### Vacancies by Area

<table>
<thead>
<tr>
<th>AREA</th>
<th>PRIMARY VACANT</th>
<th>ALTERNATE VACANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td><strong>No Vacancies</strong></td>
<td>NIH TAC; NTAC</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>CDC TAC; CMS TTAG; CHAP TAG; <strong>ISAC</strong>; NTAC</td>
<td>CDC TAC; CMS TTAG; CHAP TAG; <strong>ISAC</strong>; NTAC; TLDC</td>
</tr>
<tr>
<td>Bemidji</td>
<td>HRSA TAC; <strong>STAC</strong>; CHAP TAG; PRC; <strong>ISAC</strong></td>
<td>CMS TTAG; HRSA TAC; NIH TAC; <strong>STAC</strong>; SAMHSA TTAC; CHAP TAG; ISAC; NTAC; TLDC</td>
</tr>
<tr>
<td>Billings</td>
<td>CDC TAC; SAMHSA TTAC; <strong>ISAC</strong></td>
<td>ACF TAC; CDC TAC; NIH TAC; SAMHSA TTAC; <strong>ISAC</strong>; NTAC</td>
</tr>
<tr>
<td>California</td>
<td>ACF TAC; <strong>STAC</strong></td>
<td>ACF TAC; NIH TAC; <strong>STAC</strong>; SAMHSA TTAC</td>
</tr>
<tr>
<td>Great Plains</td>
<td>CDC TAC; HRSA TAC; <strong>STAC</strong>; <strong>ISAC</strong></td>
<td>CDC TAC; HRSA TAC; <strong>STAC</strong>; <strong>ISAC</strong></td>
</tr>
<tr>
<td>Nashville</td>
<td>ACF TAC; <strong>STAC</strong>; PRC; NTAC; TLDC; DSTAC</td>
<td>ACF TAC; NIH TAC; <strong>STAC</strong>; SAMHSA TTAC; CHAP TAG; NTAC; TLDC</td>
</tr>
<tr>
<td>Navajo</td>
<td>ACF TAC; HRSA TAC; STAC</td>
<td>ACF TAC; HRSA TAC; STAC</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td><strong>STAC</strong></td>
<td><strong>STAC</strong></td>
</tr>
<tr>
<td>Phoenix</td>
<td>ACF TAC; HRSA TAC; NIH TAC; SAMHSA TTAC; CHAP TAG; <strong>ISAC</strong></td>
<td>ACF TAC; CMS TTAG; HRSA TAC; NIH TAC; SAMHSA TTAC; ISAC; DSTAC</td>
</tr>
<tr>
<td>Portland</td>
<td>STAC; TLDC; FAAB</td>
<td>STAC; CHAP TAG; NTAC; DSTAC</td>
</tr>
<tr>
<td>Tucson</td>
<td>CDC TAC; <strong>STAC</strong>; SAMHSA TTAC; CHAP TAG; <strong>ISAC</strong>; NTAC</td>
<td>CDC TAC; NIH TAC; <strong>STAC</strong>; SAMHSA TTAC; CHAP TAG; ISAC; NTAC; TLDC</td>
</tr>
<tr>
<td>National At-Large</td>
<td>CDC TAC (2); <strong>STAC (3)</strong>; NIH TAC (3); SAMHSA TTAC (1)</td>
<td>CDC TAC (2); <strong>STAC (1)</strong>; NIH TAC (5);</td>
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<tr>
<td>Committee Name</td>
<td>Vacancies</td>
<td>Purpose</td>
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| ACF TAC: Administration for Children and Families, Tribal Advisory Committee | • Billings: Alternate  
• California: Primary & Alternate  
• Nashville: Alternate  
• Navajo: Primary & Alternate  
• Phoenix: Primary & Alternate | 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. | Hope MacDonald Lone Tree  
Acting Commissioner  
e. tribalaffairs@acf.hhs.gov. |
| CDC TAC: Centers for Disease Control and Prevention Tribal Advisory Committee | **Vacancies:**  
• Albuquerque: Primary & Alternate  
• Billings: Primary & Alternate  
• Great Plains: Primary & Alternate  
• Tucson: Primary & Alternate  
• National At-Large Seat: (2) Primary & (2) Alternate | The TAC advises CDC/ATSDR on policy issues and broad strategies that may significantly affect American Indian/Alaska Native communities. The TAC will assist CDC/ATSDR in fulfilling its mission to promote health and quality of life by preventing and controlling disease, injury, and disability through established and ongoing relationships and consultation sessions. | Mitch Morris  
