



California Area IHS Update

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

AREA DIRECTOR

Thank you for
your partnership



Tribal Partnerships: California Tribal Advisory Committee

Northern Region

Primary:

Carol Larsen
Angie Wilson
Harold Bennet

Susanville
Pit River
Quartz Valley

Alternate:

Angela Jarnaghan
John Green
Vacant

Hoopa
Elk Valley

Southern Region

Primary:

Joseph D.L. Mirelez
Michael Garcia
Chris Devers

Torres Martinez
Ewiiapaayp
Pauma

Alternate:

Veronica Espinosa
James Hill
Robert Smith

Santa Rosa
La Posta
Pala



Tribal Partnerships: California Tribal Advisory Committee

East Central Region

Primary:

Vacant

Elena Tarango

Vacant

Vacant

Wilton

Vacant

Alternate:

Vacant

Elizabeth Kipp

Vacant

Vacant

Big Sandy

Vacant

West Central Region

Primary:

Silver Galleto

Debra Ramirez

Crista Ray

Cloverdale

Redwood Valley

Scotts Valley

Alternate:

Tisha Jones

Diana Billy-Elliot

Leora Treppa-Diego

Manchester-Point Arena

Hopland

Habematolel

National Indian Health Board:

Reno Franklin

Kashia Band of Pomo Indians

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> Louise Davis	Pit River	<u>Alternate:</u> Vacant	Vacant
East Central Region			
<u>Primary:</u> Jeanne Baga	Tule River	<u>Alternate:</u> Jeff Romero	Bishop Paiute
West Central Region			
<u>Primary:</u> Silver Galleto	Cloverdale	<u>Alternate:</u> Debra Ramirez	Redwood Valley
Southern Region			
<u>Primary:</u> Dominica Valencia	Santa Ynez	<u>Alternate:</u> Joenell John	Cahuilla Band
Urban (Ex-officio)			
<u>Primary:</u> Scott Black, AIHS		<u>Alternate:</u> Sonya Tetnowski (IHCSCV)	



Topics of Discussion CATAAC & YRTC TAC

- Planning for the 2025 Tribal Leader Listening Session
- Regional Specialty Centers
- New IHS Medical Priorities
- Contract Support Costs related to COVID19 Dollar Expenditures
- Contract Support Costs related Third Party Reimbursements
- CA Purchase Referred Care Delivery Area Expansion
- The American Society of Addiction Medicine (ASAM) Criteria
- Quality Assurance and Performance Improvement Project
- Traditional Healing Practices
- National Workgroup Reports / Updates



California Area Profile

104 Federally Recognized Tribes
Served by California Area IHS

17 Title V Compacts

27 Title I Contracts

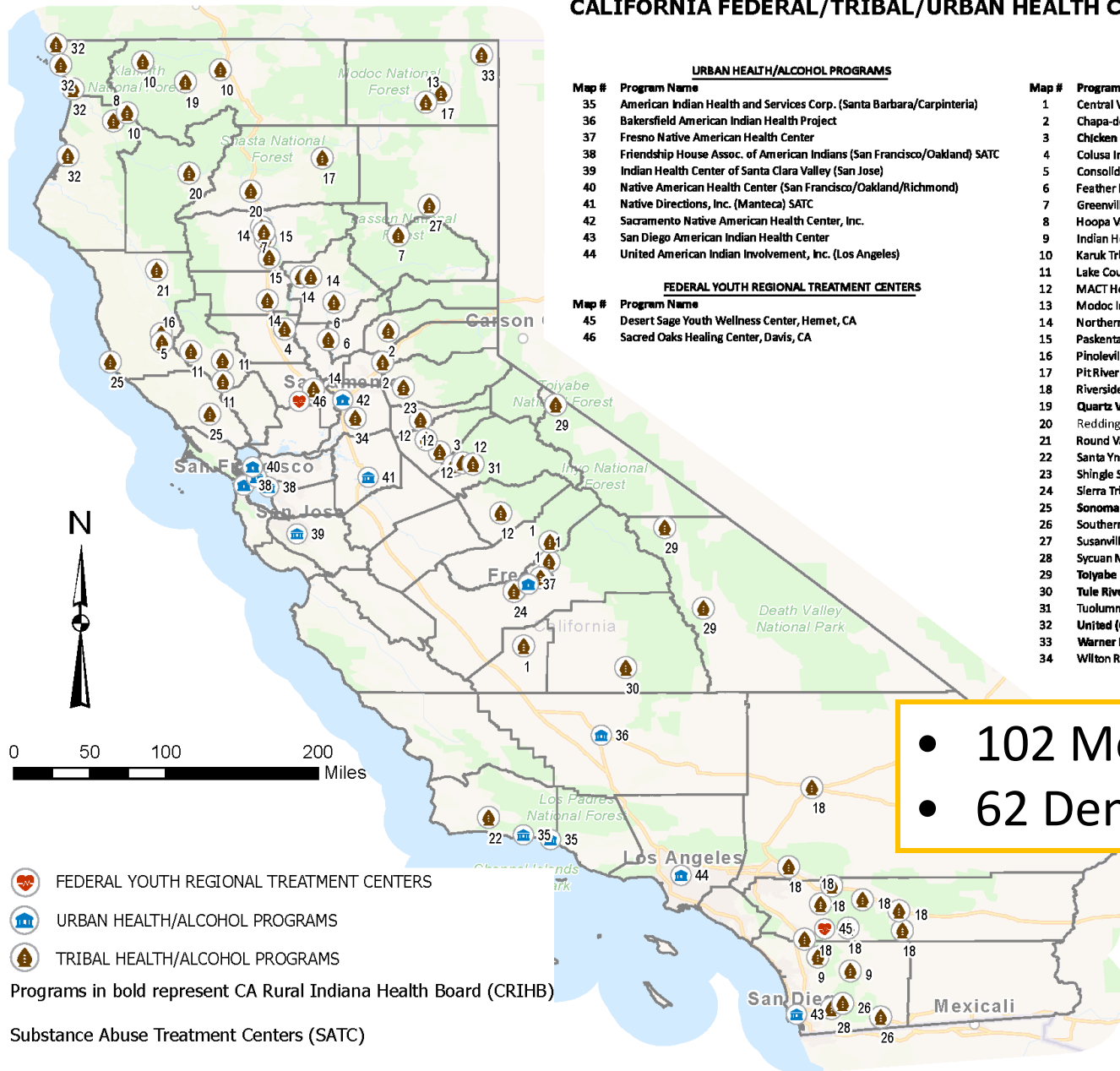
9 Urban Contractors

2 Federally Operated Youth
Regional Treatment Centers





CALIFORNIA FEDERAL/TRIBAL/URBAN HEALTH CARE FACILITIES



URBAN HEALTH/ALCOHOL PROGRAMS	
Map #	Program Name
35	American Indian Health and Services Corp. (Santa Barbara/Carpinteria)
36	Bakersfield American Indian Health Project
37	Fresno Native American Health Center
38	Friendship House Assoc. of American Indians (San Francisco/Oakland) SATC
39	Indian Health Center of Santa Clara Valley (San Jose)
40	Native American Health Center (San Francisco/Oakland/Richmond)
41	Native Directions, Inc. (Manteca) SATC
42	Sacramento Native American Health Center, Inc.
43	San Diego American Indian Health Center
44	United American Indian Involvement, Inc. (Los Angeles)

