



# UPDATES ON **REGIONAL SPECIALTY CENTERS** AND OTHER OEHE TOPICS

Joint CATAC / Program Directors Meeting

August 20, 2024

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# TODAY'S AGENDA

1. Brief Recap of Regional Specialty Centers Proposal
2. Current Status on Tribal Support Resolutions
3. Next Stages of Planning for Regional Specialty Centers
4. Facility Condition Assessments Contract – Update
5. Small Ambulatory Program OPEN
6. Joint Venture COMING SOON





# WHAT ARE REGIONAL CARE SERVICES?



## Regional Care IS:



- Specialty Healthcare
- Ambulatory Surgery
- Modern Diagnostic Services
- Tele-Medicine
- Short Stays
- Overnight Stays
- Intensive Care
- Inpatient Services
- Referrals Only



## Regional Care IS NOT:



- No Primary Care
- No Emergency Care
- No Deliveries
- No Walk-In Services

Regional Specialty Centers are designed to SUPPORT, NOT REPLACE, primary care services at Tribal and Urban Health Programs.



# BENEFITS OF REGIONAL SPECIALTY CENTERS

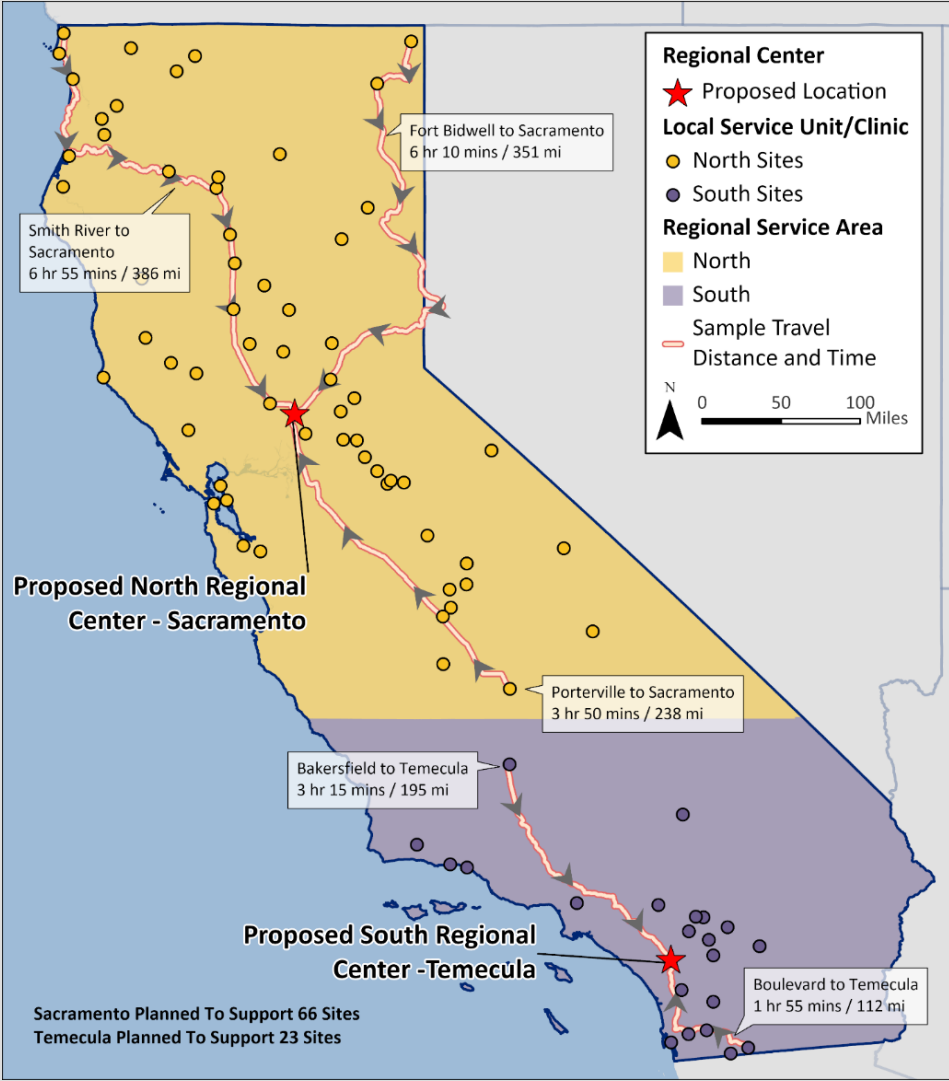
- ❖ Access to Clinical Specialty Care
- ❖ Culturally Appropriate Care
- ❖ Integrated with Tribal and Urban Indian Health Programs
- ❖ Wraparound Care - Telemedicine Follow-Ups
- ❖ 1<sup>st</sup> Priority = Lower Wait Times
- ❖ No Caps on Service
- ❖ Saving Money on Purchased and Referred Care (PRC)
  - PRC funding will NOT be decreased

