



Indian Health Service

2025 – 2029 Action Plan

(Version 1 – December 8, 2025)

To Address Inadequate Oversight of Facilities and Programs and
In Response to IHS' Designation on GAO's High-Risk List

*A strategic modernization
approach toward a successful
future of the Indian Health Service*

IHS Action Plan to Address Inadequate Oversight of Facilities and Programs

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Purpose

The Indian Health Service (IHS) aims to improve its operations and address the root causes that have led to the high-risk issue of inadequate oversight of federally operated facilities and programs. The agency's goal is to create a more accountable and responsive agency that maximizes resources, enhances coordination, and delivers the highest possible level of care—while continuing to honor and strengthen our government-to-government relationships with Tribal Nations and Urban Indian Organizations (UIOs).

The IHS is developing a sustainable, transparent, and measurable action plan that:

- Includes activities to address the root causes related to inadequate oversight of federally operated facilities and programs.
- Communicates to the IHS leadership and workforce the intended actions to improve oversight of federally operated facilities and programs throughout the agency.
- Demonstrates to the Department of Health and Human Services, Government Accountability Office (GAO), Congress, and most importantly, Tribal Nations, UIOs, and patients who receive services from the IHS that the agency is committed to assessing and improving programs and services to ensure that quality, safe patient care is provided with continuous oversight.
- Demonstrates that the IHS is committed to managing and overseeing its resources to ensure the health care needs of American Indians and Alaska Natives are met.

Currently, the IHS is undergoing measurable and sustained progress in modernizing its management and oversight. The IHS Strategic Realignment, beginning in 2025, reflects a comprehensive shift toward highly reliable, culturally responsive, and accountable health care delivery. This action plan identifies steps the agency plans to take to complete the realignment and implement improvements to its oversight activities.

Background

Since 2017, the IHS has established structures and systems to support the oversight of its facilities and programs, and initiated specific activities to address the high-risk issue.

- In January 2019, IHS established the Office of Quality to provide leadership and promote consistency in health care quality across the agency by consolidating and enhancing oversight of these efforts at IHS headquarters.
- In November 2019, IHS established the Quality Assurance Risk Management Committee to provide senior-level oversight and management of complex adverse events and certain administrative and operational matters.
- In January 2020, IHS established a National Compliance Program to lead and oversee the Enterprise Risk Management program and the activities related to the Federal Managers Financial Integrity Act and the Office of Management and Budget Circular No. A-123.
- In 2020, IHS initiated a pilot project to standardize Governing Body bylaws across the agency. As of December 2022, all direct service health care facilities adopted the standardized set of Governing Body bylaws and designed and adopted a consent agenda checklist format for their Governing Body meetings.

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- In September 2022, IHS submitted an action plan to GAO that included root causes for each of the targeted actions in the action plan. The GAO responded that the 2022 action plan was not addressing the root causes of the high-risk issue but only symptoms of the underlying problems.
- In 2023 and 2024, IHS changed strategy and issued work plans to make improvements to priority programs and processes.
- In 2025, the IHS Executive Leadership Team (ELT) initiated plans to strategically realign the agency, which will address the high-risk issue.

Action Plan Overview

Approach

The IHS realignment in 2025 is being implemented to embrace the transformational change set forth in the IHS Strategic Plan for FYs 2025-2029.¹ The strategic plan reinforces transforming agency operations into ONE IHS. ONE IHS integrates efforts, resources, and expertise from across the agency to achieve more comprehensive and meaningful outcomes. The strategic plan details how the IHS will achieve its mission through four strategic goals and objectives as described below in Figure 1.

Figure 1: IHS Strategic Plan for FYs 2025-2029 Goals and Objectives



The IHS realignment’s purpose is to improve accountability and align leadership functions with the agency’s modern mission. The intent is to clarify roles, reduce administrative burden, and enable our leaders—both in the field and at headquarters—to focus on their core mandates of improving the health and wellness of American Indians and Alaska Native patients and communities. The IHS has not undergone a holistic reorganization in over 20 years. Significant changes and organic growth overtime require a realignment toward efficient, sustainable operations that provide the necessary oversight of IHS programs. This realignment is more than

¹ Available at <https://www.ihs.gov/strategicplan/>.

