

**INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE
TRIBAL ADVISORY COMMITTEE MEETING
June 21, 2012**

EXECUTIVE SUMMARY

CATAC Members:

Region Represented:

Mr. John Green	Present	Northern
Mr. Stacy Dixon	Present	Northern
Mr. Peter Masten Jr.	Present	Northern
Ms. Bonnie Hale	Absent	East Central
Mr. Robert Marquez	Absent	East Central
Mr. David Moose	Present	East Central
Mr. Silver Galletto	Present	West Central
Mr. Nelson Pinola	Absent	West Central
Ms. Crista Ray	Absent	West Central
Mr. Chris Devers	Present	Southern
Mr. Johnny Hernandez	Absent	Southern
Ms. Teresa Sanchez (a)	Present	Southern

All are primary representatives unless noted.

IHS Staff In attendance:

Ms. Margo Kerrigan	Director, California Area IHS
Ms. Beverly Miller	Deputy Director
Mr. Steve Riggio	Associate Director, Office of Public Health
Mr. Edwin Fluette	Associate Director, Office of Environmental Health and Engineering
Ms. Jeanne Smith	Acting Associate Director, Office of Management Support
Dr. David Sprenger	Acting Chief Medical Officer
Mr. Travis Coleman	Acting Indian Self-Determination Program Manager

The California Area Tribal Advisory Committee (CATAC) meeting began on June 21st in the Hermosa Room at the Holiday Inn Capitol Plaza, 300 J Street, Sacramento, CA 95814. In addition to the attendees listed above, the meeting was open to and attended by additional Indian Health Service (IHS) staff, California healthcare program directors, and tribal members.

Ms. Margo Kerrigan, California Area Director, IHS, welcomed everyone and facilitated group introductions.

Ms. Kerrigan also announced that the California Area Tribal Advisory Committee (CATAC) has been Federal Advisory Committee Act (FACA)-compliant since the Annual Tribal Consultation in March. All CATAC members are either duly elected tribal officials or designated by tribal resolution or letter indicating that they are representative of that tribe. During the Annual Tribal Consultation, the tribes confirmed that the regional election process is the best way to select delegates for the CATAC. All members represent a tribal government. Ms. Kerrigan added that she is pleased that so many members were able to remain on the committee, but noted the loss of Ms. Rachel Joseph. The CATAC is a strong entity that includes many informed and effective tribal leaders. Ms. Kerrigan also noted that CATAC meetings are considered tribal consultation.

Executive Summary Review:

The CATAC members reviewed the Executive Summary of the March 6, 2012 meeting and approved them (four members abstaining).

ACTION ITEM:

Ms. Kerrigan will distribute Executive Summary of the March 6, 2012 to all tribal chairmen in California via e-mail.

Cynthia Gomez, Tribal Liaison, State of California:

Ms. Kerrigan introduced Ms. Cynthia Gomez, the Governor's appointed tribal liaison. Ms. Gomez has been a practicing attorney and tribal judge. She is very well-prepared for this position. We know that this position brings challenges, as she is trying to bridge the gap between government and tribal officials.

Ms. Gomez presented her background to the group. She was raised on the reservation at Tule River and attended Indian boarding schools. She worked for the State of California for 27 years, primarily working with tribes. She also worked for her own tribe for nearly 8 years, so she has worked with tribal governments for most of her life.

Ms. Gomez expressed the need to work together with the State of California. Governor Brown sent out an Executive Order (B-10-11) in September 2011, and it is now posted on the Governor's webpage. The Executive Order recognizes the tribes' sovereignty and directs all state agencies to work with tribal governments in a collaborative manner. This is the first governor that added the word 'consultation' to an executive order. The Executive Order directs the executive branch to develop working relationships with the tribes. He asked all agencies to develop consultation policies. Those departments that already have consultation policies were asked to re-evaluate them. The National Resources Agency (NRA) is accepting comments for their draft policy until July. The NRA also accepts comments at their meetings; the next meeting is Tuesday June 26 in

Lincoln, CA. Ms. Gomez is also working with the Bureau of Indian Affairs (BIA) to post a list on the Governor's webpage of all California tribal governments and their elected officials. This list will allow state agencies to direct consultation at the proper entities.