TRIBAL HEALTH/ALCOHOL PROGRAMS	
Map #	Program Name
1	Central Valley Indian Health Program
2	Chapa-de Indian Health Program
3	Chicken Ranch (CRIHB)
4	Colusa Indian Health Program
5	Consolidated Tribal Health Program
6	Feather River Tribal Health, Inc.
7	Greenville Rancheria
8	Hoopa Valley Business Council
9	Indian Health Council
10	Karuk Tribal Health Program
11	Lake County Tribal Health Consortium
12	MACT Health Board, Inc.
13	Modoc Indian Health Project (Strong Family Health Center)
14	Northern Valley Indian Health Program
15	Paskenta Band of the Nomlaki Indians
16	Pinoleville Pomo Nation
17	Pit River Health Services
18	Riverside/San Bernardino County I.H.P.
19	Quartz Valley (CRIHB)
20	Redding Rancheria
21	Round Valley Indian Health Center
22	Santa Ynez Tribal Health Program
23	Shingle Springs Tribal Health Program
24	Sierra Tribal Consortium (SATC)
25	Sonoma County (CRIHB)
26	Southern Indian Health Council
27	Susanville Rancheria
28	Sycuan Medical/Dental Center
29	Tolyabe (CRIHB)
30	Tule River/SATC (CRIHB)
31	Tuolumne MI-Wuk I.H. Center
32	United (CRIHB)
33	Warner Mountain (CRIHB)
34	Wilton Rancheria

FEDERAL YOUTH REGIONAL TREATMENT CENTERS	
Map #	Program Name
45	Desert Sage Youth Wellness Center, Hemet, CA
46	Sacred Oaks Healing Center, Davis, CA

- FEDERAL YOUTH REGIONAL TREATMENT CENTERS
- URBAN HEALTH/ALCOHOL PROGRAMS
- TRIBAL HEALTH/ALCOHOL PROGRAMS

Programs in bold represent CA Rural Indiana Health Board (CRIHB)

Substance Abuse Treatment Centers (SATC)

• 102 Medical Clinics
• 62 Dental Clinics

Updated May 2022

California Area Profile



Outpatient Visits

<u>2023</u>	<u>2024</u>
538,746	572,739



Dental Visits

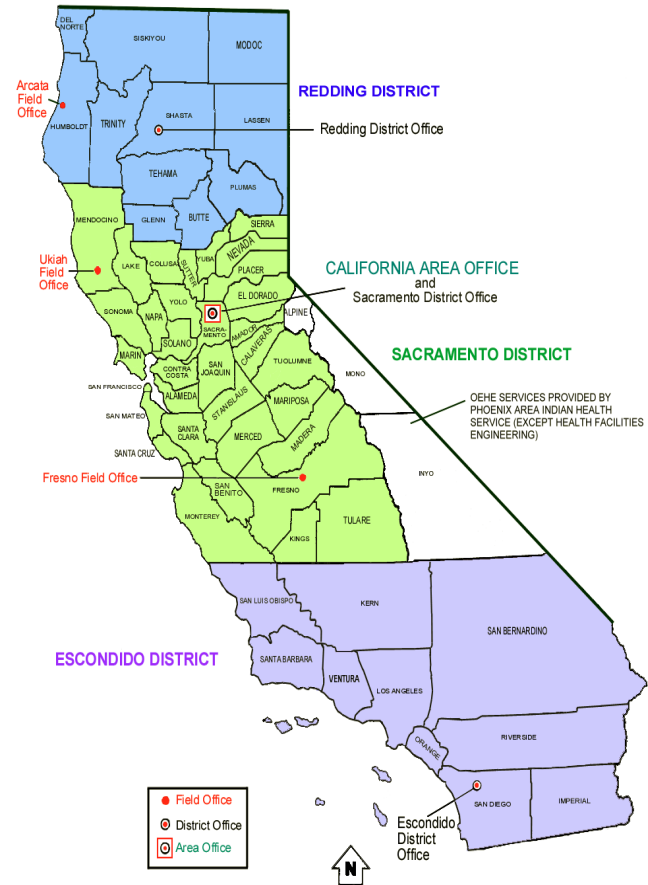
<u>2023</u>	<u>2024</u>
173,198	189,444

California Area IHS

1 Area Office

6 District/Field Offices:

- Sacramento
 - Redding
 - Escondido
 - Clovis
 - Arcata
 - Ukiah
- 2 YRTC
- Hemet
 - Davis





Current Full Time Equivalents (FTEs)

1 FTE = 2,080 hours

	Area Office	Desert Sage	Sacred Oaks	FTE Total
FY 2025	97	58	35	190

Budget Transparency



Budget Comparison

IHS/California Area Office

Budget

Fiscal Year 2024

Activity	2023 Recurring Budget	2024 Recurring Budget	Difference FY23 vs FY24	YRTC's
Clinical Services	\$ 107,827,120	\$ 107,827,120	\$ -	\$ 14,515,003
Preventive Health	\$ 3,658,690	\$ 3,658,690	\$ -	\$ -
Purchase Referred Care	\$ 54,054,097	\$ 54,054,097	\$ -	\$ -
Contract Support Cost	\$ 61,625,502	\$ 61,625,502	\$ -	\$ -
Direct Operations	\$ 1,663,138	\$ 1,663,138	\$ -	\$ -
Urban Health	\$ 17,397,829	\$ 17,397,829	\$ -	\$ -
Environmental Health Support	\$ 3,158,300	\$ 3,158,300	\$ -	\$ -
Facilities Support	\$ 2,866,489	\$ 2,866,489	\$ -	\$ -
Indian Health Care Improvement Fund	\$ 2,338,707	\$ 2,338,707	\$ -	\$ -
Total Recurring Budget	\$ 254,589,872	\$ 254,589,872	\$ -	\$ 14,515,003



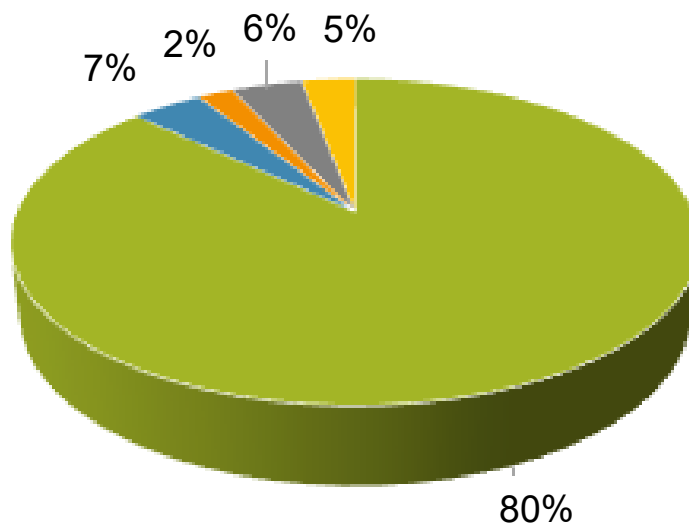
California Recurring Area Budget FY Ending September 30, 2024