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an administrative shift; it is a pivotal opportunity to reaffirm the agency's commitment to delivering high-quality, culturally competent health care to meet the unique needs of American Indian and Alaska Native patients.

The realignment aims to strengthen the Agency's support of Tribal Nations in exercising direct control over health care funding, programs, and decision-making. More Tribal nations are choosing to assume control over their own health care delivery with 62 percent of the IHS budget now administered by Tribes, while the remaining 38 percent supports IHS-operated programs that must modernize to ensure strong federal support for all Tribes. The IHS goal is to create a more accountable, efficient, and responsive IHS that maximizes resources and improves outcomes while simultaneously strengthening intergovernmental relationships for better service coordination and funding access.

As a result of the IHS realignment, the organizational structure will enable IHS to improve oversight of its services, programs, and resources. Through the realignment, the ELT will clearly define key roles and responsibilities and hold staff accountable to perform those responsibilities. The realignment will create a system where relevant and reliable information that is necessary and useful is shared and used throughout the agency to support oversight and accountability.

Ownership and Responsibilities

The IHS ELT have been designing the IHS Strategic Realignment since March 2025 and are responsible for its implementation. Through the realignment, the ELT also takes ownership for this action plan and its implementation. The IHS aims to succeed in completing this action plan through:

1. The ELT taking the necessary steps to lead the agency through the changes for improvement, supporting the agency's staff and Tribal partners through the changes, and holding individuals accountability for their performance.
2. Meeting GAO's criteria for removal from the High-Risk List.²
3. Demonstrating alignment with and fulfilling the agency's strategic plan.
4. Identifying Key Performance Indicators (KPIs) and Key Risk Indicators (KRIs) and demonstrating the agency is meeting KPIs and mitigating KRIs.
5. Securing additional resources for inherently federal functions, including oversight, to bolster implementation and sustain improvements made.
6. Demonstrating that leaders and managers are fulfilling defined roles and responsibilities for oversight.

Progress Tracking and Reporting

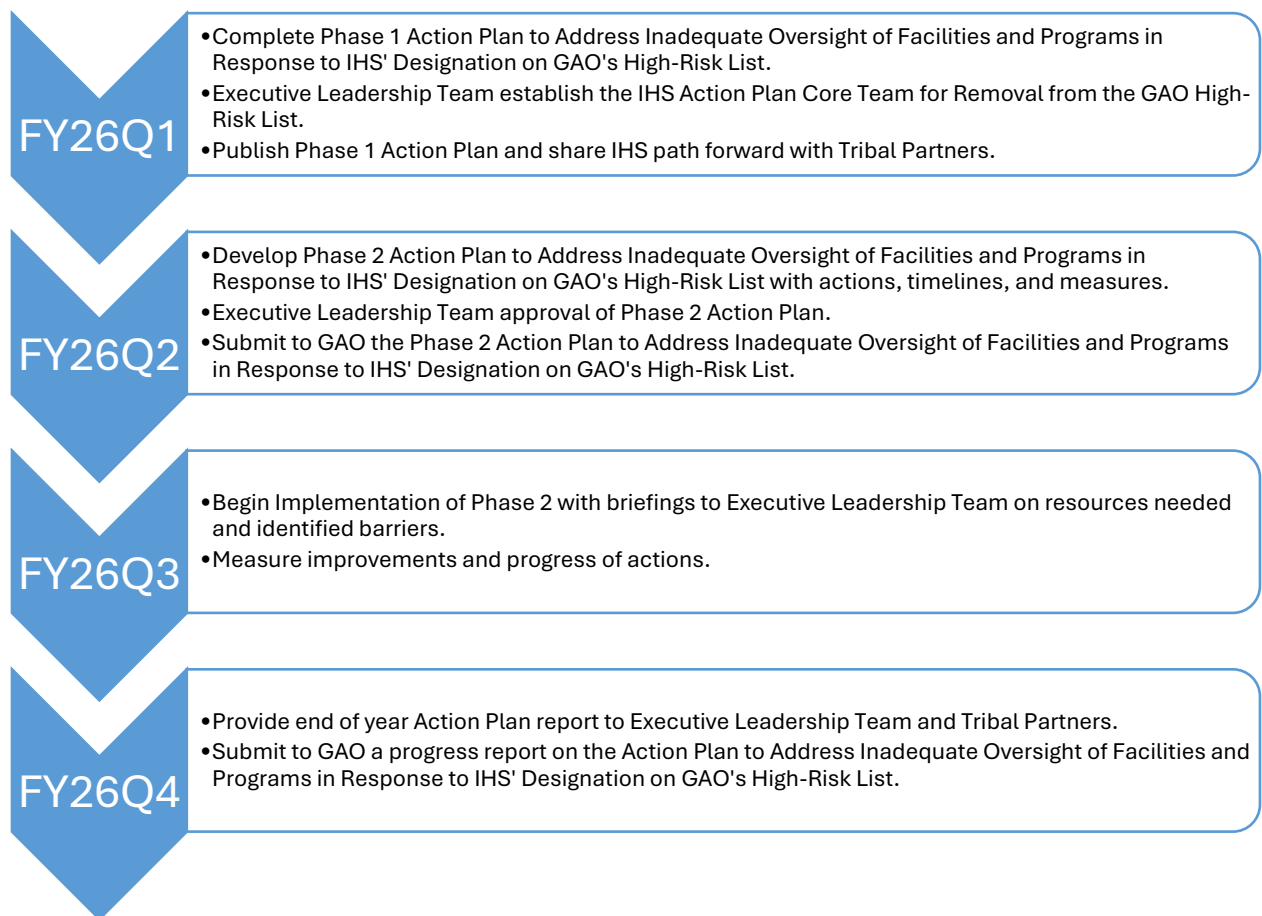
The IHS will make regular updates about the progress for completing activities in the action plan and the next steps to meet identified timelines. The updates will also include results of the outcome metrics to demonstrate improvement.

