the presentations. CRIHB continues to offer these trainings as long as funding is available. With the seed funding, they have also developed their staff, which are now sanctioned by the state of California to serve as master trainers. Anyone willing to become a certified enrollment counselor can be paid by the state to assist individuals with enrolling in Covered California. Their next training started this morning in Redding, and they just completed training at the CRIHB office, wherein 40 individuals attended from across the state. Despite all of the training offered by CRIHB, there are still many tribal community members who are unaware of their opportunities through Covered California. Some CRIHB staff are travelling to Santa Rosa next week to provide training. He said all are welcome to attend and may contact the CRIHB office at (916) 929-9761 for more information. Following the Santa Rosa training, they will travel to southern California to provide training at the RSBIHCI clinic. At the last CATAC meeting he attended, the committee was interested in reading his dissertation. He provided a copy to Mr. Coleman to distribute to the group. He also thanked Ms. Kerrigan and the CATAC for nominating him to serve on the Centers for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG). He travelled to Washington D.C. and met with the other representatives. The group discussed how CMS can assist various IHS areas and tribes with accessing additional Medicare/Medicaid funding for their services. He said there is also interesting research being completed. Such data will assist advocates seeking additional funding for CMS.

Ms. Nelson asked about the CRIHB Master Trainer, and Mr. LeBeau said her name is Ms. Antoinette Medina. Ms. Medina has worked with mental health/substance abuse and is familiar with the specific needs of California.

Mr. Inder Wadhwa, Executive Director of the Northern Valley Indian Health, Inc., asked about the training CRIHB offers and whether it is specific to American Indians and Alaska Natives. Mr. LeBeau said the training includes the same modules that all of the master trainers must take and also includes a unique component for American Indians, including sponsorship activities. Mr. Wadhwa asked if those trained at his clinic should also attend CRIHB's training and Mr. LeBeau said this is what others have done.

Mr. Jess Montoya, Chief Executive Officer of the Riverside/San Bernardino Indian Health Clinic, Inc., said his program sent nine employees to the original Covered California training, but it was not specific to American Indians and Alaska Natives. Plus, they only received one short handout. Mr. Montoya added that if the clinic is not certified, they could lose patients that sign up with Covered California. Mr. LeBeau confirmed this. The state has the authority to mandate the qualified health plans contracted with all of the clinics. At this point, the state is not willing to mandate that the health plans work with the clinics. The state of Washington, on the other hand, has mandated that. At this point, Covered California is convening meetings with qualified health plans and local clinics to develop those contracts, but local clinics are saying that is not enough. Mr. LeBeau said this was also discussed at the CMS TTAG meeting, and CMS is working on this.

Mr. Wadhwa asked if certified enrollment counselors must help everyone who walks in the door. He noted that some California healthcare programs only serve natives. Mr. LeBeau said once the clinic has enrolled as a certified enrollment entity, any individual can walk in and the clinic should help enroll them. He added that the clinic will receive funding for this work.

Ms. Sanchez asked if there has been further discussion about the definition of an Indian. Mr. LeBeau said that has been fixed administratively. Although the mandate says that all U.S. citizens must have proof they have healthcare insurance, Indians do not need to do so. Now, Indians only need to show proof of accessing the IHS system. He noted that this was not a congressional fix, and that is still a concern. When individuals complete the online application, they will have the option to check a box indicating that they are AI/AN and part of a federally recognized tribe. This will exempt them from the requirement to purchase coverage and pay premiums or co-pays. Ms. Virginia Hedrick, Outreach Coordinator with CRIHB clarified that the exemptions are being deferred from the state of California to the federal system. This has not yet been released to the public because there are problems with the application questions. The application on [healthcare.gov](http://healthcare.gov) is not yet available. RPMS should be able to create a letter for any Indian seen within the IHS system.

