

**INDIAN HEALTH SERVICE  
CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING  
January 4-5, 2011  
EXECUTIVE SUMMARY**

**January 4, 2011**

**CATAC Primary (p) and Alternate (a) Members Present:**

<b>Region:</b>	<b>Tribal Affiliation</b>
• North	
Stacy Dixon (a)	Susanville Indian Rancheria
John Green (p)	Elk Valley Rancheria
Pete Masten Jr. (p)	Hoopa Valley Tribe
• South	
Chris Devers (p)	Pauma/Yuima Band of Mission Indians
Johnny Hernandez (p)	Santa Ysabel Indian Reservation
Patricia Schoolcraft (a)	Agua Caliente Band of Cahuilla Indians
• East Central	
Elaine Fink (a)	North Fork Rancheria
Rachel Joseph (p)	Lone Pine Reservation
Robert Marquez (p)	Cold Springs Rancheria
• West Central	
Debra Ramirez (p)	Redwood Valley Reservation
• Unaffiliated	
Rosemary Nelson	

**California Area IHS Staff in attendance:**

Ms. Margo Kerrigan	Director
Ms. Beverly Miller	Deputy Director
David Sprenger, M.D.	Chief Medical Officer
Mr. Ed Fluette	Associate Director-Office of Environmental Health & Eng.
Ms. Elaine Brinn	Associate Director-Office of Management Support
Mr. Steve Riggio	Associate Director-Office of Public Health
Mr. Travis Coleman	Acting Indian Self-Determination Program Manager

The California Area Tribal Advisory Committee (CATAC) meeting began on January 4, in the conference room at the John E. Moss Federal Building, Indian Health Service (IHS), California Area Office, 650 Capitol Mall, Suite 7-100, California 95814. In addition to the attendees listed above, this meeting was open to and attended by additional Tribal Leaders, Program Directors, IHS staff and guests.

Ms. Kerrigan, Director, California Area Indian Health Service (CAIHS) welcomed everyone and facilitated group introductions and reviewed the planned agenda (see attached).

### **Approval of Executive Summary (October 27, 2010):**

CATAC members reviewed the Executive Summary of the October 27, 2010 meeting and approved them (two members abstaining) with one correction to the National IHS-HHS Tribal Workgroup reports. The Tribal Leaders Diabetes Committee (TLDC) report: changed to “no report”.

#### **Action Item:**

Prior to moving into the agenda, there was a discussion about the executive summaries. When identifying CATAC members should be distinguished from primary/alternates and the term Tribal affiliation should be used instead of Tribe represented.

#### **Action Item:**

Beginning immediately, approved meeting summaries will be sent to the California Area Tribal Chairpersons.

#### **Action Item:**

Draft meeting summaries will be provided to CATAC members and alternates at least one week prior to the next scheduled meeting.

The agenda for this meeting was reviewed and accepted with one addition. Mr. James Crouch, Executive Director, California Rural Indian Health Board (CRIHB), was added after the California Representatives to National IHS Workgroup reports to provide an update on technical issues related to the Indian Health Care Improvement Fund (IHCIF).

### **California Representatives to National IHS Workgroup Reports:**

- Tribal Leaders' Diabetes Committee (TLDC): Ms. Rosemary Nelson- The last two meetings focused on strategizing to have the committee continue. No one feels it should be disbanded as it provides a direct line to the President of the United States through Dr. Yvette Roubideaux, Director of the Indian Health Service. The Special Diabetes Program for Indians (SDPI) was re-authorized by Congress and signed by the President on December 15, 2010 as part of the Medicare and Medicaid Extenders Act of 2010. The Act included the two-year reauthorization of the SDPI as well as the Special Type 1 Diabetes Program.