## *Why aren't we talking about a hospital?*

- A Regional Specialty Center is the same as a hospital except without an Emergency Room or a Maternity Ward
- California doesn't have a large AI/AN population base in a concentrated area to support an Emergency Room or childbirth services
- Nearly everything else you would expect to find in a hospital is included



# REGIONAL SPECIALTY CENTER LOCATIONS: SACRAMENTO AND TEMECULA



Feasibility study recommends two locations for Regional Specialty Centers: Sacramento and Temecula

- Sacramento User Population: 86,879 (2033)
- Temecula User Population: 50,231 (2033)

### Why These Two Sites Were Chosen

- Capable of being accessed by significant user populations
- Supported by infrastructure and tertiary care
- Balanced geographically relative to user populations



## SERVICES FROM REGIONAL SPECIALTY CENTERS

- Medical Specialty Care\*
- Surgical Specialty Care\*
- Dental Specialty Care\*
- Psychiatry
- Audiology
- Outpatient Endoscopy & Colonoscopy
- Outpatient Surgery
- Short Stay/Observation
- Lab
- Diagnostic Imaging
  - Radiography
  - Fluoroscopy
  - Ultrasound
  - Mammography
  - CT
  - MRI
  - Radiologist
- Pharmacy
- Inpatient
  - Pediatrics
  - Adult Medical
  - Adult Surgical
  - ICU
- Physical Rehab
  - Occupational
  - Speech
- Case Management
- Pain Management

\* See next page for a list of specialties that are expecting to be offered



# MEDICAL, SURGICAL AND DENTAL SPECIALTIES

## Medical Specialties:

- ❖ Cardiologist
- ❖ Dermatologist
- ❖ Neurologist
- ❖ Endocrinologist
- ❖ Gastroenterologist
- ❖ Gerontologist
- ❖ Rheumatologist
- ❖ Others

## Surgical Specialties:

- ❖ General Surgeon
- ❖ Ophthalmologist
- ❖ Orthopedist
- ❖ Otolaryngologist
- ❖ Urologist
- ❖ Thoracic Surgeon
- ❖ Plastic Surgeon
- ❖ Others

## Dental Specialties:

- ❖ Endodontist
- ❖ Pediatric
- ❖ Prosthodontics
- ❖ Periodontics
- ❖ Orthodontics
- ❖ Maxillofacial

***Note: these specialties are mentioned in the feasibility study, but we are not limited to only these options. However, any specialty must be justified based on user population and need.***



# BOTTOM LINE RECOMMENDATIONS



## Sacramento Regional Specialty Center

- 573,000 square foot facility with 1,611 employees

## Temecula Regional Specialty Center

- 308,000 square foot facility with 832 employees

Total planning, design and construction cost for both facilities:

**\$1.21+ billion**

(does not include cost of site acquisition)

Annual operating cost for both facilities:

