

# Budget Formulation Ballot & GPRA

## California Area Tribal Leaders Consultation

March 5, 2026

- Nikolas Berzins, Associate Director OMS
- Christine Brennan, Associate Director OPH

# FY 2029 Budget Formulation Ballot



# Changes to FY 2029 Budget Formulation Ballot

- Voting priorities on ballot have been changed to match budget line items
  - Prior ballots had priorities listed that fell under the same budget line items

**Budget Formulation FY 2029**

Please rank your top ten budget priorities for FY 2029 by writing the number in the box to the left of the priority of your choosing, where 1=first choice, 2=second choice, 3=third choice, etc., and 10=last choice.

- Hospitals & Clinics** – This budget line provides the base funding for the hospitals, clinics, and health programs that operate on Indian reservations and Tribal communities, predominantly in rural areas. H&C funding also includes Obesity/Diabetes, Pharmacy, and other clinical services. This priority was ranked #5 for FY 2027 by Tribal officials.
- Electronic Health Record System** – Provides critical IT support to secure and reliable information technology that improves health care delivery and quality, enhances access to care, reduces medical errors, and modernizes administrative functions. These funds are utilized by Federal Staff to modernize the new EHR. This priority was ranked #8 for FY 2027 by Tribal officials.
- Dental Health** - The IHS dental program reduces dental decay in children, reduces periodontal disease in children and adults, and fluoridates both Tribal and community water systems. Dental decay rates of AI/AN children and adolescents are twice the national average and contribute to serious diseases. This priority was ranked #7 for FY 2027 by Tribal officials.
- Mental Health** - Includes prevention and treatment of chemical dependence and depression. Psychiatric and psychological services are necessary to improve outreach, education, crisis intervention, and the treatment of mental illness. Behavioral Health Aid Program expansion includes training and accreditation of a mid-level workforce to provide behavioral health supports and resources to rural Tribal communities. This priority was ranked #1 for FY 2027 by Tribal officials.
- Alcohol & Substance Abuse** – Projects include implementation of alcohol and substance use programs within tribal communities with the goal to reduce incidence and prevalence of alcohol and substance abuse among AI/AN to a level below the general U.S. population. Includes approaches that promote healthy lifestyles, families and communities in addition to improving access to behavioral health services and providing an array of preventative, educational, and treatment services.
- Purchased/Referred Care (PRC)** - Funds are used to purchase hospital and emergency care, physician specialty services, outpatient healthcare, laboratory, dental, radiology, pharmacy, transportation services, and other health services in the private sector. CA is 100% contracted and compacted and the area is PRC Dependent because there are no hospitals underutilized by IHS. The California Area underutilizes the CHEF because Tribal healthcare programs have difficulty meeting the \$19,000 threshold. This priority was ranked #2 for FY 2027 by Tribal officials.
- Indian Health Care Improvement Fund (IHCIF)** - Measures the resources needed by Tribal healthcare programs by calculating its level of needed resources percentage relative to health insurance costs and comparing them to the National Health Expenditures (NHE) benchmark. If Congress appropriates additional funding for the IHCIF, IHS and Tribal healthcare programs with the greatest unmet needs are funded first. This priority was ranked #6 for FY 2027 by Tribal officials.
- Public Health Nursing** – Public Health Nursing integrates nursing practice and public health in the prevention of disease and the promotion and preservation of the health of the AI/AN population. Funds support prevention-focused nursing care interventions as well as improving health status by early detection through screening and disease case management.
- Health Education** – Health Education funds are used to provide health information for those who work with AI/AN population in their | communities. Health Education emphasizes wellness through health promotion and disease prevention by encouraging positive behavior and lifestyle choices to result in improved health status.
- Community Health Representative** – Among other items, Community Health Representative (CHR) programs funds can be used to support the following CHR activities and associated resources: program staffing, patient and community health education, CHR staff training, health promotion/disease prevention outreach, documentation and workload reporting of CHR services, patient education materials, transportation to expand access to patient services. This priority was ranked #9 for FY 2027 by Tribal officials.
- Urban** - Recent studies document poor health status and inadequate healthcare available and accessible to the urban AI/AN population living off of their reservations/rancherias. Urban programs offer behavioral health services and wellness assessments, dental, outreach referral services as well as comprehensive ambulatory healthcare services. There are ten urban Indian healthcare programs in California. This priority was ranked #11 for FY 2027 by Tribal officials.
- Direct Operations** – This funding provides critical support functions to run health care programs (accounting, contracting, HR). This priority was ranked #6 for FY 2027 by Tribal officials.
- Maintenance & Improvement** – These funds will support facilities activities that are generally classified as those needed for ‘sustainment’ of existing facilities and be provided to the Area and to Tribes for daily maintenance activities and local projects to maintain the current state of health care facilities. This priority was ranked #15 for FY 2027 by Tribal officials.
- Sanitation Facilities Construction** - Provide financial assistance to Indian tribes in operating, managing, and maintaining sanitation facilities through Public Law 86-121 and Public Law 94-437, “Indian Health Care Improvement Act” as amended to avoid a health hazard or to protect the Federal investment in sanitation facilities. This priority was ranked #14 for FY 2027 by Tribal officials.
- Health Care Facilities Construction**– Funding for a Regional Specialty Center and estimated cost of a Project Justification Document / Program of Requirements combined planning study to be around \$2.5 million (in 2025 dollars). This priority was ranked #10 for FY 2027 by Tribal officials.