² GAO Report, High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness, February 2025 ([GAO-25-107743](#)), pages 33-35.

Next Steps

The agency is in early development of an action plan and has established an Action Plan Strategic Workgroup that is responsible for developing sub-actions, timelines, outcome metrics and implementation plans for the action plan activities identified below. This workgroup has clinical and administrative leaders with experience from across the agency. This workgroup will hold regular briefings with the ELT to ensure ELT oversight of the action plan development. Figure 2 outlines a roadmap of major milestones to accomplish throughout FY 2026.

Figure 2: IHS Action Plan FY 2026 Roadmap



Areas of Emphasis

The IHS faces unique foundational challenges that have historically impacted its ability to modernize and adapt to changing statutes, regulations, policies, and other circumstances. Some of those challenges are the nation's long history of neglect and discrimination toward American Indians and Alaska Natives, as well as the historical underfunding of the Agency.³ These

³ U.S. Commission on Civil Rights, Broken Promises: Continuing Federal Funding Shortfall for Native Americans Report (December 2018), available at <https://www.usccr.gov/files/pubs/2018/12-20-Broken-Promises.pdf>.

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challenges and many others result in significant health disparities experienced by American Indians and Alaska Natives.

American Indians and Alaska Natives born today have a life expectancy that is nearly 11 years less than the U.S. general population. American Indian and Alaska Native life expectancy dropped from 71.8 years in 2019 to 67.9 years in 2023 – the same life expectancy as the U.S. general population in 1944. American Indians and Alaska Natives continue to die at higher rates than other Americans in many health categories, including chronic liver disease and cirrhosis, diabetes, unintentional injuries, assault or homicide, intentional self-harm or suicide, and chronic lower respiratory diseases.

Despite these disparities, actual IHS spending per user is nearly 50 percent of the nearest federal health program per capita expenditure, and only 38 percent of national health spending per capita. The National Tribal Budget Formulation Workgroup estimates that approximately \$73 billion per year would be necessary to meet the federal government’s treaty responsibilities at the IHS, while the Agency’s annual appropriation provided \$7.1 billion for FY 2025.⁴ IHS hospitals and health clinics average over 41 years old, which is 4 times as old as private health care facilities. The Agency’s Electronic Health Record is over 40 years old and is included in the GAO’s top 10 legacy systems in need of replacement. The Agency’s provider vacancy rate is 31 percent due in part to the rurality of many IHS health facilities and the lack of modern facilities and equipment.

These challenges are the context in which the IHS is seeking to improve the oversight of its programs. With that background in mind, the Agency identified the following Areas of Emphasis that need to be addressed.⁵

1. **Organizational Structure:** support and facilitate accountability and adequate oversight of activities, programs, facilities, outcomes, and resources.
2. **Knowledge, Skills, and Abilities:** expectation that leadership and managers have the required knowledge, skills, and abilities to fulfill the roles, responsibilities, and competencies needed to meet agency objectives.