Ms. Hedrick also said that Covered California is unable to capture how many tribal or urban Indian clinics are part of a qualified healthcare plan. CRIHB is verifying those providers that are listed on Covered California's physician directory. Covered California refers individuals to Blue Shield's webpage, but they sort providers by physician and not by facility. They recently added a feature to sort by facility as well. On the other hand,

Anthem contracts only with facilities, and not with individual physicians. Dr. Magruder said this is not the case in other states.

Ms. Hedrick said almost every Indian clinic is a network provider of Anthem. Since Anthem is a Medi-Cal provider, they already have many contracts that have an all-purposes clause which means all their products will be available. Anthem notified everyone about a month ago that they will be included in their network and explained their rates. Since it was a mass e-mail and listed no specific sender, the message appeared in clinics' junk mail folder.

## **Review Executive Summary – July 16-17, 2013**

The CATAAC members reviewed the Executive Summary from July 16-17, 2013 and approved them. Ms. Nelson requested that the note about her pneumonia be removed.

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

Mr. Coleman introduced Ms. Heather Hostler, Chief Deputy to Ms. Cynthia Gomez, Tribal Advisor to Governor Jerry Brown. She said Ms. Gomez is travelling to tribal sites and therefore unavailable. Their office is collaborating with tribal governments, Governor Brown's office, and state agencies. They have been closely following CRIHB's efforts. They attended the consultation last month and connected with Katie Ravel, who will be the contact for tribal governments. Her office receives many questions about the ACA, and she will be forwarding those questions to Ms. Ravel. She also acknowledged that Mr. LeBeau and Ms. Hedrick are the experts and noted that she is a fan of CRIHB's efforts.

Ms. Hostler said they have also been focused on obtaining broadband on tribal lands. Right now, they are assembling a taskforce and discussing creating a Native American taskforce since there is funding from the California Public Utilities Commission. This funding is for telehealth and education. They are looking for participation and input about who should be a part of that taskforce, which is currently in the development stage. She thinks it is important to have a health perspective when talking about broadband, especially since first responders use a broadband network. This broadband network will be dependable even for remote communities. They are now discussing the need for tribal consultation. When legislation created this program, tribal governments were considered as part of the state, and this now needs to be fixed. Her office is encouraging California to conduct tribal consultation and discuss the needs of California tribes since there is billions of dollars coming in through these programs. Ms. Karen Wong, Director for Public Safety, Office of Emergency Services, is the contact. Ms. Denise Banker is the tribal liaison for Cal OES, so she is also a good contact, but the main person is Ms.



Wong. Ms. Hostler encouraged all to engage in this. Mr. Masten said this may be a potential source of funds for their hospital program.

Ms. Hostler said her office has also been discussing water resources, systems, and infrastructure. There is a five-year plan to create a more resilient system. They are looking at a short turn-around time for comments. They have pushed it out to the Department of Water Resources. This plan is important because there is not much mention of tribes and Indian communities. This is about healthy drinking water, fisheries, and ground water, which are important topics for tribal communities. The Department of Water Resources is bringing up good points about restoration, but they need tribal input. Ms. Hostler said her office has asked for more time for tribal input, and this input can come from tribal clinics. Comments will likely be included by the end of the year. This can be found on California's Natural Resources website, under California Action Water Plan (main page). If there are any questions on this, Ms. Hostler said she is happy to help and connect you to the right person.

Ms. Hostler said her office is also creating a field directory listing all tribal governments, including land base, populations, and tribal government elected officials (as much information as they can gather). This should help state agencies connect with tribes so there is inclusion, co-management, and true-collaboration. They are also creating an electronic dashboard so Governor Brown can see pictures of elected tribal members, for example. This should eliminate barriers to working together. Mr. Devers said the Bureau of Indian Affairs assembled a directory every couple of years listing all tribes in the state. Ms. Hostler said they are working with them, but Mr. Coleman noted that the Bureau's list only includes the name of the tribe, tribal official, and the address. The list does not include term limits or email addresses, for example. Mr. Masten mentioned that another resource is a booklet that Mr. Molin Malicay created that identified all healthcare programs in the state and the tribes they serve. The booklet includes phone numbers and the names of the council members (but they change often). Ms. Hostler said they want to include the tribal health facilities and do not want to reinvent the wheel. She will check with Mr. Malicay. They are already working from a 2002 directory. This should be complete by spring 2014.