**Other** – Please specify: \_\_\_\_\_

Tribal Government (Print): \_\_\_\_\_

Tribal Chairperson/Designee Name (Print): \_\_\_\_\_

Tribal Chairperson/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax to (916) 930-3952 or e-mail to [Christine.Brennan@ihs.gov](mailto:Christine.Brennan@ihs.gov)

# FY 2029 Budget Formulation Ballot

**Hospitals & Clinics** – This budget line provides base funding to support hospitals, clinics, and health programs operating on Indian reservations and within Tribal communities, primarily in rural and geographically isolated areas. Hospitals & Clinics (H&C) funding also supports obesity and diabetes prevention and treatment initiatives, pharmacy services, and a broad range of essential clinical services necessary to deliver comprehensive health care to eligible beneficiaries.

**Electronic Health Record System** – Provides critical IT support to secure and reliable information technology that improves health care delivery and quality, enhances access to care, reduces medical errors, and modernizes administrative functions. **These funds are utilized by Federal Staff to modernize the new EHR. Path EHR.**

**Dental Health** - The IHS Dental Program reduces dental decay in children, reduces periodontal disease in children and adults, and fluoridates both Tribal and community water systems. Dental decay rates of AI/AN children and adolescents are twice the national average and contribute to serious diseases.

**Mental Health** - Includes prevention and treatment of chemical dependence and depression. Psychiatric and psychological services are necessary to improve outreach, education, crisis intervention, and the treatment of mental illness. Behavioral Health Aid Program expansion includes training and accreditation of a mid-level workforce to provide behavioral health supports and resources to rural Tribal communities.

**Alcohol & Substance Abuse** – Projects include implementation of alcohol and substance use programs within tribal communities with the goal to reduce incidence and prevalence of alcohol and substance abuse among AI/AN to a level below the general U.S. population. Includes approaches that promote healthy lifestyles, families and communities in addition to improving access to behavioral health services and providing an array of preventative, educational, and treatment services.

**Purchased/Referred Care (PRC)** - Funds are used to purchase hospital and emergency care, physician specialty services, outpatient healthcare, laboratory, dental, radiology, pharmacy, transportation services, and other health services in the private sector. CA is 100% contracted and compacted and the area is PRC Dependent because there are no hospitals resourced by IHS.

**Indian Health Care Improvement Fund (IHCIF)** - Measures the resources needed by Tribal healthcare programs by calculating its level of needed resources percentage relative to health insurance costs and comparing them to the National Health Expenditures (NHE) benchmark. If Congress appropriates additional funding for the IHCIF, IHS and Tribal healthcare programs with the greatest unmet needs are funded first.