Acting Director  
Office of Tribal Affairs and Strategic Alliances  
e. mhm9@cdc.gov  
Eligibility and nomination guidance can be found on the CDC TAC website, [here](#). |
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<thead>
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<th>Federal Contact</th>
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| **TTAG: Centers for Medicare and Medicaid Services** | **Vacancies:**  
- Albuquerque: Primary & Alternate  
- Phoenix: Primary & Alternate | The TTAG provides advice and input to CMS on policy and program issues impacting American Indians and Alaska Natives (AI/AN) served by CMS programs. Although not a substitute for formal consultation with Tribal leaders, TTAG enhances the Government-to-Government relationship and improves increased understanding between CMS and Tribes. | **Kitty Marx**  
Director, Division of Tribal Affairs  
e. kitty.marx@cms.hhs.gov |
| **HRSA TAC: Health Resources and Services Administration Tribal Advisory Council** | **Vacancies:**  
- Bemidji: Primary & Alternate  
- Great Plains: Primary & Alternate  
- Navajo: Primary & Alternate  
- Phoenix: Primary & Alternate | The HRSA TAC engages in regular and meaningful collaboration and consultation with HRSA officials on policies that have tribal implications and substantial direct effects on Tribal communities. The HRSA TAC will be a vehicle for acquiring a broad range of Tribal views, determining the impact of HRSA programs on the AI/AN health systems and population, developing innovative approaches to deliver health care, and assisting with effective tribal consultation. | **CAPT Carmen Clelland**  
Tribal Health Affairs  
e. CClelland@hrsa.gov  
o. (301) 945-4562  
c. (240) 461-7305 |
<table>
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| NIH TAC: National Institutes of Health Tribal Health Research Office (THRO) Tribal Advisory Committee | **Vacancies:**  
- National At-Large Seat: Primary and Alternate  
- Alaska: Alternate  
- Bemidji: Alternate  
- Billings: Alternate  
- California: Alternate  
- Great Plains: Alternate  
- Nashville: Alternate  
- Phoenix: Alternate  
- Tucson: Alternate | The TAC is advisory to the NIH and provides a forum for meetings between elected Tribal officials (or their designated representatives) and NIH officials to exchange views, share information, and seek advice concerning intergovernmental responsibilities related to the implementation and administration of NIH programs. | Dr. Dave Wilson  
Director, Tribal Health Research Office  
c. 301.742.3473  
e. Dave.Wilson2@nih.gov |
| STAC: Health and Human Services, Secretary’s Tribal Advisory Committee | • Bemidji: Primary and Alternate  
• California: Primary and Alternate  
• Great Plains: Primary and Alternate  
• Nashville: Primary and Alternate  
• Navajo: Primary and Alternate  
• Oklahoma City: Primary and Alternate  
• Portland: Primary and Alternate  
• Tucson: Primary and Alternate  
• National At-Large Primary Delegate (3) and Alternate (1) | The STAC’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 HHS programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order. | Stacey Ecoffey  
Tribal Affairs  
e. Stacey.Ecoffey@hhs.gov  
Devin Delrow  
Associate Director for Tribal Affairs  
e. Devin.Delrow@hhs.gov |