• Amounts Contracted/Compacted	\$ 204,246,354	80%
• Amounts Urban Contracts	17,397,829	7%
• Amount of Area PFSA	6,016,780	2%
• Amounts Federally Administered YRTC	14,515,003	6%
• <u>Amounts Federally Administered</u>	<u>12,413,906</u>	<u>5%</u>
• Total Annual Budget	\$254,589,872	100%



California Recurring Area Budget FY Ending September 30, 2024

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



Program and Other Funding



IHS Pilot Projects – on going

Behavioral Health Integration Initiative (Period of Performance: FY 2022-2027)

- Two CA grantees:
 - Indian Health Council, Inc.
 - Indian Health Center of Santa Clara Valley

Domestic Violence Prevention Initiative (Period of Performance: FY 2022-2027)

- Five CA grantees in 2022:
 - California Rural Indian Health Board
 - Fresno American Indian Health Project
 - Hopland Band of Pomo Indians
 - Indian Health Council, Inc.
 - Tuolumne Me-Wuk Tribal Council



IHS Pilot Projects/Grantees on-going

Suicide Prevention, Intervention, and Postvention (Period of Performance: FY 2022-2027)

- Four CA grantees:

- Bakersfield American Indian Health Project
- California Rural Indian Health Board
- Fresno American Indian Health Project
- Toiyabe Indian Health Project

Substance Abuse Prevention, Treatment, and Aftercare (Period of Performance: FY 2022-2027)

- Seven CA grantees:

- Bakersfield American Indian Health Project
- Feather River Tribal Health, Inc.
- Indian Health Council, Inc.
- Two Feathers Native American Family Services
- Indian Health Center of Santa Clara Valley
- San Diego American Indian Health Center
- United American Indian Involvement, Inc.



Special Diabetes Funding

- Number of SDPI Programs Funded in 2024: 33 CA SDPI Programs
- Total amount of FY 2024 SDPI Funding allocated to CA: \$9M
- SDPI is only funded for 3 months of 2025



Catastrophic Health Emergency Fund (CHEF)

CHEF was established to help meet extraordinary medical costs associated with the treatment of victims of disaster and/or catastrophic illnesses.

CHEF threshold reduced from \$25,000 to \$19,000

- The CA Area PRC Consultant has provided 7 CHEF trainings throughout 2024 and in the first quarter of 2025, including individual and CA Area trainings.

FY (Oct 1-Sept 30)	New Cases	Supplements	IHS Cost	Less \$25K Threshold	CHEF Paid YTD	Expected Reimbursement Pending HQ's	CHEF Cases Pending Review CA Area
2020	15	9	1,137,733.80		762,734.00		
2021	4	1	210,255.00		110,255.00		
2022	15	3	1,266,223.75		825,413.75		
2023	23	1	2,235,910.67		1,623,722.00		
2024	37	10	4,642,703.84		1,571,215.00	856,665.00	
2025	11	1	639,197.04			366,524.00	2

- Reimbursements received through Feb 26, 2025.



Staff Quarters Construction Funding

Purpose of Funds: Support planning, design and construction of staff quarter units

CA submitted two applications -2025

Prior year awards:

Hoopa Tribe	2022	\$5,000,000
Hoopa Tribe	2024	5,899,000



Joint Venture Projects

Two California Area Joint Venture Applications submitted for 2025

- Both applications were accepted to move from Phase I to Phase II of the application Process
- Announcement of award Phase II still pending



Sanitation Facilities Construction (SFC) Program

Funding Levels	FY 2022	FY 2023	FY 2024	FY 2025
IHS Housing	\$6,963,000	\$7,056,000	\$4,194,052	\$4,000,000*
IHS Regular and IIJA	\$39,137,952	\$5,498,137	\$15,283,462	\$39,190,587
Outside Agency Funding (e.g. EPA)	\$1,856,710	\$1,294,885	\$4,940,729	\$3,000,000*
Total	\$49,982,947	\$13,849,022	\$24,415,243	\$46,190,587*

FY2025 Housing and outside contribution funding is estimated and based on previous trends.

Tribes/IHS continue to identify new SDS projects (i.e. not “legacy”); however, they are currently not eligible for IIJA funds - only considered for limited Regular funds.





Sanitation Facilities Construction (SFC) Program

SFC highlights and indicators:

- Total of 14 projects funded for water/sewer service in FY 2024. Represents service for over 1,600 Indian homes.
- FY 2025 IJA funding has been distributed – two projects valued at \$39 million. Housing and outside funding not received yet.
- FY2022 (i.e. first year) of Infrastructure Investment and Jobs Act (IIJA) projects highlights to-date:
 - ✓ Completed designs for 20 projects or 59% of total direct service projects.
 - ✓ Started construction on 16 projects or 47% of total direct service projects.
 - ✓ Completed construction on 9 projects or 26% of total direct service projects.
- FY2023 (i.e. second year) of Infrastructure Investment and Jobs Act (IIJA) projects highlights to-date:
 - ✓ Completed design for 1 project or 25% of total direct service projects.
 - ✓ Started construction on 1 projects or 25% of total direct service projects.
- 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	FY2022	FY2023	FY2024	FY2025
Maintenance and Improvements (M&I)	\$5,555,384	\$6,242,404	\$6,414,882	\$4,998,400
Medical Equipment	\$1,012,252	\$1,300,480	\$1,214,402	\$1,301,006
Backlog of Essential Maintenance, Alterations & Repairs (BEMAR)	\$3,239,000	\$2,147,539	\$1,939,439	\$2,329,867
105(I) Leases	\$13,040,672	\$18,544,476	\$25,389,971	\$26,000,000*

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

** FY 2025 105(I) funding level are an estimate – not final.*

California Area is about halfway through our Facility Condition Assessments contract, and the BEMAR funding is increasing. It should increase more in FY2026 when all are complete and updated in our database.