**Public Health Nursing** – Public Health Nursing integrates nursing practice and public health in the prevention of disease and the promotion and preservation of the health of the AI/AN population. Funds support prevention-focused nursing care interventions as well as improving health status by early detection through screening and disease case management.

**Health Education** – Health Education funds are used to provide health information for those who work with AI/AN population in their communities. Health Education emphasizes wellness through health promotion and disease prevention by encouraging positive behavior and lifestyle choices to result in improved health status.

**Community Health Representative** – Among other items, Community Health Representative (CHR) programs funds can be used to support the following CHR activities and associated resources: program staffing, patient and community health education, CHR staff training, health promotion/disease prevention outreach, documentation and workload reporting of CHR services, patient education materials, transportation to expand access to patient services.

**Urban** - Recent studies document poor health status and inadequate healthcare available and accessible to the urban AI/AN population living off of their reservations/rancherias. Urban programs offer behavioral health services and wellness assessments, dental, outreach referral services as well as comprehensive ambulatory healthcare services. There are ten urban Indian healthcare programs in California

**Direct Operations** – This funding provides critical support functions to run health care programs (accounting, contracting, HR).

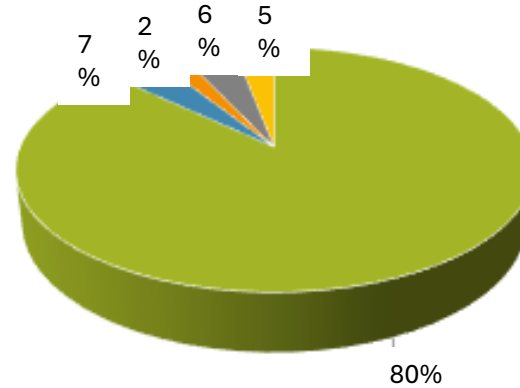
**Maintenance & Improvement** – These funds will support facilities activities that are generally classified as those needed for ‘sustainment’ of existing facilities and be provided to the Area and to Tribes for daily maintenance activities and local projects to maintain the current state of health care facilities.

**Sanitation Facilities Construction** - Provide financial assistance to Indian tribes in operating, managing, and maintaining sanitation facilities through Public Law 86-121 and Public Law 94-437, “Indian Health Care Improvement Act” as amended to avoid a health hazard or to protect the Federal investment in sanitation facilities.

**Health Care Facilities Construction**– Funding for a Regional Specialty Center and estimated cost of a Project Justification Document / Program of Requirements combined planning study to be around \$2.5 million (in 2025 dollars).

# California Recurring Area Budget FY Ending September 30, 2025

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



# GPRA/GPRAMA

Relation to Annual Budget



# What is GPRA/GPRAMA?

## **GPRA: Government Performance and Results Act**

- Federal law passed in 1993 that requires agencies to demonstrate that they are using congressional funds effectively and efficiently
- IHS has been reporting GPRA data for over 20 years

## **GPRAMA: Government Performance and Results Act Modernization Act of 2010**

- Update to the Government Performance and Results Act of 1993
- Requires federal agencies to use performance data to drive decision making
- IHS began reporting GPRAMA in FY 2013
- Smaller set of measures than GPRA
- GPRAMA measures are reported in the HHS Performance Report

GPRA/GPRAMA data is reported in the IHS budget as justification for the funding being requested

# How is GPRA/GPRAMA Reported?

- ITU Health Programs across IHS export their patient registration and visit data to the National Data Warehouse (NDW)
  - Federal and Urban health programs are required to export data
  - Tribal programs are strongly encouraged to export their data
- Data submitted to the NDW undergoes quality checks for missing data and unduplication at the Area level, then is used to calculate:
  - User Population
  - Workload Counts
  - GPRA results
- Only data that is needed to calculate GPRA results is pulled into the Integrated Data Collection System (IDCS) Data Mart within the NDW to calculate GPRA results for:
  - National (only National results are reported in the IHS Budget)
  - Area
  - Service Unit

