



Master Plan Summary

The Master Plan Summary consists of 6 key components:

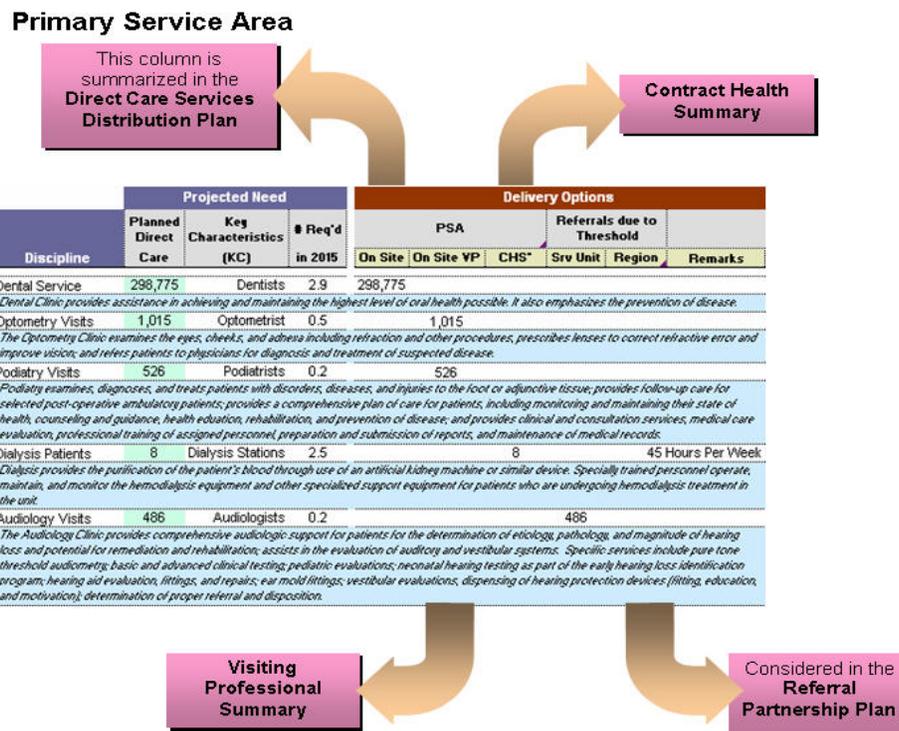
- User Population Summary
- On-Site Service Summary
- Contract Health Summary
- Staffing Summary
- Space Summary
- and Priorities

These items document the plan, services and resource allocations developed over the course of our effort and conversations. Each of these components has their own purpose and is integral to understanding the complete Master Plan requirements for the Nashville Area.

The **Primary Service Area Delivery Plan**, which is not in the Master Plan Summary, is the basis and starting point of the Master Plan and this Summary. These documents are stand-alone documents behind each PSA's tab.

A Primary Service Area (PSA) is defined as a logical grouping of communities based on proximity for which healthcare resources are planned and distributed.

The population demographics of a PSA determine what services are appropriate. A medical workload and key characteristics need projection was provided based on the projected 2015 demographics. This information was reviewed and discussed with Service Area leadership in order to determine the best delivery options.



Once the communities are defined and population demographics are solidified, the local resources are identified, PSA Priorities established and the **On-Site Service, Contract Health, Staffing and Facility Size Summaries** are completed.

The **Master Plan Priorities** section organizes each PSA's priorities based on the priority criteria discussions conducted at each Area-wide master plan meeting.



User Population Summary

The final Area-wide **User Population Summary** is shown on the following page. These populations form the basis for all Service Delivery Plans and the resulting summaries mentioned above. These user populations reflect a projection from the 2001 User Population based on the communities assigned to each Primary Care Service Area as developed during the process. The communities selected for each Service Area are identified on the executive summary page of each PSA Delivery Plan. 2015 is the baseline projection year for the Master Plan. Population growths are based on IHS's annually published County Service Populations. The current and future facility type is also identified for each Service Area. The User Population growth is indicated and ranked for Service Areas and Service Units within the Area.

The Nashville Area presented some unique challenges in creating consistent user populations.

First, certain PSAs were unable to produce user populations from the HSP (example: Seneca). That was typically due to the fact that RPMS is not utilized so user population is either non-existent or unreliable. In those circumstances, a negotiated (between the PSA and the NAO) user population figure was utilized.

Second, some negotiated user populations are for Service Units involving multiple PSAs, though the negotiated number is not split by PSA. This was complicated in areas where an absence of HSP community population detail prevented PSA creation by community selection. When that occurred the PSA split was determined as a 'percentage by PSA population' by the planner in consultation with the health director/administrator for the service area.

Third, growing 2001 user populations was not possible using typical methodology for certain PSAs due to a lack of service population information. Service population is an IHS county-based Native American population number. The growth rate for the county service population is usually applied to baseline user populations to achieve a user population growth projection. When service population is absent, another growth indicator must be utilized. Whenever that occurred for Nashville Area PSAs, the census growth rates of counties with Native Americans in specific PSA-related counties were examined and applied to either the existing or negotiated user population numbers.

Fourth, rarely some user populations seem to vary slightly throughout the planning document. This happens because those service areas are actually extended in nature, supporting other populations. Again, Seneca Cattaraugus is an example, having a projected population of 3,868 in their PSA, but showing services in the Direct Care Services Summary based on a projected population of 4,211. The difference occurs because Cattaraugus will fully serve the OP needs of Cayuga Nation, thereby adding the effect of Cayuga's user population (343).

Fifth, the urban populations presented challenges due to the size of eastern urban centers (see the discussion below).

Explanation of Urban Program Population

In the case of the Urban's populations, there are two number sets studied: the actual user count in the user pops from a standard community report, and the population projection numbers used for planning purposes. These later numbers were formulated through the planning process and reflect sensitivity to un-served populations as well as the county service to user pop ratios. Though sizable, these urban populations typically reflect the US Census baseline understanding of Native Americans present, projected in consultation with the appropriate urban program director.



User Population Summary

*Negotiated User Pop as a baseline planning assumption for Urban programs was determined by considering Native Census Populations in urban related counties. Suct numbers do not represent an official NAO negotiated number.

Service Area	Facility Type		2001 User Pop by PSA Community Selection	Negotiated 2001 User Pop*	2015 User Pop	User Pop Growth %	User Pop Growth	PSA Growth Rank
	2001	2015						
Alabama-Coushatta Health Center	HC	SHC	844	844	1,018	20.6%	174	24
Aroostook Band of Micmac Littleton Clinic	HC	HL	10	0	12		12	35
Aroostook Band of Micmac Presque Isle Clinic	HC	MHS	386	449	492	9.6%	43	34
Houlton Band of Maliseet Health Clinic	HC	SHC	400	347	521	50.1%	174	24
Baltimore Urban*	U	U	0	6,388	6,286	-1.6%	-102	41
Boston Urban*	U	U	2	8,457	9,074	7.3%	617	9
Catawba Health Service	HC	HC	980	980	1,592	62.4%	612	10
Cayuga			1	246	343	39.7%	97	31
Cherokee Service Unit			9,548	9,548	10,975			
Cherokee County Health Clinic	HC	LHS	694	694	511	-26.4%	-183	42
Cherokee Indian Hospital	H	H	8,093	8,093	9,659	19.4%	1,566	1
Snowbird Health Center	HC	SHC	761	761	805	5.8%	44	33
Chitimacha Health Center	HC	LHS	520	429	539	25.6%	110	28
Choctaw Service Unit			7,883	7,883	9,628			
Mississippi Band of Choctaw Hospital (PR)	H	H	3,965	3,965	4,821	21.6%	856	4
Bogue Chitto Health Center	HC	SHC	1,275	1,275	1,545	21.2%	270	22
Conehatta Health Center	HC	LHS	1,328	1,328	1,841	38.6%	513	12
Red Water Health Center	HC	SHC	1,315	1,315	1,421	8.1%	106	29
Coushatta Health Center	HC	LHS	443	423	573	35.4%	150	26
Gay Head Wampanoag Indian Health Program	HC	MHS	298	322	366	13.8%	44	32
Jena Band, Choctaw Indians	HC	HL	131	131	138	5.6%	7	36
Mashantucket Pequot Tribal Health Program	HC	SHC	642	880	1,291	46.7%	411	15
Mohegan			896	998	1,464	46.7%	466	13
Miccosukee Health Center	HC	HC	593	701	1,405	100.4%	704	7
Narragansett Indian Health Center	HC	SHC	650	666	1,043	56.6%	377	18
New York Urban	U	U	2	34,806	36,070	3.6%	1,264	2
Oneida Health Center	HC	HC	1,683	1,635	2,153	31.7%	518	11
Onondaga			0	1,864	2,260	21.3%	397	16
Passamaquoddy Indian Town Health Center	HC	HC	790	809	1,055	30.4%	246	23
Passamaquoddy Pleasant Point Health Center	HC	HC	926	926	1,216	31.3%	290	21
Penobscot Indian Nation Health Center	HC	HC	1,254	1,254	1,589	26.7%	335	19
Poarch Band of Creek Health Center	HC	HC	1,966	1,880	2,548	35.6%	668	8
Seneca Service Unit			23	5,535	6,786			
Cattaraugus Indian Health Center	HC	HC	10	3,155	3,868	22.6%	713	6
Seneca Buffalo		LHS	4	554	679	22.6%	125	27
Lionel R. Johns Health Center	HC	HC	9	1,827	2,239	22.6%	413	14
Seminole Service Unit			3,186	3,454	5,113			
Big Cypress Health Center	HC	HC	931	759	1,069	40.8%	310	20
Immokalee Service Area		MHS		250	468	87.2%	218	37
Brighton Health Center	HC	HC	928	1,006	1,397	38.9%	391	17
Hollywood Health Center	HC	HC	1,327	1,439	2,179	51.5%	740	5
St. Regis Mohawk Health Center	HC	HC	4,450	4,075	5,334	30.9%	1,259	3
Tonawanda			1	N/A				
Tunica Biloxi Health Program	HC	MHS	264	264	368	39.4%	104	30
Tuscarora			0	N/A				
Totals			38,772	96,193	111,254	15.7%	15,061	

H = Hospital HC = Health Center SHC = Small Health Clinic (SAC) LHS = Large health Station (SAC) MHS = Medium Health Station (SAC)

Nashville User Pop Growth.xls - Facility Area Pop Station (SAC) HL = Health Location (SAC)



On-Site Service Summary

The following page provides a holistic view of the direct care services and their distribution in the year 2015. This information comes from decisions made during the Delivery Plan reviews at each site visit.

