

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service**

CALIFORNIA AREA INDIAN HEALTH SERVICE CIRCULAR NO. 02-03

TRIBAL ADVISORY COMMITTEE

Sec.

1. Purpose
2. Background
3. Responsibilities
4. Election of Regional

Representatives

5. Other Representatives
6. Workgroup Responsibilities
7. IHS Budget
8. Exhibits
9. Supersession

1. **PURPOSE.** The principle 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 (Director) to have an advisory committee in place from which to solicit tribal advice and recommendations, and to involve tribes in decision-making and policy development.
2. **BACKGROUND.** 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 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 Tribal Advisory Committee shall provide advice and recommendations to the Director. Meetings between the Tribal Advisory Committee and the CAIHS shall occur at least four times each year.
3. **RESPONSIBILITIES.** The charge of this committee shall be defined by the following four principles:
 1. Tribal Advisory Committee members' contributions to the Director are advisory. Consultation will remain the

exclusive domain of authorized representatives of individual tribes in their special government-to-government relationship with the IHS.

2. Tribal Advisory Committee 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.
 3. Tribal Advisory Committee members will provide advice and serve as a “sounding board” for the 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 and committees.
 4. Tribal Advisory Committee 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.
4. ELECTION OF REGIONAL REPRESENTATIVES. The CAIHS annually convenes a California Tribal Leader’s Consultation Conference. Based on a 1997 paper survey of California tribes, tribal leaders had extensive input into the composition of the Tribal Advisory Committee 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 Leader’s 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 Tribal Advisory Committee. 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 Leader’s 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 Tribal Advisory Committee 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.

5. OTHER REPRESENTATIVES. California is home to other tribes and groups referred to as “Indians of California” who are not members of a federally-recognized tribe, but are eligible for IHS services. Currently, there are more than 35 tribes, in California, seeking federal recognition. In the spirit of inclusion, the CAIHS Director selects a representative of the “unaffiliated” to serve a one-year term as the 13th member to the Tribal Advisory Committee. Furthermore, California is also home to the largest urban Indian population in the United States. Again, to ensure maximum inclusion, the Director has invited the urban Indian health programs to annually elect a representative to serve a one-year term as the 14th member. The California representative to the National Indian Health Board is invited to serve as the 15th member.

Each representative on the Tribal Advisory Committee will be considered to be an individual “advisor”, seated on this committee to represent the people most directly affected by IHS decisions.

6. WORKGROUP RESPONSIBILITIES. Another form of tribal consultation is to have tribal participation in various and multiple IHS workgroups convened and charged by the Director of the IHS. The CAIHS Director relies on the Tribal Advisory Committee as the primary source for interested regional representatives and California tribal leaders who can serve on issue-specific IHS workgroups to deliberate and identify options to the Director of the IHS. There is an increasing political requirement for elected tribal chairpersons and tribal council members (instead of health program administrators, attorneys, or consultants) to serve

on IHS national workgroups. Because California has over 100 tribes, they hold four regional elections where the tribal chairman, or their designee, elect regional representatives who are considered to meet the IHS definition of “elected tribal leader.” At the present time, we are aware of 14 IHS workgroups that are described in Exhibit A along with the current California representatives. While most of these workgroups are time specific, they will require the California Area representative to set aside significant time resources and commit to substantial travel, usually up to four times per year. These assignments are considered voluntary, and Tribal Advisory Committee members are not required to take on an IHS workgroup if their situation does not permit. At times, the CAIHS Director may have to designate a workgroup representative outside of the Tribal Advisory Committee because of technical expertise or time not permitting a more extensive search for a potential California Area representative. In those instances the CAIHS Director will rely on best judgement and recommendations from the Tribal Advisory Committee in appointing an Area representative capable of serving in these capacities, based on the special skills, expertise, and accomplishments of the individual.

The responsibilities of the Area representative on an IHS workgroup are as follows:

1. Be prepared. Study background material and seek additional information. Do not hesitate to ask questions.
2. Coordinate your travel needs with an assigned IHS staff person. Ensure that your respective health program understands that travel will be reimbursed to the representative’s respective contractor/compactor by modification based on submission of the “travel reimbursement form” found in Exhibit B.
3. Bring back all materials, and prepare a brief one-page report that can be distributed at the next Tribal Advisory Committee meeting and captured in the Executive Summary.
4. In the event that an Area representative is unable to attend a scheduled IHS workgroup meeting, it is his/her responsibility to notify the CAIHS Director as soon as possible so arrangements can be made for an alternate

to attend. The designation of an alternate is at the discretion of the CAIHS Director, not the representative who will miss the workgroup meeting. This practice ensures that California will not miss any opportunities to make the California Area perspective known to the rest of Indian country and in every national venue where tribal consultation is occurring.

7. IHS BUDGET.

1. 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 three levels of IHS management and requires tribal consultation and participation at each level.

(1) Operating Unit. It is an expectation that each tribal health program director will meet with its respective tribal government(s), that sponsor the tribal organization with resolutions, at least once per year. During these local level meetings, directors should ensure the tribes' participation in the budget formulation process and in identifying local budget priorities.

(2) Area Office. This directive establishes the Tribal Advisory Committee 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 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.

2. 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).
3. 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.
8. EXHIBITS.
9. SUPERSESSON. None. This policy is effective on the date of signature.
10. EFFECTIVE DATE. This policy is effective on the date of signature.

Margo D. Kerrigan, M.P.H.
Director
California Area Office