

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS) AND INDIAN HEALTH SERVICE (IHS)  
PHOENIX AREA NATIONAL ADVISORY TRIBAL COMMITTEE(S) AND WORKGROUP(S)  
PHOENIX AREA TRIBAL REPRESENTATIVES AND ALTERNATES**

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- A. Introduction:** This is a description of the national and regional tribal health advisory committees with a list of tribal representatives now serving from the Tribes in the Phoenix Area IHS region (Arizona, Nevada and Utah). There are six national Department of Health and Human Services (HHS) advisory committees and nine Indian Health Service (IHS) committees. Vacancies are noted.
- B. Objective:** HHS and IHS and other Federal agencies actively seek individuals to serve on behalf of all Tribes in the Phoenix Area (Arizona, Nevada and Utah). Tribal representation is important in advocating for priority health issues and having a voice in the decision making process.
- C. Process:** A Tribe may nominate an elected Tribal Leader to fill a vacancy or if permissible nominate a staff member or individual tribal member to speak in behalf of the Tribes. The name of the nominee should be submitted to the contact person on the attached list. Some consultation policies stipulate that the letter must be submitted to the Phoenix Area IHS Area Director or the head of the Federal agency or other federal official. Contact the federal officials noted who are identified with each committee. They can provide assistance on the agencies nomination process.

## **I. TRIBAL HEALTH STEERING COMMITTEE FOR THE PHOENIX AREA INDIAN HEALTH SERVICE (IHS):**

The Tribal Health Steering Committee provides an open and objective forum to address American Indian health care risks, policy issues and Indian health budgetary concerns among the tribal governments in Arizona, Nevada and Utah. The Tribal Health Steering Committee serves as the “Tribal Area Health Board” that provides a forum for the Tribal Leadership to meet on various Indian health system and policy issues. The Tribal Health Steering Committee serves as the Phoenix Area I/T/U Budget Team to advise the Phoenix Area IHS regarding the planning of the annual consultation session on the IHS budget. Quarterly meetings are held and all Tribes in the Phoenix Area are invited to attend. The Steering Committee consists of five (5) Tribal Leaders of Nevada, five (5) Tribal Leaders of Arizona and three (3) Tribal Leaders of Utah. This Committee incorporates representation for the AI/AN urban population. The Tribal leadership may send designees to the meetings in their behalf.

### **NEVADA (5)**

**Arlan Melendez**, Chairman, Reno-Sparks Indian Colony

**David Decker**, Chairman, Te-Moak Tribal Council

**Amber Torres**, Chair, Walker River Paiute Tribe

**Vinton Hawley**, Chairman, Pyramid Lake Paiute Tribe

**Jeremy Steele**, Councilman, Washoe Tribe of NV & CA (pending)

#### **Contact Persons:**

Maria Dadgar, Executive Director  
[Maria.Dadgar@itcaonline.com](mailto:Maria.Dadgar@itcaonline.com)

Alida Montiel, Health Systems Director  
[Alida.Montiel@itcaonline.com](mailto:Alida.Montiel@itcaonline.com)

### **ARIZONA (5)**

**Herman Honanie**, Chairman, Hopi Tribe

**Martin Harvier**, Vice-President, Salt River Pima-Maricopa Indian Community

**Kasey Velasquez**, Vice-Chairman, White Mountain Apache Tribe

**Tao Etpison**, Vice-Chairman, San Carlos Apache

**Monica Antone**, Lt. Governor, Gila River Indian Community

Inter-Tribal Council of Arizona, Inc.  
2214 N. Central Ave.  
Phoenix, AZ 85004  
<http://itcaonline.com>

### **UTAH (2)**

**Luke Duncan**, Chairman, Ute Indian Tribe of the Uintah & Ouray Reservation

**Tami Borchardt-Slayton**, Chairwoman, Paiute Indian Tribe of Utah

VACANT

### **URBAN (1)**

**Walter Murillo**, CEO, Native Health, Inc.

Phone: (602) 258-4822  
Fax: (602) 258-4825

**II. NATIONAL INDIAN HEALTH BOARD (NIHB):** The National Indian Health Board (NIHB) represents all Tribes, those who manage and operate their individual health care delivery systems through means of contracting, compacting, and those Tribes who receive health care directly from the Indian Health Service (IHS). The NIHB is a non-profit organization that provides the following services to Tribes:

- Advocacy
- Policy formation and analysis
- Legislative and regulatory tracking
- Research on Indian health issues
- Program development and assessment
- Training and technical assistance.

