



Indian Health Service
California Area Office
650 Capitol Mall, Suite 7-100
Sacramento, California 95814-4708

APR 20 2007

Dear Tribal Leader:

I am writing to inform you of the actions taken by tribal representatives at our most recent Indian Health Service (IHS) Annual Tribal Leaders' Consultation Conference held on March 20, 21, and 22, 2007 and to confirm your agreement with their actions. Specifically, tribal leaders and designees voted (46 in favor – 0 opposed) to combine the Youth Regional Treatment Center (YRTC) funds designated for the construction of a **northern** California YRTC with the funds designated for a **southern** California YRTC making the purchase of the Trinity Anza site in San Diego County a more viable option. With this action, these tribal leaders voted approval for IHS to combine the total available YRTC funds and spend it all on a southern California facility. They also decided that all tribal leaders would work toward acquiring funding for a YRTC in northern California at some later date. The voting issues and results are memorialized in the enclosed PowerPoint slides (see Enclosure 1).

This combining of funds into one YRTC site concerns me because it will take congressional approval to combine all available funds for developing one YRTC, and it could double the cost of what congress might provide. There is no assurance that additional funding would be available to develop a second YRTC in northern California. **I am requesting that your tribal government formalize, via tribal resolution, your agreement or disagreement with this action.**

The background of the development of YRTC services is as follows:

- The authority to develop or build YRTCs is found in The Anti-Drug Abuse Act of 1986, P.L. 99-570, and Omnibus Drug Bill Amendments, P.L. 100-690. Unfortunately, after more than 20 years California is still without a YRTC.
- All IHS Areas were allocated approximately \$1.2 million to staff a YRTC that presumably would be developed using existing IHS or BIA federal land, buildings and facilities.

- From approximately 1986 through 1993, the \$1.2 million dollars coming to California through this legislation was distributed to tribal health programs under P.L. 93-638 contracts.
- Around 1994, for approximately one year, IHS contracted with a private adolescent substance abuse inpatient treatment center in Fresno.
- A YRTC network concept was established in 1997, in which a portion of YRTC funds were used to support treatment centers operated by Southern Indian Health Council, on the La Posta Reservation, and one operated by Toiyabe Indian Health Project, in Bishop. The Susanville Rancheria also operated a program for a short period of time. A portion of these funds were also set aside to purchase care at other private youth treatment inpatient programs located out-of-state. These funds are managed by the IHS in consultation with the YRTC Taskforce made up of health professionals from tribal and urban substance abuse programs in California. The Toiyabe program closed in 2002, and the Southern Indian Health Council program closed in 2004.
- After closure of these California tribal facilities, YRTC funds have been used to purchase inpatient treatment at various youth substance abuse inpatient treatment facilities and at three group homes operated by United American Indian Involvement, in the Los Angeles area, the Hoopa Valley Tribe, and Round Valley Tribe. To date, these funds continue to be managed by IHS in consultation with the YRTC Taskforce.
- In a letter dated November 24, 2003 to Tribal Leaders (Enclosure #2) I updated you on the progress towards the planning and site selection for constructing two YRTCs. My letter also included general parameters for site selection and asked you to identify any 10-15 acre sites that might be available on tribal land.

Over the past four years, our staff has been investigating and evaluating possible sites to construct two YRTCs, one in the north and one in the south, consistent with the appropriations language found in H.R. 4818-277, "Indian Health Facilities: ...*Provided further*, That up to \$2,700,000 from unobligated balances may be used for the purchase of land at two sites for the construction of the northern and southern California Youth Regional Treatment Centers subject to the advance approval from the House and Senate Committees on Appropriations."

To date, we have looked at 26 sites in northern California and 22 sites in southern California. I have enclosed a list of the sites we have reviewed (Enclosure 3). These facilities must be initially constructed as federal facilities; owned, staffed and operated by the IHS. Tribal governments have the inherent authority to take over and operate IHS facilities under the provision of the Indian Self Determination and Education Assistance Act (ISDEAA), Public Law 93-638, as amended, and may want to consider this option at some future date.

Most of these sites were eliminated from consideration for various reasons. For example, the old Mather Air Force Base is within the jurisdiction of both Sacramento County and the City of

Rancho Cordova. Sacramento County was a willing partner, but Rancho Cordova did not want to lose the tax base in having a federal facility take over 10 acres of land that could be developed for non-government use. Ya Ka Ama decided to withdraw the offer of its land in Sonoma County. Most sites did not meet the general parameters regarding proximity to utilities, land grade (too much slope), or they were too distant from an urban area that would provide a source for ongoing recruitment of health professionals.

