

TRANSMITTAL NOTICE-CALIFORNIA AREA INDIAN HEALTH SERVICE CIRCULAR
NO. 2017-02

BACKGROUND:

This circular updates the Tribal Advisory Committee circular.

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MATERIAL TRANSMITTED:

California Area Indian Health Service Circular No. 2017-02

MATERIAL SUPERSEDED:

California Area Indian Health Service Circular No. 04-02.

California Area Indian Health Service Circular No. 04-01.

MANUAL MAINTENANCE:

Add this circular to the Manual of Circulars. Log in and file the Transmittal Notice (TN).

Distribution: All CAIHS Employees
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DEPARTMENT OF HEALTH AND HUMAN
SERVICES
Indian Health Service

CALIFORNIA AREA INDIAN HEALTH SERVICE CIRCULAR NO. 2017-02

CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE

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1. **PURPOSE.** The principal focus for consultation and participation activities of the California Area Indian Health Service (CAIHS) is with individual Tribal governments and with Tribal organizations composed of multiple Tribal governments that contract/compact for the provision of health services to IHS eligible patients in California. Because there are over 100 federally recognized Tribal governments in California, it is necessary for the CAIHS Director to have an advisory committee in place from which to solicit Tribal advice and recommendations, and to involve tribes in IHS decision-making processes and policy development.
2. **BACKGROUND.** Section 8.D of the Indian Health Service (IHS) Circular No. 06-01 requires that the CAIHS Director, in consultation with Tribal governments located in California, designate a committee/workgroup comprised of delegated Tribal officials from all Tribal governments served by the CAIHS. Because historical attempts to form and/or maintain a statewide Indian health board have not yielded a body of representatives inclusive of the entire California Area, the CAIHS Director, in consultation with Tribal governments in California, created an advisory committee representative of all Tribal governments and other IHS eligible patients served through CAIHS. This California Area Tribal Advisory Committee (CATAC) shall provide advice and recommendations to the CAIHS Director. Meetings between the Tribal Advisory Committee and the CAIHS shall occur at least four times each year.
3. **CONSULTATION PROCESS**
The Consultation Process for CAIHS and CATAC shall be defined by the following principles:

The CAIHS shall develop instructions for the submission of comments and will report on all outcomes of the consultation.

- A. Tribal. Specific consultation mechanisms that will be used to consult with an Indian Tribe(s) include but are not limited to mailings, meetings, teleconferences, and roundtables.
1. Consultation sessions will be held to solicit official Tribal comments and recommendations on policy and budget matters affecting the Indian Tribe(s). These sessions at roundtables, forums, and meetings will provide the opportunity for meaningful dialogue and effective participation by the Indian Tribe(s).
 2. An Indian Tribe may meet one-to-one with the CAIHS or a designated representative to consult on issues specific to that Indian Tribe.
 3. Upon completion of a consultation session, the CAIHS will document and follow up on any unresolved issue(s) that would benefit from the ongoing involvement of the Indian Tribe(s).
 4. All CAIHS policies are posted on the CAIHS Web site.

B. HHS Divisions and Regional Offices

1. Upon the request of an Indian Tribe(s), the CAIHS will advocate for and facilitate collaboration between HHS Divisions, Regional Offices, and the Indian Tribe(s) to assist with consultation.
2. The CAIHS will assist the Indian Tribes and HHS Divisions in addressing any identified issue(s) such as access to HHS programs and services that could be provided directly to an Indian Tribe(s).
3. The CAIHS and/or Area Office will work with the HHS Office of Intergovernmental Affairs (IGA) to assist Indian Tribes in advocating for improved HHS Division-Tribal relations.

4. CHARGE. The charge of this committee shall be defined by the following principles:
- a. CATAC members' contributions to the CAIHS Director are advisory in nature. Consultation remains the exclusive domain of authorized representatives of individual tribes in their special government-to-government relationship with the IHS.
 - b. CATAC members are charged with promoting and protecting the interests and values of all California Indians rather than advancing the special interests of their own tribe, region, or program.
 - c. CATAC members will provide advice and serve as a "sounding board" for the CAIHS Director, on a quarterly basis, between statewide annual meetings of all the tribes, and, as a complement to input provided by other ad hoc task forces, committees, and California representatives to IHS workgroups.
 - d. CATAC members will identify issues of major importance that they believe

should be referred to all California Tribal leaders for deliberation and ratification for final approval.

- e. CATAC members, with input from the tribes in their respective region, will serve as primary advisors in developing the Tribal consultation agenda for California Tribal governments.
- f. CATAC members have a responsibility to be accountable to the Tribal leaders that elected them.