Ms. Gomez and Ms. Kerrigan met with Mr. Herb Schultz, HHS Director, Region IX and Secretary Diana Dooley, California Health and Human Services Agency along with other IHS staff to discuss ways to provide better healthcare services to native communities. On Friday, July 6, the State of California is hosting a Health Benefit Exchange Consultation. Ms. Gomez recommended they have a tribal panel and Chairman Stacy Dixon of Susanville Indian Rancheria was invited to participate on the panel along with Chairman Neil Peyron of the Tule River Indian Reservation and Chairman Robert Smith of the Pala Tribe. (Chairman Peyron from Tule River was not able to attend). State agencies are not trained to hold consultation sessions with tribal leaders, and need education on tribal governance. The Justice Center has agreed to provide this training to State officials. Some tribal members have offered to provide training as well. Thus far, the need for consultation has been well-received by State officials, and they seem to understand the benefits to working together.

Ms. Gomez mentioned that maps would be posted on the Governor's webpage showing trust lands. Mr. Chris Devers asked if they would show current boundaries or ancestral lands. There are so many different maps about cultural lands and some tribes even create their own maps that conflict with State and Federal data. Since those may be inaccurate, they will not be posted on the Governor's webpage. Ms. Gomez explained that they only use those for guidance.

Mr. Devers thanked Ms. Gomez for her work with the State of California and the tribes. He then asked if there was an agreement in place between the State and IHS to ensure funding is still provided when consultation is required. Ms. Gomez is continuing to work with Secretary Dooley and Mr. Schultz on a consultation policy. The draft policy was not well-received, and will take some time to establish. Plus, as previously mentioned, many State officials are not accustomed to consultation, and hold public hearings instead. However, there is a federal mandate that requires consultation with tribal leaders as well as healthcare program directors. State officials must ensure they meet both of these requirements. Mr. Devers asked for clarification as to whether there had been discussion of stalling funds. Ms. Gomez said that has been discussed. There is federal interpretation of the funds, but there is also some interpretation of the state level. The State of California needs to research this more. The State is looking at the Arizona model, per suggestion by HHS, but tribes have said that would not work for California. The State is looking into what does work for California. The State asked Mr. Schultz for options other than the Arizona model.

Mr. Jess Montoya, CEO, Riverside/San Bernardino County Indian Health, Inc. referenced the Program Directors Meeting he attended on Tuesday June 19. He said the state has proceeded with certain policies without timely consultation. He believes tribal leaders should be making the final decisions, and the consultation process needs improving. He appreciates her continued work on this. Mr. Montoya added that the tribes reviewed the

consultation policies on the western United States and drafted a document for the State's consideration regarding the proper ways to conduct consultation. In addition, he said that many healthcare program directors were unaware of the meeting scheduled for July 6. He hopes there will be good participation from healthcare program directors in addition to tribal leadership. Ms. Gomez agreed to invite California healthcare program directors via e-mail once she receives a contact list from IHS/CAO after the meeting.

Ms. Gomez described the Benefits Exchange meeting scheduled for July 6. During the meeting, the State will discuss the consultation policy on California benefits exchange, and how programs in tribal communities can have access to that program. The State will also discuss how tribal healthcare programs can obtain insurance for providers at a lower cost. The meeting will mostly discuss that process and how that is going to work. Ms. Kerrigan noted that IHS/CAO has not received any formal notice about the meeting; IHS/CAO only received a Save the Date notice with no location or time. Ms. Gomez agreed to send the invitation to Mr. Montoya as well as Ms. Kerrigan and all of the California healthcare program directors.

Mr. Moose asked if maintenance and facilities are included in consultation process. Ms. Gomez confirmed that all parts of the state government are included. The policy will also include the tribes on that are served by Nevada in California. California is obligated to contact the tribes that have any part in California; previously, tribes on the border have been ignored.

Ms. Nelson asked how state agencies have responded to Ms. Gomez's appointment as the first tribal liaison. Ms. Nelson also asked about the barriers Ms. Gomez has encountered in this position. Ms. Gomez clarified that there have been other tribal liaisons, just not those that have reported directly to the Governor. In 1986, for example, the Governor appointed the Native American Heritage Commission. She said one challenge is meeting with the Governor because he is always busy. She doesn't see him every day; she must make an appointment along with everyone else. Ms. Gomez explained that another issue is they can't concentrate on one issue because there are a number of issues that they must consider. While addressing all of these issues, she must establish press relationships while still being accessible to the tribes. She added that she is not always in the office, so sometimes individuals must schedule an appointment or leave a message, and that does not always sit well with tribal members. Ms. Gomez said she appreciates everyone's patience. Another challenge she mentioned is the budget crisis. She said we must use what resources we currently have, as well as utilizing people that are willing to help (e.g. interns, retired annuitants, volunteers, other agencies). It is going to take some time for the more complex issues to get resolved. She said the most challenging issue is when one tribe does not agree with another tribe, not when Tribes bring issues for the State to work on. Ms. Gomez tries to respect the wishes of tribal governments although the State does not always agree.