The **On-Site Service Summary** is a summary and abbreviation of the services offered and supported at your local Primary Service Area. This document is a result of the PSA Discussions. The document is organized by PSA. New services anticipated in the plan are highlighted in yellow. Detailed resources and fully outlined anticipated services are found in the individual PSA documents.

Additional shading is for 'frame of reference' only and is offered to assist the reader in locating a PSA much as one would by looking at a map of the country. The shading and groupings are not intended to identify regional services, systems or entities of any kind.



North						Northeast										Urban		
New York						Connecticut		Rhode Island	Massachusetts	Maine						New York	Maryland	Massachusetts
Lionel R. Johns	Cattaraugus	Buffalo	Cayuga	Oneida	St. Regis Mohawk	Mashantucket Pequot	Mohegan	Narragansett	Wampanoag	Passamaquoddy Pleasant Point	Passamaquoddy Indian Township	MicMac Presque Isle	MicMac Littleton	Maliseet	Penobscot	New York	Baltimore	Boston
2015 User Pop: 2,239	2015 User Pop: 3,868	2015 User Pop: 679	2015 User Pop: 343	2015 User Pop: 2,153	2015 User Pop: 5,334	2015 User Pop: 1,291	2015 User Pop: 1,464	2015 User Pop: 1,043	2015 User Pop: 366	2015 User Pop: 1,216	2015 User Pop: 1,055	2015 User Pop: 492	2015 User Pop: 12	2015 User Pop: 521	2015 User Pop: 1,589	2015 User Pop: 36,070	2015 User Pop: 6,286	2015 User Pop: 9,074
Family Practice	Family Practice	Visiting Professionals	No on-site Services	Family Practice	Family Practice	Primary Care	Outpatient Behavioral Health Svcs	Primary Care Services	Primary Care Services	Primary Care Services	Primary Care	Primary Care Services	Primary Care	Primary Care	Primary Care	Dental Services	Dental Services	Dental Services
Visiting Professionals	Internal Medicine	Family Practice	Workload sent to Seneca	Visiting Professionals	Internal Medicine	Traditional Healing	Assisted Living Center	Dental Services	Dental Services	Dental Services	Traditional Healing	Dental Services	Outpatient Mental Health Svcs	Visiting Professionals	Dental Services	Substance Abuse Counseling	Mental Health Services	Outpatient Behavioral Health Svcs
Internal Medicine	Pediatric	Dental		Cardiology	Pediatric	Dental Services	Pharmacy Services	Outpatient Behavioral Health Svcs	Traditional Medicine Program	Visiting Professional	Dental Services	Visiting Professionals	Pharmacy Services		Dental Services	Pharmacy Services	Community Nursing Services	Traditional Healing
Pediatric	Ob/Gyn	Optometry		Optometry	Ob/Gyn	Visiting Professionals	Environmental Health (Assoc Cas)	Visiting Professionals	Outpatient Behavioral Health Svcs	Optometry	Visiting Professionals	Dentist			Optometry Services	Pain Management	Diabetes Program	Pharmacy Services
Ob/Gyn	Visiting Professionals	Social Service		Podiatry	Dental	Audiology	Case Management	Optometry	Visiting Professionals	Podiatry	Podiatry	Podiatrist		Podiatry Services	Visiting Professionals	CHR Services	Transportation	Substance Abuse-Non Acute Care
Orthopedics	Orthopedics	Lab		Audiology	Optometry	Podiatry	CHR Program	Optometry	CHR Program	Podiatry	Audiology	Podiatry		Podiatry Services	ENT Services	HIV Program	WIC Services	Public Health Nursing
Ophthalmology	Ophthalmology	Pharmacy		Psychiatry	Visiting Professionals	Pediatrician	Diabetes Program	Audiology	Podiatry	Pulmonologist	Pediatrician	Public Health Nursing		Laboratory Services	Chiropractic Services	Job Training Services	Tobacco Cessation Program	Public Health Nutrition
Optometry	Psychiatry	PHN		Dental	Podiatry	Outpatient Behavioral Health Svcs	Transportation Services	Laboratory Services	Audiology	Pediatrician	ENT	Environmental Services		Pharmacy Services	Cardiology Services	Cultural & Performing Arts		Case Management
Podiatry	Dental	Transportation		Mental Health	Audiology	Laboratory Services	Recreation and Community Svcs	Pharmacy Services	Chiropractor	Podiatry	Endocrinologist	Transportation Services		Public Health Nursing	Outpatient Behavioral Health Svcs	Food Pantry		Diabetes Program
Audiology	Optometry			Social Service	Psychiatry	Pharmacy Services		Rehab Services	Massage Therapist	ENT	Cardiologist	Injury Prevention		Public Health Nutrition	Laboratory Services			Transportation
Psychiatry	Podiatry			Alcohol & Substance Abuse	Mental Health	Public Health Nursing		Public Health Nursing	Acupuncturist	Cardiology	Psychiatry	Wellness Program		Case Management	Pharmacy Services			Wellness Center
Dental	Dialysis			Substance Abuse Trans. Care	Social Services	Public Health Educator		Public Health Nutrition	Laboratory Services	Endocrinology	Social Workers	Youth Prevention Program		CHR Services	Public Health Nursing			Job Training & Procurement
Mental Health	Audiology			Lab	Alcohol & Substance Abuse	Public Health Nutrition		Case Management	Pharmacy Services	Psychiatry	Outpatient Behavioral Health Svcs	Diabetes Program		Transportation Services	Public Health Nutrition			Tobacco Cessation
Social Service	Mental Health			Pharmacy	Adult Residential Treatment	CHR Services		CHR Program	Rehab Services	Outpatient Behavioral Health Svcs	Laboratory Services			Diabetes Program	Case Management			Maternal/Child Health
Alcohol & Substance Abuse	Social Service			Rehab	Substance Abuse Trans. Care	Diabetes Program		Elderly Care Program	Public Health Nursing	Laboratory Services	Pharmacy Services			Wellness Center	Diabetes Program			Youth Services
PHN/PH Nutrition/EH/Health Ed.	Alcohol & Substance Abuse			Home Health Care	Lab	Occupational Health Program		Diabetes Program	Diabetes Program	Pharmacy Services	Rehab Services			Indian Child Welfare Svcs	Transportation Services			
Adolescent Res. Treatment	Substance Abuse Trans. Care			Public Health Nursing	Pharmacy	Case Management		WIC Program	Case Management	Public Health Nursing	Public Health Nursing			Family Planning/Domestic Abuse	Injury Prevention Program			
Substance Abuse Trans. Care	Elder Care			Public Health Nutrition	Radiographic	Transportation		Youth Services Program	CHR Program	Nutritional Counseling	Public Health Nutrition			Youth Services	Wellness Program			
Lab	Lab			Environmental Health	Rehab	Disability Research		Indian Child Services	Elderly Care Program	Community Health Educator	Case Management			Injury Prevention	Maternal/Child Health Program			
Pharmacy	Pharmacy			Health Education	Public Health Nursing	Elder Care			Injury Prevention	Environmental Health	CHR Program				Elder Care			
Rehab	Radiographic			Case Management	Public Health Nutrition	Home Health			Wellness Center	Case Management	Diabetes Program							
Case Management	Ultrasound			CHR	Environmental Health	Indian Child Svcs			Tobacco Cessation	EMS Services	Elderly Feeding Program							
CHR	Rehab			Diabetes	Health Education	Vocational Rehab			Elder Care Program	Diabetes Program	EMS Services							
Diabetes	Home Health Care			Elder Care - Outreach	Case Management				Environmental Health	WIC Program	Transportation							
Elder Care - Outreach	PHN/PH Nutrition/EH/Health Ed.			Transportation	CHR					Wellness Center	WIC Program							
Security	Case Management			Wellness Center	Diabetes Program / Tobacco					Men's Health	Wellness Center							
Transportation	CHR, Diabetes				Elder Care Outreach					Elder Feeding Program	Family Planning/Domestic Abuse							
WIC	Elder Care Outreach, Security				WIC / Injury Prevention					Home Health	Youth Substance Abuse							
Injury Prevention	Transportation, WIC				Wellness Center						Home Health							
Wellness Center	Injury Prevention, Wellness				Teen/Women Health Program						Injury Prevention							