*Nomination Pending*

Submit your nomination letter, no later than January 4, 2023 to STAC@hhs.gov. More information about the STAC can be found [here](#).
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| SAMHSA TTAC: Substance Abuse and Mental Health Services Administration Tribal Technical Advisory Committee | • Bemidji: Alternate  
• Billings: Primary and Alternate  
• California: Alternate  
• Nashville: Alternate  
• Phoenix: Primary and Alternate  
• Tucson: Primary and Alternate  
• National At Large: (1) Primary | The SAMHSA TTAC will provide a complementary venue wherein Tribal representatives and SAMHSA staff will exchange information about public health issues in Indian Country, identify urgent mental health and substance abuse needs in AI/AN communities, and discuss collaborative approaches to addressing these issues and needs. | Kimberly Beniquez  
Office of Tribal Affairs and Policy  
p. 240-276-1847  
e. Kimberly.Beniquez@samhsa.hhs.gov |
| VA TAC: Veterans’ Affairs Tribal Advisory Committee                           |                                                                            | The Committee serves in an advisory capacity and advises the Secretary on ways the Department can improve the programs and services of the Department to better serve Native American Veterans. Committee members make recommendations to the Secretary regarding such activities. | Clay Ward  
Program Analyst  
Office of Tribal Government Relations  
e. David.ward@va.gov  
Stephanie Birdwell  
Director  
Office of Tribal Government Relations  
e. stephanieelaine.Birdwell@va.gov |

*Nomination Pending

Updated: 01/03/2023
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| **CHAP: Community Health Aide Program Tribal Advisory Group** | • Albuquerque: Primary and Alternate  
• Bemidji: Primary and Alternate  
• Nashville: Alternate  
• Phoenix: Primary  
• Portland: Alternate  
• Tucson: Primary & Alternate | The workgroup is charged with providing subject matter expertise, program information, innovative solutions, and advice to the Indian Health Service (IHS) to establish a National Community Health Aide Program. | **Darrell LaRoche**, OCPS Director  
Email: Darrell.laroche@ihs.gov  
**Minette Galindo**, OCPS  
Email: Minette.Galindo@ihs.gov |
| **PRC: Director’s Workgroup on Improving Purchased/Referred Care** | • Bemidji: Primary  
• Nashville: Primary | The purpose of the Director's Workgroup on Improving PRC (Workgroup) is to provide recommendations to the Indian Health Service (IHS) Director on strategies to improve and reform the Agency’s PRC program. The Workgroup reviews input received to improve the PRC program; evaluates the existing formula for distributing PRC funds; and recommends improvements in the way PRC operations are conducted within IHS and the Indian health system. | **Felicia Roach**, Acting Director  
Division of Contract Care  
Office of Resource Access and Partnerships  
Phone: 301-443-0097  
e. felicia.roach@ihs.gov |