Health Facilities Engineering (HFE) Program Major Accomplishments

- Facility Condition Assessments contract proceeding into 2025
 - ✓ 19 health program site visits complete, 11 more scheduled for 2025, 14 reports drafted
- FY24: Submitted 2 applications for Small Ambulatory Program (SAP) funds
 - ✓ One selected for funding @ \$2.9 million: Coyote Valley Pharmacy Project in Redwood Valley, CA
- FY25: Submitted 2 applications for Quarters funding
 - ✓ K'ima:w Medical Center received \$5.9 million in FY24 for second phase of staff quarters construction
 - No awards yet for FY25 and awaiting HQ announcement
- FY25: Submitted 1 application for Green Infrastructure funds
 - No awards yet and awaiting HQ announcement
- FY25: Submitted 2 applications for Emergency Generator funds
 - No awards yet; deadline is March 31st
- FY25: Submitted 2 application for Tribal Equipment funds
 - No awards yet; deadline is March 31st
- FY25 Traditional Joint Venture Program: Submitted 2 applications and both were selected for Phase II
 - Indian Health Council, Rincon Wellness Center
 - Pala Tribe, Sacred Mountain Wellness Center
- FY25 Long-Term Care Joint Venture Program
 - Deadline to submit applications to California Area is April 10th
- 105(I) Lease Program continues to see increases in participating Tribal Health Programs

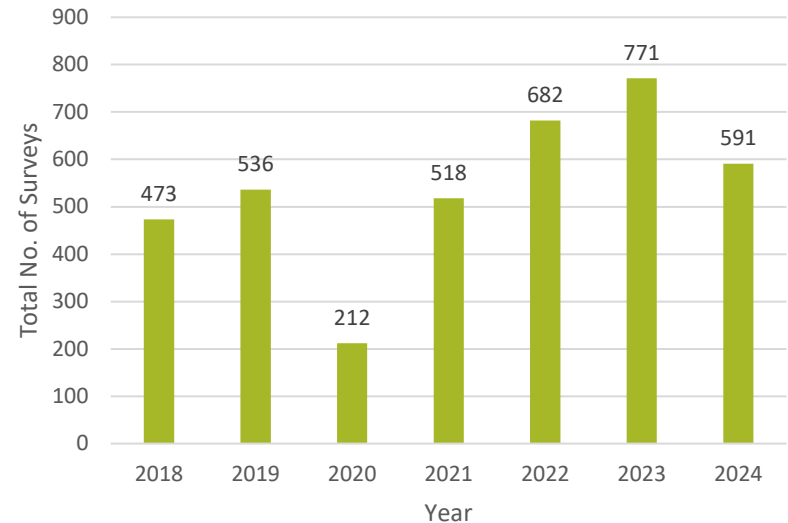


Division of Environmental Health Services (DEHS) Program

In CY2024 DEHS completed 591 facility surveys:

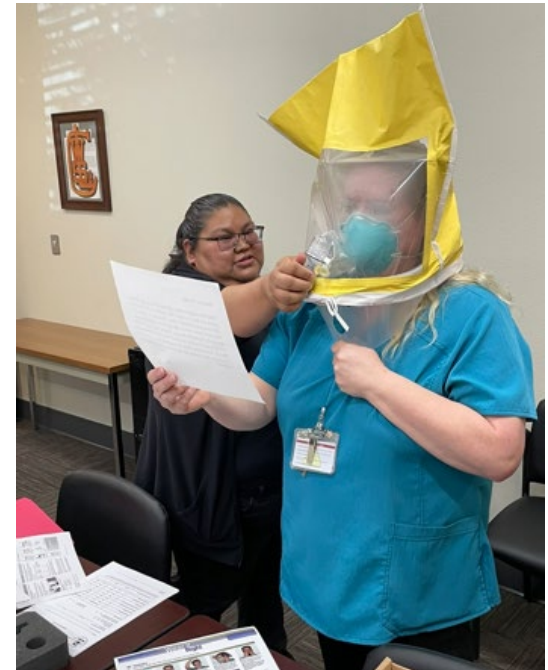
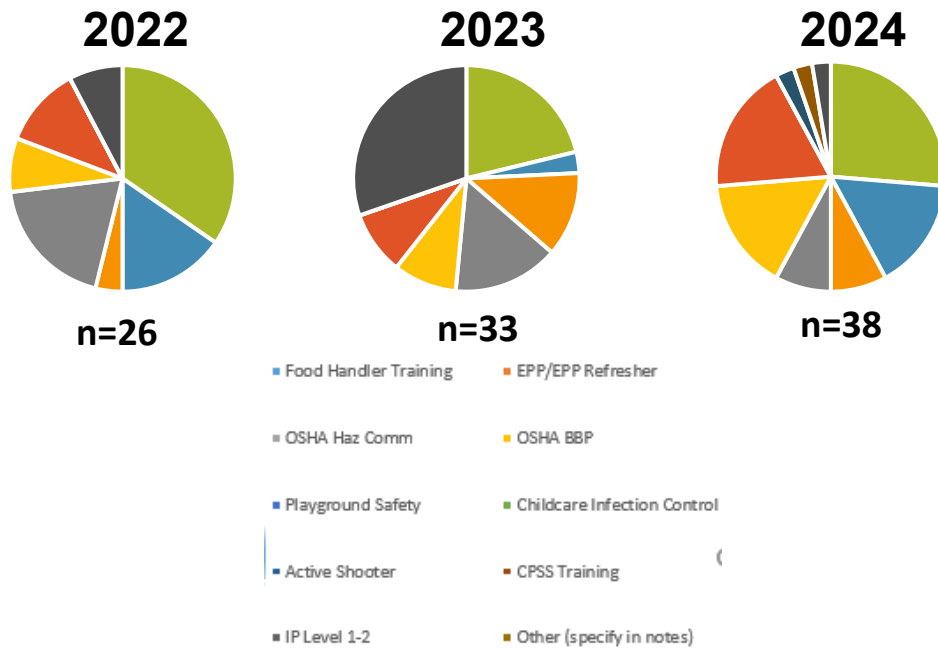
- 74% of the retail food establishments
- 62% of the child care/Head Start facilities
- 79% of the pools and spas
- 19% of the healthcare clinics

California Area DEHS Surveys Completed 2018-2024



General Environmental Health

In 2024 DEHS provided 38 trainings to total of 378 tribal employees and community members



Alyssa Bernido, Clovis Field Office
Respirator Fit Testing Train the Trainer



Institutional Environmental Health



In 2024 DEHS completed nitrous oxide exposure assessments at 6 Dental Clinics

- Total of 12 Dental Clinics assessed 2022-2024
- Compared to findings from assessments performed in 2018-2021:
 - Exposure exceedances have declined by 20%
 - Exhaust ventilation deficiencies declined 22%
 - Number of clinics using nitrous oxide exposure badges increased by 5%.

Injury Prevention

2024 DEHS provided virtual session Injury Prevention Course 1: Defining the Problem

- 5 day introductory injury prevention course designed for community health representatives, public health nurses, injury prevention practitioners, tribal leaders
- 32 students successfully completed the course, 18 from the California Area



Injury Prevention Project Funding

- Funding awarded for car seat/bike helmet/smoke detector distribution projects and special projects
- 2024: Funded 16 Tribal Health Programs.
 - Average funding per site: \$3000
 - 3 Special projects funded at \$3500 each. 2 distribution projects for life jackets and 1 distribution project for gun safes
- 2025: Funds awarded to 13 Tribal Health Program.
 - Average funding per site: \$4700
 - 3 Special projects funded between \$350-\$3500 each. 1 fall prevention project, 1 roadside emergency preparedness project and 1 life jacket distribution project.