⁴ The National Tribal Budget Formulation Workgroup, *The Federal Trust Responsibility to Tribal Nations: A Strategy to Advance Indian Health Care* (April 2025), available at <https://www.nihb.org/wp-content/uploads/2025/04/fy-2027-ntbfg-budget-book.pdf>.

⁵ The Areas of Emphasis are based upon analysis completed in 2021 and 2022 and include more current information from internal and external reviews, analysis, and evaluation. In 2021-2022, the IHS conducted an evaluation to identify the root causes of the high-risk issue by analyzing the IHS Strategic Plan FY 2019-2023, external reports, i.e., the *Integritas Creative Solutions 2020 Report*, the *Presidential Task Force 2020 Report*, and GAO and OIG reports, to identify problem areas and challenges that related to the high-risk issue. After the analysis, the resulting information was evaluated by IHS leadership along with IHS Area Directors and HQ Office Directors to identify root causes related to the GAO high risk issue. The evaluation found that there was need to improve the internal communications within IHS, improve management oversight in the agency, and improve access to services. In 2025, IHS staff with expertise in risk management, internal controls, quality healthcare, and process improvement assessed current processes and challenges facing the agency. The results of this assessment were combined with the 2021-2022 evaluation and the results were presented to the ELT. The resulting updated list of root causes are reflected in the Areas of Emphasis identified above.

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3. **Culture of Compliance:** following laws, regulations, standards, and organizational policies as an everyday mindset and shared value that creates an environment where doing the right thing is the norm and expected.
4. **Just Culture:** holding leaders accountable for safe systems and employees accountable for their choices, which facilitates psychological safety (a safe space where people can speak up about questions, risks, and errors without fear of embarrassment or punishment).
5. **Collaboration and Communication:** break down silos (uncollaborative, duplicative, and redundant) and support effective internal communication processes.

These Areas of Emphasis must be integrated throughout the agency for the IHS to meet its strategic goals related to access to services, quality of care, and management of operations.

Action Plan Activities

The action plan is a set of activities related to the realignment that will help lead the agency to address the root causes identified and make improvements for the oversight of its facilities and programs. Additionally, the IHS used the GAO’s Standards for Internal Control in the Federal Government⁶ to develop the action plan activities. Table 1 summarizes how the action plan activities address the root causes identified, and additional activity descriptions follow.

Table 1: IHS Action Plan Activities to Address Root Causes

Activities to Address Root Causes	Organizational Structure	Knowledge, Skills, and Abilities	Culture of Compliance	Just Culture	Collaboration and Communication
Governance Structure	ELT plan, execute, control, and assess the organization in achieving its objectives.	Hold leaders accountable for their performance of assigned duties.	Improved compliance with laws, regulations, standards, and policies by establishing performance measures and reporting requirements.	Lessons learned to be spread quickly throughout the organization and support IHS as a learning health organization.	Break down silos, discuss agency challenges and risks, and work together to implement resolutions.
Overall Responsibilities and Organizational Realignment	Strong tone at the top to support the agency meeting its objectives and goals.	Retaining ownership for assigned responsibilities and are accountable to perform them.	Individuals in key roles reinforce a commitment to doing what is right.	Demonstrate integrity and ethical values through directives, attitudes, and behavior.	Risk responses are timely, systems and processes are appropriately designed and implemented, information is effectively shared, and deficiencies are remedied.
Leadership Development	Improved accountability for fulfilling responsibilities.	Fully ready candidates for all IHS critical health care leadership vacancies.	Evaluation of individuals fulfilling their respective responsibilities and meeting competence and performance standards.	Training to establish a Just Culture that facilitates psychological safety.	Managers and leaders know and understand their competencies.

⁶ GAO-25-107721 (May 15, 2025), available at <https://www.gao.gov/products/gao-25-107721>.