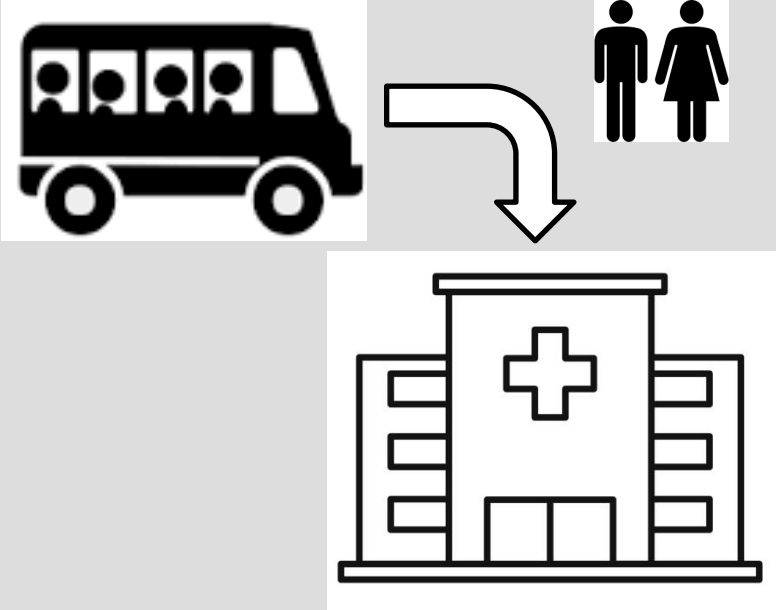
**\$446 million**



# MAKING REGIONAL SPECIALTY CENTERS MORE ACCESSIBLE

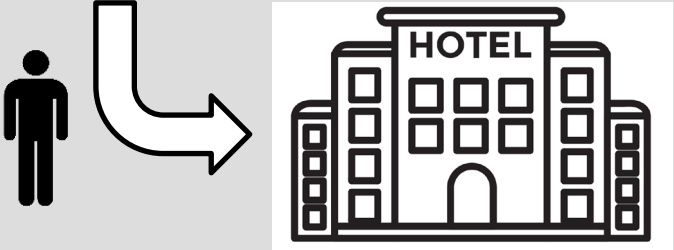
## Transportation

- Include a fleet of vehicles and drivers to assist patients with transportation to the regional center
  - Sacramento – 162 FTE's
  - Temecula – 28 FTE's



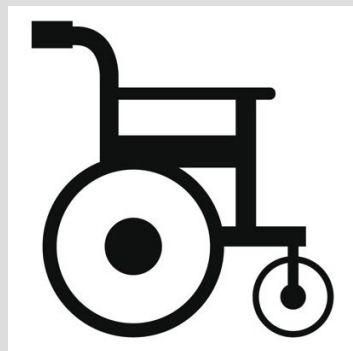
## Lodging

- Include an adjacent hotel for patients and caregivers who have to travel to receive care
  - Sacramento – 94,300 square feet
  - Temecula – 17,700 square feet





# MAKING REGIONAL SPECIALTY CENTERS MORE ACCESSIBLE



## Maximum Telehealth Capacity

- Decrease patient travel by allowing pre- and post-procedure appointments to happen through telehealth

## Traveling Specialties

- Some specialty providers can travel to Tribal or Urban facilities and render services to patients closer to where they live

## Pharmacy Hub

- Additional pharmacy services to assist users in obtaining expensive and hard-to-get medications

## Durable Medical Equipment Hub

- Setting aside space and staffing for durable medical equipment for all users (e.g. wheelchairs, CPAP, CGM devices, oxygen)



## NEXT STEPS – TRIBAL APPROVAL

- Before the Regional Centers can be built, IHS needs resolutions to confirm approval from a **majority of Tribes** served by California Area IHS
  - Resolutions or letters of support from Tribal or Urban Indian health programs also needed
  - Need at least 53 resolutions to have support of the majority of Tribes
- CRIHB has prepared draft Tribal resolution language that can be used to demonstrate support for the Regional Specialty Centers plan



# SUPPORT RESOLUTIONS RECEIVED SO FAR

(44 AS OF 8/8/2024)

- Barona
- Big Pine
- Bishop
- Blue Lake
- Bridgeport
- Cahuilla
- Cher-ae Heights
- Chicken Ranch
- Cloverdale
- Dry Creek
- Ewiiapaayp
- Fort Bidwell
- Graton
- Iipay
- Iñaja-Cosmit
- Jamul
- Kletsel Dehe
- La Jolla
- La Posta
- Lone Pine
- Los Coyotes
- Manchester Point Arena
- Manzanita
- Mesa Grande
- Mooretown
- Pala
- Pauma
- Pit River
- Quartz Valley
- Ramona
- Resighini
- Rincon
- San Manuel
- San Pasqual
- Santa Rosa Res.
- Sherwood Valley
- Susanville
- Timbisha
- Tolowa Dee-Ni'
- Tule River
- Utu Utu Gwaitu
- Viejas
- Wilton
- Wiyot