Update on Regional Specialty Centers Planning and PRCDA Expansion

CALIFORNIA AREA INDIAN HEALTH SERVICE

JONATHAN RASH, ASSOCIATE DIRECTOR, OEHE
CHRISTINE BRENNAN, ASSOCIATE DIRECTOR, OPH

QUICK REFRESHER

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.



Feasibility Study RECOMMENDATIONS



Two Regional Specialty Centers Proposed

- Sacramento - 573,000 square foot facility
- Temecula - 308,000 square foot facility

Proposal includes the following:

Transportation – a fleet of vehicles and drivers to assist patients with transportation to the regional centers

Lodging – an adjacent hotel for patients and caregivers who have to travel to receive care

Maximum Telehealth Capacity – allow pre- and post- procedure appointments to happen through telehealth

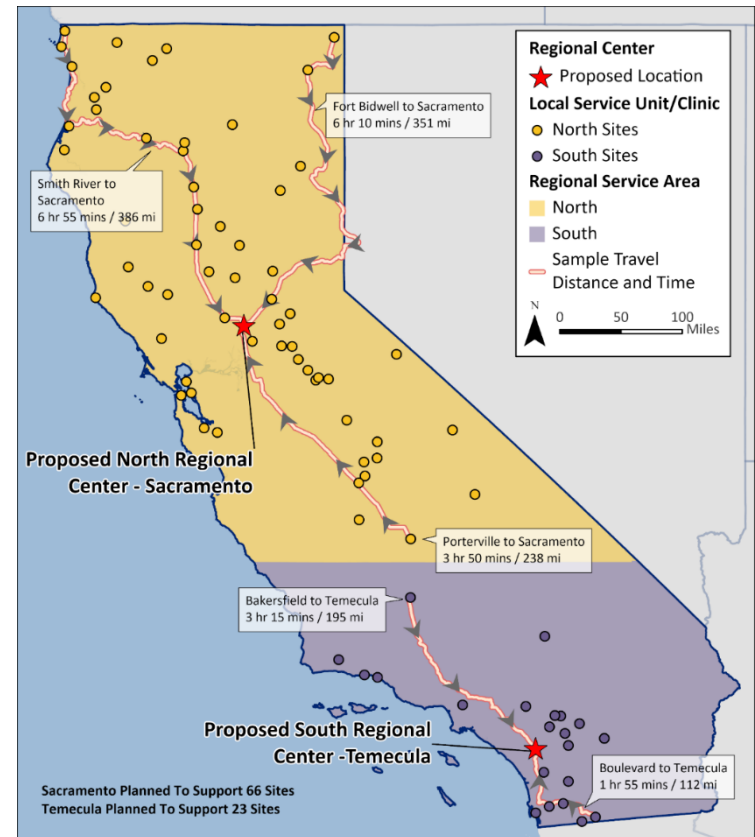
Traveling Specialties – specialty providers can travel and render services to patients closer to where they live

Pharmacy and Durable Medical Equipment Hub



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/>





Support Resolutions Received So Far (45 as of 3/3/2025 – 53 represents a majority)

- Barona
- Big Pine
- Bishop
- Blue Lake
- Bridgeport
- Cahuilla
- Cher-ae Heights
- Chicken Ranch
- Cloverdale
- Dry Creek
- Ewiiapaayp
- Fort Bidwell
- Graton
- lipay (Santa Ysabel)
- 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.
- **Scotts Valley**
- Sherwood Valley
- Susanville
- Timbisha
- Tolowa Dee-Ni'
- **Tule River**
- Utu Utu Gwaitu (Benton)
- Viejas
- **Wilton**
- Wiyot



Resolutions Received by Health Program (as of 3/3/2025)

Tribes by Health Program

- Consolidated (2 of 8)
- Feather River (1 of 3)
- Indian Health Council (**9 of 9**)
- Northern Valley (1 of 4)
- 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 (3)

- **Bakersfield American Indian Health Project**
- Sacramento Native American Health Center (SNAHC)
- **San Diego American Indian Health Center**



ROADMAP TO IMPLEMENTATION

1. Planning Studies

- a) **Comprehensive User Population Study (underway)**
- b) **Governance Study (underway)**
- c) Program of Requirements (POR)
- d) Project Justification Document (PJD)
- e) Business Plan
- f) Site Selection and Evaluation Report / Survey of Potential Locations

2. Funding

3. Land Purchase

4. Engineering Design

5. Construction

6. Hiring Staff

7. Grand Opening

- This full process (planning, design, construction and start-up) will take at least **10-15 years best case scenario.**



Underway: FIRST TWO PLANNING PHASES (PLUS PRCDA EXPANSION STUDY)

Last fall, CATAC approved moving forward on the initial planning studies we have funding for:

PRCDA Expansion Study

- Conduct a detailed analysis of the implications of a statewide California PRCDA for both tribal and urban Indian health programs
- Identify the current user population and increased user population that would result from PRCDA expansion
- Analyze the implications for PRC for existing health programs if PRCDA were expanded

Projected Population Study

Better quantify the anticipated user population who would utilize the proposed Regional Centers

Get accurate user counts from all existing Tribal and Urban programs

Determine a methodology to count the potential number of users from urban / non-PRCDA counties that would be acceptable to IHS HQ

Governance Study

A comprehensive analysis of governance of the proposed regional centers:

Under federal ownership and operation, how would Tribes provide meaningful oversight?

If a consortium of Tribes wanted to operate the regional centers, how could that be accomplished and how would governance be structured?

What would be the pros and cons of federal vs tribal operation?



Planning Oversight Teams

PRCDA Expansion Study

Christine Brennan, IHS, Lead
Otis Brotherton, Program Director, East Central
Silver Galleto, CATAC, East Central
Angel Galvez, Urban
Orvin Hanson, Program Director, South
Virginia Hedrick, Urban
Rachel Joseph, CATAC, West Central
Elizabeth Lara-O'Rourke, Program Director, North
Mark LeBeau, CRIHB
Leora Treppa-Diego, CATAC, East Central
Angie Wilson, CATAC, North
Xa Yang, CRIHB
Kristian Zavala, CRIHB

Governance Study

Jonathan Rash, IHS, Lead
Laura Caswell, Program Director, South
Orvin Hanson, Program Director, South
Lona Ibanitoru, Program Director, North
Carol Larsen, CATAC, North
Mark LeBeau, CRIHB
Sonya Tetnowski, Urban
Angie Wilson, CATAC, North

Projected Population Study

- Jonathan Rash, IHS, Lead
- Ali Ali, IHS
- Scott Black, Urban
- Christine Brennan, IHS
- Laura Caswell, Program Director, South
- Virginia Hedrick, Urban
- Lona Ibanitoru, Program Director, North
- Mark LeBeau, CRIHB
- Angie Wilson, CATAC, North



TIMELINE OF PLANNING STUDIES

COMPLETE:

August 21, 2024: CATAC approves going forward with first planning studies

August 22, 2024: Call for volunteers for planning oversight teams sent out

October 3, 2024: Kickoff meeting for all volunteers; workgroups formed

December 5, 2024: Scopes of work for all three planning studies finalized and approved by the respective workgroups

