

**The Role of the IHS Budget Formulation
Workgroup & Report on the IHS National
Tribal Budget Work Group 2014 Budget
Testimony**



**National GPRA Coordinators
2012 Conference**

SACRAMENTO, CALIFORNIA

DECEMBER 5, 2012

Purpose



- 1) *DESCRIBE* the Role of the Indian Health Services Tribal Budget Work Group in the HHS Budget Formulation Process**
- 2) *SHARE* the IHS National Tribal Budget Work Group's FY 2014 Tribal Budget Recommendations to the U.S. Department Of Health & Human Services**

IHS Budget Formulation Work Group



- **Primary & Alternate Elected Tribal Representatives from Each IHS Area
(24 total)**
- **2012 Tribal Co-Chairs:**
 - **Vice President *Rex Lee Jim*, Navajo Nation, Navajo Area**
 - **Council member *Andy Joseph Jr.*, Confederated Tribes of the Colville Reservation, Portland Area**
 - ***Carolyn Crowder*, Aleutian Pribilof Islands Association, Alaska Area**

IHS Manual Circular 2006-01 :
Tribal Consultation Policy
Section 12. IHS Budget Formulation

1. *Active Participation of Indian Tribes and Indian Organizations in the Formulation of the IHS Budget Request and Annual Performance Plan*



IHS Manual Circular 2006-01 :

Tribal Consultation Policy

Section 12. IHS Budget Formulation

2. ***Establish a Timeframe to Ensure that Indian Tribes are Able to Provide Meaningful Input for the IHS Budget Request***
 - ✦ **October through December** - Individual IHS Area budget formulation work sessions.
 - ✦ **February through March** -National IHS budget formulation work session.



IHS Circular 2006-01 :

Tribal Consultation Policy

Section 12. IHS Budget Formulation

Cont'd - Established Timeframe

- ✦ **March**-Tribal presentation of national priorities and recommendations to the National HHS Tribal Budget Formulation and Consultation Session, Washington D.C.
- ✦ **May through June** -IHS will assist in the development of a meeting among the co-chairs of the National Tribal Budget Formulation Workgroup, representatives from Indian organizations as appropriate, and the Director of the Office of Management and Budget, OMB



IHS Budget Formulation Work Group Functions

1. To Consolidate Budget Recommendations Developed by Tribal Leadership and Program Staff
2. To Provide Input and Guidance to the IHS Headquarters Budget Formulation Team throughout the Budget Formulation Cycle, that year
3. To Evaluate Formulation Process & Recommend Improvements in Planning for next Budget Cycle
4. To Inform Senior Officials of other HHS Agencies of the Health Needs of the American Indian and Alaska Native Population.



Levels of Review/Recommendation



Process

Key Players

Formulation

IHS, Tribal Governments, and Tribal and urban Indian health programs



Conference Committee Full House & Senate Appropriations Subcommittee/Full Committee



OMB



HHS



IHS



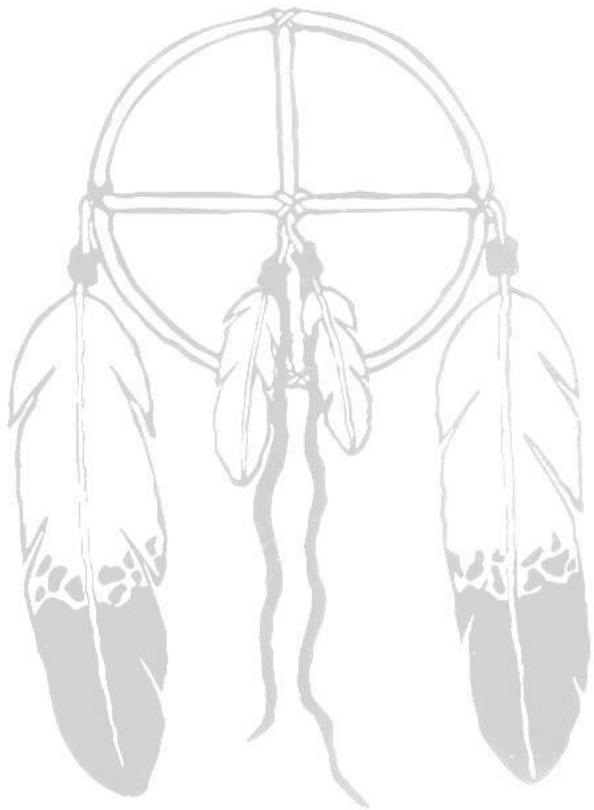
IHS, Tribal Governments, and Tribal and urban Indian health programs

Present to Congress

Execution

Planning

FY 2014 TRIBAL BUDGET RECOMMENDATIONS TO THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

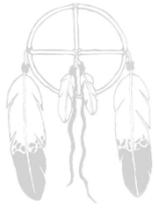


**National Tribal Budget
Formulation Workgroup Presenters:**

Chairman Gary Hayes
Ute Mountain Ute Tribe, Albuquerque Area

Vice President Rex Lee Jim
Navajo Nation, Navajo Area

March 7-9, 2012
DHHS Hubert Humphrey Building, Washington, DC



Together, Building on Our Trust ...



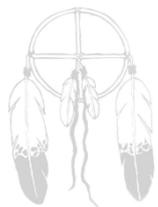
OUR VISION

Optimal Health for all
American Indian/Alaska
Native People

OUR COMMON GOAL

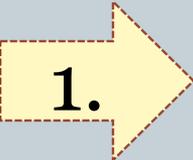
Eliminate health disparities
and fully fund the Indian
Health System at **\$26.1 B**

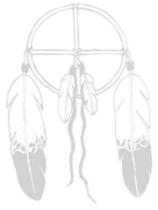




FY 2014 Tribal Top 4 Budget Recommendations



-  1. Protect prior year increases in FY2012 & FY2013 from budget roll-backs, freezes, rescissions, and sequestration



FY 2014 Tribal Top 4 Budget Recommendations



2.