- National Behavioral Health Workgroup (NBHW): Ms. Rachel Joseph- Last meeting was December 8-9, 2010. Group incorporated comments on the BH strategic plan and the five year plan on suicide presentation and sent them to Dr. Roubideaux. With regard to the allocation of Methamphetamine and Suicide Prevention (MSPI) funding, California received six grants. Will be reviewing results of the grants in terms of sustainability and will continue to fund the more successful ones. There were a number of good comments that came out of the December 21 joint listening session held by the Bureau of Indian Affairs (BIA), IHS, and the Substance Abuse and Mental Health Services Administration (SAMHSA) in Sacramento. This listening session was well attended and meets the BH Strategic plan goal of collaborating with other agencies.
- Tribal Consultation Workgroup (TCW): Mr. Johnny Hernandez- This group hasn't had a meeting since October of last year. Dr. Roubideaux's latest letter to Tribal Leaders concerning this workgroup and its recommendations (including recommendation to hold a summit) is in attendee packets.
- Contract Health Services Workgroup (CHS): Mr. Hernandez and Mr. Molin Malicay, Chief Executive Officer for Sonoma County Indian Health Project- both attended the meeting in November. Mr. Hernandez and Mr. Malicay both expressed that California doesn't appear to get a fair share and the way Catastrophic Health Emergency Funds (CHEF) funds are requested may be part of the problem.

The CATAAC and CAO staff discussed the process by which CHEF funds are requested. In many areas service units send requests directly to headquarters without going through the area office. In California, the requests come through the Area Office, where they are reviewed (for CHEF eligible case, reimbursable diagnosis, denial of Medi-Cal, and missing items) by Dr. David Sprenger or alternates Ms. Dawn Phillips, Project Officer or Ms. Toni Johnson, Business Office Coordinator if Dr. Sprenger is out of the office. The review procedure takes about five days. About 25 to 33 percent are kicked back for some reason, and eligible requests are sent in batches to headquarters every few weeks. If requests are not funded, need to file again when new fiscal year starts.

**Action Item:**

Provide CATAAC with a log showing requests for CHEF, time of receipt, and date transmitted to headquarters.

Mr. Malicay states we get almost nothing compared to others. We have to spend money in order to get it back, and now the threshold is down from \$24K to \$19K. Now CHEF is used to determine the unmet need for CHS. There is a new subcommittee to determine the best way to determine CHS needs. The CHS Workgroup looked at five different methods and decided the best is to survey. However only 40% of Tribal clinics responded – the purpose of the survey wasn't explained.

Mr. Malicay will hold meetings to pass along this information and will take back reactions to the March meeting. It is very important to address CHEF and CHS in California or we will get even less. The Tribal leaders need to understand the implications of not documenting denials and deferrals. Leaders need to make sure their clinics document if California is to get more of the money it is entitled to get.

- Budget Formulation Workgroup (BFW): Ms. Rachel Joseph has attended this workgroup in the past. Need to identify someone for this year. Ms. Joseph would like to continue but wants an alternate to work with her. Ms. Joseph described the process of budget formulation and the need for another CATAC member to accompany her during the proceedings. Mr. Stacy Dixon, Chairman of the Susanville Indian Rancheria accepted the role of alternate.
- HHS Secretary's Tribal Advisory Committee (STAC): Mr. Arch Super, Chairman from Karuk is the California primary member and Mr. Dixon is the California alternate. Mr. Reno Franklin, Kaisha Band of Pomo Indians is the At-Large representative. The CATAC packet includes the charter and membership. The CAO will reimburse the respective health program for Mr. Dixon, the alternate to attend these meetings. HHS is looking into reimbursing for the alternate to attend the STAC meetings. The CAO will pay if Mr. Dixon wants to attend.
- Facilities Appropriations Advisory Board (FAAB): Mr. Peter Masten Jr. - No activity for two years. Problems for California: commitment primarily to IHS facilities, new staffing for joint ventures should be a separate line item, new methodology still not approved. Mr. Ed Fluette stated problems with FAB goes back to 1998. IHS sets the agenda and calls the meetings. FAB should set its own agenda and meet at least two times a year. California tribes need to make a group recommendation for changes.

**Action Item:**

Mr. Fluette will help prepare a letter to be sent to Dr. Roubideaux outlining issues with the FAB and identifying activities the FAB should be undertaking.