December 10, 2024: Planning studies sent to IHS HQ to be awarded under existing planning contract with WBK Engineering (tribally-owned firm)

UPCOMING:

April 2025: Anticipated award of task order for three planning studies

May 2026: Anticipated completion of all three planning studies

Contractor has been asked to present to Tribal Leaders when studies complete

Please contact us
if you have any
questions

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CA Results for GPRA

GOVERNMENT PERFORMANCE AND RESULTS ACT
(GPRA)



Government Performance & Results Act (GPRA) Update

GPRA data is reported through the Integrated Data Collection System (IDCS) at the National Data Warehouse (NDW)

- 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



California Area 2024 Final GPRA Dashboard (T/U)



DENTAL

Measure	2023 Target	2023 Official	2024 Target	2024 Draft	2024 Result
Dental: General Access	24.4%	39.0%	24.4%	42.6%	MET
Sealants	9.9%	14.9%	9.9%	16.6%	MET
Topical Fluoride	21.1%	31.5%	21.1%	36.2%	MET

DIABETES

Measure	2023 Target	2023 Official	2024 Target	2024 Draft	2024 Result
Controlled BP	52.4%	68.9%	52.4%	71.5%	MET
Nephropathy Assessed	45.1%	54.9%	45.1%	53.4%	MET
Poor Glycemic Control	14.40%	14.6%	14.4%	13.4%	MET
Retinopathy Exam	44.70%	30.9%	44.7%	40.6%	NOT MET
Statin Therapy	54.50%	53.9%	54.5%	54.9%	MET

IMMUNIZATIONS

Measure	2023 Target	2023 Official	2024 Target	2024 Draft	2024 Result
Adult IZ - All Age-appropriate IZ	BASELINE	35.7%	37.0%	39.0%	MET
Childhood IZ	40.9%	25.7%	40.9%	30.3%	NOT MET
Influenza Vaccination 18+	19.7%	21.1%	19.7%	19.9%	MET
Influenza Vaccination 6mo - 17 yrs	19.8%	18.0%	19.8%	17.9%	NOT MET

PREVENTION

Measure	2023 Target	2023 Official	2024 Target	2024 Draft	2024 Result
Cervical Cancer Screening	33.2%	31.9%	33.2%	34.4%	MET
Childhood Weight Control	22.6%	25.5%	23.0%	24.3%	NOT MET
Colorectal Cancer Screening	23.7%	13.4%	23.7%	14.2%	NOT MET
Controlling High Blood Pressure (MH)	45.8%	54.6%	45.8%	56.7%	MET
CVD Statin Therapy	37.8%	37.8%	37.8%	38.2%	MET
Depression Screening or Mood Disorder 12 - 17 years old	29.5%	38.1%	29.5%	38.9%	MET
Depression Screening or Mood Disorder 18 years and older	36.4%	43.1%	36.4%	42.1%	MET
Exclusive/Mostly Breastfeeding at Age of 2 Months	42.6%	57.0%	42.6%	49.6%	MET
HIV Screening Ever	38.9%	40.5%	38.9%	42.9%	MET
IPV/DV Screening	29.6%	7.4%	29.6%	15.9%	NOT MET
Mammography Screening	28.7%	37.8%	28.7%	42.8%	MET
SBIRT	BASELINE	9.4%	15.0%	10.5%	NOT MET
Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco	24.4%	17.2%	24.4%	16.7%	NOT MET
Universal Alcohol Screening	32.2%	31.8%	32.2%	33.9%	MET



California Area 2024 Final GPRA Results Summary

Measures Met: 18

Measures Not Met: 8

Measures Improved in Performance from FY 2023: 20

Measures Decreased in Performance from FY 2023: 6

- Diabetes: Nephropathy Assessment (-1.5%)
- Influenza Vaccination 18+ (-1.2%)
- **Influenza Vaccination 6mo – 17yrs (-0.1%)**
- Depression Screening 18+ (-1.0%)
- Breastfeeding Rates (-7.4%)
- **Tobacco Cessation Counseling or Quit (-0.5%)**

For GPRA questions, please contact caogpra@ihs.gov

PRC Priority Levels

CHANGES ANNOUNCED IN 2024



IHS Medical Priorities 2024

PRC Medical Priorities were updated in 2024.

- In addition to HQ trainings, the CA Area PRC Consultant provided six trainings throughout the year on the updated medical priorities. These included group and individual trainings.

Referral care is organized into four **equal** categories, in **each** of which are three priorities of care;

(1) **Core**, to protect life or limb.

(2) **Intermediate**, necessary for the diagnosis and management of chronic and non-emergent acute conditions.

(3) **Elective**, clinically justifiable services intended to enhance health and wellbeing.

The IHS Medical Priority Levels are established for Federal PRC programs. Tribal programs may choose to use the medical priorities as a guide.



Referral Care Categories

A. Preventive and Rehabilitative Services:

Services designed to maintain health, prevent disease or the complications of disease.

B. Medical, Dental, Vision & Surgical Services:

Services provided by medical, dental, vision, or surgical specialists, as well as diagnostic tests, equipment, and supplies, whose purpose is the diagnosis and treatment of disease.

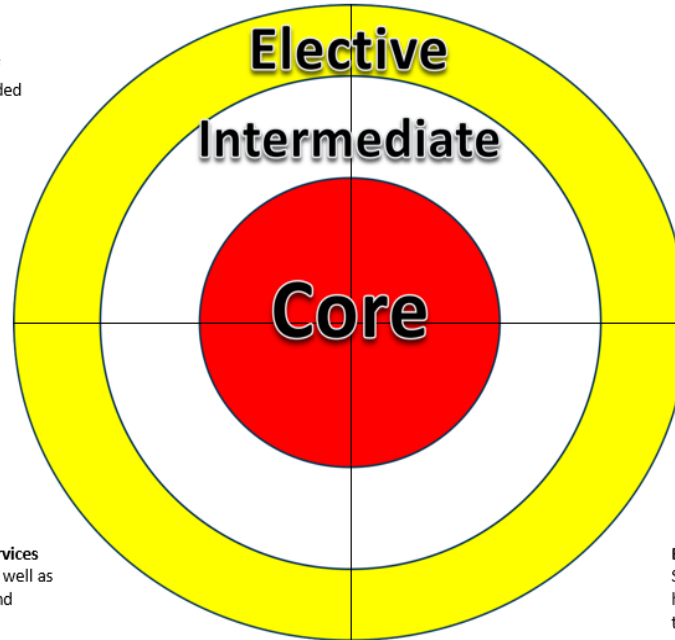
C. Reproductive & Maternal/Child Health Services:

Reproductive and gynecological services as well as services provided to newborns, children, and adolescents.

D. Behavioral Health Services:

Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders

Preventive and Rehabilitative Services
Services designed to maintain health, prevent disease or the complications of disease, as well as those services intended to return or maintain a higher level of physical functioning.



Medical/Dental/Vision/Surgical Services
Services provided by medical, dental, vision, or surgical specialists, as well as diagnostic tests, equipment, and supplies, whose purpose is the diagnosis and treatment of disease.