NIHB presents the Tribal perspective while monitoring, reporting, assessing and responding to federal legislation and regulations. The NIHB staff maintains direct communication with Area Health Boards, National Indian organizations and provides staff support to the Medicare Medicaid Policy Committee and the Tribal Public Health Accreditation Advisory Board. The NIHB Board of Directors hosts an annual National American Indian and Alaska Native Consumer Conference. In addition, NIHB hosts quarterly (4) meetings throughout the year. The nomination letter for the representation is to be submitted by a Tribe to the Tribal Health Steering Committee for the Phoenix Area Indian Health Service to the Area Director of the Phoenix Area IHS.

**Representative:** Vinton Hawley, Chairman, Pyramid Lake Paiute Tribe

**Alternate:** VACANT

**Contact Person:** Stacy Bohlen, NIHB Executive Director, 910 Pennsylvania Ave., SE, Washington, D.C. 20003, [sbohlen@nihb.org](mailto:sbohlen@nihb.org)  
Phone (202) 507-4070, Fax (202) 507-4071

**III. SECRETARY'S TRIBAL ADVISORY COMMITTEE (STAC) TO THE U. S. DEPARTMENT OF HEALTH & HUMAN SERVICES (HHS):** The committee is comprised of one primary Area Representative from each of the twelve Areas of the Indian Health Service (IHS), as well as five at-large national representatives that serve on 2-year staggered terms. The Area Representative or Alternate must meet the following criteria:

1. Tribal President/Chairperson/Governor
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor
3. Elected or Appointed Official
4. Designated Tribal Official

In addition to the Area Representation, five (5) National At-Large Members will be appointed to serve. These elected Tribal Leaders represent the views of Tribes on a national, collective perspective, including, but not limited to the National Congress of American Indians, National Indian Health Board, Tribal Self-Governance Advisory Committee, Direct Service Tribes Advisory Committee, National Indian Child Welfare Association, National Indian Head Start Director's Association and the National Tribal Environmental Council. The primary purpose is to seek consensus, exchange views, share information, and provide advice or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs, including those that arise explicitly or implicitly under statute, regulation or executive order. This purpose will be accomplished through forums, meetings and conversations between Federal officials and elected Tribal Leaders in their official capacity. STAC will convene up to three face to face meetings on a fiscal year basis. Conference calls will be held as needed.

**Representative:** Vinton Hawley, Chairman, Pyramid Lake Paiute Tribe  
**Alternate:** Larry Jackson, SR., Vice-Chairman, Yavapai Apache Nation  
**Contact Person:** Stacey Ecoffey, Principal Advisor for Tribal Affairs, at [Stacey.Ecoffey@hhs.gov](mailto:Stacey.Ecoffey@hhs.gov) or (202) 690-6060

**IV. HHS AMERICAN INDIAN/ALASKA NATIVE HEALTH RESEARCH ADVISORY COUNCIL (HRAC):** The Research Advisory Council provides HHS avenue for consulting with Tribes about health research priorities and needs in American Indian/Alaska Native people (AI/AN) communities. The three primary functions are to gain input from Tribal Leaders on health research priorities and needs for their communities; provide a forum through which DHHS can better communicate and coordinate AI/AN health research activities; and provide a conduit for disseminating information to Tribes about research findings from studies focusing on the health of AI/AN populations. Meetings are held once (1) a year with four (4) conference calls.

**Representative:** VACANT

**Alternate:** VACANT

**Contact Person:** Stacey Ecoffey, Principal Advisor for Tribal Affairs, at Stacey.Ecoffey@hhs.gov or (202) 690-6060

**V. HHS CENTERS FOR DISEASE CONTROL (CDC) & PREVENTION AGENCY FOR TOXIC SUBSTANCES & DISEASE REGISTRY (ATSDR) TRIBAL CONSULTATION ADVISORY COMMITTEE (TCAC):** The purpose of the TCAC is to provide an ongoing means for tribal representatives and CDC staff to exchange information about public health issues in Indian Country, to identify urgent public health needs in American Indian/Alaska Native people communities, and discuss collaborative approaches to addressing these issues and needs. Meetings are held four (4) times a year.