Primary Care	Primary Care	Primary Care	Primary Care	Mental Health	Primary Care	Primary Care	Primary Care	Primary Care	Primary Care	Primary Care	Primary Care	Primary Care	Primary Care	Family Practice	Family Practice	Family Practice	Visiting Professionals	Family Practice
Dental	Dental	Dental	Dental	Social Services	Visiting Professionals	Dental	Dental	Dental	Dental	Dental	Emergency Department	Dental	Dental	Pediatric	Visiting Professionals	Visiting Professionals	Family Practice	Visiting Professionals
Mental Health	Mental Health	Mental Health	Mental Health		Orthopedics	Mental Health	Mental Health	Orthopedics	Mental Health	Mental Health	Orthopedics	Mental Health	Mental Health	Visiting Professionals	Orthopedics	Pediatrics	Optometry	Internal Medicine
Social Services	Social Services	Alcohol & Substance Abuse	Social Services		Ophthalmology	Social Services	Social Services	Social Services	Social Services	Social Services	Ophthalmology	Social Services	Social Services	Orthopedics	Pediatrics	Orthopedics	Podiatry	Pediatric
Alcohol & Substance Abuse	Pharmacy	Pharmacy	Alcohol & Substance Abuse		General Surgery	Clinical Lab	Clinical Lab	Clinical Lab	Alcohol & Substance Abuse	Clinical Lab	General Surgery	Pharmacy	Pharmacy	Nephrology	Nephrology	Nephrology	Audiology	Ob/Gyn
Clinical Lab	CHR	General Radiography	Pharmacy		ENT	Pharmacy	Pharmacy	Pharmacy	Clinical Lab	Pharmacy	Visiting Professionals	Public Health Nursing	Public Health Nursing	Podiatry	Podiatry	Podiatry	Mental Health	Optometry
Pharmacy	Visiting Professionals	Public Health Nursing	Gen. Radiography		Dental	General Radiography	General Radiography	General Radiography	Pharmacy	Public Health Nursing	ENT	CHR	Public Health Nutrition	Audiology	Psychiatry	Psychiatry	Social Service	Podiatry
Public Health Nursing	Podiatry	CHR	Public Health Nursing		Optometry	CHR	CHR	CHR	General Radiography	CHR	Cardiology	Visiting Professionals	CHR	Psychiatry	Dental	Environmental Health	Dental	Audiology
Public Health Nutrition	Optometry	Diabetes Program	CHR		Podiatry				Rehab Services		Dental	Optometry	Visiting Professionals	Dental	Mental Health	Dental	Lab	Psychiatry
CHR	Audiology	Visiting Professional	Diabetes Program		Mental Health				Public Health Nursing		Optometry	Podiatry	Optometry	Mental Health	Social Service	Mental Health	PHN	Dental
Transportation		Podiatry	Elder Care Outreach		Psychiatry				Public Health Nutrition		Podiatry	Audiology	Podiatry	Social Service	Alcohol & Substance Abuse	Alcohol & Substance Abuse	Transportation	Mental Health
Visiting Professionals			Transportation		Social Services				Environmental Health		Audiology		Audiology	Alcohol & Substance Abuse	Adult SA Residential Treatment	Alcohol & Substance Abuse	Alcohol & Substance Abuse	Social Services
Ophthalmology(TeleMedicine)			Visiting Professionals		Alcohol & Substance Abuse				Health Education		Mental Health			Lab	Adolescent SA Residential Trmt	Elder Care/Skilled Nursing	CHR	Alcohol & Substance Abuse
Optometry			Optometry		Substance Abuse Trans. Care				CHR		Social Services			Pharmacy	Substance Abuse Trans. Care	Lab	Health Education	Adult Residential Treatment
Podiatry			Podiatry		Nursing Home				Diabetes Program		Alcohol & Substance Abuse			PHN	Lab	Pharmacy (Robotics Ft. Hollywood)	PH Nutrition	Adolescent Residential Treatment
Audiology			Audiology		Laboratory Services(All)				Elder Care Outreach		Inpatient			PH Nutrition	Pharmacy (Robotics @ Hollywood)	PHN		Substance Abuse Trans. Care
Endocrinology(TeleMedicine)					Diagnostic Imaging				WIC		Substance Abuse Trans. Care			Environmental Health	Rehab - Partial Services	Case Management		Assisted Living / Hospice
					General Radiology				Wellness Center		Clinical Laboratory			Health Education	PHN	Diabetes		Lab
					Ultrasound				Visiting Professionals		Microbiology			Case Management	Environmental Health	EMS		Pharmacy
					Mammography				Optometry		Blood Bank			CHR	Case Management	Transportation		Physical Therapy
					Fluoroscopy				Podiatry		Pharmacy			Diabetes	Diabetes Program	Wellness Center		Public Health Nursing
					CT				Nephrology		Radiography			Transportation	Transportation	FAS/FAE		Public Health Nutrition
					MRI				Endocrinology		Ultrasound			Wellness Center	Wellness Center	CHR		Environmental Health
					Rehab Services				Cardiology		Mammography			FAS/FAE	FAS/FAE	PH Nutrition		Health Education
					Public Health Nursing						Fluoroscopy			PH Nutritionist	PH Nutritionist	Health Education		Case Management
					Public Health Nutrition						CT			Health Education	Health Education			CHR's (Tribal Outreach Wkrs)
					Health Education						MRI			CHR				Diabetes Program
					Environmental Health						Rehab Services							Injury Prevention
					CHR						Public Hth Nursing/Nutrition							Wellness Center
					EMS						Hth Ed/CHR							
2015 User Pop: 1,018	2015 User Pop: 138	2015 User Pop: 573	2015 User Pop: 653	2015 User Pop: 368	2015 User Pop: 4,821	2015 User Pop: 1,421	2015 User Pop: 1,841	2015 User Pop: 1,545	2015 User Pop: 2,548	2015 User Pop: 1,592	2015 User Pop: 9,659	2015 User Pop: 511	2015 User Pop: 805	2015 User Pop: 2,179	2015 User Pop: 1,069	2015 User Pop: 1,397	2015 User Pop: 468	2015 User Pop: 1,405
Alabama Coushatta	Jena Band- Choctaw	Louisiana Coushatta	Chitimacha	Tunica-Biloxi	Choctaw Hospital	Red Water	Conehatta	Bogue Chitto	Poarch Band- Creek Indians	Catawba	Cherokee Indian Hospital	Cherokee County Clinic	Snowbird	Hollywood	Big Cypress	Brighton	Immokalee	Miccosukee
Texas	Louisiana				Mississippi				Alabama	South Carolina	North Carolina			Florida				
Southwest	South				East				Southeast									

New Services Existing Services in non-highlighted cells *Color Organization by State & *Region* is for layout/frame of reference* purposes only. These are not regional systems or entities.

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Contract Health Summary

The **Contract Health Summary** is a direct result of the PSA Delivery Plan. The amount of contract health dollars required for a Service Area is based on service-by-service affordability of direct care and the availability of local contracting options. For example, a service area without local contracting options is more likely to be interested in the synergies of regional care than a community with a non-IHS facility across the street. This reality was discussed at the PSA levels by service. If contract health dollars for a service was determined most desirable for a PSA, that service's workload multiplied by a cost per workload was included in the lump sum total Contract Health Dollars for a Service Area. Simply dividing that total dollar requirement by the PSA User Population provides us with a planning number of CHS dollars per User specific to that PSA.

The Contract Health Summary Sheet on the following page indicates a relative breakdown of contract health reliance by Service Area. Due to the unique nature of CHS Shares Distribution in the Nashville Area and the fact that only one Service Unit, the Eastern Band of Cherokee Indians, use the IHS Fiscal Intermediary, Blue Cross/Blue Shield of New Mexico, we were not able to run our standard CHS analysis for all of the PSA's in the Nashville Area. We have therefore chosen to use the unit cost of CHS services information available through the Fiscal Intermediary for the Cherokee Tribe, and then apply this to all PSA's in the Nashville Area. If the PSA does not agree with this result, it would be possible to apply one of many geographical indices, i.e., the Medi-Care Salary and Wage Index, to the CHS costs calculated for North Carolina and possibly better reflect your geographical region's true cost higher or lower than North Carolina.

The roll-up to the right indicates a greater CHS reliance for the smaller communities with a limited number of direct care services. Again, cost of living or competitive rate adjustments can be made to the consistent projection made to the right.

Due to the current IHS CHS regulations, user populations living outside a Contract Health Service Delivery Area (CHSDA) as well as non-local tribal user populations living within the CHSDA but off the reservation are not eligible for CHS payment for care. Though, we have attempted to differentiate the total CHS need from the total CHS eligible need on the following table, the percentage population was not available. As a result a "N/A" symbol is utilized as a placeholder only. The total need and the total CHS eligible need reflect the same answer due to an absence of data.

For further detail on the unit cost information please consult the appendix "CHS Cost Calculations".

Totals are offered which reflect the Urban Programs both as "included" and "not included". Clearly, when included their impact on financial resources required is huge.