Ms. Hostler encouraged the group to utilize her office as a resource and offered business cards to everyone in attendance.

## **Review FY 2016 Budget Formulation results**

Mr. Coleman introduced Ms. Beverly Miller, Deputy Area Director. She said she sent Hoopa's ambulance program as an official testimony rather than a hot issue. Mr. Masten said he will his suggestions regarding the official testimony. On the budget request spreadsheet, she updated the footnotes to include new tribes (user count and funding request), two regional surgical centers (\$120 million), small ambulatory program (\$85 million), and the joint venture program (\$50 million). There is also a note to restore funding and 100% cost reimbursement going forward.

Mr. Coleman clarified the number of ballots received to calculate the health priorities. Nineteen tribes submitted a ballot as well as one urban program and seventeen tribal programs, representing 81 tribes. Mr. Galletto requested that these numbers are noted on the spreadsheet to show greater impact.

Ms. Miller explained that the submission was due this Friday, but the deadline was extended. The second week of February is the national budget formulation. There, Chairman Dixon will take California's budget request and advocate for the California Area. Chairman Dixon said they are limited on time and need to express their main concerns efficiently. Ms. Miller said he will have a PowerPoint of the priorities provide by the Area office.

## **Youth Regional Treatment Centers North and South updates**

Mr. Ball introduced himself as the Staff Architect for the IHS/CAO. He has presented to Tribal Chairmen's Association a couple of times and to the CATAC before. He said the designer of the southern YRTC has produced 65% drawings.

He provided a brief background of California's pursuit for two YRTCs. The IHS has purchased both properties (in the north and in the south). The southern property was purchased in October 2011. The northern property (at D-Q University) was purchased in January 2013. The design of the southern property is almost complete and can be built once funding is received. The IHS/CAO still needs design and construction funding to be added into budget for approval for the northern property.

Mr. Ball presented a series of pictures and bubble diagrams.

Mr. Dixon asked about access to the northern YRTC from the road and turnouts. Mr. Ball said that the studies show that turnouts are not necessary, but the driveway will be at least 750 feet off the property line and the north side of road 31 will probably be widened.

Ms. Nelson asked about signage at the driveway of the northern YRTC. Mr. Ball said there will be signage for the northern and southern properties. He said they have not yet decided to what extent they will notify the public to slow down near the property. This will be decided during design of the northern property, which has not yet begun. Ms. Kerrigan added that there are still some issues with neighbors in Yolo County, although there has been sustainable progress. She said the IHS/CAO will be ready when appropriations for design are received. Ms. Nelson asked about the issues with the neighbors and Ms. Kerrigan said they are typical such as the additional cost it will require the fire department to provide EMS for those patients. The local ambulance service and the fire department want additional funding, especially since the fire department is maintained by volunteers.

Mr. Ball said the neighbors indicated flood issues near the northern property. They said fish could swim across the road during certain times of the year. Mr. Ball acknowledged that there is wet soil, even in the dry season.

Mr. Flurette asked if the design for the northern property will be developed from scratch. Mr. Ball said that the design will be the same, but with different cultural aspects that relate to the surrounding tribes. Both programs have the same number of youth and staff.

The comments for the 65% drawing were just submitted and now they have until February 13-26 for the final working drawings and the finished drawings are due in April. At that point, we have construction dollars from congress, it can go to bid.

Ms. Nelson asked if there was consideration for indigenous plants for both plants. Gary said yes. Ms. Nelson added that paint would be easy too.