**Indian Health Care Improvement Fund (IHCIF):**

Mr. Crouch gave a presentation on a Dear Tribal Leader Letter from Dr. Roubideaux. There is a workgroup studying the technical specifications for calculating the fund, chaired by Mr. Cliff Wiggins, Operation Research Analyst, IHS-HQ with representatives from each Area. Mr. Crouch and Mr. Steven Lopez, Area Medical Record Consultant represent the California Area. Less than one-half percent of funding goes into IHCIF, so we will never reach equity the way it is structured and need to be proactive in getting changes. Some of the issues that impact California:

- User counts in the National Data Warehouse are unduplicated by Area. In Phoenix, Navajo, and Albuquerque, users that cross lines are counted in both Areas, so those areas have inflated user counts.
- Users are required to live in the Contract Health Services Delivery Area (CHSDA). California would have approximately 11,000 additional users if individuals outside of CHSDA were counted
- Health status gives California extra credit because of historic issues
- On scale of where money is going, CAO is at the bottom, yet it costs more where clinics are spread out.
- Alternate resources shouldn't use flat 25% allocation as a stand in for amount coming in from other sources. Our area looks rich in Medicaid dollars but the clinics are paid poorly.

California needs to support a new way of distributing. We need to spotlight how little we get. The California Tribes and health programs need to speak with one voice and respond uniformly. The Tribe need to get something to Dr. Roubideaux by March 1; Dr. Roubideaux is collecting input directly, not through the Area Offices. Mr. Crouch will get information out to all about the issues and its importance, so there is a good response.

### **Youth Regional Treatment Center: North and South updates:**

- North update: On December 1, Mr. Robert McSwain, Deputy Director, Management Operations and Mr. Michael Mahsetky, Director, Legislative Affairs Office of the Director, IHS met with Congressman Tom McClintock, (R-4<sup>th</sup> District, CA). Dr. Roubideaux and Mr. McSwain have asked CAO to break escrow and find a new location outside of Butte County. Last month CAO started a new evaluation process. Tribal Leaders and CATAC members were invited to be on the review team. Mr. Masten and Ms. Joseph of the CATAC were able make time to be on the evaluation visits to five properties. The DQ University site was rated highest. CAO has already made contact with Yolo county supervisors, who have invited us to come in and discuss.

The DQ-U site was considered previously but ruled out then because the board wanted to lease the land, and the Federal government can't build on lease property. DQ-U has been defunct for a while, so must assure they have a viable board of directors and are following their by-laws. Mr. Steven Zerebecki, Area Public Information Consultant indicated they do have a functioning board but lack expertise with money and education and need a president to sign contracts.

Northern Tribes need to discuss the change. Mr. Dixon feels need to do what's feasible to get a facility built. Mr. Masten stated he's spoken to several leaders and they want to relocate to wherever it can be built. Ms. Kerrigan is confident that if DQ-U is the choice, the process can be expedited. Ms. Kerrigan will be notifying Tribal leaders about these developments after the meeting.

- Southern update: Escrow package is at headquarters. We need a letter from the House Appropriations committee to get funds released for the purchase.

### **Budget Formulation Activity:**

Ms. Beverly Miller, Deputy Director CAIHS issued handouts for the Fiscal Year 20103 budget process; Budget Formulation Timeline; Budget Formulation Submission Request; Indian Health Care Improvement Reauthorization and Extension Act; Evaluation form for the work session; PowerPoint of the Federal Budget and Appropriations Process; Phases of the Federal Budget and Congressional Appropriation Process and Federal Budget and Appropriations Process overview. Mr. Ed Fluette, Associate Director OEH&E and his staff gave presentations for the Office of Environmental Health and Engineering: Health Care Facilities; Sanitation Facilities and Environmental Health. Workload materials were also reviewed in a separate document. Ms. Elaine Brinn, Associate Director, Office of Management Support gave a PowerPoint presentation on "Linking Budget Priorities to Performance Measures".