Contract Health Summary

Primary Service Area (PSA)	User Pop		CHS Expenditure										% of Area Total Need (Urbans Incl.)	% of Area Total Need (No Urbans)	
	2001	2015	2001		2015						2001 / 2015				
			\$	\$/User	Total Need	Medicare Location Factor	Total Need Area Adjusted	\$/User	\$/User Area Adjusted	% CHS Eligible	CHS Eligible Need	% of Total Need			% of CHS Eligible Need
Alabama-Coushatta Health Center	844	1,018	N/A	\$0	\$3,074,352	0.8540	\$2,625,496	\$3,020	\$2,579	N/A	N/A	N/A	N/A	1.1%	2.6%
Aroostook Bank of Micmac	459	504	\$591,714	\$1,289	\$1,861,152	0.9323	\$1,735,152	\$3,693	\$3,443	84%	\$1,457,527	32%	41%	0.7%	1.6%
Aroostook Band of Micmac Littleton Clinic	10	12	\$12,891	\$1,289	\$33,631	0.9323	\$31,354	\$3,693	\$3,443	84%	\$28,250	38%	46%	0.0%	0.0%
Aroostook Band of Micmac Presque Isle Clinic	449	492	\$578,823	\$1,289	\$1,827,520	0.9323	\$1,703,797	\$3,693	\$3,443	84%	\$1,429,277	32%	40%	0.6%	1.5%
Houlton Band of Maliseet Health Clinic	347	521	N/A	\$0	\$1,092,515	0.9323	\$1,018,552	\$2,097	\$1,955	N/A	N/A	N/A	N/A	0.4%	0.9%
Baltimore Urban	6,388	6,286	N/A	\$0	\$20,151,699	0.9926	\$20,002,577	\$3,206	\$3,182	N/A	N/A	N/A	N/A	7.1%	
Boston Urban	8,457	9,074	N/A	\$0	\$26,910,233	1.1178	\$30,080,258	\$2,966	\$3,315	N/A	N/A	N/A	N/A	9.5%	
Catawba Health Service	980	1,592	N/A	\$0	\$3,636,104	0.9792	\$3,560,473	\$2,284	\$2,236	N/A	N/A	N/A	N/A	1.3%	3.1%
Cayuga	246	343	N/A	\$0	\$653,857	0.8888	\$581,148	\$1,905	\$1,693	N/A	N/A	N/A	N/A	0.2%	0.6%
Cherokee Service Unit	9,548	10,975	N/A	\$0	\$14,103,155	0.8951	\$12,623,734	\$1,285	\$1,150	N/A	N/A	N/A	N/A	5.0%	11.9%
Cherokee County Health Clinic	694	511	N/A	\$0	\$0	0.8951	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Cherokee Indian Hospital	8,093	9,659	N/A	\$0	\$14,103,155	0.8951	\$12,623,734	\$1,460	\$1,307	N/A	N/A	N/A	N/A	5.0%	11.9%
Snowbird Health Center	761	805	N/A	\$0	\$0	0.8951	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Chitimacha Health Center	429	539	\$447,948	\$1,044	\$1,680,591	0.8075	\$1,357,077	\$3,118	\$2,518	63%	\$854,958	27%	52%	0.6%	1.4%
Choctaw Service Unit	7,883	9,628	\$2,731,887	\$347	\$13,079,334	0.8257	\$10,799,606	\$1,358	\$1,122	88%	\$9,503,653	21%	29%	4.6%	11.0%
Mississippi Band of Choctaw Hospital (PR)	3,965	4,821		\$0	\$13,079,334	0.8287	\$10,838,844	\$2,713	\$2,248		\$0	0%	N/A	4.6%	11.0%
Bogue Chitto Health Center	1,275	1,545		\$0	\$0	0.8287	\$0	\$0	\$0		\$0	N/A	N/A	0.0%	0.0%
Conehatta Health Center	1,328	1,841		\$0	\$0	0.8287	\$0	\$0	\$0		\$0	N/A	N/A	0.0%	0.0%
Red Water Health Center	1,315	1,421		\$0	\$0	0.8287	\$0	\$0	\$0		\$0	N/A	N/A	0.0%	0.0%
Coushatta Health Center	423	573	\$317,667	\$751	\$1,755,097	0.8075	\$1,417,241	\$3,063	\$2,473	100%	\$1,755,097	18%	18%	0.6%	1.5%
Gay Head Wampanoag Indian Health Program	322	366	\$434,504	\$1,349	\$914,202	1.0134	\$926,452	\$2,498	\$2,531	100%	\$926,452	48%	47%	0.3%	0.8%
Jena Band, Choctaw Indians	131	138	N/A	\$0	\$415,518	0.8075	\$335,531	\$3,011	\$2,431	N/A	N/A	N/A	N/A	0.1%	0.4%
Mashantucket Pequot Tribal Health Program	880	1,291	\$45,780	\$52	\$3,020,299	1.1220	\$3,388,775	\$2,340	\$2,625	95%	\$3,219,336	2%	1%	1.1%	2.5%
Mohegan	998	1,464	\$1,390,464	\$1,393	\$4,441,103	1.1220	\$4,982,918	\$3,034	\$3,404	100%	\$4,982,918	31%	28%	1.6%	3.7%
Miccosukee Health Center	701	1,405	\$683,905	\$976	\$3,727,497	0.9911	\$3,694,322	\$2,653	\$2,629	82%	\$3,029,344	18%	23%	1.3%	3.1%
Narragansett Indian Health Center	666	1,043	\$476,487	\$715	\$1,972,778	1.0619	\$2,094,893	\$1,891	\$2,009	93%	\$1,948,251	24%	24%	0.7%	1.7%
New York Urban	34,806	36,070	N/A	\$0	\$117,584,471	1.2168	\$143,076,785	\$3,260	\$3,967	N/A	N/A	N/A	N/A	41.5%	
Oneida Health Center	1,635	2,153	N/A	\$0	\$4,915,534	0.9642	\$4,739,557	\$2,283	\$2,201	N/A	N/A	N/A	N/A	1.7%	4.1%
Onondaga			N/A	\$0		0.9642	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Passamaquaddy Indian Town Health Center	809	1,055	\$362,584	\$448	\$1,844,940	0.9323	\$1,720,037	\$1,749	\$1,630	76%	\$1,307,228	20%	28%	0.7%	1.6%
Passamaquaddy Pleasant Point Health Center	926	1,216	\$488,233	\$527	\$2,221,288	0.9323	\$2,070,907	\$1,827	\$1,703	76%	\$1,573,889	22%	31%	0.8%	1.9%
Penobscot Indian Nation Health Center	1,254	1,589	\$635,294	\$507	\$3,839,687	0.9957	\$3,823,176	\$2,416	\$2,406	58%	\$2,217,442	17%	29%	1.4%	3.2%
Poarch Band of Creek Health Center	1,880	2,548	\$748,865	\$398	\$6,214,853	0.8328	\$5,175,730	\$2,439	\$2,031	100%	\$5,175,730	12%	14%	2.2%	5.2%
Seneca Service Unit	5,536	6,786	\$2,704,344	\$488	\$15,604,565	0.9538	\$14,883,634	\$2,300	\$2,193	93%	\$14,512,245	17%	19%	5.5%	13.2%
Cattaraugus Indian Health Center	3,155	3,868	\$1,541,275	\$488	\$8,646,324	0.9538	\$8,246,863	\$2,235	\$2,132	93%	\$8,041,081	18%	19%	3.1%	7.3%
Seneca Buffalo	554	679	\$270,618	\$488	\$2,105,163	0.9538	\$2,007,905	\$3,100	\$2,957	93%	\$1,957,802	13%	14%	0.7%	1.8%
Lionel R. Johns Health Center	1,827	2,239	\$892,452	\$488	4,853,078.3	0.8888	\$4,313,416	\$2,168	\$1,926	93%	\$4,513,363	18%	20%	1.7%	4.1%
Seminole Service Unit	3,454	5,113	N/A	\$0	\$11,789,034		\$0	\$2,306	\$0	N/A	N/A	N/A	N/A	4.2%	10.0%
Big Cypress Health Center	759	1,069	N/A	\$0	\$2,335,706	0.9095	\$2,124,325	\$2,185	\$1,987	N/A	N/A	N/A	N/A	0.8%	2.0%
Immokalee Service Area	250	468	N/A	\$0	\$1,111,074	1.0361	\$1,151,183	\$2,374	\$2,460	N/A	N/A	N/A	N/A	0.4%	0.9%
Brighton Health Center	1,006	1,397	N/A	\$0	\$3,645,032	0.9095	\$3,315,156	\$2,609	\$2,373	N/A	N/A	N/A	N/A	1.3%	3.1%
Hollywood Health Center	1,439	2,179	N/A	\$0	\$4,697,222	1.0260	\$4,819,350	\$2,156	\$2,212	N/A	N/A	N/A	N/A	1.7%	4.0%
St. Regis Mohawk Health Center	4,075	5,334	\$930,749	\$228	\$13,523,578	0.8888	\$12,019,756	\$2,535	\$2,253	45%	\$5,408,890	7%	17%	4.8%	11.4%
Tonawanda			N/A	\$0		0.8888	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Tunica Biloxi Health Program	264	368	N/A	\$0	\$1,234,687	0.8075	\$997,010	\$3,355	\$2,709	N/A	N/A	N/A	N/A	0.4%	1.0%
Tuscarora			N/A	\$0		0.9538	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Total (Urbans Included)	94,800	109,496			\$283,123,273		\$302,599,751	\$2,586	\$2,764		N/A			100%	
Total (No Urbans)	45,149	58,066			\$118,476,869		\$109,440,131	\$2,040	\$1,885		N/A			100%	



Staffing Summary

The **Staffing Summary** indicates four comparisons of existing positions to future staffing needs in 2015.

First, it compares Existing Total IHS positions (ETP) to required IHS RRM (un-deviated RRM) generated positions in 2015 (Existing Total Positions to RRM). The forecasted numbers are related to the specific PSA Delivery Plans established as part of this effort. The required number does not include tribal positions nor does it include grant funded programs. These were excluded only for this comparison process; the delivery plan provides detail to service line distribution of staffing, IHS, grant and tribal. They are not labeled as such, as in 2015, it is unknown who will be operating and funding each program.

Second, it compares the ETP to Total Staff Required or Total Need. This compares existing staff, regardless of funding source to the RRM generated (un-deviated) Staffing requirements combined with services IHS has typically supported, such as WIC, EMS, and Transportation etc.