**Delegate:** Delia Carlyle, Council Member, Ak-Chin Indian Community  
**Authorized Representative:** VACANT  
**Nat. Tribal-At-Large Delegate:** VACANT  
**Contact Person:** Carmen Clelland, Pharm.D., MPA, Associate Director, Tribal Support Unit, Centers for Disease Control and Prevention, 1600 Clifton Road NE, E-67, Atlanta, Georgia 30333, Phone: 404-498-2208, Fax: 404-498-2355, [yur3@cdc.gov](mailto:yur3@cdc.gov)

**VI. HHS SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) TRIBAL TECHNICAL ADVISORY COMMITTEE (TTAC):**

The SAMHSA TTAC was established in 2008 in an effort to create a coordinated, agency-wide strategy to incorporate tribal guidance on SAMHSA priorities, policies, and resources and is comprised of elected tribal leaders. The TTAC is to provide a complementary venue wherein the SAMHSA Administrator shall seek advice about substance abuse and mental health issues from tribal representatives and discuss collaborative solutions. The TTAC will support, not supplant any government-to-government consultation activities. It will provide an established recurring venue wherein tribal officials representing each of the 12 Indian Health Service Areas will advise SAMHSA regarding the consultation process and activities or policies that impact Indian Tribes. A nomination letter from a Tribe, tribal organization or the Area Office should be submitted to Jeffrey Dunlap.

**Representative:** VACANT

**Alternate:** VACANT

**Contact Person:** Jeffrey Dunlap, Acting Director, Office of Indian Alcohol and Substance Abuse, Office of Tribal Affairs and Policy  
Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Room 18E20, Rockville, MD 20857  
E-mail: [Jeffrey.Dunlap@samhsa.hhs.gov](mailto:Jeffrey.Dunlap@samhsa.hhs.gov)

**VII. HHS CENTERS FOR MEDICARE/MEDICAID SERVICES (CMS) TRIBAL TECHNICAL ADVISORY GROUP (TTAG):** The Tribal Technical Advisory Group (TTAG) is a group of elected Tribal Leaders, or an appointed representative from their Area, who are nominated from the twelve areas of the Indian Health Service (IHS) delivery System. The TTAG serves as an advisory committee to the Centers for Medicare and Medicaid Services (CMS) on important health care matters associated with the Medicare, Medicaid, and State Children Health Insurance Program. There is a Principal Member and an Alternate from each of the twelve IHS service areas and there is representation from the three Washington, DC based advocacy organizations: Tribal Self-Governance Advisory Committee, National Indian Health Board, and National Congress of American Indians. The Medicare and Medicaid Policy Committee (MMPC) provide technical support to the TTAG. Membership is open on MMPC to tribal staff. Three face-to-face meetings are held per year along with monthly conference call meetings. A nomination letter from a Tribe should be submitted to the Director of the CMS Tribal Affairs Group.

**Representative:** **Angie Wilson**, Tribal Health Director, Washoe Tribe of Nevada & California  
**Alternate:** **Jonathan Kitcheyan**, Council Member, San Carlos Apache Tribe  
**Contact Person:** Kitty Marx, Director, Tribal Affairs Group, CMS Office of Public Engagement, 7500 Security Blvd, Mailstop S1-20-21, Baltimore MD 21244, Phone: (202) 507-4070, Fax: 410-786-8530, [kitty.marx@cms.hhs.gov](mailto:kitty.marx@cms.hhs.gov)  
**Technical Advisor:** Alida Montiel, Health Policy Director, Tribal Health Steering Committee, Phone: (602) 258-4822, Ext. 1575, [Alida.Montiel@itcaonline.com](mailto:Alida.Montiel@itcaonline.com)

**VIII. HHS ADMINISTRATION FOR CHILDREN AND FAMILIES TRIBAL ADVISORY COMMITTEE:** The ACF TAC's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of ACF programs, including those that arise explicitly or implicitly under statute, regulation, or Executive Order. On behalf of the Assistant Secretary, Administration for Children and Families, the Deputy Assistant Secretary/Commissioner is the federal lead for planning and coordination of the activities of the ACF TAC. The DAS of Native American Affairs/Commissioner of ANA, or designee, shall be represented on the ACF TAC. The ACF TAC lead shall coordinate with committee members on all matters pertaining to the coordination and facilitation of committee activities as directed by the Assistant Secretary, ACF. The ACF members of the Committee consist of all ACF program Principals. Tribal Leaders that currently serve on the ACF TAC in the HHS regions 6, 8 and 9. that include the states of Arizona, Nevada and Utah are:

**Region 6 Representative:** **Russell Begaye**, President Navajo Nation  
**Region 6 Alternate:** **Terrelene Massey**, Director, Division of Social Services  
**Region 8 Representative:** **Francis Big Crow**, Director, Child Care Program, Oglala Sioux Tribe  
**Region 8 Alternate:** VACANT  
**Region 9 Representative:** **Maryann McGovran**, Chairwoman, North Fork Rancheria  
**Region 9 Alternate:** **Judy Fink**, Vice-Chairwoman, North Fork Rancheria

**IX. HHS OFFICE OF MINORITY HEALTH, ADVISORY COMMITTEE ON MINORITY HEALTH:** Pursuant to Public Law 105-392, the Secretary of Health and Human Services established the Advisory Committee on Minority Health (ACMH). The Committee provides advisement to the Deputy Assistant Secretary of Minority Health, in performing the duties stipulated under this law. This includes providing advice on improving the health of racial and ethnic minority populations and in the goals and specific program activities of OMH. Nominations are sought to fill a 4-year term to represent AI/AN concerns related to disease prevention, health promotion, service delivery, research and interagency agreements that support these efforts, data collection and programs to improve access to health care services and information for individuals with limited proficiency in the English language.

**Representative:** VACANT

**Alternate:** VACANT

**Contact Person:** Dr. Rashida Dorsey, Designated Federal Officer, Advisory Committee on Minority Health, Office of Minority Health  
Department of Health and Human Services, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852, Phone: (240) 453-8222, Fax: (240) 453-8223

**X. HHS NATIONAL INSTITUTES OF HEALTH (NIH) TRIBAL ADVISORY COMMITTEE:** The NIH TCAC shall serve as an advisory body to the NIH, helping to ensure that Tribes and American Indian Alaska Natives (AI/AN) people have meaningful and timely input in the development of relevant NIH policies, programs, and priorities. The TCAC will support, but not supplant, other government-to-government consultation activities that the NIH undertakes. As an advisory committee, the NIH TCAC will provide recommendations on the development of relevant NIH policies, programs, and priorities. The NIH TCAC will seek to ensure that NIH policies or activities that affect Indian Country are brought to the attention of Tribal Leaders.

**Representative:** VACANT

**Alternate:** VACANT

**Contact:** Kathy Etz, Ph.D., Senior Advisor for Tribal Affairs to the NIH Principal Deputy Director, 1 Center Drive, Building 1, Room #108, Bethesda, Maryland 20892 E-mail: [NIHTribalCommittee@od.nih.gov](mailto:NIHTribalCommittee@od.nih.gov)

**XI. IHS TRIBAL LEADERS DIABETES COMMITTEE (TLDC):** The Tribal Leaders Diabetes Committee (TLDC) provides leadership, guidance, and recommendations to the Indian Health Service (IHS) and other government agencies on issues related to diabetes and related chronic health conditions among American Indians and Alaska Natives. The committee makes recommendations on diabetes-related policy and advocacy issues; provides advice and guidance to ensure that appropriate cultural traditions and values are incorporated in program development, research and community-based activities; offers guidance to other organizations; and serves as a tribal advisory committee to the Centers for Disease Control and Prevention (CDC) Native Diabetes Wellness Program. Meetings are held four (4) times a year.

**Representative:** Lucinda Nahee, Council Member, Yavapai-Apache Nation

**Alternate:** VACANT

**Contact Person:** Richard Arakaki, MD, Diabetes Consultant, Phoenix Area IHS, at (602) 364-5196 or [Richard.Arakaki@ihs.gov](mailto:Richard.Arakaki@ihs.gov).

**XII. IHS FACILITIES APPROPRIATIONS ADVISORY BOARD (FAAB):** FAAB is an IHS established Board. The Board is responsible for evaluating existing facilities policies, procedures and guidelines and recommending changes if necessary; participates in the development and evaluation of any proposed new policies, procedures, guidelines or priorities. If any of the recommendations need changes in law, this group will recommend legislative changes. FAAB provides consultation with Tribes and recommends modifications to operations guidelines of FAAB. Meetings are held two (2) times per year.

**Representative:** **Ricardo Leonard**, Council Member, Salt River Pima-Maricopa Indian Community

**Alternate:** **Terry Rambler**, Chairman, San Carlos Apache Tribe

**Contact Person:** Gary Hartz, Director, of OEHE-IHS, 12300 Twinbrook Pkwy, Suite 600, Rockville, MD 20852, Phone: (301) 443-1247  
[Gary.Hartz@ihs.gov](mailto:Gary.Hartz@ihs.gov)

**XIII. IHS DIRECT SERVICES TRIBES ADVISORY COMMITTEE (DSTAC):** In 2005, Indian Health Service established the Direct Service Tribes Advisory Committee (DSTAC) as an official committee to advise the Indian Health Service. The DSTAC is established to address health issues associated with Tribes who receive their health care directly from the Indian Health Service. The committee assists and advises on the development of Indian health policy that impacts the delivery of health care for Indian Tribes; actively participates in IHS decision making that affects the delivery of health care; and provides verbal and written recommendations to the Director of IHS. The committee organizes an annual national conference. Meetings are held four (4) times a year. The nomination letter from a Tribe should be submitted to the Director of Phoenix Area IHS.

