



California Area IHS Update

BEVERLY MILLER, M.H.A., M.B.A.

AREA DIRECTOR





Tribal Partnerships: California Tribal Advisory Committee

Northern Region

<u>Primary:</u> <u>Alternate:</u>

Vacant Angie Wilson Pit River

Arch Super Karuk Vacant

Angela Jarnaghan Hoopa Vacant

Southern Region

<u>Primary:</u> <u>Alternate:</u>

Teresa Sanchez Morongo Vacant

Michael Garcia Ewiiaapaayp James Hill La Posta

Chris Devers Pauma Robert Smith Pala





Tribal Partnerships: California Tribal Advisory

California Tribal Advisory Committee

East Central Region

<u>Primary:</u> <u>Alternate:</u>

Vacant Vacant

Elena Tarango Wilton Vacant

Elaine Fink North Fork Vacant

West Central Region

<u>Primary:</u> <u>Alternate:</u>

Silver Galleto Cloverdale Vacant
Debra Ramirez Redwood Valley Vacant

Crista Ray Scotts Valley Vacant

National Indian Health Board: Lisa Elgin Manchester-Pt. Arena

Urban: Scott Black American Indian Health & Services

Indian Health Service: Beverly Miller Director, CAIHS





Youth Regional Treatment Center (YRTC) Tribal Advisory Committee (TAC)

Northern Region			
<u>Primary:</u> Lauri Hayward	Pit River	Alternate: Vacant	
East Central Region			
Primary: Amy Orosco West Central Region	Tule River	Alternate: Vacant	
Primary: Silver Galleto	Cloverdale	Alternate: Vacant	
Southern Region			
<u>Primary:</u> Veronica Espinoza	Santa Rosa	Alternate: Dominica Valencia	Santa Ynez
Urban (Ex-officio)			
Primary: Scott Black, AIHS		Alternate: Sonya Tetnowski (IHCSCV)	





California Area Profile

104 Federally Recognized Tribes Served by California Area IHS

17 Title V Compacts

24 Title I Contracts

10 Urban Contractors

2 Federally Operated Youth Regional Treatment Centers







California Area Profile



Outpatient Visits

2021

2022

562,001

524,502



Dental Visits

2021

2022

155,223

146,387

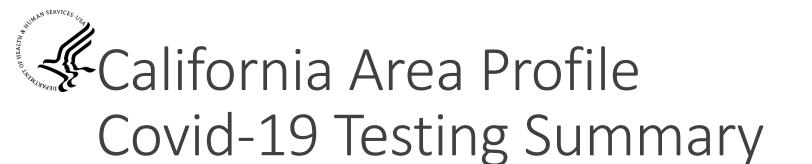


California Area Profile Covid-19 Vaccination Summary

COVID-19 Vaccination Summary

(includes all vaccination data through 3/29/2023)

Total Vaccine Doses Administered	# Patients Fully Vaccinated (Initial 1 or 2 doses)	# Patients Partially Vaccinated (only received one 1 of 2 dose vaccine)	# Additional Doses	# Refusals
236,220	89,427	41,867	23,544	3,645





COVID-19 Testing Data Summary

(includes all testing data entered into the IHS Surveillance Portal through 3/29/2023)

Total # Tests	Total # Positive Tests	Cumulative Positivity Rate
211,672	23,936	11.3%



COVID-19 Therapeutics Summary Doses Received

(includes all medications shipped by 3/29/2023)

Evushield (pre-exposure prophylaxis)	Monoclonal antibodies	Molnupiravir (treatment of mild to mod COVID)	Paxlovid (treatment of mild to mod COVID)	Renal Paxlovid (treatment of mild to mod COVID)
300 doses	41 doses	524 doses	2,040 doses	195 doses





Budget Transparency

IHS/California Area Office

Budget Fiscal Year 2022

Activity	2021 Re	curring Budget	2022 Re	ecurring Budget	Difference F	Y21 vs FY22	YRTC's
Clinical Services	\$	100,591,611	\$	\$104,590,167	\$	3,998,556	\$ 13,459,543
Preventive Health	\$	3,409,089	\$	\$3,561,997	\$	152,908	\$ -
Purchase Referred Care	\$	52,628,549	\$	\$53,433,250	\$	804,701	\$ -
Contract Support Cost	\$	61,452,792	\$	\$61,516,030	\$	63,238	\$ -
Direct Operations	\$	1,532,244	\$	\$1,607,756	\$	75,512	\$ -
Urban Health	\$	11,029,583	\$	\$13,524,300	\$	2,494,717	\$ -
Environmental Health Support	\$	2,977,998	\$	\$3,067,695	\$	89,697	\$ -
Facilities Support	\$	2,705,393	\$	\$2,784,106	\$	78,713	\$ 1,441,180
Indian Health Care Improvement Fund	\$	2,280,111	\$	\$2,338,707	<u>\$</u>	58,596	\$ _
Total Recurring Budget	\$	238,607,370	\$	246,424,008	\$	7,816,638	\$ 14,900,723