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Activities to Address Root Causes	Organizational Structure	Knowledge, Skills, and Abilities	Culture of Compliance	Just Culture	Collaboration and Communication
Internal Agency Communication	Reliable, useful, and accurate information for informed decision-making and evaluating performance.	Documentation of the governance and organizational structures, communicating the who, what, when, where, and why to personnel.	Identified and documented policies, procedures, and best practices.	Reporting lines are documented and posted for use to ensure effective communication and transparency.	A continual, iterative process that communicates down, across, up, and around to all levels of the agency.
Monitoring	Oversight and evaluation of agency activities, programs, and facilities.	Understanding roles, responsibilities, and expectations for oversight and monitoring.	Operate activities in compliance with applicable laws, regulations, policy, and standards.	Safe environment for staff to speak up and provide feedback.	Risk identification and response are timely, understood, and acted upon.
Risk Management and the SAT	Identification, analysis, and prioritization of risk.	Expertise to oversee and improve systems and processes.	Oversight and analysis to achieving agency objectives.	Proactive management strategy that allows for learning from mistakes.	KPIs, KRIs, and process indicators established.

I. Governance Structure

Lead Executive: IHS Director

Supporting Office: Office of the Director

Activity Description:

Establish a governance structure for the agency to effectively and efficiently fulfill oversight responsibilities for all activities, programs, and facilities of the agency. The governance structure will allow the ELT to oversee the agency's activities, programs, and facilities to ensure the agency is meeting its mission and strategic plan goals and objectives. Specifically, the governance structure will:

- Provide the structure for ELT to define the agency's objectives in specific and measurable terms that enable management to identify, analyze, and respond to risks related to achieving those objectives.
- Consider objectives related to compliance comprehensively for the agency and determine what activities are necessary for the agency to establish a culture of compliance and a Just Culture that facilitates psychological safety.
- Develop the overall oversight responsibilities that enable the agency to achieve its objectives and address related risks from an enterprise risk management perspective, which includes collaboration from across the agency.
- Improve the effectiveness and efficiency of operations by standardizing processes to reduce unnecessary duplication and redundancies.
- Reduce silos across the agency with a cross matrixed governance structure to maximize agency operations with a focus on standardization, risk reduction, and compliance.
- Inform data driven decisions by ELT for allocation of resources and personnel and prioritize the agency's work based on its strategic plan, identified high-risk issues, and needs of the service population, and in alignment with the agency's organizational structure.

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- Design an oversight framework of policies, procedures, and practices the agency uses to safeguard assets, ensure financial reporting accuracy, promote operational efficiency, and comply with applicable laws, regulations, and standards.
- Leverage technology to operate agency processes, systems, and programs effectively and efficiently.

Governance includes communicating rules, practices, and processes that guide the organization to achieve its objectives, ensuring accountability, transparency, ethical conduct, and stakeholder trust. Governance also defines roles and decision-making powers, establishes policies and processes for consistency and fairness, and provides checks and balances, transparency, and performance monitoring. Governance establishes the culture of the organization.

Enterprise risk management is a strategic process applied across the agency designed to identify potential risks or events that may affect the agency, manage risk, and provide reasonable assurance that the agency's objectives will be achieved. It is part of the agency's overall governance and accountability process.

Expected Benefits:

- **Organizational Structure:** The governance structure will reflect the agency's realigned organizational structure so that the ELT can plan, execute, control, and assess the organization in achieving its objectives.
- **Knowledge, Skills, and Abilities:** Through the governance structure the ELT will be able to hold leaders accountable for their performance of assigned duties and the systems and processes for which they were assigned responsibility.
- **Culture of Compliance:** The governance structure will improve compliance with laws, regulations, standards, and policies by establishing performance measures and reporting requirements to demonstrate compliance.
- **Just Culture:** The governance structure will allow lessons learned to be spread quickly throughout the organization and support IHS as a learning health organization.
- **Collaboration and Communication:** The governance structure will help to break down silos as programs and offices routinely meet with the ELT to discuss agency challenges and risks and work together to implement a resolution. The governance structure will facilitate identification of best practices and standardization across the agency which will lead to decrease in variation in outcomes and processes.

II. Overall Responsibilities and Organizational Realignment

Lead Executive: IHS Director/Deputy Director

Supporting Office: Office of the Director, Intergovernmental and External Affairs, Healthcare Operations, and Enterprise Services.