5. ELECTION OF REGIONAL REPRESENTATIVES. The CAIHS annually convenes a California Tribal Leaders ' Consultation Conference. Based on a 1997 paper survey of California tribes, Tribal leaders had extensive input into the composition of the CATAC as it evolved. Tribal leaders asked for 12 regional representatives to be elected by Tribal chairpersons or their designees from four geographical regions of the state (north, west central, east central, and south). These 12 regional representatives (three from each region) are asked to serve staggered two- year terms. Therefore, at each annual Tribal Leaders' Consultation Conference, six regional representatives' positions are open for election. At the conference, a brief period will be designated for the Tribal leaders to convene regional caucuses and elect their regional representatives for the next two years. The three representatives from each region are asked to serve as election facilitators and recorders within their respective regional caucus. Based on Tribal consultation, the preference of California tribes is to elect only duly elected Tribal officials/council members and/or Indian health board members to the CATAC. This excludes health program directors, attorneys, clinical staff or consultants. The CAIHS will not mediate regional election outcomes, if disputed. If a regional caucus is unable to conduct a regional election at the Annual Tribal Leaders ' Consultation Conference, the CAIHS will assist with a paper mail-in ballot based on nominations from the regional caucus. Each elected regional representative will be considered as an individual "advisor".

If a CATAC member/regional representative loses their election during their term as an elected Tribal leader or health board member, they will be allowed to complete their two-year term. If the regional representative member is unable to complete their term, the regional representative member shall notify the CAIHS Director in writing, who will then take action to ensure that an elected alternate is designated for the balance of the regional representative's two-year term.

To adhere to the Federal Advisory Committee Act (FACA) and the Intergovernmental Exemption to FACA, all CATAC members must be elected officers of Tribal governments or their designated employees with authority to act on their behalf (2 U.S.C. § 1534(b)). Written document must be in place to indicate that each member of the advisory group is officially representing a Tribal government. This can be in the form of a letter from the Tribe and will be put on file for the duration of the advisory group.

6. ADVISORY COMMITTEE MEMBER RESPONSIBILITIES. After election to the CATAC, each regional representative will be notified in writing by the CAIHS Director regarding their two-year term of office. The urban representative will be notified in writing by the CAIHS Director regarding their one-year term of office. These notices will include a roster of current members and designated alternates.
 - a. Provide the CAIHS Director with your updated contact information.
 - b. Meeting Frequency and Conference Calls. The CATAC will meet at least four times per year and CATAC members are expected to travel to Sacramento or other designated locations. In addition, when issues are time-sensitive, the CAIHS Director will sometimes convene conference calls of the CATAC when time does not allow scheduling of a CATAC meeting.
 - c. The California Area Office will provide three to four weeks' notice of scheduled CATAC meetings. If for any reason a committee member is unable to attend, it is their responsibility to forward the meeting notice and any advance material to one of their three designated regional alternates, and notify the CAIHS Director of which alternate will attend in their respective place.
 - d. Within 10 working days of a CATAC meeting, representatives must submit a travel voucher estimate, substantially in the form of Exhibit A, Travel Voucher Reimbursement Record, attached hereto. The CAIHS will reimburse travel expenses through their respective Indian health program's contractor/compactor, except that travel costs will not be reimbursed for self-appointed alternates.
 - e. Regional Meeting Option. Each of the four California regions have 3 representatives who have the option of organizing and convening an annual regional meeting of the CAIHS Director and the Tribal leaders from their respective region.

7. IHS BUDGET.
 - a. Budget Formulation. The CAIHS Director will solicit the active participation of tribes and Tribal organizations in the formulation of the President's proposed budget for the IHS. The formulation of the President's budget involves the following three levels of IHS management and requires Tribal consultation and participation at each level.
 - (1) Service Unit. It is an expectation that each Tribal health program director will meet with its respective Tribal government(s) that sponsor the Tribal organization at least once per year. During these local level meetings, Tribal health program directors should ensure the tribes' participation in the budget formulation process and in identifying local budget priorities.

- (2) Area Office. This circular establishes the CATAC as the Area-wide budget formulation team and is composed of Tribal and other representatives and CAIHS principal managers. The Area budget formulation team is responsible for identifying Area-wide health priorities, within the parameters and guidelines provided by the President's Office of Management and Budget. The Area team provides input at every major stage of the budget formulation process, including briefing the California Area representative to the National Indian Health Board.
 - (3) Headquarters. The Director, IHS, and the Headquarters budget formulation team, composed of senior staff, utilizes the recommendations of the California Area budget formulation team to propose the annual IHS budget for submission to the Assistant Secretary for Management and Budget. Subsequent to the submission of the IHS budget, the Director of IHS consults with Tribal representatives to review health and budget priorities at each stage of the budget formulation process.
8. BUDGET EXECUTION. It is IHS policy to involve Tribal governments in decision-making processes concerning the allocation of new funding (i.e., funding that is not base funding to a tribe or congressionally earmarked for specific tribes or specific programs) that is provided as a result of the appropriations process. This policy is described in IHS Circular No. 92-5, Budget Execution Policy (Allocation of Resources).
 - a. Budget Information Disclosure. The CAIHS Director has initiated a process whereby the tribes and Tribal organizations are provided the following IHS budget- related information on an annual basis: appropriations, allocations, expenditures, and funding levels for programs, functions, services, and activities.
9. SUPERSESSION. This circular supersedes California Area Indian Health Service Circular No. 04-02, dated May 11, 2004, and California Area Indian Health Service Circular No. 04-01, dated May 11, 2004.
10. EFFECTIVE DATE. This policy is effective on the date of signature.

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