# IHS Congressional Justification & GPRA



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Fiscal Year  
**2025**

Indian Health Service

*Justification of  
Estimates for  
Appropriations Committees*

### **Performance Reporting**

This budget request includes Government Performance and Results Act (GPRA) and GPRA Modernization Act (GPRAMA) measures that support the IHS mission, see the IHS Outcomes and Outputs Table in the budget narratives. The IHS also reports the following four measures in the FY 2025 HHS Annual Performance Plan and Report: the total number of public health activities captured by the PHN data system; influenza vaccination rates among adult AI/AN patients 18 years and older; intimate partner (domestic) violence screening among AI/AN females; and number of Tribal Epidemiology Center-sponsored trainings and technical assistance provided to build tribal public health capacity.

Annually, IHS reports valid and reliable aggregated results for twenty-six clinical measures using a centralized reporting system, the IDCS DM, to meet the GPRA/GPRAMA requirements. The IDCS DM provides Tribes using non-RPMS electronic health records with the option to report data for GPRA/GPRAMA clinical measure purposes. The IDCS DM calculates measure results using any data (RPMS, non-RPMS or Fiscal Intermediary) submitted to the IHS National Data Warehouse and assures reporting of valid and reliable clinical measure results. The IHS clinical GPRA/GPRAMA measure results reported from the IDCS DM reflect aggregated I/T/U results, including participating Tribal programs.

# IHS Congressional Justification & GPRA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Indian Health Service  
 Services: 75-0390-0-1-551  
**DENTAL HEALTH**

(Dollars in Thousands)

	FY 2023	FY 2024	FY 2025	
	Final	CR /1	President's Budget	FY 2025 +/- FY 2023
PL	\$248,098	\$248,098	\$276,085	+\$27,987
FTE*	516	525	525	+9

\* FTE numbers reflect only Federal staff and do not include increases in tribal staff.

1/ Displays annualized FY 2024 funding level under the current Continuing Resolution (P.L. 118-40). The FY 2023 Consolidated Appropriations Act (P.L. 117-328) included \$5.1 billion in FY 2024 advance appropriations across the Services and Facilities Accounts.

**Authorizing Legislation** .....25 U.S.C. 13, Snyder Act; 42 U.S.C. 2001, Transfer Act; Indian Health Care Improvement Act (IHCIA), as amended 2010

**FY 2025 Authorization**.....Permanent

**Allocation Method** .....Direct Federal, P.L. 93-638 Self-Determination Contracts,

## PROGRAM DESCRIPTION

*Services Provided.* The purpose of the Indian Health Service (IHS) Dental Health Program (DHP) is to raise the oral health status of the American Indian/Alaska Native (AI/AN) population to the highest possible level through the provision of quality preventive and treatment services, at both community and clinic sites. The DHP is a service-oriented program providing basic dental services (e.g., diagnostic, emergency, preventive, and basic restorative care), which represents approximately 90 percent of the dental services provided. In FY 2023 the DHP provided a total of 3,492,927 basic dental services, a 19 percent increase from FY 2022, in which the DHP provided 2,937,955 services. This marked a continued slow recovery from the diminished services during the pandemic major periods of FY 2020 and FY 2021. More complex rehabilitative care (e.g., root canals, crowns and bridges, dentures, and surgical extractions) is provided where resources allow and accounted for the additional 227,973 dental services in FY 2023, an 11 percent increase from FY 2022 where 205,980 higher level services were performed. The DHP provided these services through 1,193,398 dental visits in FY 2023, a 19 percent increase from FY 2022 (1,003,471 dental visits), another sign of a slow emergence from the pandemic accompanied by increased patient confidence in the safety of dental services.