The facility that has generated the most interest and was the center of attention at the IHS Tribal Leaders' Conference is what we have referred to as "Trinity Anza." Trinity Anza is located in the Anza area in southern Riverside County, approximately 40 miles west of Palm Springs on SR-371. As we understand, this complex was originally built as a training facility by the masonry union to train apprentices. It was later purchased by a religious foundation and used as a home for abused children. It is still owned by the religious foundation. The entire complex is over 840 acres and includes:

- Eight 12 room dormitories
- 2 houses for staff and 5 for families
- 2 swimming pools
- 1 gymnasium and 1 lighted baseball field
- 1 classroom building with 4 classrooms
- 3 maintenance and services buildings
- 1 institutional kitchen

This property has been on and off the real estate market for years. When we first visited the property in 2006, the foundation did not want to subdivide it and the IHS could not justify a plan to purchase and maintain 840 acres. Trinity Anza then went off the market pending a possible sale, but, has recently come back on the market and now the foundation is open to offering 100 acres that encompass the 22 buildings. Although the IHS has not done a detailed site evaluation, we did have the opportunity to visit Trinity Anza and walk through all of the buildings. The facility is superficially attractive, but on closer analysis it is in need of much repair due to being vacant for years. The current asking price for 100 acres and all of the buildings is \$12 million dollars. I know that most of the tribal leaders who participated in this discussion at the IHS Annual Tribal Leaders' Conference have no first hand knowledge of the condition of Trinity Anza and were simply seeing it as an opportunity to acquire a facility that would be available to accept clients in a much shorter period of time than would be required if a new facility was constructed from the ground up. It is our opinion that it would cost millions of dollars to bring Trinity Anza up to a "like new" condition and renovate it to meet the requirements for a YRTC. This is in addition to the initial purchase price of \$12 million.

The current legislation that authorizes two YRTCs for California presumes that they will be built as federal facilities. As such, Congress incrementally allocates funds to IHS on an annual basis. Hence, we have received approximately \$80,000 for planning and site selection, and \$2.7 million has been identified for purchase of land for two YRTCs, one in the north and one in the south, subject to the advance approval of the House and Senate Committees on Appropriations. Once

approval is obtained, we would then develop and present a construction design plan to the Appropriations Committees for approval and funding. Any deviation from this process, such as, purchasing an existing facility versus purchasing land and constructing a new facility will require congressional approval and could possibly further delay the project.

The IHS Headquarters Office of Engineering Services has determined that additional funding to cover the \$12 million purchase price cannot be requested until the FY 2009 budget formulation process. A full “Deep Look Survey” would be required to support that request with no guarantee of approval of the \$12 million request. Additionally, it is the initial consensus of behavioral health professionals who have visited Trinity Anza that the layout of the buildings on the site and individual dorm layouts are less than optimal for the intense level of observation required for the “dual diagnosis” adolescent patients served at the YRTC. Dual diagnosis is a term that refers to patients with a diagnosis of both mental health and substance abuse problems and issues.

During the breakout sessions at the IHS Tribal Leaders’ Conference, our staff attempted to solicit tribal input in ranking possible sites that had been preliminarily investigated, ranked, and had high potential for meeting the IHS parameters for a federal YRTC. The original design of the YRTC breakout sessions was twofold. First, we presented a plan to divide the state into north and south along a line near Fresno (see Enclosure 4: California YRTC Service Area Map). Second, we asked tribal leaders to endorse our ranking of these sites or to otherwise re-rank them.

The purpose of dividing the state into north and south was to make the decision process involving tribal governments’ consultation more manageable. The legislative language calls for the location of YRTCs to be “... agreed upon (by appropriate tribal resolution) by a majority of the tribes to be served by such center.” It makes sense that some reasonable determination of which tribes were considered to be users of the southern YRTC would approve its location and the same for the YRTC in northern California. Our proposal divided the state approximately in half by geography, number of federally recognized tribes, and youth population.

Our proposed division of the state was rejected with claims that, once again, IHS was trying to divide the Indian population, meaning IHS was creating a divisive environment and pitting tribe against tribe. Without agreement on the division of the State into north and south, IHS would have no choice but to try to get majority consensus on both sites by all 102 federally recognized tribes in California. I believe this would be unmanageable. It is important to remember that both of these facilities would be open to any Indian youth living in California. There will be no requirement for youth in northern California to be restricted to the northern California YRTC and vice versa for southern California. In fact, there will be occasions when it is in the best interest of the youth to have them more distant from their home community.

The ranking of possible sites is directly tied to the issues of tribal agreement on the location and the division of the state into north and south for this purpose. We were prepared to present to all tribal leaders the following ranked locations for their tentative approval, but we did not conduct these presentations as scheduled on the agenda because of protests by some tribal leaders.