Ms. Kerrigan believes Ms. Gomez's biggest challenge will be educating the State about their trust responsibilities. By underfunding the IHS and requiring facilities to find alternate resources besides the IHS, the federal government has passed the trust

responsibility to the State, and the State doesn't know what this involves. Plus, the State thinks this is being imposed on them as opposed to something for which they inherently have a responsibility. The IHS can help describe the circumstances to the state. The IHS and even HHS do not have any influence or authority over what the State does with their medical program. Ms. Kerrigan suggested tribal governments establish relationships with the State. She encouraged a consultation session between the State of California and recognized California tribes. Last year, there was good momentum to establish a relationship with the State. Mr. Schultz scheduled a meeting, but over 50 tribal leaders cancelled. In January, another consultation was scheduled and Mr. Schultz asked the State to join, but then tribal healthcare program directors asked to meet without the State. Ultimately, tribal leaders were upset that the State wasn't present at the meeting. After that, the momentum was lost. Ms. Kerrigan encourages tribal governments to re-engage with the State. The State has already established some relationships with tribal governments due to gaming, but there need to be relationships formed around health issues. Ms. Gomez said Secretary Dooley is open to this, but legislators are still asking for education on tribal self-governance and consultation, so the State is working on providing that for them. The legislators are under a different branch than Ms. Gomez's branch, but her office is still trying to work with them. She suggested materials be provided to every legislator regarding this.

Ms. Kerrigan commented on Arizona waiver. Arizona tribes are able to use this method because they have a working relationship with the State of Arizona. Arizona tribes convinced the State to initiate Medicaid access through the 1115 waiver. The State has to be the entity to request Medicare access.

Ms. Gomez said the difference is the funding amount required for California is much more. When alternatives are discussed, the budget must be considered because California programs are being cut drastically. The main issue is how to distinguish the State's budget for non-Indian patients seen at tribal clinics. More discussion is needed. Ms. Gomez plans to look at the data of how many non-Indians are served in California tribal clinics. She acknowledged that non-Indians served at tribal clinics does benefit the State because some of these individuals cannot get healthcare at any other location. Arizona is structured differently as they do not have many non-Indian patients being served by their large facilities.

Mr. Moose noted that the California Rural Indian Health Board, Inc. (CRIHB) has provided this data to the State of California. He also expressed hope that the Governor's Executive Order will remain beyond his term. He's glad Ms. Gomez speaks on behalf of the underserved. Ms. Gomez wasn't sure whether Governor Brown planned to run for another term, but noted that some tribes (such as Smith River) have submitted legislation to codify the consultation policy in the Executive Order. Unfortunately, when the State looked at the amount of funding needed in order for all agencies to comply with the consultation policy, there were questions concerning the budget. Under the Executive Order, this consultation becomes part of regular business. Timing for legislation is important. Regardless, Governor Brown still has two more years left in his term. Mr. Devers added that having the tribal liaison position in itself is important so someone is able to ensure tribal concerns are being met. He said, "If there's not a process, it's just

paper.” Ms. Gomez agreed and stated that they must think of innovative, low-budget ways to benefit the tribes, and this requires some strategy.

Ms. Kerrigan stated that there is no way to seek repercussions from the State for not completing consultations. ‘Tattling’ to the Centers for Medicare & Medicaid Services (CMS) or any other federal agency is not going to make consultation happen. California Tribes must create credible relationships with the State. Regarding the meeting on July 6, tribes should cooperate with the State rather than alienate them. Ms. Gomez agreed, but admitted that the State needs thicker skin because of historical complaints that need to be addressed.

Ms. Gomez offered her e-mail address – Cynthia.Gomez@gov.ca.gov – for the group to send issues and concerns. She can arrange meetings with the appropriate individuals for any particular issue.

ACTION ITEM:

IHS/CAO will send e-mail distribution list of California healthcare program directors to Ms. Gomez. Then, Ms. Gomez will invite all of them to the Benefits Exchange meeting on July 6.

Youth Regional Treatment Center (YRTC):

Ms. Kerrigan presented on the status of the two youth regional treatment centers in California. IHS completed purchase of Taylor Ranch (20 acres), and we now own the property. IHS is managing the property, including managing wildlife and trespassers. (There was previously an issue with trespassers using the property for target practice.) IHS/CAO hired a consulting to firm to monitor the property. We also now have the money for design of the southern YRTC. The challenge for the southern YRTC is seeking appropriation to construct the building. The YRTCs are in the budget requests from the agency and the department, but Congress will not appropriate money for anything until 2013. We will wait to see what the budget holds for us next year.