*Oral Health Disparities.* Across all age groups, AI/ANs suffer disproportionately from dental disease. When compared to other racial or ethnic groups, AI/AN children 2-5 years old have more than double the number of decayed teeth and overall dental caries experience as the next highest ethnic group, U.S. Hispanics, and more than three times that of U.S. white children. In

# IHS Congressional Justification & GPRA

## PROGRAM ACCOMPLISHMENTS

*Government Performance and Results Act (GPRA).* Overall access to care increased from 22.33 percent in FY 2022 to 25.28 percent in FY 2023, one of the largest percentage increases ever experienced by the DHP in access to dental services. The proportion of 2-15 year-old AI/AN children receiving dental sealants – a second GPRA indicator – improved from 8.95 percent in FY 2022 to 11.02 percent in FY 2023, and the proportion of 1-15 year-old AI/AN children received topical fluorides – another GPRA indicator – increased from 20.94 percent in FY 2022 to 25.63 percent in FY 2023. In fact, FY 2023 marked the first time since 2018 that IHS met all three of the dental GPRA targets.

*IHS Electronic Dental Record (EDR).* Through support of implementation of an electronic dental record (EDR), over 87 percent of IHS Federal, Tribal, and Urban (I/T/U) dental clinics have transitioned to an EDR system to support the delivery of effective quality dental services. The IHS Dentrix Enterprise (DXE) EDR program has been successfully implemented at 311 of these I/T/U dental clinics. There remains approximately 42 IHS clinics that have not transitioned to an EDR system. Funding increases in the past have supported continued development of the EDR and implementation across the system. Continuous EDR upgrade support for the more than 300 I/T/U dental clinics using the IHS DXR EDR is essential to maintain data integrity, cybersecurity, and ensure the IHS provides state-of-the-art electronic records support for both direct patient care quality and safety as well as provider/clinic effectiveness and efficiency.

*Oral Health Promotion/Disease Prevention (HPDP) Initiatives.* The DHP continues to provide seed funding to IHS, tribal, and urban programs to carry out national initiatives aimed at prevention and early intervention of dental disease. Successful projects in the past few years

## OUTPUTS / OUTCOMES

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2024 Target +/-FY 2023 Target
61 Topical Fluorides (Outcome)	FY 2023: 25.6% Target: 21.1% (Target Exceeded)	21.1%	27.4%	+6.3 percentage point(s)
62 Access to Dental Services (Outcome)	FY 2023: 25.3% Target: 24.4% (Target Exceeded)	24.4%	27.0%	+2.7 percentage point(s)
63 Dental Sealants (Outcome)	FY 2023: 11.0 % Target: 9.9% (Target Exceeded)	9.9%	11.8%	+1.8 percentage point(s)

# FY 2026 GPRA/GPRAMA measures

26 Clinical GPRA/GPRAMA Measures – GPRAMA measures in red

- **Diabetes (5 measures):**
  - **Poor Glycemic Control**
  - **Controlled BP <140/90**
  - Statin Therapy
  - Nephropathy Assessed
  - Retinopathy Exam
- **Dental (3 measures):**
  - Access to Dental Services
  - Sealants
  - Fluorides
- **Immunizations (4 measures):**
  - Influenza Vaccination (6 mo – 17yr)
  - Influenza Vaccination (18+)
  - Adult Immunizations
  - Childhood Immunizations
- **Cancer Screening (3 measures):**
  - Cervical (Pap) Screening Rates
  - Mammogram Screening Rates
  - Colorectal Cancer Screening
- **Behavioral Health (5 measures):**
  - Alcohol Screening
  - DV/IPV Screening
  - Depression Screening (12-17 years)
  - Depression Screening (18+)
  - SBIRT
- **Prevention Measures (6 measures):**
  - Tobacco Cessation
  - HIV Screening Ever
  - CVD: Statin Therapy
  - Childhood Weight Control
  - Breastfeeding Rates
  - Controlling High Blood Pressure-Million Hearts

# Hospitals & Health Clinics: GPRA Measures

- Nephropathy Assessment
- Retinopathy Assessment
- Childhood Immunizations
- Influenza Vaccination 6mo-17yr
- Influenza Vaccination 18+
- Adult Composite Immunizations
- Statin Therapy to Prevent CVD
- Tobacco Cessation
- HIV Screening Ever
- Breastfeeding Rates
- Controlling High Blood Pressure (Million Hearts)
- Domestic Violence/Intimate Partner Violence Screening
- Mammography
- Colorectal Cancer Screening
- Cervical Cancer Screening