Third, it compares Existing Reoccurring Positions (ERP) to required IHS RRM (un-deviated RRM) generated positions in 2015. The reoccurring positions represent those positions funded only by reoccurring Hospital and Clinic (H&C) funds. The H&C funded positions are provided where information was provided from the tribes through the area office. Where no provision was made no comparison is offered.

Fourth, it compares Existing Reoccurring Positions (ERP) to Total Need - RRM generated (un-deviated) Staffing requirements combined with services IHS has typically supported, such as WIC, EMS, and Transportation etc.

It should be noted that the existing staffing are not from an IHS position roster but from individual interface with the PSA's, as all programs are run by the Tribes, except Catawba which retro-ceded during the course of this study.



Service Area Staffing Summary

Primary Service Area (PSA)	2015 User Pop		Existing Total Positions (ETP)		Existing Reoccurring Positions (ERP)		2015 Need		ETP % Need		RRM Staffing by PSA (Primary Service Area)		ERP Additional Salary Need		Total Need	RRM	Total Need	ERP Additional Salary Need	Total Need	RRM	Total Need	ERP Additional Salary Need	Total Need	Comment	
	2015 User Pop	Existing Total Positions (ETP)	Existing Reoccurring Positions (ERP)	RRM	Total Need	RRM	Total Need	RRM	Total Need	RRM	Total Need	RRM	Total Need	RRM											Total Need
	1,018	13.3	5.0	29.9	34.0	44%	39%	17%	15%	\$1,473,175	\$1,835,939	\$2,203,127	\$2,565,891	\$2,203,127											\$2,565,891
Alabama-Coushatta Health Center	1,018	13.3	5.0	29.9	34.0	44%	39%	17%	15%	\$1,473,175	\$1,835,939	\$2,203,127	\$2,565,891	\$2,203,127	\$2,565,891										
Aroostook Band of Micmac Littleton Clinic	12	0.6	0.6	3.3	3.3	18%	18%	0%	0%	\$238,893	\$239,336	\$291,981	\$292,423	\$238,893	\$291,981										
Aroostook Band of Micmac Presque Isle Clinic	482	23.0	18.1	16.1	25.0	143%	92%	112%	72%	\$0	\$176,958	\$0	\$610,505	\$0	\$176,958										
Houaton Band of Maliseet Health Clinic	521	17.3	17.3	29.9	36.6	58%	47%	0%	0%	\$1,114,835	\$1,709,156	\$2,645,522	\$3,239,843	\$1,114,835	\$2,645,522										
Baltimore Urban	6,286	4.1	3.0	130.7	143.0	3%	3%	2%	2%	\$11,198,166	\$12,286,458	\$11,295,493	\$12,383,785	\$11,198,166	\$12,286,458										
Boston Urban	9,074	14.5	7.0	141.7	153.7	10%	9%	5%	5%	\$11,253,571	\$12,315,319	\$11,917,164	\$12,978,912	\$11,253,571	\$12,315,319										
Catawba Health Service	1,592	0.0	0.0	48.4	52.1	0%	0%	0%	0%	\$4,286,381	\$4,610,509	\$4,286,381	\$4,610,509	\$4,286,381	\$4,610,509										
Cayuga Nation	343	0.0	0.0	0.0	0.0	0%	0%	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0										
Cherokee Service Unit	10,975	250.0	0.0	316.4	376.5	79%	66%	0%	0%	\$5,878,032	\$11,188,947	\$7,997,782	\$33,308,697	\$5,878,032	\$11,188,947										
Cherokee County Health Clinic	511	3.0	3.0	11.0	12.5	27%	24%	0%	0%	\$707,832	\$840,551	\$973,269	\$1,105,988	\$707,832	\$840,551										
Cherokee Indian Hospital	9,659	239.0	239.0	275.5	331.3	87%	72%	0%	0%	\$3,232,510	\$8,162,966	\$24,378,991	\$29,309,447	\$3,232,510	\$8,162,966										
Snowbird Health Center	805	8.0	8.0	29.9	32.7	27%	24%	0%	0%	\$1,937,690	\$2,185,431	\$2,645,522	\$2,893,263	\$1,937,690	\$2,185,431										
Chitimacha Health Center	539	13.8	12.4	11.0	15.0	125%	92%	113%	83%	\$0	\$106,175	\$0	\$230,045	\$0	\$106,175										
Choctaw Service Unit	9,628	271.6	118.5	367.4	471.3	74%	58%	32%	25%	\$9,496,223	\$16,825,714	\$31,531,238	\$40,184,170	\$9,496,223	\$16,825,714										
Mississippi Band of Choctaw Hospital (PR)	4,821	249.0	249.0	234.0	364.0	106%	68%	0%	0%	\$10,170,756	\$3,478,563	\$3,598,562	\$3,920,958	\$10,170,756	\$3,478,563										
Bogue Chitto Health Center	1,545	5.0	40.7	40.7	44.3	12%	11%	0%	0%	\$3,156,167	\$3,478,563	\$3,598,562	\$3,920,958	\$3,156,167	\$3,478,563										
Conehatta Health Center	1,841	5.0	40.6	40.6	14.0	12%	36%	0%	0%	\$3,150,323	\$796,311	\$3,592,718	\$1,238,706	\$3,150,323	\$796,311										
Red Water Health Center	1,421	5.0	41.1	31.9	12%	16%	0%	0%	\$3,189,732	\$2,380,085	\$3,632,127	\$2,822,480	\$3,189,732	\$2,380,085											
Coushatta Health Center	573	7.6	0.0	11.0	17.1	69%	44%	0%	0%	\$300,829	\$840,551	\$973,269	\$1,512,991	\$300,829	\$840,551										
Gay Head Wampanoag Indian Health Program	366	9.7	3.0	8.1	12.6	120%	77%	37%	24%	\$0	\$256,589	\$451,243	\$849,398	\$0	\$256,589										
Jena Band, Choctaw Indians	138	4.0	3.0	3.3	4.4	121%	91%	91%	68%	\$0	\$35,392	\$26,544	\$123,871	\$0	\$35,392										
Mashantucket Pequot Tribal Health Program	1,291	16.0	6.0	39.6	30.9	40%	52%	15%	19%	\$2,089,499	\$1,318,337	\$2,974,289	\$2,203,127	\$2,089,499	\$1,318,337										
Mohegan	1,464	19.5	3.0	19.5	23.1	100%	84%	15%	13%	\$0	\$319,409	\$1,459,904	\$1,779,313	\$0	\$319,409										
Micosukee Health Center	1,405	26.0	8.0	45.6	65.2	57%	40%	18%	12%	\$1,732,551	\$3,465,449	\$3,325,173	\$5,058,071	\$1,732,551	\$3,465,449										
Narragansett Indian Health Center	1,043	19.0	7.0	29.9	35.4	64%	54%	23%	20%	\$964,421	\$1,451,056	\$2,026,169	\$2,512,804	\$964,421	\$1,451,056										
New York Urban	36,070	20.0	454.6	573.2	4%	3%	0%	0%	\$46,508,568	\$48,950,588	\$48,278,148	\$50,720,168	\$46,508,568	\$48,950,588											
Oneida Health Center	2,153	42.1	61.2	69.1	69%	61%	0%	0%	\$1,693,327	\$2,392,053	\$5,418,293	\$6,117,019	\$1,693,327	\$2,392,053											
Onondaga						0%	0%	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0										
Passamaquoddy Indian Town Health Center	1,055	31.4	17.0	46.6	63.4	67%	50%	36%	27%	\$1,346,387	\$2,832,834	\$2,620,484	\$4,106,932	\$1,346,387	\$2,832,834										
Passamaquoddy Pleasant Point Health Center	1,216	33.8	8.6	39.7	51.2	85%	66%	22%	17%	\$523,432	\$1,541,531	\$2,753,103	\$3,771,201	\$523,432	\$1,541,531										
Penobscot Indian Nation Health Center	1,589	35.0	28.0	47.8	52.4	73%	67%	59%	53%	\$1,131,217	\$1,543,713	\$1,750,570	\$2,163,066	\$1,131,217	\$1,543,713										
Poarch Band of Creek Health Center	2,548	28.4	31.0	66.3	80.4	43%	35%	47%	39%	\$3,354,568	\$4,598,731	\$3,124,523	\$4,368,685	\$3,354,568	\$4,598,731										
Seneca Service Unit	6,786	160.5	155.0	165.7	201.6	97%	80%	94%	77%	\$2,750,262	\$4,427,345	\$14,663,160	\$17,838,450	\$2,750,262	\$4,427,345										
Cattaraugus Indian Health Center	3,868	74.5	98.6	116.8	116.8	76%	64%	0%	0%	\$2,130,909	\$3,746,057	\$8,722,595	\$10,337,742	\$2,130,909	\$3,746,057										
Seneca Buffalo	679	4.0	4.0	11.0	11.7	36%	34%	0%	0%	\$619,353	\$681,288	\$973,269	\$1,035,204	\$619,353	\$681,288										
Lionel R. Johns Health Center	2,239	82.0	99.0	56.1	73.1	146%	112%	0%	0%	\$0	\$0	\$4,967,296	\$6,465,503	\$0	\$0										
Seminole Service Unit	5,113	99.0	21.0	151.8	226.6	65%	44%	0%	0%	\$4,671,984	\$11,293,347	\$13,431,405	\$20,052,768	\$4,671,984	\$11,293,347										
Big Cypress Health Center	1,069	4.0	4.0	36.9	63.3	57%	33%	0%	0%	\$1,406,908	\$3,746,772	\$3,264,967	\$5,604,831	\$1,406,908	\$3,746,772										
Immokalee Service Area	468	0.0	0.0	8.1	8.6	0%	0%	0%	0%	\$716,680	\$760,919	\$716,680	\$760,919	\$716,680	\$760,919										
Brighton Health Center	1,397	29.0	44.9	70.4	65%	41%	0%	0%	\$1,403,322	\$3,666,799	\$3,969,213	\$6,232,690	\$1,403,322	\$3,666,799											
Hollywood Health Center	2,179	49.0	61.9	84.2	79%	58%	0%	0%	\$1,145,075	\$3,118,857	\$5,480,546	\$7,454,328	\$1,145,075	\$3,118,857											
St. Regis Mohawk Health Center	5,334	83.0	9.0	125.0	142.2	66%	58%	7%	6%	\$3,717,961	\$5,241,791	\$10,265,407	\$11,789,237	\$3,717,961	\$5,241,791										
Tonawanda						0%	0%	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0										
Tunica Biloxi Health Program	368	3.0	3.0	8.1	8.3	37%	36%	0%	0%	\$451,243	\$468,939	\$716,680	\$734,376	\$451,243	\$468,939										
Tuscarora						0%	0%	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0										
Grand Total (Urbans Included)	108,992	1,238.6	189.1	2,498.8	2,950.6	50%	42%	7%	6%	\$116,175,527	\$152,272,165	\$206,427,052	\$246,106,257	\$116,175,527	\$152,272,165										
Grand Total (No Urbans)	57,562	1,200.0	159.1	1,680.8	2,080.7	71%	58%	9%	8%	\$47,215,222	\$78,719,800	\$134,936,247	\$170,023,393	\$47,215,222	\$78,719,800										