Regarding the northern YRTC, IHS is on the verge of acquiring the property of from D-Q University, but is awaiting final transfer documents from them. D-Q University confirmed that they have the documents and are working on them. IHS is still waiting for the funds to design and construct the northern property.

Ms. Kerrigan noted that tribal governments need to advocate and lobby Congress for the money for both YRTCs. She added that IHS is not a special circumstance – all agencies go through this process. In addition, Congress rarely funds one stage before the other. In other words, funding for design will come before funding for construction.

Ms. Kerrigan introduced Gary Ball, IHS/CAO Staff Architect, and Steven Zerebecki, IHS/CAO YRTC planner. Mr. Zerebecki said we hope to have ownership of the property

belonging to D-Q University this summer. We will not need to await escrow so that saves 18 months of time. It is possible that IHS will own both properties by the end of 2012.

Mr. Devers asked about the plan to engage southern California tribes in the design of the southern YRTC. He has seen conceptual drawings, but asked if the tribal governments in the south will be included in discussions of the design. Ms. Kerrigan said this will be added to the process, but she cannot guarantee all of their input will be utilized. IHS/CAO will not select the designer for another 4-6 weeks. At that point, she will consider this. Her preference is to complete this exercise in the context of the CATAC (for the northern property as well as the southern property). She suggested inviting the consulting firm so the group can hear the basic constraints, but the biggest constraint will be the budget and obtaining the amount of money needed to build it the way we want. She added that we should not ask for an extravagant design because Congress may not support it. Mr. Devers suggested they hear from the southern tribes what their inclination is for involvement, and ask them to consider the budget in their suggestions. Southern input could be as small as a statue or avocado tree. Ms. Kerrigan said Nevada Skies had an extravagant budget, but Congress cut their funding after they were already in the construction phase. They were ultimately forced to cut down on the appearance. Regardless, tribes need to advocate to congress about how much we need to properly design and build the YRTCs.

All CATAC members were provided a fact sheet to use in their advocacy efforts. California needs \$32.8 million dollars for the northern and southern properties. Once the facilities are built, IHS can pursue staffing money in the amount of \$10 million (\$5 million per site). This is not a good environment in Congress for those who are looking for funds. But if we acquire the properties, that is a huge milestone. Mr. Masten noted that California is the only area that does not have an YRTC, and suggested the other CATAC members use this point to lobby Congress for the funds. Mr. Moose asked if lobbying is more effective with a large group or tribal representative alone. Mr. Masten suggested they pursue the funds both ways.

Ms. Kerrigan noted that these are the first IHS facilities ever to be constructed in California, so once we obtain the property, Congress will not want IHS/CAO stalling plans. Regardless, the doors may not to be open until 2015.

Mr. Devers asked for clarification as to whether IHS/CAO will go forth with the southern property alone if the northern property is stuck in an earlier stage. He asked if tribes should be asking for the design money for the southern property, if IHS had not yet obtained the northern property. Ms. Kerrigan said IHS/CAO already has the funds for design for the southern property, so it is already ahead of the north. IHS/CAO is asking for \$16 million for the south and \$16.8 for the north (includes design). The cost for the northern property will likely be less than this because the design for the southern property will just be adapted.

Mr. Dixon asked if the CATAC could send a resolution to delegates in California, asking for support for a bill to build the YRTCs. Mr. Galleto volunteered to coordinate this by asking CRIHB to create the resolution and sending it to all California tribal leaders using IHS's distribution list. Ms. Hutt agreed to forward the resolution to her tribal chairman for the northern California meeting. Ms. Kerrigan clarified that this is the point where the agency must defer to tribal governments. They must make their wishes known to legislators because IHS cannot lobby Congress.

The CATAC took a 15 minute break, and Dr. Sprenger began the next session since Ms. Kerrigan was required to sit in on a conference call. She returned 15 minutes after the group re-convened.

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

Mr. Coleman introduced a list of active California representatives to national IHS and HHS workgroups and each member's FACA status.

Mr. Moose asked if IHS sees all the reports from the meetings. Mr. Coleman said no, but mentioned that he'd be receiving all of the workgroup updates at a meeting in Washington D.C. the week of June 25. He agreed to provide this information at the next CATAC meeting. In addition, representatives will be asked ahead of time to provide an update that can be included in a packet for all CATAC members.