California Recurring Area Budget FY Ending September 30, 2022

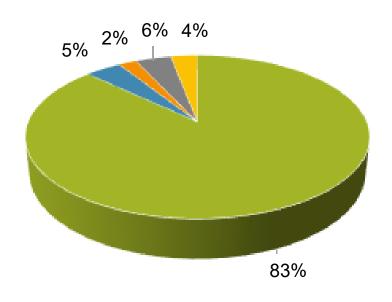
 Amounts Contracted/Compacted 	\$ 202,980,649	83%
 Amounts Urban Contracts 	13,524,300	5%
 Amount of Area PFSA 	5,869,590	2%
Amounts Federally Administered YRTC	14,449,543	6%
Amounts Federally Administered	9,599,926	4%
Total Annual Budget	\$246,424,008	100%



California Recurring Area Budget FY Ending September 30, 2022



- Amounts Contracted/Compacted
- Amounts Urban Contracts
- Amount of Area PFSA
- Amounts Federally Administered YRTC
- Amounts Federally Administered





Sanitation Facilities Construction (SFC) Program



Funding levels	FY2020	FY2021	FY2022	FY2023 (est.)
IHS Housing	\$4,292,000	\$6,963,004	\$6,963,000	\$7,056,000
IHS Regular	\$9,617,655	\$20,638,878	\$2,741,030	\$5,000,000
IHS IIJA	N/A	N/A	\$34,427,320	\$8,000,000
Contributions from Outside Agencies (i.e.				
EPA)	\$7,525,170	\$7,528,853	\$3,334,329	\$5,000,000
Total	\$21,434,825	\$35,130,735	\$47,465,679	\$25,056,000

FY2021 funding includes over \$12 million from American Rescue Plan Act (ARPA).

FY2022 Regular funding was entirely for cost overruns for prior year projects.

FY2023 funding has not been finalized except Housing. Others are estimates.

Projected decrease in IIJA funding from FY2022 to FY2023 due to having funded nearly all SDS "ready-to-fund" projects developed over several years – all at once. Over coming years, SFC is coordinating with tribes to further plan to get more projects "ready-to-fund."





Sanitation Facilities Construction (SFC) Program



SFC highlights and indicators:

- Total of 52 projects funded for water/sewer service in FY 2022.
- Represents service for 4,300 Indian homes.
- First year of Infrastructure Investment and Jobs Act (IIJA) provided \$34 million for California Area projects in FY 2022.
- As a result of large increase in funding from IIJA over the next five years, Area is hiring additional SFC staff, exploring partnerships with other federal agencies (e.g. Army Corps of Engineers, Bureau of Reclamation) and coordinating with tribes to complete design services.
- White House is insisting that every IIJA project should be completed within 4 years.
 - This may result in prior year funded SFC projects being put on hold indefinitely.
- SFC program continues to provide emergency assistance to Tribes impacted by drought, wildfires, flooding, or other natural disasters.



Health Facilities Engineering (HFE) Program



Funds Source	FY2020	FY2021	FY2022	FY2023
Maintenance and Improvements (M&I)	\$7,255,172	\$5,416,104	\$5,555,384	\$6,242,404
Medical Equipment	\$1,133,874	\$1,174,484	\$1,012,252	\$1,300,480
Backlog of Essential Maintenance, Alterations & Repairs (BEMAR)	\$3,357,000	\$2,705,999	\$3,239,000	\$2,147,539
105(I) Leases	\$7,156,646	\$9,406,146	\$13,040,672	\$18,200,000*

The increase in 105(I) lease distributions has slightly reduced the M&I and BEMAR distributions. Facilities may choose to receive either M&I & BEMAR or 105(I) funding per facility.

California Area is planning to conduct Facilities Condition Assessments for all interested Tribal and Federal health care facilities in FY 2023. This should help to increase BEMAR funding levels in future years.



^{*} FY 2023 105(I) funding level is an estimate – not final.