15 of 26 clinical  
GPRA measures are  
within the  
H&C budget line  
item

# Dental Health: GPRA Measures

- Dental Access
- Topical Fluorides
- Dental Sealants

3 of 26 clinical  
GPRA measures are  
within the  
Dental Health  
budget line item

# Mental Health: GPRA Measures

- Depression Screening 18+
  - Depression Screening 12-17yrs
- 2 of 26 clinical  
GPRA measures are  
within the  
Mental Health  
budget line item

# Alcohol and Substance Use: GPRA Measures

- Universal Alcohol Screening
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

2 of 26 clinical  
GPRA measures are  
within the  
Alcohol and  
Substance Use  
budget line item

# Special Diabetes Program for Indians (SDPI): GPRA Measures

- Diabetes: Controlled Blood Pressure (<140/90)
- Diabetes: Statin Therapy
- Diabetes: Poor Glycemic Control (A1C >9)

3 of 26 clinical  
GPRA measures are  
within the  
SDPI budget line  
item

# Long-Term Performance GPRA Measure

This measure is measured over the course of three years and is overarching of several budget line items because meeting this measure is accomplished through a variety of programs and activities:

- Childhood Weight Control

1 of 26 clinical  
GPRA measures are  
overarching of  
many budget line  
items

# 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

### DENTAL

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
<a href="#">Dental: General Access</a>	CALIFORNIA	24.40%	<b>42.57%</b>	27.00%	<b>43.57%</b>	<b>MET</b>
<a href="#">Sealants</a>	CALIFORNIA	9.90%	<b>16.61%</b>	11.80%	<b>15.76%</b>	<b>MET</b>
<a href="#">Topical Fluoride</a>	CALIFORNIA	21.10%	<b>36.21%</b>	27.40%	<b>36.29%</b>	<b>MET</b>

### DIABETES

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
<a href="#">Controlled BP</a>	CALIFORNIA	52.40%	<b>71.52%</b>	57.50%	<b>74.13%</b>	<b>MET</b>
<a href="#">Nephropathy Assessed</a>	CALIFORNIA	45.10%	<b>53.41%</b>	44.80%	<b>50.70%</b>	<b>MET</b>
<a href="#">Poor Glycemic Control</a>	CALIFORNIA	14.40%	<b>13.36%</b>	12.50%	<b>13.12%</b>	<b>NOT MET</b>
<a href="#">Retinopathy Exam</a>	CALIFORNIA	44.70%	<b>40.62%</b>	47.60%	<b>44.69%</b>	<b>NOT MET</b>
<a href="#">Statin Therapy</a>	CALIFORNIA	54.50%	<b>54.92%</b>	52.60%	<b>52.69%</b>	<b>MET</b>

### IMMUNIZATIONS

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
<a href="#">Adult IZ - All Age-appropriate IZ</a>	CALIFORNIA	37.00%	<b>39.04%</b>	39.00%	<b>42.21%</b>	<b>MET</b>
<a href="#">Childhood IZ</a>	CALIFORNIA	40.90%	<b>30.30%</b>	37.80%	<b>30.21%</b>	<b>NOT MET</b>
<a href="#">Influenza Vaccination 18+</a>	CALIFORNIA	19.70%	<b>19.86%</b>	21.00%	<b>21.07%</b>	<b>MET</b>
<a href="#">Influenza Vaccination 6mo - 17 yrs</a>	CALIFORNIA	19.80%	<b>17.91%</b>	18.30%	<b>19.06%</b>	<b>MET</b>