Mr. Coleman facilitated reports from national IHS and HHS workgroups:

CMS: Representatives: Mr. James Russ (not present) and Mr. James Crouch (not present)

On July 25-26, CMS will host a TTAG face-to-face meeting in Washington D.C. At the next CATAC meeting, one of the representatives will provide a report from the meeting.

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

Ms. Benedict reported that the group has met twice. The workgroup's goal is to make recommendations for changes to the contract support cost policy. The workgroup believes there is a lack of consistency of contract support cost policies at area offices. Each area office calculates shortfall amounts differently. The workgroup believes there should be a policy on how to calculate those figures so it is consistent for every tribe. The workgroup also wants to ensure tribes are educated and trained on how to utilize the policy and calculate their own shortfalls. The workgroup is currently working on sharing data. The workgroup is looking at the ISD fund for new and expanded services. In addition, they are working on adding an appendix to the policy with important dates and deadlines to create the shortfall report that is sent to Congress.

The workgroup's first meeting was held in January in Washington D.C., but IHS refused to release the minutes from that meeting, insisting it was non-FACA compliant because technical representatives were allowed to speak at the meeting. (All CATAC members were provided with a letter regarding that meeting.) As a result, members of the workgroup are working with the technical representatives outside of the workgroup and then bringing back the information to the Director of the workgroup.

The workgroup has had a difficult time receiving reports from Dr. Roubideaux, IHS Director, and believe the reports are necessary to ensure everyone is treated fairly. They received the 2010 report, but have been denied access to the 2011 report until it is sent to Congress.

The next meeting is tentatively scheduled for the end of July in Denver, CO. Once the workgroup has finalized recommendations, they will be sent to all tribes for comment.

Also in recent news, a court case was won requiring the federal government to pay the full contract support cost incurred by tribes.

Behavioral Health: Representative: Mr. Robert Marquez (not present)

There is a national behavioral health meeting next week in Minneapolis, MN.

Budget Formulation: Representatives: Mr. Stacy Dixon and Ms. Leslie Lohse (not present)

Mr. Dixon reported that we are still waiting for money. Both Mr. Dixon and Ms. Lohse attended the meeting in March in Washington D.C. and presented a testimony. Ms. Lohse spoke about the need for an YRTC and said that California is ready to build the facilities in the north and the south. They also attended the last evaluation meeting in Spokane, WA about what worked with the last budget formulation process, what didn't work, and what could be improved for next time. (All CATAC members were provided with a document showing what was discussed at that meeting, including all recommendations.) One recommendation was for Secretary Sebelius present when the testimony is presented.

Ms. Rachel Joseph mentored Mr. Dixon on the FACA issue. Mr. Dixon also thanked Ms. Beverly Miller for assisting him with information about the YRTCs to mention at the workgroup meeting. The first presentation of the YRTC to the committee was somewhat unsuccessful because the group wanted to cut programs and is looking at national issues. At the meeting, Mr. Andy Joseph, Co-Chair, spoke highly on the YRTCs in California because they are needed in Indian country for youth.

Contract Health Services: Representatives: Mr. Johnny Hernandez (not present) and Mr. Molin Malicay (not present)

All CATAC members were provided a report from the U.S. Government Accountability Office. This will also be sent to all California tribal leaders. The recommendation in it is that the allocation formula be changed. Mr. Malicay and Mr. Hernandez have been advocating that the formula stay the same for us, but California may see a reduction. Ms. Kerrigan is unsure this will work under the current circumstances, since tribes have to manage risk and contract support costs are provided on a case-to-case basis.

The next meeting is not yet scheduled, but should be announced the week of June 25 at the Tribal Self-Governance Advisory Committee Meeting.

Diabetes Committee: Representative: Ms. Rosemary Nelson

Ms. Nelson reported that the committee has met twice via phone. The first meeting occurred on March 2 when the group planned the amount of funding to be requested. The second meeting occurred on March 7 when a tribal briefing and caucus occurred regarding the Special Diabetes Program for Indians (SDPI). Following the caucus, the National Indian Health Board (NIHB) mailed ballots to seek the tribes' opinion on the amount. The Diabetes Program is currently funded \$150 million/year, but is set to expire in 2013. The consensus was that the renewal is increased to \$200 million for five years.

According to the Tribal Leaders Diabetes Committee (TLDC) charter, the Diabetes Committee was to meet on a quarterly basis, but this has not happened. Committee members have voiced their concerns about this and there have been two formal requests that a face-to-face meeting is scheduled. The Committee's Chair met with Dr. Roubideaux about obtaining a meeting in place, but has not reported back to the group about this nor has he returned Ms. Nelson's call. There will possibly be a phone conference at the end of the month and a meeting in July or August (potentially attached to the health submit in Washington D.C.).