Ms. Miller discussed the budget formulation process and reviewed the California FY 2012 priorities:

#### Health/Disease Priorities

1. Contract Health Service
2. Indian Health Care Improvement Fund
3. Diabetes + Complications
4. Behavioral Health
5. Cancer
6. Heart Disease
7. Dental

#### Critical Priorities (there were two first priorities)

1. Water/Sanitation Project Maintenance & Improvement
2. HFC\* Priority System Area Distribution
3. Small Ambulatory (Recommendation: \$8 to \$10 million allocated per project)
4. Injury Prevention

After reviewing the following California Area items: priorities from FY 2003 thru FY 2010; Descriptions of Health Priorities; the FY 2012 budget recommendations for the national meeting, the CATAC proceeded with the FY 2013 budget worksheet. After discussion, the CATAC recommendations for FY 2013 California Area Priorities were:

#### Health/Disease Priorities

1. Contract Health Service (Pharmaceuticals)
2. Indian Health Care Improvement Fund (Pharmaceuticals)
3. Obesity/Diabetes + Complications (Dialysis)
4. Behavioral Health (Depression, Domestic Violence, Substance Abuse, Suicide Prevention)
5. Cancer
6. Health Disease
7. Dental

#### Critical Priorities (there are two first priorities)

1. Water/Sanitation Project Maintenance & Improvement
2. HFC\* Priority System Area Distribution (HFC-Ambulance Program)
3. Small Ambulatory (Recommendation: \$8 to \$10 million allocated per project)
4. Injury Prevention

\*HFC = Health Facilities Construction

The CAO will prepare a Power Point presentation on the California priorities for the representatives to take to the Budget Formulation Workgroup.

#### **Action Item:**

Northern YRTC: The CATAC agreed (unanimously) to cut escrow at the Honeyrock site located in Butte County near the city of Oroville, CA.

**INDIAN HEALTH SERVICE  
CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING  
January 5, 2011  
EXECUTIVE SUMMARY**

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<b>Region</b>	<b>Tribal Affiliation</b>
• North	
Stacy Dixon (a)	Susanville Indian Rancheria
John Green (p)	Elk Valley Rancheria
Pete Masten Jr. (p)	Hoop Valley Tribe
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Johnny Hernandez (p)	Santa Ysabel Indian Reservation
Patricia Schoolcraft (a)	Agua Caliente Band of Cahuilla Indians
• East Central	
Elaine Fink (a)	North Fork Rancheria
Rachel Joseph (p)	Lone Pine Reservation
Robert Marquez (p)	Cold Springs Rancheria
• West Central	
Debra Ramirez (p)	Redwood Valley Reservation
• Unaffiliated	
Rosemary Nelson	

**California Area IHS Staff in attendance:**

Ms. Margo Kerrigan	Director
Ms. Beverly Miller	Deputy Director
David Sprenger, M.D.	Chief Medical Officer
Mr. Ed Fluette	Associate Director-Office of Environmental Health & Eng.
Ms. Elaine Brinn	Associate Director-Office of Management Support
Mr. Steve Riggio	Associate Director-Office of Public Health
Mr. Travis Coleman	Acting Indian Self-Determination Program Manager

Meeting was reconvened at 9:15 a.m. at the IHS/CAO conference room, 650 Capitol Mall, Suite 7-100, Sacramento, CA 95814.

**Recap:**

Mr. Travis Coleman, Acting ISDA Program Manager gave a recap of the previous day's presentations and reports.

### **Agenda change:**

Added “Planning for the Annual Tribal Consultation Conference” after the “Indian Health Care Improvement Act Review”. Planning for the Annual Tribal Consultation Conference was not discussed the previous day.

### **Indian Health Care Improvement Act Review:**

Federal Employee Benefit Package: Ms. Jeanne Taylor provided a review of existing Federal Plan features (no pre-existing conditions or waiting period, not age specific). However, no information about how or when plan will be offered. Mr. Frederick Rundlet, Executive Director, Consolidated Tribal Health Program Inc., described a study he did of reviewing some thirty health plans available in northern California. Mr. Rundlet suggested clinics will need to check which plans the local hospital accepts, what drug provisions (generic or name, live in specific areas for HMOs) are included, and if there are geographic limits for service, such as with Kaiser.