Reproductive & Maternal/Child Health Services
Reproductive and gynecological services as well as services provided to newborns, children, and adolescents.

Behavioral Health Services
Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders.

NEW MEDICAL PRIORITIES



List of Conferences and Dates for FY 2025

Annual Dental Continuing Education on May 5-8, 2025 in Anaheim, CA

In 2024, 237 attendees earned a total of 3,303 continuing education hours

Annual California Healthcare Best Practices Conference/ Diabetes Day

- No confirmed dates or location yet, but are aiming to host conference in Southern California at the end of October or beginning of November
- In 2024, 40 sessions offered in-person in Sacramento, offering up to 27.5 continuing education units/credits.

California Youth Regional Treatment Center Update



OVERVIEW

- Census Information
- Youth Information
- Marketing/Outreach
- Desert Sage Best Road Update
- Sacred Oaks Joint Commission
- Desert Sage Joint Commission
- Staffing Updates



CENSUS

as of 3/7/2025

DESERT SAGE YOUTH WELLNESS CENTER

- 2 males
 - Average age: 15.5 years
 - 50% AK Tribal affiliation
 - 50% CA Tribal affiliation
- 3 females
 - Average age: 15.3 years
 - 67% CA Tribal affiliation
 - 33% AZ Tribal affiliation

SACRED OAKS HEALING CENTER

- 6 males
 - Average age: 16.3 years
 - 66% CA Tribal affiliation
 - 17% AZ Tribal affiliation
 - 17% OK Tribal affiliation

***Tribal affiliation doesn't always equal state of residence**



CENSUS

1/2024-12/2024

DESERT SAGE YOUTH WELLNESS CENTER

- ❖ Total youth admitted: 26
- Successful Completion
 - 6 males
 - Average length of stay: 110.5 days
 - 2 females
 - Average length of stay: 117 days
- Early discharge
 - 13 males
 - Average length of stay: 61 days
 - 5 females
 - Average length of stay: 25 days

SACRED OAKS HEALING CENTER

- ❖ Total youth admitted: 13
- Successful Completion
 - 9 females
 - Average length of stay: 119.8
- Early discharge
 - 4 females
 - Average length of stay: 20.25



YOUTH INFORMATION

1/2024-12/2024

State	Percent	State	Percent
California	74.4	Oklahoma	2.3
Arizona	9.4	Michigan	2.3
Nevada	7	New Mexico	2.3
North Dakota	2.3		



YOUTH INFORMATION

1/2024-12/2024

Tribe	Percent	Tribe	Percent
PECHANGA BAND OF INDIANS	4.7	COLORADO RIVER	4.7
PAUMA BAND OF LUISEÑO INDIANS	2.3	SANTA ROSA RANCHERIA	2.3
MOORETOWN RANCHERIA	2.3	PICAYUNE RANCHERIA	4.7
SHOSHONE-BANNOCK TRIBE	2.3	SHERWOOD VALLEY RANCHERIA	2.3
HOOPA VALLEY TRIBE	2.3	HOPI TRIBE, AZ	4.7
PIT RIVER	4.7	KARUK TRIBE	4.7
SOBOBA BAND OF LUISEÑO INDIANS	2.3	THREE AFFILIATED TRIBES, ND	2.3
YUOK TRIBE HOOPA VALLEY	2.3	CAHUILLA BAND OF INDIANS	4.7
DRY CREEK RANCHERIA	2.3	BEAR RIVER BAND OF THE ROHNERVILLE RANCHERIA	2.3
ASSINIBOINE/SIOUX TRIBE	2.3	REDWOOD VALLEY RANCHERIA	4.7
PAIUTE-SHOSHONE	7	BISHOP-PAIUTE	2.3



YOUTH INFORMATION

1/2024-12/2024

Tribe	Percent
CLOVERDALE RANCHERIA	2.3
CHOCKTAW NATION, OK	2.3
TORRES MARTINEZ DESERT CAHUILLA	2.3
SUSANVILLE INDIAN RANCHERIA	2.3
SAN PASQUAL BAND OF DIEGUIÑO INDIANS	2.3
LA JOLLA BAND OF LUISEÑO INDIANS	2.3
SAULT TRIBE OF CHIPEWA INDIANS	2.3
FORT INDEPENDENCE INDIAN COMMUNITY-PAIUTE	2.3
BERRY CREEK RANCHERIA	4.7
BIG PINE PAIUTE TRIBE	2.3



MARKETING AND OUTREACH

■ HISTORY:

- Marketing campaign began in December 2023
- First contract year will end in March 2024
- Option year will be executed to continue for another year
 - **Initial 6 months will focus on California**
 - **Based upon results, we may expand marketing efforts to targeted areas of AZ and NV**

■ CURRENT:

- Option year was executed and has expanded through 2025
 - **Continue to focus on California market and potentially expanding into Arizona and Nevada**
 - **Kauffman and Associates Incorporated (KAI) will be working with CA HR to develop and implement recruitment strategies once the hiring freeze is lifted.**

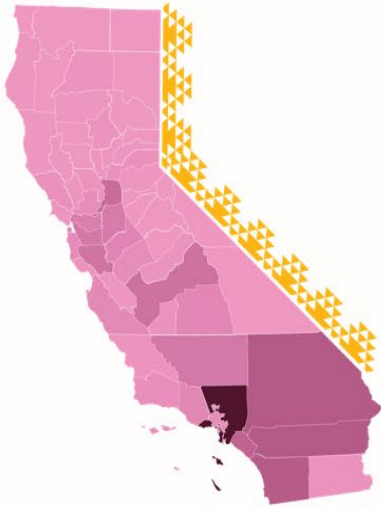


MARKETING AND OUTREACH

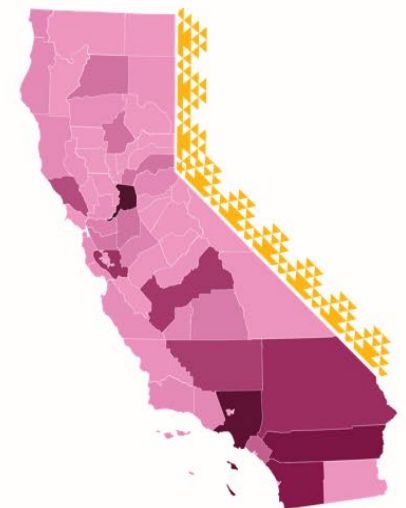


(continued)

2023



2024



IMPRESSION FOR 48 COUNTIES WITHIN CALIFORNIA	2023 IMPRESSIONS	2024 IMPRESSIONS	PERCENT INCREASE
TOTAL	599,688	3,114,863	419