Space Summary

The **Space Summary** indicates a comparison of existing IHS maintained space (MI&E) to required space. The required space counted includes space for functions that IHS would typically include in the construction of a new facility. This would include all IHS functions, grant funded programs, and tribal programs to include outpatient substance abuse counseling, EMS, WIC, Family Planning, Community Health Representatives and others. Typically IHS will not build Tribal Health Administration, Nursing Homes, Outreach Elder Care or Substance Abuse Transitional Care. Substance Abuse Residential Treatment Centers come from a different funding source and were also excluded from this count.

The summary also offers a Total Project Cost comparison. The Project cost is significantly more than the Construction cost and includes design fees, permits, licensing, equipment, furnishings and so forth.

Similar to the Staff Summary, the delivery plan provides detail for required service line distribution of space for all programs. Again, this is not to say that the demand is not there, but for a fair comparison of need their size was not included in this comparison.



Service Area Space Summary

Primary Service Area(PSA)	2010 \$ per Hospital Square Meter =>				Construction Cost	Project Cost	Comment
	2010 \$ per Health Center Square Meter =>				\$2,739	\$4,944	
	Facility Gross Square Meter by PSA (Primary Service Area)				\$1,808	\$3,220	
2015 User Population	M&E Square Mtrs.	2015 Need	%	Additional Construction \$ Need	Additional Project \$ Need *		
Alabama-Coushatta Health Center	1,018	832	1,118	74%	\$517,969	\$922,488	
Aroostook Band of Micmac Littleton Clinic	12	115	139	82%	\$44,214	\$78,743	
Aroostook Band of Micmac Presque Isle Clinic	492	668	663	101%	\$0	\$0	
Houlton Band of Maliseet Health Clinic	521	956	1,394	69%	\$792,384	\$1,411,216	
Baltimore Urban	6,286	223	1,478	15%	\$2,268,539	\$4,040,208	
Boston Urban	9,074	1,018	2,835	36%	\$3,284,455	\$5,849,527	
Catawba Health Service	1,592	622	1,511	41%	\$1,607,969	\$2,863,749	
Cayuga	343			0%	\$0	\$0	
Cherokee Service Unit	10,975	13,206	13,974	95%	\$1,413,878	\$2,519,875	
Cherokee County Health Clinic	511	209	543	38%	\$604,324	\$1,076,285	
Cherokee Indian Hospital	9,659	12,279	12,306	100%	\$74,609	\$134,672	
Snowbird Health Center	805	718	1,124	64%	\$734,945	\$1,308,918	
Chitimacha Health Center	539	787	667	118%	\$0	\$0	
Choctaw Service Unit	9,628	7,715	17,010	0.454	\$25,348,655	\$45,705,156	
Mississippi Band of Choctaw Hospital (PR)	4,821	5,694	14,188	40%	\$23,265,236	\$41,994,642	
Bogue Chitto Health Center	1,545	895	1,138	79%	\$440,255	\$784,082	
Conehatta Health Center	1,841	895	543	165%	\$0	\$0	
Red Water Health Center	1,421	232	1,141	20%	\$1,643,164	\$2,926,432	
Coushatta Health Center	573	702	702	100%	\$0	\$0	
Gay Head Wampanoag Indian Health Program	366	269	569	47%	\$541,825	\$964,977	
Jena Band, Choctaw Indians	138	49	149	33%	\$180,638	\$321,711	
Mashantucket Pequot Tribal Health Program	1,291	302	1,240	24%	\$1,696,282	\$3,021,033	
Mohegan	1,464	217	685	32%	\$846,096	\$1,506,875	
Miccosukee Health Center	1,405	672	2,138	31%	\$2,650,796	\$4,720,998	
Narragansett Indian Health Center	1,043	626	1,367	46%	\$1,339,177	\$2,385,038	
New York Urban	36,070	441	5,000	9%	\$8,243,101	\$14,680,745	
Oneida Health Center	2,153	1,383	2,198	63%	\$1,472,404	\$2,622,313	
Onondaga					\$0	\$0	
Passamaquaddy Indian Town Health Center	1,055	2,322	2,454	95%	\$237,950	\$423,783	
Passamaquaddy Pleasant Point Health Center	1,216	1,002	1,663	60%	\$1,194,995	\$2,128,255	
Penobscot Indian Nation Health Center	1,589	1,331	1,686	79%	\$642,698	\$1,144,628	
Poarch Band of Creek Health Center	2,548	1,847	2,551	72%	\$1,272,325	\$2,265,977	
Seneca Service Unit	6,786	6,589	8,104	81%	\$2,819,808	\$5,022,003	
Cattaraugus Indian Health Center	3,868	3,627	4,749	76%	\$2,028,175	\$3,612,126	
Seneca Buffalo	679	121	559	22%	\$791,633	\$1,409,877	
Lionel R. Johns Health Center	2,239	2,841	2,796	102%	\$0	\$0	
Seminole Service Unit	5,113	5,730	7,541	76%	\$4,094,572	\$7,292,324	
Big Cypress Health Center	1,069	2,412	1,958	123%	\$0	\$0	New Facility Under Construction
Immokalee Service Area	468	325	344	95%	\$33,495	\$59,654	New Facility Under Construction
Brighton Health Center	1,397	1,564	2,082	75%	\$935,835	\$1,666,698	
Hollywood Health Center	2,179	1,428	3,157	45%	\$3,125,241	\$5,565,972	
St. Regis Mohawk Health Center	5,334	1,997	4,854	41%	\$5,163,892	\$9,196,755	
Tonawanda					\$0	\$0	
Tunica Biloxi Health Program	368	281	337	83%	\$101,944	\$181,559	
Tuscarora					\$0	\$0	
Grand Total (Urbans Included)	108,992	51,902	84,026	62%	\$67,776,566	\$121,269,936	
Grand Total (No Urbans)	57,562	50,220	74,714	67%	\$53,980,471	\$96,699,456	

* Total Project \$ Need reflects an approximate total project cost, including but not limited to Design Fees, Permits & Licensing, Equipment & Furnishing, etc. This methodology does not consider location of the facility or its special site cost, utility cost, or equipment cost.



Visiting Professional Summary

The Visiting Professional (VP) summary is generally an opportunity to identify locations or groups of locations which might gain a benefit of scale in the effort to reduce CHS cost by aggregating demand for visiting professionals. By doing so, it might be possible to reduce the cost of this care by sharing the direct cost of a visiting professional provider instead of each location paying CHS dollars at higher market rates. The larger Service Units in the Nashville Area, Seminole, Seneca, Choctaw and Cherokee are sharing and intend to share more visiting professional providers. The absence of opportunity to share these services for the remainder of the Area is a clear reflection of both the size of most of the PSA's, as well as the extreme geographical dispersion of the Nashville Area.

Site specific discussions were held at the preliminary final review in June of 2004 to review potential opportunities for Visiting Professional sharing. While the Nashville Area (comprised of 29 Eastern states) is geographically prohibitive of comprehensive sharing of VPs, the following "regional" groupings were explored.

Northeast

The tribes in Maine felt they had good opportunity to share professional providers, due in part to the fact that recruitment to Maine is difficult, and all facilities use Eastern Maine Medical Center in Bangor as their tertiary care facility. The schedule below is partially the result of a tribe's ability to recruit a particular specialist onto their staff, usually through the J-1 Visa requirements, and their willingness to share that expertise with the other tribes located in Maine.

Maine Tribes - Visiting Providers & Schedule						
Primary Care Service Area						
Service Line	Passamaquoddy Indian Township	Passamaquoddy Pleasant Point	Penobscot Nation	Houlton Band of Maliseet	Aroostook Band of Micmac	
Podiatry	1 day/week	1 day/week	2 days/week			
ENT	1 day/month	1 day/month	1 day/month			
Endocrinology	4 days/week	2 days/month	2 days/month			
Dentistry				2 days/week	2 days/week	
Pediatrician	3 days/week	2 days/week				
Cardiologist	2 days/month	2 days/month	2 days/month	2 days/month	1 day/month	
Psychiatrist	2 days/month	2 days/month	2 days/month	2 days/month		

New York

Seneca Nation will be sharing VPs internally to facilitate their health system needs. The rest of New York tribes consider themselves too scattered to attract and utilized VPs in an on-going and sustainable fashion. As a result, no VP schedule is provided here.