Mr. Masten said that his comment about square corners on the buildings was not addressed. Mr. Ball said the design committee discussed this, but every additional 90 degree angle is an additional cost to construct. Instead, the committee decided to keep the corners but include rounded walls and the circular shape of the cultural center in the. Mr. Masten asked if they could consider this for the northern property. Mr. Flurette said that the varying heights distract the eye from the sharp corners and make the buildings look less like square boxes. Mr. Ball said he will provide this comment to the future designer of the northern property. Ms. Nelson added that there is a science that energy moves better in circular areas, and Mr. Ball agreed.

Mr. Ball thanked the CATAC for their support throughout the planning for California's future YRTCs.

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

Ms. Hayward asked all representatives if any of them requested meetings closer to California rather than holding all of the meetings in Washington D.C. All representatives said they have asked this and agreed that it is upsetting. Mr. Masten said he convinced his group to hold one meeting in Sacramento a few years ago.

### ***CMS TTAG:***

Representatives: Mr. Mark LeBeau and Mr. Inder Wadhwa

Mr. LeBeau commented on this earlier.

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

Representatives: Ms. Michelle Hayward and Ms. Mary Benedict (not present)

As discussed earlier, according to Michelle, the workgroup has not had any meetings, but one is scheduled for January.

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

Representatives: Mr. Stacy Dixon and Mr. Mark Romero (not present)

The group discussed this yesterday. Mr. Dixon and Mr. Romero will attend the national budget formulation session in February.

***IHS Contract Health Services (CHS) Workgroup:***

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

As discussed earlier, Mr. Devers will remain as the alternate representative and Mr. Romero will remain as the primary representative.

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

Representatives: Mr. Pete Masten and Ms. Hayley Hutt (not present)

As of last Tuesday, the FAAB is being reorganized. It has been two years since the last meeting. There were seven individuals appointed from the 12 IHS areas. Three Areas have not yet submitted any nominations to serve on the FAAB. IHS is represented by Mr. Gary Hart and Ms. Rene Joseph (Office of the Director). Mr. Masten thinks the FAAB would not have continued if it was not referenced in IHCI 14141. He thinks that is the only reason IHS is reforming it. During the last meeting, Dr. Roubideaux provided some background on the FAAB and its formation in 2000. She said that, at the first meeting on February 13-14, 2014, they could talk about the organization of the board. She said she is open to the board organizing in however manner they chose. She also discussed the previous recommendations made by the FAAB. IHS distributed the recommendations nationally and tribal governments and health programs nationwide rejected the recommendations. IHS will provide the board with a review of their priority list and they will form a new priority list with 301, 305, and 306 projects. The board is to review background information (sent from IHS via e-mail) prior to the next meeting in Rockville.

Mr. Masten added that he is going to send out letters to all tribes and healthcare programs asking for support for their ambulance program. They are going to try to get on the appropriations committee testimony list, and they want signed letters as part of their package. He asked for the group's support.

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

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

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

Representatives: Mr. Charlie Wright (not present) and Ms. Hayley Hutt (not present)

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

Representatives: Ms. Rosemary Nelson and Ms. Dominica Valencia

Ms. Nelson provided a written update (attached). She also provided a fact sheet about what SDPI activities, accomplished with minimal funding.

Ms. Nelson said the committee has not met since June. The next meeting is scheduled for December 12-13 and she will be attending it. The SDPI is a critical program and is set to expire unless Congress renews it. They need the help of the CATAAC. She said Indians were formerly prohibited from giving testimony against whites. They had no way or anyone to tell about the atrocities at that time. Today, they do have a voice and it needs to be heard on behalf of families and tribal communities. It is an inequity that tribes are funded at 52%.

Ms. Nelson also said that RSBCIHI and Dr. Rick Frey from Toiyabe Indian Health Project, Inc., presented results of the SDPI grant to the committee. Mr. Montoya said his healthcare program also met with the republican in their area, and he came to the site to see their SDPI program in action. His healthcare program is also working with tribal leaders to reach congressional staff and educate them on SDPI as well as CSC.