Fully fund the IHS Total Need of **\$26.1 Billion** over the next ten years

Includes funding for:

- Personal medical care
- Community & public health services
- Health facilities & sanitation
- Contract support costs



FY 2014 Tribal Top 4 Budget Recommendations



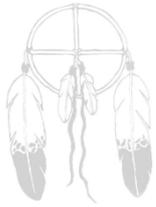
3.

Fully Fund ***Current Base***:

Current Services: \$163.5 M

Other obligated requirements: \$305.9 M

- Taken together, funding increases maintain current level of Indian programs (*still @ 56.5% of actual need*)



FY 2014 Tribal Top 4 Budget Recommendations



4.

Fully Fund *Program Increases:*

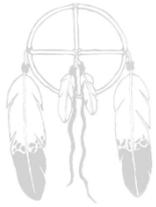
Services: \$456M

Facilities: \$47M

Total FY2014 Budget Request:

\$5.279B*

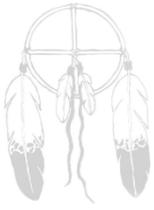
(*Based on FY2012 Enacted planning base of \$4.3B)



Next Steps.... Recommendations for Eliminating Barriers within HHS



- Increase number of grants targeted to Tribes and Tribal organizations
- Provide annual/multi-year program announcements, with multiple due dates
- Provide orientation for grant reviewers on unique Tribal issues and circumstances
 - include ways to address the needs of Tribes and Tribal organizations
- Provide clear reasons for rejection of application
- Consider Tribal "set-asides" or special grant initiatives (i.e. SAMHSA)



Other Next Steps....



- Increasing Tribal set asides in FY2014 President's Budget
- Implement new and Expanded Indian Health Care Improvement Act
- Initiate Title VI pilot projects

In Summary....

- Greater Partnership with HHS
- Phase In increases over 10 years to increase IHS funding base to \$26.1 Billion.

Tribal Budget Formulation “*Behind the Scenes*” Strategy



- Request Phase-in Full Funding of Tribal Unmet Need over 10 years
- Focus on Statutory Obligation and Government-to-Government Relationship
- Incorporate Comparative Data i.e. Requested increases adjusted to Inflation, Expenditures compared to Prison System, Federal Employee Health Benefits, etc.
- *Incorporate GPRA performance data & results*
- Incorporate Cost-Benefit Projections for Increases
- Incorporate Impact Stories & Best Practices
- Pre-Consultation meeting with IHS Director to present Executive Summary

Tribal Budget Formulation Approach



- Clear & Concise Executive Summary
- Key in on Administration's Priorities
- Offer Alternative Options to Fund Tribal Need w/in HHS
- Highlight Area Differences in Budget Priorities "Hot Topics"
- Visual Presentation @ HHS Consultation
- Request Access to OMB & removal of barriers i.e. embargos
- HHS Consultation Presentation Strategy: agenda placement, HHS & Budget Council's time, consistent message, time for Qs&As, Tribal Leader participation
- Coordination with National Tribal Organizations: DST, NCUI, TSGAC, NCAI

ENGAGING Tribes to Discuss Policies to Improve the Budget Formulation Results



- Coordinate Efforts to Reinforce Commitment for Full Funding to Fulfill Treaty, Statutory Obligations
- Eliminate policies requiring IHS to compete with HHS & other Discretionary Programs
- Advocate that IHS be protected from rescissions, sequestration action; illustrate affect on patient care
- Educate Federal partners' on Self-Governance i.e. Budget Re-program Authority, Reporting Requirements, Contract Support Costs..... “not just another federal program”

ENGAGING Tribes to Discuss Processes to Improve the Budget Formulation Results



- Eliminate Data Gaps esp. @ Area Budget & National Budget Consultation Meetings
- Increase # of Tribes reporting GPRA performance data & results
- Develop National Data on Cost-Benefit projections for Increases
- Improve Access to OMB & Remove Barriers i.e. embargos
- Promote consistency in Tribal Leadership participation @ National Budget Work Session, HHS Consultation Session & Tribal Leaders Presidential Forums

ENGAGING Tribes to Address Growing Unmet Need in Indian Country Process



- Call for strategic coordination with National & Other Tribal Organizations: DST, NCUI, TSGAC, NCAI, NIHB, AFN, CRIB, Navajo Nation, Cherokee Nation, USET, Area Tribal Health Boards, etc.
- Call for Improved Access by Tribal Leadership to OMB & Remove Administrative Barriers i.e. embargos
- Support Collaboration on Best Practices & Ways to Promote Resource Efficiencies
- Actively Participate in Area Budget Consultations Meetings
- Link Messaging at all National Organizations' meetings
- Mentor Upcoming Leaders

Thinking **Outside** the **Box**

“Relationships, relationships, relationships!”



- Collaborative Tribal Visioning Strategy
- Secure IHS Funding stability – mandatory vs. discretionary
- Widening Advocacy Base & Partnerships beyond I/T/U
- Use of Social Media
- Take Actionable Steps to Eliminate Legislative & Administrative Barriers
- Elevate Tribal Relationships, Authority & Voice w/in Administration
- Right Place, Right Time to provide Clear, Consistent Messaging & Ask
- Engaging New Leaders

Being Pro-Active

For Our FUTURE Generations!!!