# RESOLUTIONS RECEIVED BY HEALTH PROGRAM (AS OF 8/8/2024)

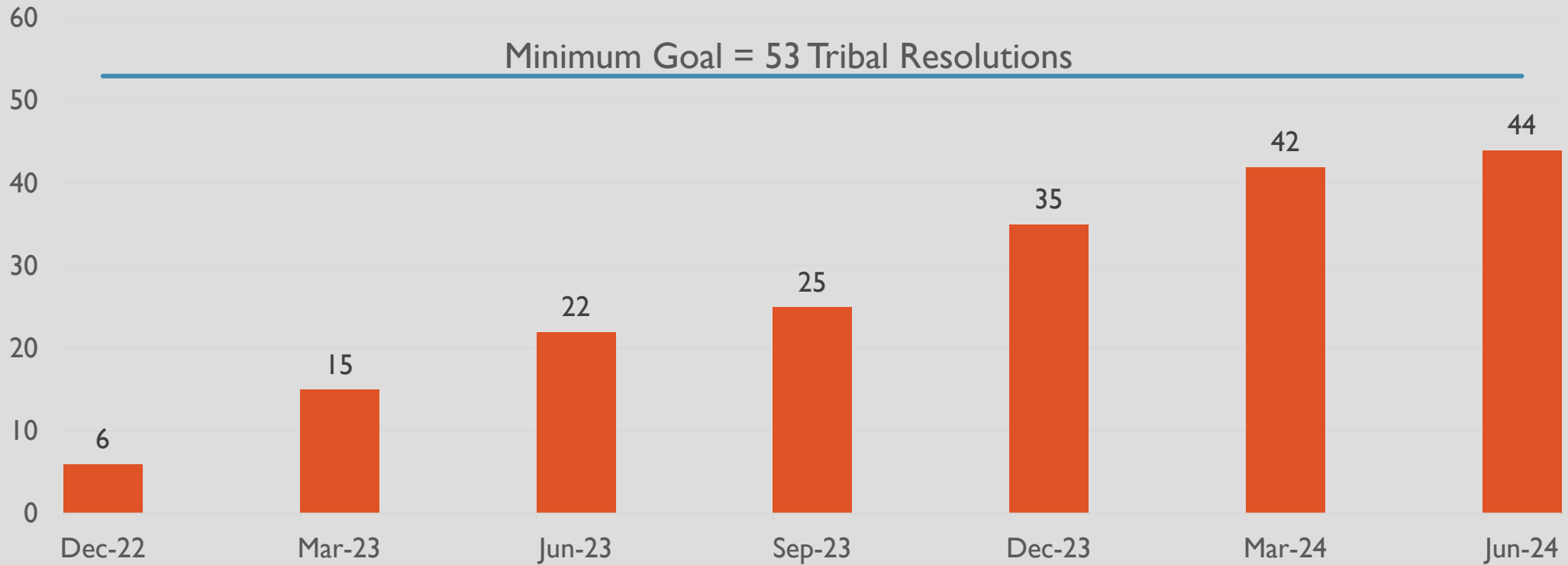


- Tribes by Health Program
  - Consolidated (1 of 8)
  - Feather River (1 of 3)
  - Indian Health Council (**9 of 9**)
  - Northern Valley (1 of 3)
  - Riverside San Bernardino (4 of 9)
  - Sonoma County (4 of 6)
  - Southern Indian Health Council (6 of 7)
  - Toiyabe (6 of 7)
  - UIHS (5 of 9)
  - Single Tribe Programs: Chicken Ranch, Pit River, Quartz Valley, Susanville, Tule River, Warner Mountain, Wilton
- Tribal Health Board Resolutions (5)
  - Central Valley Indian Health
  - Indian Health Council
  - Pit River Health Services
  - Riverside San Bernardino
  - Southern Indian Health Council
- Urban Health Board Resolutions (2)
  - Sacramento Native American Health Center (SNAHC)
  - San Diego American Indian Health Center