South/Southwest

Other than the aforementioned inter-service unit opportunities at Choctaw, there is little shared opportunity for visiting professional Specialists. This is a primarily a function of geographical dispersion, as well as the disparity in population size and therefore healthcare demand for these diverse Tribes. There was some preliminary discussion among the Central Louisiana Tribes regarding the possibility of sharing a Visiting Professional Primary Care Provider, but again, geography and population size variants precluded pursuing the issue further.



East

Other than the aforementioned inter-service unit opportunities at Cherokee, there is no shared opportunity for visiting professional Specialists. The only other operating unit in this area, at Catawba, South Carolina, is just too far away for there to be any potential benefit.

Southeast

The Florida tribes do not find it beneficial to plan on sharing VPs except the internal utilization of them within the Seminole delivery system. The Seminole Tribe will share their own VPs across four site locations, three of which are already built and one of which is under construction as of this time. As a result, no VP schedule is provided here.

The table on the following page shows the minimal opportunities for genuine VP sharing that exists across the Nashville Area as well as opportunities and groupings Area tribes were encouraged to explore during the preliminary final discussions.



Regional Referrals

Opportunity was given in the Delivery Planning phase of the project for PSAs to refer workload for regional consideration where it seemed feasible. This is typically done with service lines such as Residential Substance Abuse and Elder Care. It became apparent that the Nashville Area possessed limited regional referral benefits simply due to the size of the geographic area. Extreme distances limited the viability of regional referral.

The table on the following page details referrals that were made for regional consideration. This detail does not impact the plan except to serve notice on the amount of workload that might be available for consideration at some point in the future. The table splits workload according to Substance Abuse Non-Acute Care and Elder Care service lines. These were the only two groupings where workload was referred. The table also splits the Nashville Area into a north and south 'region' since that is perhaps the easiest way to consider some kind of initial grouping for potential facility planning.

As the table shows, workload is simply not sufficient to support serious consideration of regional centers for these service lines at this time except perhaps in the area of Adult Residential Treatment. Various tribes have initiatives in place while others are beginning them (ex: Seminole and Seneca). Should these new initiatives not be completed, such workload could then be added back to the totals shown and implications considered at that time.



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

Discipline	Aroostook Micmac - Littleton	Aroostook Micmac - Presque Isle	Baltimore Urban	Boston Urban	Cayuga	Gay Head Wampanoag	Houlton Band of Maliseet	Mashantucket Pequot	Mohegan	Narransett	New York Urban	Oneida	Passamaquoddy Indian Town	Passamaquoddy Pleasant Point	Penobscot	Seneca Buffalo	Seneca Cattaraugus	Seneca Lionel R. Johns	St. Regis Mohawk	North Regional Totals	# Req'd in 2015
Substance Abuse Non-Acute Care																					
<i>Substance Abuse Non-Acute Care - the treatment of substance abuse disorders in an age and security specific setting.</i>																					
Adult Residential Treatment	1	78	0	1,461	59	67	92	196	242	221	0	403	163	219	282	0	0	0	0	3,495	12.7
Adolescent Residential Treatment	1	24	0	437	15	15	23	69	66	30	0	83	53	50	62	0	0	0	231	1,158	4.2
Substance Abuse Transitional Care	0	3	0	0	2	3	0	9	10	7	0	0	0	0	11	0	0	0	0	45	7.6
Substance Abuse Non-Acute Care Totals																					24.5
Elder Care																					
<i>Elderly Care Program provides physical, psychological, social, and spiritual care for healthy and dying seniors in an environment outside of a hospital.</i>																					
Nursing Home	0	0	0	0	0	1	1	10	0	3	0	0	0	0	2	0	0	0	0	17	19
Assisted Living / Shelter Care	0	0	0	0	0	1	1	2	0	3	0	0	0	0	0	0	0	0	0	7	8
Hospice	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
Elder Care Totals																					28.0
South Regional Totals																					21.5
Alabama Coushatta	188	270	269	116	1,747	83	286	91	24	0	742	456	221	0	0	0	0	0	0	4,546	16.5
Bogue Chitto	40	63	73	12	393	27	90	28	6	0	240	107	70	0	0	0	0	0	0	1,168	4.2
Catawba	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.7
Cherokee County HC																					8.2
Cherokee Hospital																					8.5
Chitimacha																					29.2
Conehatta																					45.9
Coushatta																					8,041
Jena Band																					2,326
Miccouskee																					49
Mississippi Band Choctaw PR																					
Poarch band																					
Red Water																					
Seminole Big Cypress																					
Seminole Brighton																					
Seminole Hollywood																					
Seminole Immokalee																					
Tunica Biloxi																					
South Regional Totals																					21.5
Key Characteristics																					
# Req'd in 2015																					52.0
Total																					27
# of Beds																					30



Priorities

All master plans need to have a statement of priority. Resources for capital and operational expenditures are consistently limited. Clear priorities are necessary for the development of a reasonable, supportable and attainable master plan. Clear priorities are arrived at through the consistent application of mutually agreed upon criteria reflecting the concerns and support of all interested parties whom the master plan will impact. While each PSA has a developed set of priorities within their Service Area, for the Nashville Area as a whole, the priorities were developed based on the Health Services Master Plan Work Group’s criteria developed over the course of this project.

In order to gain consensus on what is important, and to pursue that goal united, master plan task force members were asked to work together in defining how priorities should be established. They were asked to develop such priorities with an “area wide leadership hat” on, so the needs/concerns of all would be represented. In order to understand the concerns of the group and to understand what the group thought was important, the group was asked to respond to the following question through a series of brainstorming sessions:

What characteristics of a service area should dictate their level of priority relative to future expenditures?

Through this effort, the group established the 3 characteristics and 10 factors below to establish priorities within the Area. By ballot weighting the characteristics and the factors, a mathematical priority system is established ranking each of the Service Areas within the Area.

The resulting priorities are communicated in the matrix on the opposite page. In implementing the Master Plan, the Area will be working through this document from the top left to the lower right.

Characteristic		Factors				
Resources	39.93%	CHS \$ Needed 50.17%	+ Weighted Avg. Age of the Facilities 12.93%	+ Sq. Footage Needed 20.52%	+ User Population Growth 16.38%	= 100%
+		Obesity Rate 40.41%	+ Diabetes Rate 38.59%	+ User Population Greater than 55 year old 21.00%	+ [Grey Box]	= 100%
+		Access to Primary Care 29.10%	+ Remoteness to Specialty Care 31.00%	+ Lack of Continuity of Care 39.90%	+ [Grey Box]	= 100%
=		Subtotal				100%