Northern California:

- Nice
- Bangor
- Four Junes
- Highway 70

Southern California:

- Bakersfield
- Hemet 1
- Hemet 2
- Anza
- Fresno

The YRTC presentations as they had been planned at the Tribal Leaders' Conference came to an abrupt ending at the insistence of some tribal leaders. The information that I have presented in this letter was not heard by tribal leaders prior to making their decision and voting to change course from the development of two YRTCs. Instead, tribal leaders voted to combine all funds available for two YRTCs into the development of one YRTC in southern California.

The IHS is stalled in our efforts to develop a site for YRTCs in California. This is why I am soliciting input, **by tribal resolution**, from each federally recognized tribal government on the following questions:

- **Do you support pooling all the funds allocated for two YRTCs into the development of one YRTC in southern California? Your resolution should be very clear, stating a “yes” or “no” to this question.**
- **Do you support the proposed division of the State (Enclosure 4) for the sole purpose of determining which tribes will have input on the location of a YRTC in the southern portion of the state and the same for the northern portion of the state? Again, your resolution should be very clear, stating “yes” or “no” to this question.**

If the majority of tribes are agreeable to staying on course with the concurrent development of two YRTCs in California; one in the north and one in the south, and are agreeable to the division of the state into north and south for determining locations for these facilities, I will proceed with the investigation of ranked sites. I will convene separate meetings of tribal leaders from the north and south to approve current rankings of possible locations and ultimately come to mutual agreement with you on the final locations. I will seek to secure your agreement, by tribal resolution, as required in the legislative language.

So that we may continue to keep this important project moving forward, I request that you provide your response to the two questions that I have asked by June 1, 2007. Because of the

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importance of this matter, only responses in the form of tribal government resolutions will be considered. Your resolution should be addressed to me at:

California Area Indian Health Service
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706

If you have any questions, please do not hesitate to call me or Mr. Dennis Heffington, our Indian Self Determination Program Manager, at 916-930-3927.

Sincerely yours,


Margo D. Kerrigan, M.P.H.
Director

YRTC VOTING ISSUE

#1 We support ANZA as the first YRTC Project for all California Indian

#2 Using available funds from the North, IHS will have permission to use those funds for the betterment of all Indian youth. The tribal leaders will continue to advocate for a second facility for the remainder of California

Vote: 46 in favor
0 opposed
0 abstentions
Motion passed

YRTC VOTING ISSUE

• The IHS will move aggressively for another YRTC site (within 5 years) for the northern California YRTC

- VOTE: 46 APPROVED
1 OPPOSED
0 ABSTAINED

YRTC VOTING ISSUE

• Should the ANZA project not move forward a selection will be made from the "Green Sheet"

» VOTE: 27 APPROVED
2 OPPOSED
6 ABSTENTIONS

TAB H



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE

Indian Health Service
California Area Office
650 Capitol Mall, Suite 7-100
Sacramento, California 95814-4708

NOV 24 2003

YRTC Update – Looking for Land

Dear California Tribal Leader:

I am writing you to keep you updated on the progress towards the planning and site selection processes for constructing two Youth Regional Treatment Centers (YRTC's), which are medically-monitored, dual-diagnosis inpatient treatment facilities for adolescents with both substance abuse and mental health problems. One facility is to be built in the northern region of California; the other facility is to be built in the central/southern region of California. The YRTC's, if fully funded by Congress, could be built as early as FY 2007 or FY 2008.

The cost of each proposed facility is estimated at \$10.5 million including the cost of land acquisition. In addition, \$2.2 million for planning and design has been proposed to begin with the FY 2005 Indian Health Service (IHS) budget. Each facility will be gender-specific with 32 beds, a six-bed close observation unit, and five family suites. The first region to identify a suitable location will determine which YRTC will be built first.

The big question now is "Where will the YRTC's be located? After conducting statewide tribal consultation sessions in October 2003, we learned that we needed to further query all California tribal governments to see if your reservation or rancheria has a suitable parcel upon which to build these inpatient facilities. In addition, your tribal government should also consider if you would be willing to lease this land to the IHS for a nominal cost lease (\$1 per year).

If we are unable to find trust/Indian land on which to build the YRTC's, then we will have to consider purchasing land at an estimated cost of \$1.5 million for a 10-15 acre parcel of land outside of the greater San Francisco Bay and Los Angeles metropolitan areas. Note that the cost of the commercial land would come out the \$10.5 million, and the balance would go towards construction. So it is to our collective advantage to try to identify trust/Indian land as our first priority because we would then be able to afford to construct a higher-quality facility. We know from previous experience that building on a parcel of trust/Indian land presents fewer complications with zoning requirements and city/county government permits, which have been known to slow down construction.