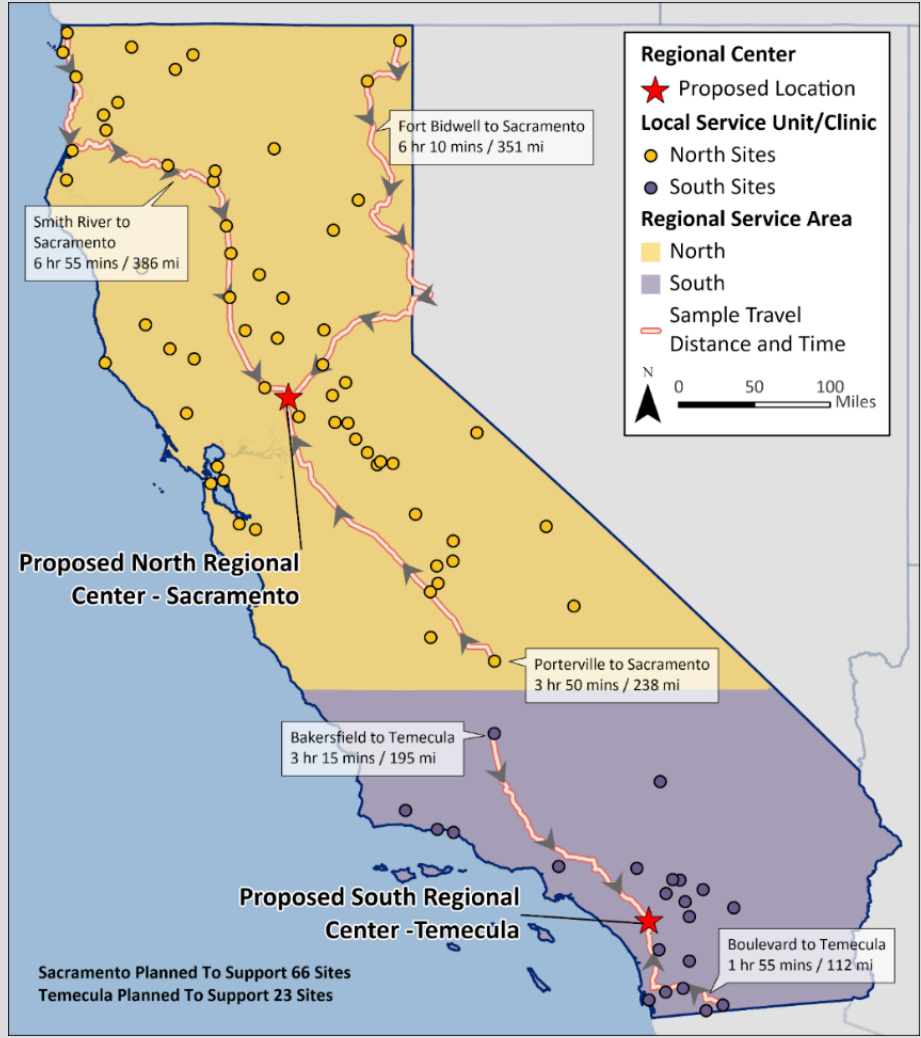
# RESOLUTIONS TREND LINE

## Regional Specialty Centers Tribal Resolutions





# RECENT OUTREACH



- October: CRIHB Tribal Leaders Mtg
- October: CCUIH
- December: CCTCA
- January: UIHS
- January: Joint IHC/SIHC
- March: IHS Annual Tribal Consultation
- March: NVIH
- May: Tule River
- May: Consolidated
- July: Sycuan
- July: CRIHB Program Directors and Tribal Leaders Mtgs

**When would you like me to speak to your health board or Tribal Council?**



## NEXT STEPS – PLANNING



- Once we submit an approved project for funding, the next step will be seeking funding for planning activities:
  1. **Comprehensive User Population Study**
  2. **Governance Study**
  3. Program of Requirements (POR)
  4. Project Justification Document (PJD)
  5. Business Plan
  6. Site Selection and Evaluation Report / Survey of Potential Locations
  7. Purchase of Land for Facilities
- California Area has funding now for the first two activities
- California Area is currently requesting funding for the rest of these planning activities
- Proper planning must be **inclusive** with Tribal and health program representatives providing input every step of the way.



# COMING NEXT: FIRST TWO PLANNING PHASES

## Population Study

- User data from many health programs reporting to NDW not accurate
- Have not determined how to accurately count **Urban Native population** who may utilize Regional Centers

	Active Indian Users	Census Pop AI/AN Alone	Census Pop AI/AN In Combo
OKC	388,485	332,000	633,000
AK	177,380	111,000	163,000
CA	88,227	631,000	1,409,000

## Governance Study

- Federal Ownership vs Tribal Consortium Ownership
- Flexibilities and Authorities under either scenario
- Governance and oversight structure in either scenario
- Federal operation is default, but what would need to happen to transfer Regional Centers to full Tribal operation?
- Partnership approach