Primary Service Area Resourcing Priorities - Composite

Implementation by Simple Priority List

Service Area Services & Resourcing Priorities																
Service Area	Priority Rank #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
St. Regis Mohawk Health Center	1	Increase Internal Medicine Staffing and provide exam rooms/office	Increase Nursing Support Staff	Increase PHN staff and space	Increase Pharmacy space	Increase Dental staff, chairs and space	Increase housekeeping and linen staff and space	Increase Business Office staff and provide additional space	Increase Diabetes staff	Increase CHR's and space	Increase Alcohol and Substance Abuse counselors and add office	Increase Pediatric staffing and provide exam rooms/office	Increase Ob/Gyn staffing and provide exam rooms/office	Increase overall Primary Care department space	Provide Traditional Healing and space for healer	Provide specialty care space and exam room
Brighton Health Center	2	Provide PHN staff and space.	Elder care service center.	Add alcohol and substance abuse counselors.	Add diabetes program staff and provide space.	Increase case management staff and provide dedicated space.	EMS staff and ambulance.	Add wellness center, staff and space.	Add facility management staff and space.	Additional dentist and hygienist staffing.	FAS/FAE staff and space.	Need transporter and space.	Visiting provider clinic space and exam rooms.	Specialty care space and exam rooms.	Add clinical lab staff and space.	Add administrative support staff (all areas except Information Management)
Hollywood Health Center	3	Increase primary care department space.	Increase dental staff, space and chairs.	Increase Family Practice offices.	Visiting Provider Space.	Specialty Care Space.	Clinical Lab staff and space.	PHN staffing and space.	CHR staffing and space.	Diabetes staff increase	Increase primary care nursing support.	Wellness center staff and space.	Pediatric staffing and space.	Traditional healer and space.	FAS/FAE staff and space.	Facility management staff and space.
Lionel R. Johns Health Center	4	Secure Family Practice physician with space	Provide visiting provider care space / exam space.	Provide adequate Specialty Care space.	Secure Behavioral Health Counselors and needed	Secure another dental provider with additional chair	Dedicated case management staff and space.	injury prevention staff and space	increase public health nursing staff and space	increase public health nutrition staff and space	Secure Diabetes Program staff and space	Secure CHR's staff and space	Provide Rehab services, staffing and space	Expand Pharmacy space	Increase Environmental Health staff and space	WIC space
Mohegan	5	Increase CHS Funding in light of decreasing IHS funding and increasing tribal subsidy. Current IHS funds \$1.00 for each \$4.00 spent. Also with an average age of 26, there will be continued expansion of Tribal membership	Better care management for chronic diseases to decrease the number of hospitalization and need for intensive treatment	Prevention of chronic illness by improving exercise, diet and knowledge	Improving wrap around services for the community. An example is the development of a group home for the disabled who require either physical care and/or supervised life skills.	Tribal youth programs targeted at engaging in healthy life styles and life choices	Converting our independent elder housing into an assisted living.	Technology requirements, given the need for improved reporting and improved health information to assist in program planning.								
Seneca Buffalo	6	Expand Primary Care services.	Specialty Care space.	Provide Behavioral Health staff and space.	Provide Dental program space and chairs	Provide Public Health Nursing staff and space.	Provide Pharmacy space.	Provide Lab with space and staff	Provide facility support staff and space	Provide Administration staff and space.	Provide Transportation space.					
Alabama-Coushatta Health Center	7	Increase Primary Care Providers	Increase Dental Space	Increase Dental Staff	Increase Behavioral Health staff by Adding Psychologist	Expand Pharmacy Services	Continue to Expand Telemedicine as Opportunities Present	Elder Care Services(Assisted Living)	Expand Health Education	Environmental Health Program	Expand Women's Wellness					
Cattaraugus Indian Health Center	8	Behavior Health space - replacement (age and condition of facility demands replacement).	Expand x-ray and upgrade equipment.	Secure Family Practice physician with space.	Need space for Primary Care (Gross department deficit)	Specialty Clinic space with offices needed.	Secure OB/Gyn care (provider needed) with space.	Increase Public Health Nursing and space.	Increase CHR's (Education) and space	Injury Prevention staff and space.	Increase Public Health Nutrition and space	Elder Care (whole component) with staffing	Provide Rehab space and staff (substance abuse)	Secure Optometry - spaces and providers	Halfway house (whole component) with staffing.	Secure Dentist with Dental Chairs
Red Water Health Center	9	Replace Redwater Facility	Expand Dental Services													
Oneida Health Center	10	Behavioral health is functionally deficient	Substance Abuse Transitional Care staff and space	Additional administrative space	Expand Syracuse satellite clinic	Outreach Elder Care staff and space	Home health care staff and space	Dedicate Health Education staff and space	Additional Health information management space	Increase Lab space	Environmental Health staff and space	Wellness Center staff	Social Services Counselor	Diabetes staff and dedicated space	Specialty Care and Visiting Provider space	Transportation - additional staff and space
Mississippi Band of Choctaw Hospital (PR)	11	Design and Construct New Hospital/Funding for Staff and Equipment Support	Construction includes: Specialty Clinic, Diagnostic Center, Expanded Emergency Department, Expanded Outpatient Department, Expanded Inpatient Department	Expand Dental Programs	Build Stronger Health Promotion/Disease Prevention Programs	Adequate Funding to Close Health disparity Between Native American and General Population	Health Education Promotion Programs	Strengthen Environmental Health as Relates to Disease Prevention	Prepare for Increase in Health Demand for Aging Population	Consolidate Transportation Programs						
Coushatta Health Center	12	Increase M.D. time in Family Practice	Expand Dental Services	Increase Pharmacy Hours	Add X-Ray	Expand Health Promotion/Disease Prevention Programs	Health Career Education for Youth	Develop Visiting Professional Services-Podiatry								
Conehatta Health Center	13	Expand Dental Services														
Big Cypress Health Center	14	Diabetes program staff.	PHNs increase.	Wellness center and staff (new)	EMS staff increase.	FAS/FAE staff.	Need a transporter.	Increase administrative staff.	Increase housekeeping and linen staff.							
Poarch Band of Creek Health Center	15	Expand Primary Care Space	Develop Visiting Professionals Clinic Space	Expand Dental Clinic-Space and Staff	Develop Substance Abuse Program	Develop Behavioral Health Program-Psychology&Psychiatry	Purchase Pharmacy Software and Hardware to Improve Processes	Develop Case Management Program for Entire Tribe	Develop Health Career Education Training for Youth	Develop Obesity Prevention Program for Adolescents/Young Adults	Restructure the Med. Records/Coding/Data Management into Health Information Management	Implement Electronic Health Record	Develop on-site Cardiology Services	Develop on-site Pediatric Services	Recruit part-time Board Certified Family Practitioner	Expand/Reconfigure clinic space to accommodate Visiting Specialists
Miccosukee Health Center	16	Provide PHN staff and space	Provide dedicated case management staff and space	Increase Pharmacy space and staff	Increase Diabetes staff and space (providing dedicated space)	Provide dedicated visiting provider space (office and exam rooms)	Increase administration staff and space	Increase dental services: full time provider, additional chair, additional space	Provide space for public health nutritionist (contracted)	Increase wellness center staff and space	Increase CHR's (TOWs) and provide dedicated space	Increase Primary Care space	Provide dedicated specialty care space and provider (traditional healer)	Add behavioral health counselor and increase departmental space	Provide lab tech staff	Increase business office staff and space
Cherokee Indian Hospital	17	Expand Visiting Specialists	Expand Dental Facilities and Staff	Increase on-site Psychiatry Coverage	Add Cardiology to Visiting Specialists	Explore Adding Medical Intensive Care	Add CT to Imaging Services	Increase Case Management Program	Develop Respiratory Therapy Dept.	Dedicate IP Room to Hospice Bed						
Bogue Chitto Health Center	18	Expand Dental Services														
Cherokee County Health Clinic	19	Evaluate need for visiting Dentist	Evaluate need for visiting Beh. Hlth Counselor	Evaluate need for Public Health Programs	Evaluate building size for future demand											
Penobscot Indian Nation Health Center	20	Expand Inhouse Programs	More Outreach and Elderly Care Programs	Recruitment and Retention of Dental Staff	Improve Pharmacy operations	Increase needed CHS dollars										
Tunica Biloxi Health Program	21															
Catawba Health Service	22															
Immokalee Service Area	23	Provide public health nurse and space.	Provide visiting professional space and provider (FP & Optometry)	Provide simple lab, staff and space.	Provide health information staff and space.	Provide space for behavioral health.	Provide dental services and space.	Transporter and space.	Provide traditional healer and space.							
Jena Band, Choctaw Indians	24	Design and build appropriately sized direct care clinic	Recruit visiting Family Practice Professional	Define and recruit required staff	Create and implement aggressive Health Promotion/Disease Prevention Programs	Health Career Education Program for Youth.	Explore pharmacy benefits programs									
Snowbird Health Center	25	Develop Behavioral Health Program	Increase Sq. Meters in Pharmacy	Evaluate need for part-timer Pharmacist	Evaluate size of current clinic for future demand	Add Public Health Nutrition										
Houlton Band of Maliseet Health Clinic	26	New Clinic	Staff Development	Creation of Pharmacy Services	Creation of Dental Services											
Narragansett Indian Health Center	27	Construction of a new facility	Addition of Dental Component	Specialty clinics-Ophthalmology, Orthopedics, Audiology, OB/GYN	Addition of a Clinical Psychologist and increased behavioral health programs	Electronic health/precription records	Medical Social Worker to implement and coordinate wellness programs and improve case management	Addition of a Wellness Program - Diabetes, obesity, fitness	Acquisition of equipment - Spirometer, ambulatory BP monitors for patient use, cholesterol screening unit	Youth/Teen Program expansion	Additional CHR's	Increased transportation services Staff and Vehicles	Data quality/collection improvement	Maximize third-party revenues	Improve overall program efficiency in all departments - HCSm Behavioral Health, Medical Services, Patient Registration, Administration, Medical Records, etc.	Seek Accreditation
Chitimacha Health Center	28	Expand Dental Services-Space and Staff	Expand Pharmacy Program-Staff and Technology	Develop Case Management Program	Integrate Health Outreach and Human Services Departments.	Health Career Education for Youth	Develop visiting Professional Services for Podiatry and Optometry									
Passamaquaddy Pleasant Point Health Center	29	Inadequate HVAC system	Expansion of Physical Space to meet future needs	Adequate Staffing Levels particularly Dentists and Pharmacists	Recruitment and Development of Dental Services											
Passamaquaddy Indian Town Health Center	30	Continue to grow and expand Substance Abuse programs	Providing my diabetic care and prevention programs	Providing more prevention programs and activities for Tribal Members												
Mashantucket Pequot Tribal Health Program	31	Receive funding and build a new health care facility	Improve some immediate facility needs, 1) Additional Storage, 2) Parking Lot improvements	Expansion of Dental Services	Expansion of Laboratory Services	Improvement of Recruitment Practices (salary equity)										
Aroostook Band of Micmac Presque Isle Clinic	32	Equal Access for all Tribal Members	Meeting CHS required funding													
Gay Head Wampanoag Indian Health Program	33	Receive approval for and complete a new health clinic building	Collaborate in the strategic planning for a new hospital locally	Collaborate in the planning for a new mental health facility locally	Develop dental services	Develop additional and strengthen existing prevention and health education programs										
Aroostook Band of Micmac Littleton Clinic	34	Equal Access for all Tribal Members	Meeting CHS required funding													
Cayuga	35	No Clinic Facility - Current Relationship with Seneca is projected to 2015. Priorities shared with Seneca.														
Onondaga	NP															
Tonawanda	NP															
Tuscarora	NP															
Baltimore Urban	UP	Increase IHS Funding	Make the existing building more functional and create available space on the second and third floors.	Development of Public Health Nursing Program	Development of Additional Mental Health and Substance Abuse Programs											
Boston Urban	UP	Secure the building that is currently being used from the State of Massachusetts.	Remodel building to make it more user friendly	Expand into some direct care services, dental, pharmacy.	Find funding to expand services at the Tecumseh House											
New York Urban	UP	Develop a Youth Services function	Look at providing additional direct care services-Dental, Pharmacy	Reestablish Substance Abuse counseling services and receive the proper licensure and accreditation												

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