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Activity Description:

Develop the agency's overall responsibilities, including for oversight, to enable the agency to achieve its objectives and address related risks. Based on the nature of the assigned overall responsibilities and related risks, realign the organizational structure and assign responsibilities to individuals to enable the agency to operate efficiently and effectively (including collaborative work across the agency, reducing unnecessary duplication and redundancies, and improving communication processes), comply with applicable laws and regulations, and reliably report information. Delegate authority, including for oversight, to key roles throughout the agency.

Expected Benefits:

- **Organizational Structure:** The realignment of the organizational structure will support a strong tone at the top to support the agency meeting its objectives and goals.
- **Knowledge, Skills, and Abilities:** Individuals in key roles retain ownership for their assigned responsibilities and are accountable to perform them and ensure the agency is meeting its objectives related to the assigned responsibility.
- **Culture of Compliance:** Individuals in the governance structure and other key roles reinforce a commitment to doing what is right, not just maintaining a minimum level of performance, and establishing a culture of compliance and accountability.
- **Just Culture:** Individuals in the governance structure and other key roles lead by example and demonstrate integrity and ethical values through directives, attitudes, and behavior, and establishing a Just Culture that facilitates psychological safety.
- **Collaboration and Communication:** The agency's risk identification and responses are timely and appropriate, systems, processes, and procedures are appropriately designed and implemented, information and communication are effectively shared across the agency, and results of monitoring activities are understood and acted upon to remediate deficiencies.

III. Leadership Development

Lead Executive: Deputy Director

Supporting Office: Human Resources, Quality, Intergovernmental and External Affairs, Healthcare Operations, and Enterprise Services

Activity Description:

Establish expectations of leadership competence for executive leaders and other key roles throughout the agency to ensure the agency achieves its objectives. Establish expectations of competence for all personnel through policies. Establish a health care leadership training framework that includes competencies for agency-critical health care leadership positions, especially facility executives and leadership positions of physicians and health care providers. Develop a system to track staff's completion of leadership training identified for the competency and position. Additionally, improve the evaluation and holding individuals accountable for

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fulfilling their respective responsibilities by evaluating competence and performance in relation to established policies, processes, and standards.

Competence is the capability to carry out assigned responsibilities. Competence requires relevant knowledge, skills, and abilities, which are gained largely from professional experience, training, and certifications. Competence is demonstrated by the behavior of individuals as they carry out their responsibilities.

Expected Benefits:

- **Organizational Structure and Culture of Compliance:** Evaluate and hold individuals accountable for fulfilling their respective responsibilities by evaluating competence and performance in relation to established policies, processes, and standards.
- **Knowledge, Skills, and Abilities:** Have a pool of fully ready candidates for all IHS critical health care leadership vacancies.
- **Just Culture:** Leaders and managers obtain training about how to establish a Just Culture that facilitates psychological safety in their respective programs, offices, and facilities.
- **Collaboration and Communication:** Managers and leaders understand their competencies relate to the agency's priorities, fulfilling KPIs, and focusing attention and resources on what matters most to patients, staff, and Tribes.

IV. Internal Agency Communication

Lead Executive: IHS Director/Deputy Director

Supporting Office: Office of the Director (Leadership Support Team), Intergovernmental and External Affairs, Healthcare Operations, and Enterprise Services.

Activity Description:

Consider how divisions, operating units, functions, and other structures interact to fulfill their overall responsibilities, and establish reporting lines within the agency so that units can communicate reliable, useful, and accurate information necessary for each unit to fulfill its overall responsibilities. Specifically:

- Consider how divisions, operating units, functions, and other structures interact to fulfill their overall responsibilities.
- Establish reporting lines within the agency so that units can communicate reliable, useful, and accurate information necessary for each unit to fulfill its overall responsibilities.
- Develop and maintain documentation of the governance structure, organizational structure, and delegated authority.
- Obtain and generate relevant, reliable, useful, and accurate information to support the functioning and oversight of agency activities, programs, and facilities.
- Use the agency's goals, objectives, and risks to identify the information requirements (i.e., data, benchmarks, KPIs, KRIs, etc.) needed.

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- Incorporate processes to improve staff's awareness of solutions for the top problems facing the agency and provide avenues for the IHS workforce to be heard by senior management.