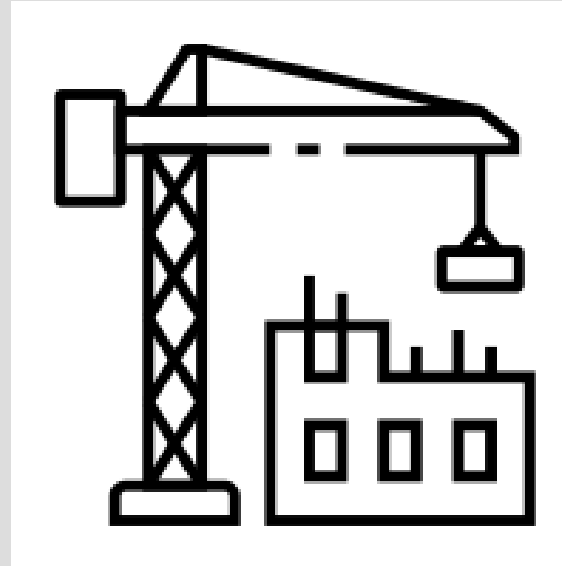
**These may be combined with a PRCDA Expansion Study (more to come on this)**



## FINAL STEPS – CONSTRUCTION AND START-UP



- Finally, we would use these activities to seek final funding for design, construction and staffing for the Regional Centers
  - Engineering Design
  - Construction
  - Hiring Staff
- This full process (planning, design, construction and start-up) will take at least **10-15 years best case scenario.**
- Receiving funding from Congress is the biggest unknown in the timeline





# REGIONAL CENTERS INFORMATION

- Indian Health Service created a website with more information and documents you can download about the Regional Specialty Centers:
- <https://www.ihs.gov/california/index.cfm/tribal-resources/regional/>





# FCA DRAFT SITE VISIT SCHEDULE



- April 2024 – Chapa De – Final Report
- April 2024 – Shingle Springs – Final Report
- May 2024 – Desert Sage YRTC – Draft Report
- June 2024 – Karuk – Draft Report
- June 2024 – K’ima:w – Site Visit Done
- July 2024 – Lake County – Site Visit Done
- July 2024 – Consolidated – Site Visit Done
- July 2024 – Round Valley – Site Visit Done
- August 2024 – Pit River – Site Visit Done
- August 2024 – Warner Mountain – Site Visit Done
- September 2024 – UIHS
- September 2024 – Sonoma County
- October 2024 – Quartz Valley
- October 2024 – Redding Rancheria
- November 2024 – Greenville Rancheria
- November 2024 – Rolling Hills
- December 2024 – Feather River
- January – March 2025 – Northern Valley
- January 2025 – Colusa
- January 2025 – Wilton
- February – March 2025 – MACT
- February 2025 – Mathiesen Memorial
- April 2025 – Susanville
- April 2025 – Toiyabe
- May 2025 – Sierra Tribal Consortium
- May 2025 – Tule River
- August 2025 – IHC
- September 2025 – SIHC
- October 2025 – Tuolumne
- Possible late entry: Santa Ynez



## FCA'S – NEED IN ADVANCE



- *Current FEDS Data List (IHS providing)*
- *Any previous inspection reports (IHS providing what we have)*
- **Scaled Building/Floor Exit Plans (with updated room numbers)**
- **12 months of gas, water and electric bills (required for energy audits)**
- Any available structural drawings (at minimum, the foundation and framing plans)
- Architectural floor plans, roof plans, wall sections and exterior details
- Electrical Single Line Diagrams
- Electrical Site Plan
- Sprinkler Plans
- Any lighting or power plans available would be helpful, but not mandatory
- Fire Alarm Drawings
- Site/Campus Plan
- HVAC floor and roof plans (original building and any modifications)
- HVAC equipment schedules (original building and any modifications)
- Plumbing floor plans (original building and any modifications)
- Plumbing schedules (original building and any modifications)
- Air and water balance reports



# SAP AND JOINT VENTURE



## Small Ambulatory Program (SAP)

- OPEN NOW (email sent on 8/5)
- Competitive, application-based program for up to \$3.5 million in construction funding
- Construct, expand or modernize small ambulatory care facilities
- \$25 million total available nationwide
- Submit applications to me and Ali ([Ali.Ali@ihs.gov](mailto:Ali.Ali@ihs.gov)) by COB **October 1<sup>st</sup>**
- We will review, provide comments and suggest revisions
- We submit to IHS HQ by November 8<sup>th</sup>

## Joint Venture Construction Program (JVCP)

- COMING SOON (within the next month?)
- Very competitive application-based program for recurring staffing funds for a new facility
- Tribe or Health Program funds construction, IHS funds staffing, operation and maintenance for a period of 20+ years
- Traditional: ambulatory care facilities
- Some new authorities: Possibly including long term care, inpatient mental health and substance abuse, specialty care
- May be single solicitation for all or separate solicitations for traditional vs new authorities
- MORE TO COME



PLEASE CONTACT ME OR ALI IF  
YOU HAVE ANY QUESTIONS

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