Ms. Valencia said she presented to her tribe about the importance of the SDPI and has been working in her area. She just learned that their congressmen want to cut their 14 acres into trust. She will try to talk about the diabetes issues when her tribe discusses their land issue with the congressmen.

Ms. Valencia congratulated Ms. Nelson on her recent award from CRIHB for her outstanding efforts.

ACTION: IHS/CAO will e-mail Ms. Nelson's report to the group.

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

Mr. Leonard Masten (not present) and Mr. Robert Smith (not present)

There is a vacancy since Mr. Masten did not run for re-election. IHS/HQ will choose his replacement.

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

Representatives: Mr. Stacy Dixon and Ms. Elaine Fink (not present)

### **Review HHS/IHS Boards/Committees/Workgroup Charters-Charges-List of current representatives**

Ms. Kerrigan asked Ms. Hayward for suggestions for an alternate representative for the CSC Workgroup. Ms. Hayward said she is frustrated with the workgroup and would prefer to be the alternate representative. Ms. Kerrigan said California receives the least CSC out of all IHS Areas. Ms. Hayward said the workgroup meetings seem pre-planned. Ms. Kerrigan said IHS is trying to create a new formula, and it will hurt the California Area. Ms. Kerrigan nominated Mr. Galleto, and he agreed to be the primary representative. Ms. Kerrigan and Mr. Coleman said they would find him a technical representative, which was Ms. Mary Benedict's former position. Ms. Kerrigan suggested he reference GPRC indicators and let the national group know that California has no hospitals. Ms. Hayward said the next meeting is January 6-7. She then nominated Mr. Preston Pete, Chief Financial Officer, Consolidated Tribal Health Project, Inc.) as the technical representative. He agreed as long as it is approved by his health board. Mr. Coleman said his nomination would go through an approval process. Mr. Pete also mentioned that he is already a member of the BIA's CSC Committee.

Ms. Kerrigan said new representatives are needed for the CHS Workgroup (primary, alternate, and technical). Mr. Montoya nominated Mr. Wadhwa, but Ms. Kerrigan said she needs to speak with him first since this would require multiple trips to Washington D.C. Mr. Montoya agreed to serve as the alternate representative. The group suggested Mr. Frederick Rundlet, Executive Director of the Consolidated Tribal Health Project, Inc., as the primary representative. Ms. Kerrigan accepted Mr. Montoya as the primary representative. If Mr. Wadhwa accepts, he can be in the alternate/technical capacity.

Ms. Kerrigan said a new representative is needed for FAAB (alternate for Pete Masten). She suggested choosing a technical representative and Mr. Masten suggested IHS/CAO staff. Ms. Kerrigan said Mr. Rick Wermers will assist but a tribal representative is needed. Mr. Green agreed to be the alternate representative.

Ms. Kerrigan said a new representative is needed for DAWTC (alternate for Charlie Wright). The group nominated Ms. Sanchez, and she agreed.

Ms. Kerrigan said a new representative is needed for TSGAC, but the TSGAC will make that decision. Chairman Robert Smith, Pala Band of Mission Indians is still the alternate representative.

Mr. Dixon said his term as well as Ms. Fink's term will end shortly and a notice will be sent to all tribes. Mr. Dixon said he will again submit his name to be considered for the position.

Ms. Kerrigan noted that all travel will be reimbursed for attendance at national boards/committees/workings, including that of alternate representatives if they choose to attend.

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

Ms. Kerrigan asked the group how they want to revise the circulars, other than updating them (e.g. combine them or leave them separate). Mr. Dixon asked if this must be approved today and Mr. Coleman said it does not. He will send the circulars to all tribes for their comments. He noted that the first circular also includes the tribal reimbursement record. Regardless of input, FACA guidelines must be added to these. He agreed to send a copy of FACA to the group. He also said letters from chairmen are sent ahead of time to IHS/HQ when representatives travel to meetings. Ms. Valencia suggested bringing letters in-hand.