The Committee is concerned about:

- Report from NIHB on tribal discussions
- Future opportunities – how additional dollars will be spent
- Carry-over funds
- Long-term plans for SDPI initiatives
- Review most recent progress from SDPI

NIHB will continue to meet with congressional leaders, and the committee is determined to build support with members of congress.

Ms. Nelson also reported on her attendance at the Annual Medical Providers' Best Practices & GPRA Measures conference. She especially enjoyed Dr. Bullock's presentation on trauma and the behavioral and physiological responses to trauma. People who have been traumatized often pass on the trauma to their children. Those that have parents who attended a boarding school/Indian school understand this, for example. The adverse experience is a developmental disorder brought on by maltreatment. Native Americans are the most likely to have experienced this. There is currently a pilot project

where parents are taught about proper parenting to prevent the transfer of trauma from parent to child.

Workgroup on Tribal Consultation: Representative: Hayley Hutt

Ms. Hutt is new to the workgroup and has not yet attended a meeting.

Self-Governance: All CATAC members were provided with a list of Self-Governance Advisory Committees and their members.

Facilities Appropriation Advisory Board (FAAB): All CATAC members were provided a letter to Dr. Roubideaux dated May 23, 2011. Dr. Roubideaux has not yet responded to the letter. All CATAC members were also provided the Alaska Tribal Health Compact.

Mr. Coleman reported that the letter about FAAB is under agency review. Ms. Kerrigan clarified that the old FAB of 2009 reported to the IHS OEHE Director whereas the new FAB reports directly to the IHS Director. In other words, the biggest change to the committee is its heightened visibility in the organization. Mr. Ed Fluette also commented that under the old FAAB, the IHS OEHE Director had great influence over the committee. He would also like to bring Mr. Masten, former California representative to FAAB, to Sacramento to meet with IHS/CAO OEHE staff about current issues.

Ms. Hutt asked how the appropriations/priorities for facilities have been chosen in the last two years without the FAAB. Mr. Masten reported that the committee had recommended a new system, but it was never approved by the IHS Director. Mr. Fluette said IHS has continued to function without the FAAB, making all of the decisions.

HHS Secretary's Tribal Advisory Committee: Representatives: Mr. Stacy Dixon and Ms. Elaine Fink (not present)

The goal of the committee is to create a path for greater access to serve communities. The committee is working on re-writing grant announcements to make clearer when tribes can apply for them. Committee members are also receiving training on the unique relationships they have with tribes (including cultural sensitivity). They are working to identify regulative barriers and critiquing the tribal-federal-state relationship, to work more directly with the federal government when possible. A Self-Governance Committee was formed to move forward on a tribal advancement project. The committee's 2012 priorities include: 1) funding – increase, budget formulation process, allocation process, level of need, access & availability, equal funding, prioritizing funding cuts, outreach and technical assistance, education on programs, access to data, grant eligibility, expanding service of self-governance; 2) Affordable Care Act (ACA) – definition of Indian, ACA exchanges, Federal Employees Health Benefits (FEHB), tribal-state relations, delivery of HHS programs to tribes; and, 3) policy and regulatory issues – state Medicaid programs, Veterans' Affairs, and Memorandum of Understandings (MOUs).

Mr. Dixon was appointed for two more years, and Ms. Elaine Fink is now the alternate. His tribe simply drew names out of a hat, and terms will be staggered.

Mr. Dixon also reported that HHS Secretary Sebelius has been receptive to concerns from Indian country. Secretary Sebelius understands their needs, but everything must go through Congress.

The committee meets quarterly, but Ms. Finke was unable to attend the last meeting due to shoulder surgery. The next meeting is scheduled for August.

Ms. Nelson asked if Secretary Sebelius considers the fact that tribes are a federal responsibility, not a state responsibility. Mr. Dixon said she does acknowledge that, and the committee even distributed a letter about the government-to-government relationships.

Ms. Kerrigan noted that the Secretary's Tribal Advisory Committee (STAC) also goes through the budget formulation process at the department and helps to ensure the YRTCs are in it.

Mr. Dixon also mentioned that his term is up for Tribal Chairman, but he plans to reapply for the position.

The group recessed for lunch at 12:00pm and reconvened at 1:15pm.