Long Term Care (LTC): Included in the CATAC packet was a power point presentation from Jane Smith and David Larson, representatives from the Oneida Tribe of Indians of Wisconsin titled “New Ideas in Facility Based Long Term Care”.

Consultation-Tribes/State/Federal: Mr. Coleman discussed the Dear Tribal Leader letters that have gone out. The current Indian Health Service Circular No. 2006-01, “Tribal Consultation Policy” is included in the CATAC packet for review.

State: Mr. Rundlet and Mr. Molin Malicay, Chief Executive Officer, Sonoma County Indian Health Project discussed the lack of a tribal-state consultation policy. The state does recognize they have to consult with health programs and urban programs on Medi-Cal and have to consult with Tribal leaders on everything. Each agency has an idea, but need an overarching state policy.

### **Action Item:**

Mr. Rundlet and Mr. Malicay will get a draft policy out to the CATAC members for re-distribution and will address the need for a state policy at the Annual Tribal Leaders Consultation Conference in March.

California Area: There are three California Area Indian Health Service Circulars that require review: Circular No. 2002-02, “Tribal Consultation”; Circular No. 2002-03, “Tribal Advisory Committee”; and Circular No. 2004-01, “California Area Representatives to National IHS and HHS Workgroups”. Discussion from members of the CATAC is that the Tribal Advisory Committee circular needs to spell out circumstances under which members can be dismissed for non-attendance. If CATAC members do not attend, then information doesn’t get back to the

Tribal leaders of the region. Need to address closing communication link between representatives and tribal leaders.

### **Planning for the Annual Tribal Leaders Consultation Conference:**

On Monday the 14<sup>th</sup>, there will be a CATAC meeting from 1 p.m. to 5 p.m.

Ms. Kerrigan reviewed the list of those already invited: Dr. Roubideaux (via tele video), Pete Molina (Assistant Secretary for Veterans Affairs for the State of California), Herb Schultz (Department of Health & Human Services, Region IX Director), Teresa Nino (Centers for Medicaid and Medicare Services), and Stacy Bohlen (National Indian Health Board).

CATAC members had a lengthy discussion on the need for Tribal leaders to set the stage for the meeting. Tribal leaders should stress the importance of being involved in health care for Indian people. Ms. Elaine Fink, Chairperson, North Fork Rancheria and Mr. Stacy Dixon, Chairman, Susanville Indian Rancheria volunteered to speak on this issue at the conference.

CATAC members requested that the following be included on the agenda:

- Discussion of draft state consultation policy
- Youth Regional Treatment Center: North and South
- California Area budget formulation report and commitment to change the California Area process by visiting the four regions
- Updates on all workgroups
- Veteran's Administration presentation on the MOA on shared services
- Reports from clinics that received MSPI and DV funds,
- Report on accomplishments by CAIHS Sanitation Facilities Construction

Voting issues still need to be identified. Issues for regional caucuses also need to be spelled out. Regional breakouts should be led by the current CATAC member representing the region. Reports from the regions should be provided on day two.

### **Action Item:**

The Information Technology Listening Session on day three needs to be clarified, so that Tribal leaders know who it's aimed at and what the implications are for each clinic.

### **Emerging Issues:**

Dr. Sprenger provided an update on meth/suicide prevention funding and requested CATAC guidance:

- Used earlier funding to purchase tele-video equipment for training. Will be getting \$60,000 for the third year and would like to reprogram the money to develop training videos for screening for depression and substance abuse. Ten sites received equipment from these funds and ten more received equipment with ARRA funding. 90% of the sites (and all that wanted them) now have equipment, so this change won't result in equipment losses.
- Universal screening is a practice of asking all the Behavioral Health screening questions for alcohol use, domestic/intimate partner violence, and depression of every adult patient each time they come into the clinic.