**Co- Representatives:** **Alfred Lomahquahu, Jr.**, Vice-Chairman, Hopi Tribe  
VACANT

**Contact Person:** Acting Director, Office Direct Service & Contracting Tribes, Indian Health Service, 801 Thompson Ave, Suite 120, Rockville, MD 20852, (301) 443-1104

**XIV. TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE (TSGAC):** The Tribal Self-Governance Advisory Committee (TSGAC) advocates for Self-Governance Tribes, suggests policy guidance on the implementation of the Tribal Self-Governance Program, and advises the IHS Director on issues of concern to all Self-Governance Tribes. The TSGAC consists of tribally elected officials representing a cross section of Self-Governance Tribes. One delegate and one alternate are nominated by each Area Director to represent the views and issues of the Area's Self-Governance Tribes. The IHS Director selects the representatives and formally appoints them to the TSGAC. The TSGAC members confer, discuss, and reach consensus on specific self-governance issues and provide verbal and written advice about self-governance issues to the IHS Director and the OTSG Director. As a result of active participation by TSGAC members, the committee advances self-governance objectives within the IHS by providing advice and input before final decisions on policy issues are made. TSGAC organizes an annual conference. Meetings are held four (4) times a year.

**Primary Delegate:** Theodore Howard, Chairman, Shoshone-Paiute Tribes of the Duck Valley Reservation

**Alternate:** VACANT

**Contact Person:** Benjamin Smith, Director, Office of OSG, Indian Health Service, 801 Thompson Ave. Ste. 240. Rockville, MD. 20852, P (301) 443-7821, Fax: (301) 443-4666, [benjamin.smith@ihs.gov](mailto:benjamin.smith@ihs.gov)

**XV. IHS NATIONAL TRIBAL BUDGET FORMULATION WORKGROUP:** The Workgroup consists of two Tribal representatives from each of the twelve (12) IHS Areas, as identified in the Area budget work sessions. They represent the Tribes of their respective Areas in the development of national recommendations on the IHS budget. The workgroup provides guidance to the IHS budget formulation team throughout the budget formulation cycle for the fiscal year. They participate in the annual evaluation of the budget process and direct the planning for the next budget formulation cycle. Members present the Tribal recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS), the Director of the Office of Management and Budget and the Director of the Indian Health Service. In addition to the national IHS/Tribal work session, the Workgroup meets two times per year. Conference calls are also convened over the course of the budget formulation process.

**Co-Representatives:** **Delia Carlyle**, Council Member, Ak-Chin Indian Community  
**Virgil Johnson**, Chairman, Confederated Tribes of the Goshute Reservation (CTGR)

**Contact Person:** Rosetta Tracy, Indian Health Service, 12300 Twinbrook Parkway Ste. 360, Rockville, MD 20852, Phone: (301) 443-0851, FAX: (301) 443-9157, [Rosetta.Tracy@ihs.gov](mailto:Rosetta.Tracy@ihs.gov)

**XVI. IHS TRIBAL PURCHASE REFERRED CARE (PRC) PROGRAM WORKGROUP:** The PRC Program Workgroup is to consist of one IHS and one Tribal representative from each IHS Area. This group will review Tribal Leaders input on PRC reform; make recommendations on improving the PRC program and recommend any changes that need to be made on the formula for new funding.

**Representative:** **Amber Torres**, Chairwoman, Walker River Paiute Tribe

**Federal Rep:** **Julia Ysaguirre**, Director, Purchased Referred Care (PRC), Phoenix Area IHS  
[Julia.Ysaguirre@ihs.gov](mailto:Julia.Ysaguirre@ihs.gov)

**Contact Person:** Felicia Roach, Program Analyst, Indian Health Service, 12300, Twinbrook Pkwy Ste. 450. Rockville, MD 20852, 301-443-0097 [Felicia.Roach@ihs.gov](mailto:Felicia.Roach@ihs.gov)

**XVII. IHS CONTRACT SUPPORT COSTS WORKGROUP:** The Workgroup of Tribal Leaders will review, evaluate and make recommendations on the IHS policy on Contract Support Costs (CSC) that was last updated in 2007. The leadership will be provided technical assistance in the process to determine whether or not the policy should be improved or changed. The policy is of central importance to the tribes in the P.L. 93-638 compacting and contracting negotiation process. Further it guides the “uniform and equitable” distribution of CSC funds to new and existing compacts and contracts and preserves and supports the right to contract under P.L. 93-638.