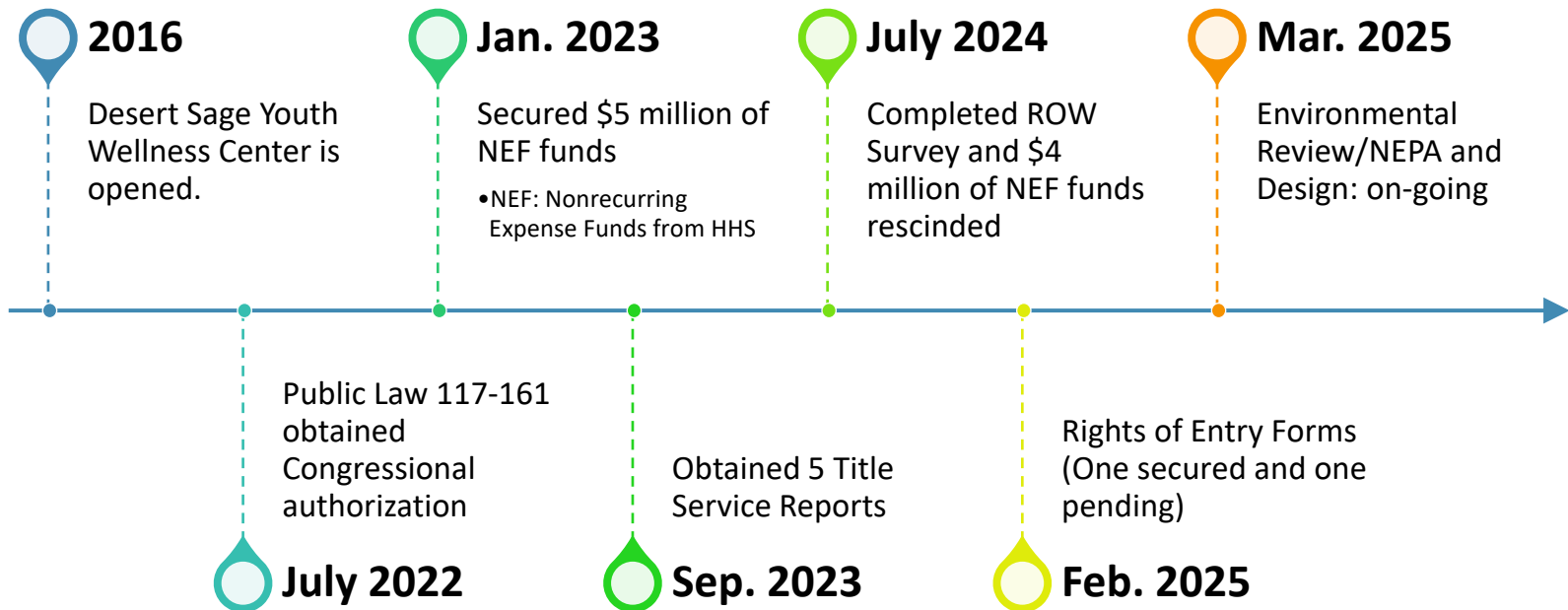
BEST ROAD UPDATES





BEST ROAD UPDATES

(CONTINUED)





BEST ROAD UPDATES

(CONTINUED)

Pechanga Tribe

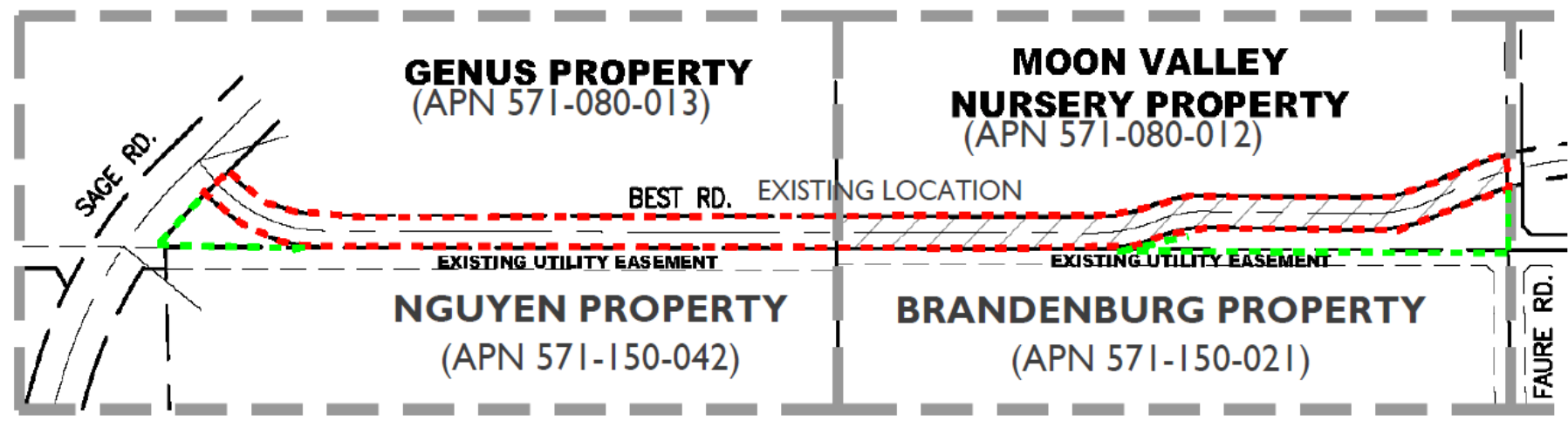
Land Area Required – approx. 87,000 square feet

Appraised Value - \$16,000

Realty Income Corp. (Tenant: Moon Valley Nursery)

Land Area Required – approx. 116,300 square feet

Appraised Value - \$21,000



ALEJANDRINO PROPERTY
(APN 571-150-035)



BEST ROAD UPDATES-NEXT STEPS

Existing ROW is not sufficient to pave dirt road according to Riverside County standards

NEW ROW is needed. Secure interest easements of land for public use then pave road then transfer to Riverside County in perpetuity

Complete tasks by ~ Sept. 2025

Estimated schedule: 3-5 years

Estimated budget: \$4.5 million (pending FY26 NEF request)

- **GSA withdrew from this project: Feb. 2025**

- **Env. Review/NEPA**
- **Submit 35% Design to County**
- **Title Reports & ROW Survey**

PROJECT MANAGER

Ali S. Ali, PE

**Director of Health Facilities
Engineering**

Phone: 916-930-3981 ext. 203

Email: Ali.Ali@ihs.gov



THE JOINT COMMISSION

- ∅ Sacred Oaks Healing Center was successfully accredited in 2024 after passing their first accreditation.
- ∅ Desert Sage Youth Wellness Center is due for their next accreditation survey any time between now and mid-April.





STAFFING UPDATES



- ∅ Staffing continues to be a challenge at Sacred Oaks Healing Center. They currently have a 47% vacancy rate.
- ∅ Desert Sage Youth Wellness Center is at a 12% vacancy rate with most staff being CNACI cleared.
- ∅ Overall, CNACI clearance turnaround times have improved.
- ∅ There is currently a major barrier due to the hiring freeze.
- ∅ Desert Sage staff started rotating travel to help Sacred Oaks manage their male cohort and to continue to provide a safe and therapeutic environment for the youth.



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



Beverly.Miller@IHS.gov

916-930-3927

