

IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING
June 29, 2010
EXECUTIVE SUMMARY

Members in Attendance:	Tribe Represented	Region
Mr. Peter Masten, Jr.	Hoopa Valley	Northern
Mr. John D. Green	Elk Valley	Northern
Mr. Rick Maddux	Fort Independence	East Central
Ms. Beverly Rodriquez	Hopland	West Central
Ms. Diana Chihuahua	Torres Martinez	Southern
Mr. Chris Devers	Pauma/Yuima	Southern
Mr. Johnny Hernandez	Santa Ysabel	Southern
Ms. Britta Guerrero	Urban Representative	
Ms. Rosemary Nelson	Unaffiliated Representative	

IHS staff in attendance:

Ms. Margo Kerrigan	Director, California Area IHS
Ms. Beverly Miller	Deputy Area Director
Dr. David Sprenger	Chief Medical Officer
Mr. Ed Fluette	Associate Director-OEHE
Ms. Elaine Brinn	Associate Director-OMS
Mr. Travis Coleman	Agency Lead Negotiator

The California Area Tribal Advisory Committee (CATAC) meeting began on June 29th in the conference room at the John E. Moss Federal Building, Indian Health Service, California Area Office, 650 Capitol Mall, Suite 7-100, CA 95814. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, Indian Health Service (IHS) staff, and guests.

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

Executive Summary:

The CATAC members reviewed the Executive Summary for March 29-30, 2010 and requested the following correction to comments made by Chairman Devers regarding Medicare and Medicaid optional benefits.

Youth Regional Treatment Center (YRTC): Actions taken in the last 90 days:

Ms. Kerrigan provided an update of the major actions taken on both the North and South YRTCs since the March 2010 meeting and requested CATAC member support at the community meeting for the Honeyrock location in Oroville, CA on August 31st. It will be important to have some people there to speak positively about the plan.

ACTION ITEM:

CAO will notify Chairman Devers and Chairman Hernandez whenever IHS staff will be traveling to the southern property.

Federal Appropriations Process:

Mr. Robert McSwain, Deputy Director of Management Operations, Headquarters-Rockville, joined the meeting by teleconference and described the Federal budget process as it relates to funding for the YRTCs. Three budgets are in process at any one time, and there is never enough money to do all of the construction work that is proposed. The level of need that is funded for IHS is 54% nationwide. There were a number of questions following the presentation:

- Chairman Devers: Is money for the YRTCs rolled in with money for other projects?
 - Yes, but the YRTCs are a priority, so once the budget is approved, it can be recalibrated.
- Rosemary Nelson: Who determined funding at 54%?
 - A process was developed to compare IHS benefits against Federal Health Benefits as a benchmark as a result of the Rincon suit. The comparison revealed the current funding is 54%
- How do we increase the amount?
 - Through more appropriations. Tribes would need to lobby.
- How will the new Act impact the budget?
 - Dr. Yvette Roubideaux, Director of Indian Health Service had a call with the Budget Formulation Workgroup to identify new services in the Act that are considered priorities. Check her blog for more information

ACTION ITEM:

Mr. McSwain will forward a frequency chart of priorities to Ms. Kerrigan to distribute to members of the group.

- Jim Crouch stated that there are some immediate benefits in the Act in terms of 1) savings on health benefits and life insurance by having access to OPM's plans and 2) reimbursements from the VA and DOD for care provided to veterans.

Facility Construction Process and Open Discussion:

Mr. Gary Hartz, Director, Office of Environmental Health and Engineering, Headquarters-Rockville, spoke next, discussing the construction process. He stated that funds for the YRTC land purchase have been available since 2009. For construction, there are more IHS projects ready to go than the President's budget has funded. The amount of money needed for projects that are ready but not funded for a particular year are listed in a "could use" column. To build the two YRTCs after land is purchased requires \$37 million. In order to get money for building the YRTCs before 2013 the Tribes would need to lobby Congress. Jess Montoya, Executive Director, Santa Ynez Tribal Health Inc., asked if any of the \$66 million appropriated for construction for 2011 could be moved from other projects and also wanted to know if the southern YRTC site could be built first if it is ready to build before the northern site. (Right now the northern site is scheduled first). The answer to both questions was yes.