**Co-Representatives:** **Arlan Melendez**, Chairman, Reno-Sparks Indian Colony  
VACANT

**Contact Person:** Roselyn Tso, Acting Director, IHS CSC Lead, Indian Health Service, Office Direct Service and Contracting Tribes, 801 Thompson Ave, Suite, 220, Rockville, MD 20852. Phone: (301) 443-1104, [Roselyn.Tso@ihs.gov](mailto:Roselyn.Tso@ihs.gov)

**XVIII. IHS NATIONAL TRIBAL ADVISORY COMMITTEE ON BEHAVIORAL HEALTH (NTAC):** The purpose of the NTAC is to direct the IHS Behavioral Health Initiative which focuses on preventing suicide, reducing methamphetamine abuse, protecting families from violence and improving data quality and relating tribal concerns about mental health, alcohol and substance abuse issues and explore how mental health can complement alcohol and substance abuse in the spirit of integration to better address behavioral health needs. Nominations to fill the Representative or Alternate positions by a Tribe should be submitted to the Director of the Phoenix Area IHS. The Area Director submits the written nomination letter to the IHS Director

**Representative:** VACANT

**Alternate:** **Billy Bell, Vice-Chairman, Fort McDermitt Paiute Shoshone Tribe**

**Contact Person:** Beverly Cotton, Director, Indian Health Service, Division of Behavioral Health. 801 Thompson Avenue. Rockville, MD 20906, Phone: (301) 443-2038,

**XIX. IHS BEHAVIORAL HEALTH WORK GROUP (TECHNICAL):** The responsibilities of the IHS Behavioral Health Workgroup are multi-faceted. The Workgroup, comprised of tribal behavioral health professions will be asked to review the activities and accomplishments of the previous IHS Alcohol and Substance Abuse (A/SA) Workgroup; develop a 5-Year Alcohol, Substance Abuse, and Mental Health (A/SA/MH) Strategic Plan; review and make recommendations on the development of a National Suicide Prevention Plan and make recommendations to the NTAC regarding the Methamphetamine Suicide Prevention Initiative and the Domestic Violence Prevention Initiative. It is not required that members be an elected Tribal Leader.

**Representative:** **Alida Montiel**, Tribal Health Steering Committee

**Contact Person:** Yvonne Davis, Deputy Director, Indian Health Service, Division of Behavioral Health. 801 Thompson Avenue. Rockville, MD 20906, Phone: (301) 443-2038, [Yvonne.Davis@ihs.gov](mailto:Yvonne.Davis@ihs.gov)

**XX. IHS INFORMATION SYSTEMS ADVISORY COMMITTEE (ISAC):** The ISAC guides the development of a co-owned and co-managed Indian health information infrastructure and information systems. ISAC assists in ensuring that the information systems are available, accessible, useful, cost effective, user-friendly, and secure for local level providers and that these systems continue to create standardized aggregate data that supports advocacy for the Indian health programs at the national level. ISAC provides oversight to the development of: 1) the Electronic Health Record; 2) Patient Accounts Management System (a third party billing application); 3) Information security; 4) Data quality efforts; and 5) Tele-Health. ISAC meetings are held two times a year. The IHS and Tribal Co-Chairs preside over the Committee meetings. There are 9 permanent ISAC members representing IHS, Tribal and Urban constituents including NIHB and the National Council of Urban Indian Health (NCUIH). In addition, there are 8 IHS/Tribal/Urban term appointments that serve staggered 2-year terms. PAIHS representative is filled. The 8 tribal representative appointments are currently filled by other IHS Areas.

**Phoenix Area Tribal/Urban Representative:** No Vacancies at the present time.

**Phoenix Area IHS: James Driving Hawk,** Executive Officer

**Contact Person:** Christine A. Tayrien, MPH, OIT, Indian Health Service, Phone: (918) 336-418. Fax: (918) 336-4188, [christy.tayrien@ihs.hhs.gov](mailto:christy.tayrien@ihs.hhs.gov)