ACTION: IHS/CAO will send FACA guidelines to CATAC.

## **Emerging Issues**

Ms. Nelson asked for an email with the updated appointees, and Ms. Kerrigan agreed.

Mr. Dixon asked that Dr. Roubideaux is invited to the next annual meeting. He thinks it would be great to have her in-person for the 100+ tribes rather than having her attend via teleconference. Ms. Kerrigan said an invitation from him would be more valuable.

ACTION: IHS/CAO will send updated appointees to CATAC.

**The meeting adjourned at 12:30PM.**

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

**Name**

Mark Lebeau, Ph.D.	Executive Director, CRIHB
Jesse Montoya	Chief Executive Director, RSBIHCI
Virginia Myers	
Rosemary Nelson	Primary, Tribal Leaders Diabetes Committee
Dominica Valencia	Alternate Tribal Leaders Diabetes Committee
Inder Wadhwa	Executive Director, NVIH

**IHS/CAO staff**

Gary Ball	Staff Architect
Rachel Pulverman	Public Health Analyst



INDIAN HEALTH SERVICE

**CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE  
MEETING**

John E. Moss Federal Building  
650 Capitol Mall, Suite 7-100  
Sonoma Room  
Sacramento, CA 95814  
(Tab 1)

**December 4, 2013**

**Location: Sonoma Room**

<b>9:00 AM</b>	<b>Invocation Roll Call Introductions-All Participants and Guests</b>	<b>TBA Mr. T. Coleman</b>
	<b>Opening Remarks</b>	<b>Ms. M. Kerrigan</b>
<b>9:15 AM</b>	<b>Review Executive Summary-July 16-17, 2013 Tab 2</b>	<b>Mr. T. Coleman</b>
<b>9:30 AM</b>	<b>Budget Update: recessions; past sequester, and possible future sequester</b>	<b>Ms. B. Miller</b>
<b>10:00 AM</b>	<b>Review FY 2016 Budget Formulation results Tab 3</b>	<b>Ms. B. Miller</b>
<b>10:30 AM</b>	<b>Update on California Indian Health Care issues Tab 4</b>	<b>Ms. H. Hostler</b>
<b>11:00 AM</b>	<b>Youth Regional Treatment Centers North and South updates Tab 5</b>	<b>Mr. G. Ball</b>
<b>12:00 noon</b>	<b>Lunch</b>	
<b>1:30 PM</b>	<b>California Representatives to National IHS and HHS Workgroup List and Reports</b>	
	<b>CMS Contract Support Costs Behavioral Health Budget Formulation Contract Health Services Diabetes Committee Workgroup on Tribal Consultation Self-Governance</b>	<b>TTAG CSC BHWG BFWG CHS TLDC TCW TSGAC</b>

	<b>Facilities Appropriation</b> <b>HHS Secretary's Tribal Advisory Committee</b> <b>Tab 6</b>	<b>FAAB</b> <b>STAC</b>
<b>2:30 PM</b>	<b>Review HHS/IHS</b> <b>Boards/Committees/Workgroup</b> <b>Charters-Charges-List of current</b> <b>representatives</b> <b>Tab 7</b>	<b>Ms. M.</b> <b>Kerrigan</b>
<b>3:00 PM</b>	<b>Review IHS/CAO Circulars for CATAC and</b> <b>HHS/IHS Boards/Committees/Workgroups</b> <b>Tab 8</b>	<b>Ms. M. Kerrigan</b>
<b>4:00 PM</b>	<b>Emerging Issues</b> <b>Tab 9</b>	<b>Ms. M. Kerrigan</b>
<b>4:30 PM</b>	<b>Adjourn</b>	