In addition to the YRTC construction process, the CATAC had questions about other topics for the headquarters staff:

- What is the status of the Navajo demonstration project with CMS that would allow Navajo to receive funds directly from CMS instead of dealing with states? California needs a similar arrangement as the state is limiting most optional benefits and there will be no funding this summer because there is no state budget.
 - It is still being studied to see how it could work
- California would like to have a surgical center in the state, as in the Portland proposal.
 - Ms. Kerrigan would like money to conduct a study.
- Where does money for established sites come from?
 - The Maintenance and Improvement funds are designated for this purpose. About \$53-55 million is received annually, and the backlog in California alone is \$13 million, which means catching up will require much additional funding

YRTC Timeline:

CAO prepared a detailed timeline of all major events related to the YRTC project, beginning with original authorizations. The timeline also captured all planned activities going forward. Ms. Kerrigan reviewed the timeline, with particular emphasis on the many activities of the past months that have resulted in two properties being in escrow and the steps underway to close on these properties this year and completing building in 2013.

Extensive discussion of the need to secure funding and to speed the funding process followed the presentation. One suggestion was that Tribes fund and build the facilities now and then have IHS reimburse the Tribes when money is appropriated. Ms. Kerrigan indicated this option wasn't a possibility. Mr. James Crouch, Executive Director, California Rural Indian Health Board, Inc., spoke about changes in the House Interior subcommittee on appropriations. The new chair has no Tribes in his jurisdiction, and there is only one California representative (a Republican from central California) on the committee. That means a lot of education will be needed, in order to get funds shifted within the IHS budget. He recommended that the Tribes lobby in February, when the budget is first submitted. Chairman Hernandez also recommended visiting Dr. Roubideaux and Secretary of Health and Human Services, Kathleen Sebelius in September to ask that both make the YRTCs HHS and IHS priorities. The group also discussed the importance of the Tribes within the state working together and speaking with one voice on this issue.

Ms. Britta Guerrero, Executive Director of Sacramento Native American Health Inc., told the group about another opportunity to address the needs of the state's youth in need of YRTC services. There is a planning grant of \$80,000 to go after \$11 million alternate sentencing for youth offenders.

ASAM (American Society of Addiction Medicine) Levels of Care:

Dr. David Sprenger, Chief Medical Officer, CAO gave a presentation about the ASAM levels of care and the level at which the YRTCs will likely be. Each facility will be about 42,000 square feet, with 32 beds and 4 family units. The expectation is that each youth would spend 3-6 months at the facility. The program would be similar to a 12-step program modified for American Indian/Alaska Native youth, like Red Road, White Bison, or Daughters and Sons of Tradition.

YRTC Risk Pool Report:

Dr. Sprenger gave a presentation on the Risk Pool for California youth in need of services. Any California Indian or member of a Federally-Recognized Tribe is eligible. Applications are available on line and are submitted to Dr. Sprenger to review and to find a site, most of which are out of state and some are not specifically for AI/AN youth. This year \$1,415,045 was available, but only \$664,000 has been spent to date – clinics need to get vouchers in for reimbursement. The way the program works is that clinics must pay first and then CAO will reimburse the clinic.

Reports from California Representatives to National IHS Workgroups:

IHS Budget Formulation: Chairman Hernandez and Ms. Rachel Joseph

The 2012 budget includes a \$100 million increase but IHS is still 40% behind. Chairman Hernandez stated that California Tribal Leaders need to apply pressure in order to get a fair share and need to work as a group to decide priorities. We also need to document costs for CHS and other needs. Other areas get ahead of us because they document their needs.

IHS Contract Health Services: Chairman Hernandez and Mr. Molin Malicay

This group, which includes two representatives per Area met in Denver last week. The group had no agenda until the day before. The group was asked to look at 3 issues: 1) the list of problems Dr. Roubideaux received previously, 2) the CHS formula (CA gets 29% of the money based on the formula developed in 2010), and 3) the total amount of CHS funds. Discussion included the need for improving business practices, improving customer service to our own people, changing the program and changing the formula. The current criteria include credit for having no hospital; however it's the last criteria and generally there is no money left to distribute by the time this criteria is reached. Next meeting scheduled for July 7-8.

IHS Tribal Consultation: Mr. Hernandez and Chairman Arch Super

This group had two meetings with Dr. Roubideaux but the last meeting was almost a year ago.

Tribal Leaders Diabetes Committee (TLDC): Ms. Diana Chihuahua and Ms. Rosemary Nelson

The designations of delegate and alternate were switched at some point, Ms. Chihuahua appears as the delegate now and Ms. Nelson is the alternate. Both agreed to leave the designations that way now.