*Nomination Pending*

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| **DSTAC: Direct Service Tribes Advisory Committee** | • Nashville: Primary  
• Phoenix: Alternate  
• Portland: Alternate | The Direct Service Tribes Advisory Committee (DSTAC) was established to provide leadership that advises the Indian Health Service (IHS) Director on the development of health policy and participates in IHS decision-making that affects the delivery of health care. DSTAC also offers advocacy and policy guidance by regularly providing recommendations to the Agency. | **Terri Schmidt**  
Director, ODSCT  
e. Terri.Schmidt@ihs.gov  
**Verly Fairbanks**  
Program Analyst  
e. verly.fairbanks@ihs.gov |
| **FFAB: Facilities Appropriations Advisory Board** | • Portland | The Facilities Appropriation Advisory Board (FAAB) is established as a standing committee of Tribal and Indian Health Service (IHS) representatives. The primary purpose of the FAAB is to make recommendations to the Director, IHS on matters involving all Office of Environmental Health and Engineering (OEHE) programs. | **Benjamin Shuman, IHS**  
e. Benjamin.shuman@ihs.gov |
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<tr>
<th>Committee Name</th>
<th>Vacancies</th>
<th>Purpose</th>
<th>Federal Contact</th>
</tr>
</thead>
</table>
| ISAC: Information Systems Advisory Committee | • Albuquerque: Primary and Alternate  
• Bemidji: Primary and Alternate  
• Billings: Primary and Alternate  
• Great Plains: Primary and Alternate  
• Phoenix: Primary and Alternate  
• Tucson: Primary an Alternate | The Information Systems Advisory Committee (ISAC) is established to guide the development of a co-owned and co-managed Indian health information infrastructure and information systems. The ISAC will assist in insuring that information systems are available, accessible, useful, cost effective, and user friendly for local level providers, while continuing to create standardized aggregate data that supports advocacy for Indian health programs at the national level. | Christy Tayrien, IHS  
e. Christy.tayrien@ihs.gov |
| NTAC: National Tribal Advisory Committee on Behavioral Health | • Alaska: Alternate  
• Albuquerque: Primary and Alternate  
• Bemidji: Alternate  
• Billings: Alternate  
• Nashville: Primary and Alternate  
• Portland: Alternate  
• Tucson: Primary and Alternate | The National Tribal Advisory Committee (NTAC) on Behavioral Health acts as an advisory body to the Division of Behavioral Health and to the Director of the Indian Health Service, with the aim of providing guidance and recommendations on programmatic issues that affect the delivery of behavioral health care for American Indian and Alaska Natives. | Dr. Glorinda Segay  
Director, Division of Behavioral Health  
e. Glorinda.Segay@ihs.gov  
Michele Muir-Howard  
Division of Behavioral Health  
e. michele.muir-howard@ihs.gov |
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<tr>
<td><strong>NTBFW: National Tribal Budget Formulation Workgroup</strong></td>
<td></td>
<td>The annual budget request of the IHS is the result of the budget formulation and consultation process that involves IHS and tribal Indian health program representatives and providers from the local to the national level.</td>
<td><strong>Jillian Curtis</strong>&lt;br&gt;Director Office of Finance and Accounting&lt;br&gt;e. <a href="mailto:jillian.Curtis@ihs.gov">jillian.Curtis@ihs.gov</a></td>
</tr>
<tr>
<td><strong>TLDC: Tribal Leaders’ Diabetes Committee</strong></td>
<td></td>
<td>The TLDC makes recommendations to the IHS Director on broad-based policy and advocacy priorities for diabetes and related chronic conditions as well as recommends a process for the distribution of Special Diabetes Program for Indians (SDPI) funds.</td>
<td><strong>Carmen Licavoli Hardin</strong>&lt;br&gt;Acting Director, IHS Division of Diabetes Treatment and Prevention&lt;br&gt;e. <a href="mailto:carmen.licavolihardin@ihs.gov">carmen.licavolihardin@ihs.gov</a></td>
</tr>
<tr>
<td><strong>TSGAC: Tribal Self-Governance Advisory Committee</strong></td>
<td></td>
<td>The Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) provides information, education, advocacy, and policy guidance for the implementation of Self-Governance within the IHS through regular meetings and communication with the Federal leadership. TSGAC also serves as a liaison for Self-Governance Tribes on policy, legislative, budget, and program discussions and decision-making actions that affect Self-Governance Tribes collectively.</td>
<td><strong>Jennifer Cooper</strong>&lt;br&gt;Director, Office of Tribal Self-Governance&lt;br&gt;e. <a href="mailto:Jennifer.Cooper@ihs.gov">Jennifer.Cooper@ihs.gov</a></td>
</tr>
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*Nomination Pending*
## Other Committees

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<tr>
<th>Committee Name</th>
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<th>Contact</th>
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</table>
| MMPC: NIHB Medicaid and Medicare Policy Committee | Membership is voluntary for those that meet the criteria. | The primary purpose of MMPC is to provide technical support to the Tribal Technical Advisory Group to the Centers for Medicare and Medicaid Services (TTAG). | Hannah Brennan  
Policy Analyst, NIHB  
e. hbrennan@nihb.org |

*Nomination Pending*
Tribal Advisory Committee Highlights

Secretary's Tribal Advisory Committee (STAC)

Actively Recruiting:
- Bemidji: Primary and Alternate
- California: Primary and Alternate
- Great Plains: Primary and Alternate
- Nashville: Primary and Alternate
- Navajo: Primary and Alternate
- Oklahoma City: Primary and Alternate
- Portland: Primary and Alternate
- Tucson: Primary and Alternate
- National At-Large Primary Delegate (3) and Alternate (1)

Submit your nomination letter, no later than January 4, 2023 to:

Marvin Figueroa, Director
Office of Intergovernmental and External Affairs
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 620-E
Washington, DC 20201
E-mail: STAC@hhs.gov
Need Technical Assistance?
Need Help Submitting a Nomination?

Contact A.C. Locklear
alocklear@nihb.org