### PREVENTION

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
<a href="#">Cervical Cancer Screening</a>	CALIFORNIA	33.20%	<b>34.36%</b>	35.60%	<b>36.48%</b>	<b>MET</b>
<a href="#">Childhood Weight Control</a>	CALIFORNIA	23.00%	<b>24.26%</b>	22.00%	<b>25.92%</b>	<b>NOT MET</b>
<a href="#">Colorectal Cancer Screening</a>	CALIFORNIA	23.70%	<b>14.19%</b>	24.60%	<b>14.38%</b>	<b>NOT MET</b>
<a href="#">Controlling High Blood Pressure (MH)</a>	CALIFORNIA	45.80%	<b>56.69%</b>	48.20%	<b>58.07%</b>	<b>MET</b>
<a href="#">CVD Statin Therapy</a>	CALIFORNIA	37.80%	<b>38.22%</b>	36.90%	<b>39.00%</b>	<b>MET</b>
<a href="#">Depression Screening or Mood Disorder 12 - 17 years old</a>	CALIFORNIA	29.50%	<b>38.86%</b>	36.10%	<b>36.39%</b>	<b>MET</b>
<a href="#">Depression Screening or Mood Disorder 18 years and older</a>	CALIFORNIA	36.40%	<b>42.13%</b>	39.60%	<b>40.41%</b>	<b>MET</b>
<a href="#">Exclusive/Mostly Breastfeeding at Age of 2 Months</a>	CALIFORNIA	42.60%	<b>49.59%</b>	44.10%	<b>62.50%</b>	<b>MET</b>
<a href="#">HIV Screening Ever</a>	CALIFORNIA	38.90%	<b>42.86%</b>	42.50%	<b>45.31%</b>	<b>MET</b>
<a href="#">IPV/DV Screening</a>	CALIFORNIA	29.60%	<b>15.87%</b>	30.50%	<b>17.76%</b>	<b>NOT MET</b>
<a href="#">Mammography Screening</a>	CALIFORNIA	28.70%	<b>42.76%</b>	40.50%	<b>44.20%</b>	<b>MET</b>
<a href="#">SBIRT</a>	CALIFORNIA	15.00%	<b>10.53%</b>	15.80%	<b>32.28%</b>	<b>MET</b>
<a href="#">Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco</a>	CALIFORNIA	24.40%	<b>16.72%</b>	27.50%	<b>15.59%</b>	<b>NOT MET</b>
<a href="#">Universal Alcohol Screening</a>	CALIFORNIA	32.20%	<b>33.89%</b>	36.00%	<b>28.65%</b>	<b>NOT MET</b>

MET: 18  
 NOT MET: 8

Nationally, IHS met targets for 5 measures and did not meet targets for 21 measures

# California Area 2025 Final GPRA Results Summary

- Measures Met: 18
- Measures Not Met: 8
- Measures Improved in Performance from FY 2024: 15
- Measures Decreased in Performance from FY 2024: 8
  - Diabetes: Nephropathy Assessment (-2.7%)
  - Diabetes: Statin Therapy (-2.2%)
  - Childhood Immunizations (-0.1%)
  - Childhood Weight Control (-1.7%)
  - Depression Screening 12-17 years (-2.5%)
  - Depression Screening 18+ (-1.7%)
  - Tobacco Cessation Counseling or Quit (-1.1%)
  - Universal Alcohol Screening (-5.2%)
- For GPRA questions, please contact [caogpra@ihs.gov](mailto:caogpra@ihs.gov).

# Importance of Health Priority Ballot

- We encourage ALL Tribes to complete their health priority ballots each year for budget formulation and Tribal Chairperson should sign the ballot
- Budget Formulation Workgroup members take this information to the Annual Budget Formulation Meeting in D.C.
  - The workgroup utilizes the priorities voted on by California Tribes to advocate for funding for budget items that are important to California
  - Each year we only receive responses from ~40 to 45 Tribes out of 104 Tribes
- Ballots are due by September 30, 2026
  - Please submit them to the registration desk if you fill them out here
  - OR email them to [Christine.Brennan@ihs.gov](mailto:Christine.Brennan@ihs.gov) by 9/30
  - Ballots should be signed by the Tribal Chairperson

# Questions?

Contacts:

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[Christine.Brennan@ihs.gov](mailto:Christine.Brennan@ihs.gov)