

Indian Health Facilities  
 Facilities and Environmental Health Support  
**Office of Environmental Health and Engineering Support**

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase Or <u>Decrease</u>
Budget Authority...	\$9,277,000	\$10,130,000	\$10,947,000	+\$817,000,000
FTE.....	81	85	88	+3

**PURPOSE AND METHOD OF OPERATION**

**FY 2000 Base**

The Office of Environmental Health and Engineering (OEHE) Support sub-activity funds personnel and operating costs for Headquarters Division of Environmental Health and Engineering (DEHE) which includes two offices of Engineering Services (ES) in Dallas and Seattle.

Headquarters and ES personnel have management responsibility for IHS facilities and environmental health programs, provide direct technical services and support to Area personnel and perform critical management functions. Headquarters management activities includes national policy development and implementation; budget formulation; project review and approval; congressional report preparation; quality assurance (internal control reviews, Federal Managers Financial Integrity Act activities and other oversight); technical assistance (consultation and training); long range planning; meetings (with Members of Congress and their representatives, with tribes, and with other Federal agencies); and recruitment and retention. Typical direct support functions performed by DEHE personnel who serve as project officers for health facilities construction projects are: to review and/or write technical justification documents, participate in design reviews and site surveys, conduct onsite inspections, and monitor project funding status.

The DEHE Headquarters and ES funded positions are in Rockville, Dallas, and Seattle. Headquarters personnel include engineers, sanitarians, health facilities planners, real property managers, and support personnel. Engineering Services staff provide architectural, engineering, construction services, contracting services, and real property services to the IHS health care facilities program. They provide direct services and support to Headquarters and Area personnel in preparing the project justifications, construction cost estimates, and project designs, contracting for design and construction of new health care facilities and existing facility improvements, conducting construction inspections and facility inspections; leasing space for IHS program operations; and providing management support.

Funding levels for the past 5 years are as follows:

<u>Year</u>	<u>Funding</u>	<u>FTE</u>
1996	\$10,572,000	120
1997	\$10,709,000	110
1998	\$10,935,000	110
1999	\$8,836,000	110
2000	\$10,130,000	85

#### **ACCOMPLISHMENTS**

Funded personnel who have management responsibilities for National policy development and implementation, budget formulation, congressional report preparation, health care facilities construction and other national program related duties.

#### **RATIONALE FOR BUDGET REQUEST**

**Total Request** -- The request of \$10,947,000 and 88 FTE is an increase of \$817,000 and 3 FTE over the FY 2000 final appropriation of \$10,130,000 and 85 FTE. The increase includes the following:

#### **Current Services - Built-in Increase - +\$617,000**

The request of \$617,000 for personnel related costs will fund the increased cost of providing health care facilities and environmental health services to IHS beneficiaries and other built-in cost increases associated with on-going operations. Included are increases such as the FY 2001 pay raise, within grade increases, etc. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

The IHS patient population continues to receive less access to health care than the general U.S. population.

#### **Program Increases - +\$200,000 and +3 FTE**

This increase will provide additional resources to effectively implement the requested increases in the health care facilities construction program. This includes providing direct program services and support. These program services are preparing project justifications, construction cost estimates, project designs, contracting for design and construction of new health care facilities and existing facility improvements, conducting construction inspections and facility inspections; leasing space for IHS program operations; and providing management support.