Tribal Leaders' Consultation Conference Evaluation:

Ms. Kerrigan introduced Ms. Beverly Miller to report on the Annual Tribal Leaders' Consultation in Pala. According to evaluation comments, most of the attendees were satisfied with Ms. Kerrigan's keynote address and Dr. Roubideaux's listening session. Some attendees requested more time for these sessions, and some did not like that Dr. Roubideaux was in a virtual setting. Attendees were satisfied with the amount of time provided for reports and for full caucus meetings. They requested that more general sessions be held in the future, especially regarding YRTCS, contract health support, and FEHB. 74% felt the conference was well-organized and the meeting location was convenient. 89% felt the meeting dates were convenient. The following recommendations were provided for next year's event:

- Provide conference documents before event
- Preview previous year's consultation issues and recommendations to follow-up
- Allow more time for tribal comments
- Show areas where other funding resources are available
- Allow caucus speakers to meet ahead of time
- Provide a map with regions designated and tribes in each region
- Strictly adhere to agenda
- Provide cultural night for tribes, but that is dependent on tribe who is hosting

- Incorporate more best practices and tribal leader discussions
- Have Ms. Kerrigan present before Dr. Roubideaux

Budget Formulation Priority Ballot:

All CATAC members were provided with a document titled “IHS/CAO Priorities” and a document titled “FY 2007-2013 History of Health Priorities for the California Area”. These documents were originally provided to tribal leaders at the Annual Tribal Leaders’ Consultation in Pala, but IHS/CAO received few responses. The intent was to get a consensus from California tribes of the priorities as they relate to the budget formulation process. It is now the responsibility of the CATAC to establish a list of priorities for budget formulation. This can happen at any time during the year. In the past, Diabetes and CHS have been ranked the highest. Ms. Miller said the group can choose to take this back to their regions or IHS/CAO can send it out. Mr. Devers asked IHS/CAO to send this out to all tribal chairs and tribal officials. He will also try his best to make the tribal leadership in the south aware of what is happening. The group concurred with Mr. Devers. He asked for a timeline for the responses from tribal leaders, and Ms. Miller said IHS/CAO could turn this information around in one month. Mr. Dixon noted that the e-mail must catch the attention of tribal leaders to ensure they do not dismiss it because it is from IHS. The need for these responses must be emphasized. Ms. Kerrigan agreed to send the e-mail herself with an explanation point, and Mr. Dixon emphasized that the notice cannot be lengthy.

Ms. Kerrigan commented on the budget formulation exercise. She said the IHS is not in a position to govern its own budget. Tribes sometime ask why we limited it to 10%, but the agency cannot change this. The tribe must go to the government with their budget requests. She provided an example of how the health priorities are used: If the rules-based-budget asked California what we would do in a 10% reduction scenario, we would then use this to explain to them what we would be willing to give up, based on this priority exercise.

Mr. Moose said every year at the Annual Tribal Consultation and other conferences, tribal leaders express a need for IHS hospitals. He asked how to portray this need so it is addressed. Ms. Kerrigan said IHS/CAO has contracted to complete a feasibility study for the need for different hospitals, and that report should be released shortly. IHS/CAO has been hosting regular meetings with the contractor to review the findings. Once the report is complete, she will bring it to the CATAC to discuss. The idea originally arose from the Portland Area as they received \$100,000 from IHS Headquarters to perform this feasibility study. IHS/CAO used money from our own budget to complete this. The feasibility study is very involved, but is almost complete. As soon as IHS/CAO has additional information, Ms. Kerrigan will share it with the group.

ACTION ITEM:

Ms. Kerrigan will send health priority documents via e-mail to all California tribal leaders.

Federal Advisory Committee Act (FACA):

All CATAC members were provided a letter from the Self-Governance Advisory Committee that was sent to Dr. Roubideaux on June 5. The letter insisted that the U.S. government should not be able to tell tribes who they can appoint to national committees.

Ms. Kerrigan thanked the current CATAC group, and said the group is almost FACA-compliant. She said the California Area is always looking for willing representatives to report on National IHS workgroups, and requested that members let her know if they want to be a part of a national workgroup. All the slots are currently filled but there are many opportunities as there are over a dozen IHS committees, boards, and workgroups that require California representatives. Some representatives may participate on multiple workgroups, but that is not suggested due to the time commitment.

There is an Indian Health Summit on August 7-8 in Denver, CO where workgroups present continuous updates throughout the day. IHS/CAO will pay for any CATAC members that would like to attend the consultation summit, but they must be an elected tribal official or have a tribal delegation letter. Ms. Kerrigan will send out the meeting notice once it is issued.