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Therefore, I am asking you if your tribe has a 10-15 acre parcel of trust/Indian land that might be suitable for a YRTC facility? We have developed the following site criteria and included it in the Program Justification Document (PJD) for preliminary consideration. For your information, we offer the following site criteria from the following sources:

- 1) Technical Handbook for Environmental Health and Engineering, Volume II – Health Care Facilities Planning, Part 13 – Planning Documents and Reports, Chapter 13-4 Site Selection and Evaluation Process:
 - Topography: less than 15% slope
 - Water table: not in wetland or flood plain
 - Soil conditions: suitable for foundation; not seismically active
 - Historical significance: no historical or archeological sites
 - Environmental hazards: no hazardous materials or previous contamination
 - Utilities: community water, sewer, and power available
 - Zoning: zoned for intended purpose
 - Noise: not in or adjacent to a commercial or industrial area
 - Fire protection: full-time fire department available

- 2) Since 1997, the YRTC Network Task Force has consisted of a voluntary group of tribal leaders, health program administrators, and behavioral health clinicians from tribal and urban Indian health programs throughout California. In addition to the prescribed federal guidelines above, the YRTC Network Task Force is also recommending to us to consider the following site criteria in evaluating all potential sites:
 - Location: near suburban/metropolitan area
 - Transportation: an airport with scheduled airline service within 50 miles
 - Prevent runaways: not next to freeway or railroad
 - Emergency hospital services/acute psychiatric care: within 10 miles

These criteria are meant to serve as a guideline in your preliminary stages of assessing the suitability of a potential trust land site. Please keep in mind that these criteria describe the “ideal” parcel of land and it may be impossible to meet all criteria listed herein.

Once your tribal government has identified a potential site(s), please inform the Area Director of the California Area IHS in writing of your preliminary assessment and your tribal government’s desire to situate a YRTC on your respective reservation or rancheria.

We are committed to exploring the feasibility of any parcel of land that your tribe might identify to the IHS.

Site Selection and Evaluation Report

Once we have identified several possible locations, we will involve IHS (Headquarters) Office of Environmental Health and Engineering, Division of Engineering Services from Dallas, to conduct a formal Site Selection and Evaluation Report (SSER) and rank the options. It is my intent to involve the California Area Tribal Advisory Committee in the SSER rankings for both the north region and the south/central region, as well as in the final decisions for site selection.

Thank you for your consideration and willingness to help expand treatment services to California Indian youth. Together we can make a difference.

Sincerely yours,


Margo D. Kerrigan, M.P.H.
Director

Prospective YRTC sites visited

59 sites in 31 cities in 16 counties

COUNTY				
Del Norte County:				
	South Kraft Drive in Crescent City			
Tehama County:				
	Paskenta Road in Corning			
Shasta County:				
	1. Ritter at MacArthur Rd., Fall River Mills			
	2. MacArthur at Brown, Fall River Mills			
	3. Lassen Camp & Conference Center, Shigletown			
Glenn County:				
	1. County Rd. 24 at County Rd. P, Willows			
	2. County Rd. 99 at County Rd. 48, Willows			
	3. County Rd. 48 at Washington, Willows			
Colusa County:				
	Husted Rd. at E Street, Williams			
Butte County:				
	1. Highway 70 at Oakwood Lane, Oroville			
	2. Four Junes Way, Oroville			
	3. La Porte Rd. at Kings Ranch Rd., Bangor			
	4. Cox Lane at Palmero Hwy, Oroville			
	5. Powerhouse Hill Rd. at Lone Tree, Oroville			
	6. Old Stage Rd. at Williams Road, Oroville			
	7. Deer Valley Rd., Oroville			
	8. Robinson Mill Rd., Oroville			
	9. Wilbur Rd. at Oroville Dam Blvd., Oroville			
	10. Ord Ranch Rd. at Larkin, Biggs			
	11. Hummer Rd. at Sky Rd., Chico			
Sonoma County:				
	Ya Ka Ama Indian Education and Development, Santa Rosa			
Lake County:				
	1. Highway 20 at Collier Road, Nice			
	2. Kelsey Creek Drive in Kelseyville			
	3. Finley East road in Kelseyville			
Sacramento County				
	1. Mather Field; three parcels, Rancho Cordova			
	2. 14th Street at Elkhorn Blvd., Rio Linda			
El Dorado County:				
	Echo Creek Resort on Hwy 50 at Upper Truckee Rd.			
San Mateo County:				
	Cabrillo Highway in Pigeon Point			
Fresno County:				
	1. Madison Ave. at Blythe			
	2. N. Vista Rd. at McKinley Ave.			
	3. S. Cedar at Mt. View			
	4. Orange Ave. at Clayton Ave.			
	5. Cherry Ave. at South Ave.			
	6. Hwy 41 at Clayton			
	7. Jefferson at Chestnut			
	8. Mckinley Ave. at N. Highland			