CATAC members discussed the universal screening.

Adjourn at 11:42 a.m.

Additional Tribal Leaders, Program Directors, IHS staff, and guests in attendance during the January 4-5, 2011 CATAC meeting:

**Name**

**Representing**

Earl Green	Tribal Member-Elk Valley
Bonnie Hale	Tribal Member-North Fork Rancheria
Molin Malicay	SCIHP
Lim Killiam	RSBCIHI
Freddie Rundlet	CTHP
Charley Wright	Chairman, Cortina Rancheria
Jeff Lynch	Cortina Rancheria
James Crouch	CRIHB

**CAIHS Staff**

Gary Ball, Architect  
Don Brafford, Director of Sanitation Facilities  
Susan Ducore, Area Nurse Consultant  
Toni Johnson, Business Office Manager  
Helen Maldonado, Diabetes Consultant  
Lisa Nakagawa, Injury Prevention Specialist  
Karen Nichols, Contracting Officer  
Dawn Phillips, Project Officer  
Jeanne Taylor, Human Resources  
Gordon Tsatoke, Director of Environmental Health Services  
Harry Weiss, Contracting Officer  
Richard Wermers, Director of Health Facilities Engineering  
Steve Zerebecki, Public Information Consultant

**INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE  
TRIBAL ADVISORY COMMITTEE MEETING**

**January 4-5, 2011**

**January 4, Location: IHS Conference Room, 7<sup>th</sup> Floor**

<b>9:00 AM</b>	<b>Welcome</b>		<b>Ms. M. Kerrigan</b>
	<b>Review Executive Summary-Oct. 27, 2010</b>		<b>Ms. M. Kerrigan</b>
<b>9:30 AM</b>	<b>California Representatives to National IHS Workgroup Reports</b>		
	<b>Diabetes Committee</b>	<b>TLDC</b>	<b>Ms. D. Chihuahua Ms. R. Nelson</b>
	<b>Behavioral Health</b>	<b>BHWG</b>	<b>Ms. R. Joseph</b>
	<b>Tribal Consultation</b>	<b>TCW</b>	<b>Mr. A. Super Mr. J. Hernandez</b>
	<b>Contract Health Services</b>	<b>CHS</b>	<b>Mr. M. Malicay Mr. J. Hernandez</b>
	<b>Budget Formulation</b>	<b>BFWG</b>	<b>TBA</b>
	<b>HHS Secretary's Tribal Advisory Committee</b>		
		<b>STAC</b>	<b>Mr. A. Super, CA primary Mr. S. Dixon, CA alt. Mr. R. Franklin, At-Large</b>
<b>12 noon</b>	<b>Lunch</b>		
<b>1:15 PM</b>	<b>Budget Formulation Activity</b>		<b>Ms. B. Miller Ms. E. Brinn Mr. E. Fluette</b>
<b>4:00 PM</b>	<b>Planning for the Annual Tribal Consultation Conference</b>		<b>Ms. M. Kerrigan</b>
<b>5:00 PM</b>	<b>Recess</b>		

**IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING**

**January 4-5, 2011**

**January 5, Location: IHS Conference Room, 7<sup>th</sup> Floor**

<b>9:00 AM</b>	<b>Reconvene meeting</b>	<b>Ms. M. Kerrigan</b>
<b>9:05 AM</b>	<b>Review previous day</b>	<b>Mr. T. Coleman</b>
<b>9:15 AM</b>	<b>Youth Regional Treatment Center North and South updates</b>	<b>Ms. M. Kerrigan</b>
<b>10:15 AM</b>	<b>Indian Health Care Improvement Act Review</b>	<b>Ms. M. Kerrigan</b>
	<b>Federal Employees Benefits Package Long Term Care Consultation-Tribes/State/Federal</b>	
<b>11:45 AM</b>	<b>Emerging Issues</b>	<b>Ms. M. Kerrigan</b>
<b>12 noon</b>	<b>Adjourn</b>	