Mr. Devers asked Dr. Sprenger to provide a brief update on assembling the Veterans' Affairs (VA) Workgroup. Dr. Sprenger had little to report because IHS is in the process of developing a reimbursement mechanism with VA. IHS was told to wait to independently assemble this group until the reimbursement mechanism is more formalized. Ms. Kerrigan clarified that the implementation would be top-down. Dr. Sprenger agreed to send an e-mail to the workgroup explaining the lack of activity. The plan right now is to pilot test the VA reimbursement mechanism with one health program. The VA would reimburse the tribal health program at the OMB/CMS rate for services provided to dual-eligibles. Mr. Devers asked if this only applies to veterans registered with the VA, and Dr. Sprenger confirmed that the VA must determine eligibility.

Ms. Kerrigan noted that she attended the Veterans Workshop and reported that there will be another one in Oregon. She requested that the Office of Tribal Government Relations host one in California next, and they agreed. The request was originally for two workshops, but there are only enough resources for one, which will occur in fall 2012/Winter 2013. All tribal and urban Indian healthcare program staff will be invited along with all veterans who want to learn more about the services for which they may qualify. Ms. Kerrigan also noted that one logistical obstacle will be obtaining a space

large enough for this group, since all meetings must be held in federal space or gain prior approval from IHS Headquarters.

ACTION ITEM:

Ms. Kerrigan will send via e-mail the invitation to the Indian Health Summit on August 7-8 in Denver, CO to all CATAC members. CATAC members will contact IHS/CAO if they wish to attend and require travel reimbursement.

Dr. Sprenger will e-mail VA workgroup regarding lack of activity.

Emerging Issues:

Mr. Devers commented of having the CATAC meeting at the hotel rather than the area office. Ms. Kerrigan clarified that federal space was unavailable, as the IHS/CAO conference room is set-up for a RPMS training and the Moss Federal Building conference rooms were all filled. The group said it is easier to get in and out of the hotel because there is no security.

Mr. Moose noted that this is his first meeting, like Ms. Hutt, and he would like handouts on what all of the workgroups do. He was previously dependent on Ms. Rachel Joseph for these notes. Mr. Coleman agreed to send out the notes he received from his meeting the week of June 25. He will be receiving handouts from all of the committees discussed during this CATAC meeting as well as five additional committees. Mr. Coleman will send these handouts to all CATAC members and those who represent California on each committee. Mr. Moose also expressed his appreciation for this meeting.

The group commented that the hotel is convenient and near many restaurants.

The meeting adjourned at 2:00pm.

Meeting Adjourned

Additional Tribal and program leaders, Indian Health Service staff, and guests in attendance during the June 21, 2012 CATAC meeting:

Name

Mary Benedict	Primary Contract Support Costs representative
Diana Chihuahua	Alternate Tribal Leaders Diabetes Committee representative
Cynthia Gomez	Tribal Liaison, State of California
Hayley Hutt	Alternate IHS Director's Tribal Workgroup on Tribal Consultation
Vicky Macias	Cloverdale Rancheria member
Jess Montoya	Riverside/San Bernardino County Indian Health
Rosemary Nelson	Primary Tribal Leaders Diabetes Committee representative

IHS/CAO staff

Gary Ball	Staff Architect
Helen Maldonado	Diabetes Consultant
Rachel Pulverman	Editorial Assistant
Steven Zerebecki	YRTC Planner

**INDIAN HEALTH SERVICE
CALIFORNIA AREA OFFICE
TRIBAL ADVISORY COMMITTEE MEETING
Holiday Inn Capitol Plaza
300 J Street
Sacramento, CA 95814
June 21, 2012**

Location: Hermosa Room

9:00 AM	Welcome and Introductions	Ms. M. Kerrigan
9:15 AM	Review Executive Summary-March 6, 2012	
9:30 AM	Youth Regional Treatment Center North and South updates	
10:00 AM	California Representatives to National IHS and HHS Workgroup List and Reports	
	CMS	TTAG
	Contract Support Costs	CSC
	Behavioral Health	BHWG
	Budget Formulation	BFWG
	Contract Health Services	CHS
	Diabetes Committee	TLDC
	Workgroup on Tribal Consultation	TCW
	Self-Governance	TSGAC
	Facilities Appropriation	FAAB
	HHS Secretary's Tribal Advisory Committee	STAC
12 Noon	Lunch	
1:15 PM	Cynthia Gomez, Tribal Liaison, State of CA (invited)	
1:30 PM	Review Tribal Leaders' Consultation Conference Evaluation	
2:00 PM	Review Budget Formulation Priority Ballot	
2:30 PM	Discussion of the Federal Advisory Committee Act (FACA)	
3:00 PM	CATAC orientation	
3:30 PM	Emerging Issues	
4:00 PM	Adjourn	