Health Facilities Engineering (HFE) Program Major Accomplishments

- Submitted 7 applications for Small Ambulatory Program funds last year
 - Six were selected for funding @ \$2 million each \$12 million in funding to California Area out of \$25 million available
- Submitted first ever successful Tribal program application for Quarters funding
 - K'ima:w Medical Center received \$5 million in FY22 for first phase of staff quarters construction
- Submitted 13 Applications for Green Infrastructure funds in FY23
 - Two projects were selected for funding \$828,401 in funding to California Area out of \$5 million available
- Submitted 15 applications for Emergency Generator funds in FY23
 - No awards yet, \$3 million available
- Submitted 11 applications for Tribal Equipment funds in FY23
 - No awards yet
- CA Tribal Health Programs (THP) with 105(I) Leases = increased from 10 to 13 over the last year
- Major YRTC projects completed or underway:
 - Desert Sage perimeter fence, completed 9/22
 - Desert Sage landscape improvements, completed 2/23
 - Sacred Oaks landscape improvements, completed 1/22
 - Sacred Oaks perimeter fence, completed 8/22



Division of Environmental Health Services (EHS) Program

520 Surveys completed in FY2022:

- 25% are surveys of Community Establishments
 - Head Start, Community/Senior Centers, Health Care Clinics
- 75% are surveys of Enterprise Establishments
 - Casinos, Hotel/Motel, Bars, Restaurants
- 76% were Food Surveys
 - 67% in Enterprise Establishments
 - 9% in Community Establishments

Area Survey Completion Rates

	2018	2019	2020	2021	2022
Priority 1: TARGET 60%	59%	64%	26%	67%	67%
Priority 2: TARGET 45%	40%	54%	22%	57%	113%
Clinics: TARGET 70%	34%	25%	2%	2%	10%
Pools: TARGET 60%	46%	48%	5%	44%	84%
Food: TARGET 80%	77%	84%	44%	83%	81%

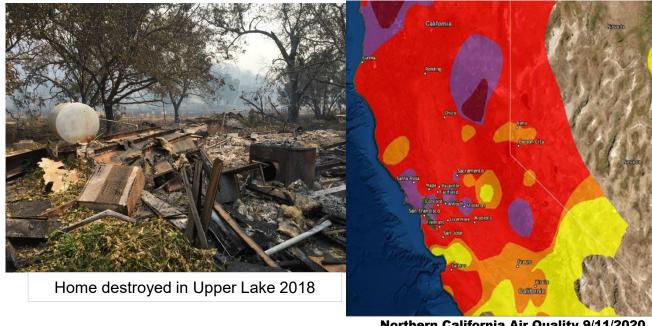
Environmental Health Program and Wildfires

2017-2022: Distributed 4258 cases of N95s

2018-2022: Distributed 1200 HEPA air purifiers

Additional Support Available:

- Provides surveys of evacuation shelters upon request
- Provides guidance on protecting building occupants and employees from smoke during wildfires
- Provides wildfire preparedness training







Other EH Program Highlights:



Vector Control:

- Rabies vaccination clinics hosted by Southern Indian Health Council in Campo and Alpine in 2022
- Partnered with UC Davis:
 - CDC funded study to monitor the spread of Rocky Mountain Spotted Fever.
 - Sampled and tested ticks and distributed tick collars during rabies vaccination clinics.

Injury Prevention:

- Naloxone for OEHE SFC and Tribal Utility Staff
 - Partnership between California Department of Health Care Services, Redding Rancheria, IHS Redding District Office
- Funded 3 Special IP Projects in 2022
 - 2 life jacket distribution projects
 - 1 fall prevention equipment distribution





Current Full Time Equivalents (FTEs)

1 FTE = 2,080 hours

Area Office	Desert Sage	Sacred Oaks	FTE Total
88	56	30	174





Government Performance & Results Act (GPRA) Update

California Area Tribal and Urban health programs met the targets for 8 of 26 GPRA measures in FY 2022, including two measures with "Baseline" targets. Due to the impact of COVID-19, as in FY 2020 and FY 2021, it was expected that all Areas would continue to struggle to meet the FY 2022 targets for GPRA. In all 12 IHS Areas, the number of measures that met targets ranged from 5 to 14. Nationally, IHS overall met 8 of 26 measures.

Beginning in FY 2018, GPRA was reported through the Integrated Data Collection System (IDCS) at the National Data Warehouse (NDW)

- This has allowed all health programs to report for GPRA, including non-RPMS programs
- There are still some known issues with the data exports for non-RPMS sites. Data for a small subset of measures is not coming through properly, but IHS is aware of the issue and is working with some health programs to remedy the issues



Thank you for all you do for our Tribal communities in California!



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