The SPDI and the Tribal Leaders Diabetes Committee were established in 1998, but they weren't funded in perpetuity. FY 2011 is the last year funded, and the funding now is competitive. Some large tribes actually lost funding this year. The TLDC should not be dismantled and combined with other workgroups. The TLDC is needed to continue to advocate for the SPDI.

Ms. Nelson acknowledged the work of Ms. Helen Maldonado, CAO Diabetes Coordinator.

Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services: Mr. Crouch

CMS is issuing invitations to trainings in Sacramento and San Diego this July and August. This is the annual outreach event.

IHS headquarters privacy board has agreed to release active user data organized by state and IHS Area. A data roundtable will meet to discuss the data at the end of August. \$450,000 has been provided to the NIHB to cover TTAG activities.

Recess at 4:48 PM

June 30, 2010

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Mr. John D. Green	Elk Valley	Northern
Mr. Rick Maddux	Fort Independence	East Central
Ms. Beverly Rodriquez	Hopland	West Central
Mr. Reno Franklin	Kashia Band	West Central
Ms. Diana Chihuahua	Torres Martinez	Southern
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Mr. Ed Fluette	Associate Director-OEHE
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Mr. Travis Coleman	Agency Lead Negotiator

Meeting was reconvened at 9:13 AM at IHS/CAO conference room, 650 Capitol Mall, Suite 7-100, Sacramento, CA 95814.

Recap:

Mr. Travis Coleman, Agency Lead Negotiator gave a recap of the previous day's presentations and reports.

Tribal Leaders' Meeting Evaluation:

Ms. Kerrigan reviewed the evaluations of the Tribal Leaders meeting in March. Feedback is taken seriously and will be considered in planning for future meetings. There were numerous comments and recommendations about future meetings. Mr. Frederick Rundlet, Chief Executive Officer for Consolidated Tribal Health and Mr. Molin Malicay, Chief Executive Officer for Sonoma County Indian Health recommended continuing keeping all three consultations (HHS, IHS, and state) together to reduce demands on Tribal Leaders' time. Chairman Devers stated he thought the breakouts by region was useful and also recommended that issues requiring Tribal leader input and votes be addressed on one day, separate from educational type of presentations. Chairman Devers also agreed that Ms. Kerrigan should have separate breakout meetings by region if Dr. Roubideaux does not attend. However, the meeting should have an agenda and identified issues on which the Area Director wants input and should be a conversation between the Director and the Tribes.

Chairman Hernandez stated that the CATAC needs to set the table for the Tribal Leaders and must work with Ms. Kerrigan to relate and communicate the important issues to the Tribal Leaders at the Tribal Leaders meeting. The CATAC needs to indicate what it think is important and present this at the meeting first. The CATAC needs to identify the important topics. The biggest focus in the coming year will probably still be YRTC and CHS. Chairman Devers added that the issue of the Diabetes workgroup being disbanded is the kind of issue that needs to be presented to them. Mr. Crouch stated that it can be hard to get on the agenda and if Tribal meetings don't include reports on state and national committees, then it isn't effective.

Discussion about the Tribal Leaders meeting was followed by discussion about communication with Tribal Leaders throughout the year. Ms. Chihuahua stated that it is the responsibility of the CATAC members to contact and pass information to the Tribal leaders regularly. Leaders don't always respond to letters from IHS – they pass them back to the CATAC members to respond. It is better if CATAC member pass back important information to the Tribal leaders. Mr. Malicay agreed, stating feedback about the meetings doesn't always get back to the leaders. Mr. Pete Masten Jr., stated that while he does a good job of informing his own tribe, he probably doesn't do a very good job of reaching out to the other tribes he represents. Ms. Guerrero indicated that the urban programs and tribes she represents set priorities of her, so she has her marching orders and knows what to report back to them. Mr. Reno Franklin stated that the process Ms. Guerrero described is what is done at CRIHB.

Chairman Hernandez indicated that there was no uniformity of communication in California, and a hub is needed to put out important information. Mr. Franklin indicated that CRIHB serves that role for the member Tribes. Southern Tribes have their association and all need to work together. There needs to be a strategy to address issues other than at a meeting once a year. A huge advocacy effort is needed for the YRTC. Mr. Crouch pointed out that the Tribes need to organize not just for the YRTC but to address other issues going forward. CAO cannot fulfill that role.

ACTION ITEM:

Ms. Kerrigan will provide each CATAC member with a list of Tribal leaders and their current e-mails in the area they represent.