Expected Benefits:

- **Organizational Structure:** Use reliable, useful, and accurate information to make informed decisions and evaluate the agency's performance in achieving key objectives, addressing risks, and fulfilling responsibilities.
- **Knowledge, Skills, and Abilities:** Documentation of the governance structure, organizational structure, and delegated authority will establish and communicate the who, what, when, where, and why to personnel.
- **Culture of Compliance:** Identified and documented policies, procedures, and best practices to meet operational needs and changes to controls.
- **Just Culture:** Reporting lines of reliable, useful, and accurate information will be documented and posted publicly for everyone in the agency to use to ensure effective communication and transparency.
- **Collaboration and Communication:** Communication will be a continual, iterative process of providing, sharing, and obtaining reliable, useful, and accurate information that is communicated down, across, up, and around reporting lines to all levels of the agency and for all business processes.

V. Monitoring

Lead Executive: IHS Director/Deputy Director

Supporting Office: Office of the Director (Oversight and Performance)

Activity Description:

Establish and operate monitoring activities for oversight of agency activities, programs, and facilities, and evaluate the results. Monitoring activities will include:

- Ongoing monitoring built into the agency's operations, performed continually, and are responsive to change. Ongoing monitoring includes regular management and supervisory activities, clinical audits, comparisons, reconciliations, trend analysis, data analytics, activities to identify potential fraud, testing, other routine actions, and separate evaluations to monitor agency activities at a specific time or of a specific function or process.
- Internal assessment and evaluations performed by individuals with expertise in identifying how process and procedures can be improved.
- Monitoring the effectiveness of activities performed by contractors and third-party vendors.

Expected Benefits:

- **Organizational Structure:** Establish and operate monitoring activities for oversight of agency activities, programs, and facilities, and evaluate the results.
- **Knowledge, Skills, and Abilities:** Ensure that managers and leaders understand their role and responsibility related to monitoring activities and can perform them.
- **Culture of Compliance:** Operate activities to monitor agency policies, procedures, and practices to safeguard assets, ensure financial reporting accuracy, promote operational efficiency, align with healthcare standards, and comply with laws and regulations, and evaluate the results for process improvement activities.
- **Just Culture:** Establish a safe environment where staff can speak up about questions, risks, and errors without fear of embarrassment or punishment, and can provide feedback about current practices.
- **Collaboration and Communication:** The agency's risk identification and responses are timely and appropriate, systems, processes, and procedures are continuously evaluated, results of monitoring activities are effectively shared across the agency, and results of monitoring activities are understood and acted upon to remediate deficiencies.

VI. Risk Management and the Senior Assessment Team

Lead Executive: IHS Director/Deputy Director

Supporting Office: Office of the Director (Oversight and Performance)

Activity Description:

Develop a risk management process to identify, analyze, and respond to risks and significant changes that could impact the agency achieving its goals. The process will help the ELT analyze risks and changes to estimate their significance and impact on the agency's goals and objectives, and to prioritize risks for action to address and mitigate them.

The risk management process will establish a Senior Assessment Team (SAT) to oversee the agency's assessment of risks to achieving its objectives, providing oversight of the agency's development and performance of control activities, analyzing and discussing information relating to the agency's achievement of objectives, and scrutinizing the nature and scope of the agency's monitoring activities as well as its evaluation and remediation of identified deficiencies. The SAT also assists the ELT to implement an internal control framework and foster an organizational environment that supports continuous awareness of internal controls. Additionally, the SAT conducts and oversees the activities of the internal control system assessment processes. The SAT will obtain relevant, reliable, useful, and accurate information that flows up the reporting lines from management and other personnel. This information will be used to identify, analyze, and respond to risks and significant changes that could impact the agency achieving its goals.

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Expected Benefits:

- **Organizational Structure:** Identification of risks throughout the agency on an ongoing basis with timely responses to the analyzed risks and changes so that they are within the defined risk tolerance for the agency's goals and objectives.
- **Knowledge, Skills, and Abilities:** Expertise to oversee, question, and evaluate the agency's various activities, demonstrating problem-solving, and constructive criticism to improve systems and processes.
- **Culture of Compliance:** Oversight of the agency's development and performance of activities with analysis of the agency achieving its objectives as well as the evaluation and remediation of identified problems.
- **Just Culture:** Establish a proactive management strategy that allows learning from mistakes to improve systems and processes and to mitigate risk.
- **Collaboration and Communication:** Establish KRIs to identify challenges before they become a problem and establish KPIs that outline success and demonstrate progress and improvement over time.