California Tribal Consultation/Improving partnerships DRAFT Plan:

ACTION ITEM:

Comments on the draft plan should be submitted to Ms. Kerrigan by July 30.

Domestic violence prevention initiative:

Ms. Dawn Phillips presented information about grants available for sexual assault and domestic violence prevention. The application period ended last Friday. 11 applications were received from nine programs. Ms. Phillips and Dr. Sprenger are reviewing them now and will finish their scoring this week and forward to headquarters. Clinics that are selected are expected to begin their projects

by August 1. The Area office has the funds to disburse as soon as the selections are final. Another related opportunity is a grant for Public Health Nursing, which can complement the DV grants. These grants are for \$100,000-\$500,000 and applications are due on July 26. Information on these grants is on Grants.com.

CATAC orientation:

Mr. Coleman reviewed material provided in the CATAC member packets for the benefit of new participants.

Emerging issues:

Before adjourning the meeting, Ms. Kerrigan told the group that the next Tribal Leaders' Consultation Conference is scheduled for the second week in March at the Chukchansi Gold Casino and Resort north of Fresno. Ms. Kerrigan again invited CATAC members to attend the August 31 community meeting and speak positively about the proposed project.

Additional Tribal and program leaders, Indian Health Service (IHS) staff, and guests in attendance during the June 29-30, 2010 CATAC meeting:

<u>Name</u>	<u>Representing</u>
Margaret Alspaugh	Greenville
Orvin Hansen	IHC
Romelle Majel-McCauley	IHC
Patricia Schoolcraft	CATAC alternate (Southern)
Linwood Killam	RSBCIHI
Rich Chaffey	MACT
Dennis Heffington	Wilton
Dominica Valencio	SYTHC
Jess Montoya	SYTHC
James Crouch	CRIHB

IHS/CAO staff

Richard Wermers, Director of Health Facilities Engineering
Karen Nichols, Contracting Officer
Susan Ducore, Area Nurse Consultant
Dawn Phillips, Behavioral Health/Project Officer

IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING

June 29-30, 2010

Tuesday, June 29 - Location: IHS Conference Room 7-100

9:00 AM	Welcome	Ms. M. Kerrigan
9:05 AM	Introductions	Ms. M. Kerrigan
9:10 AM	Review Executive Summary, Mar. 8, 2010	Ms. M. Kerrigan
	Youth Regional Treatment Center (YRTC)	
9:15 AM	Actions taken in the last 90 days	Ms. M. Kerrigan
	Conference call with IHS Headquarters*	
	Mr. Robert G. McSwain, Deputy Director for Management Operations	
	Mr. Gary J. Hartz, P.E., Director, Office of Environmental Health & Engineering	
9:30 AM*	Federal Appropriations Process	Mr. R. McSwain
10:15 AM*	Facility Construction Process	Mr. G. Hartz
11:00 AM	Open Discussion	Ms. M. Kerrigan
12:00 PM	Lunch	
1:15 PM	YRTC Timeline	Ms. M. Kerrigan
2:00 PM	ASAM Levels of Care	Dr. D. Sprenger
2:30 PM	YRTC Risk Pool Report	Dr. D. Sprenger
3:00 PM	Open Discussion	Ms. M. Kerrigan

4:00 PM	Reports from California Representatives to National IHS Workgroups	
	IHS Budget Formulation (BFWG)	Mr. J. Hernandez Mr. R. Joseph
	IHS Contract Health Services (CHS)	Mr. J. Hernandez Mr. M. Molicay
	IHS Tribal Consultation	Mr. J. Hernandez Mr. A. Super
	Tribal Leaders Diabetes Committee (TLDC)	Ms. D. Chihuahua Ms. R. Nelson
	Tribal Technical Advisory Group to the Centers for Medicare & Medicaid Services (TTAG)	Mr. J. Crouch
4:45 PM	Recess	

Wednesday, June 30 – Location IHS Conference Room 7-100

9:00 AM	Reconvene	Ms. M. Kerrigan
9:05 AM	Recap-June 29	Ms. M. Kerrigan
9:15 AM	Tribal Leaders' Meeting Evaluations	Ms. M. Kerrigan
9:30 AM	California Tribal Consultation/Improving Partnerships DRAFT Plan	Ms. M. Kerrigan
10:45 AM	Domestic Violence Prevention Initiative	Ms. D. Phillips
11:30 AM	CATAC orientation	Mr. T. Coleman
11:45 AM	Emerging Issues	Ms. M. Kerrigan
12:15 PM	Adjourn	