

Budget Formulation FY 2018

Please rank your top five budget priorities for FY 2018 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, 4=fourth choice, and 5=last choice.

- ☐ **Health Information Technology (IT)** – 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.
- ☐ **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. The California Area is 100% compacted and PRC dependent as there are no IHS-operated hospitals or clinics. The California Area under utilizes the CHEF because tribal healthcare programs have difficulty meeting the \$25,000 threshold. This priority was ranked #2 for FY 2017 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 Federal Employees Health Benefits Program (FEHB). If Congress appropriates additional funding for the IHCIF, IHS and tribal healthcare programs with the greatest unmet needs are funded first. (Please refer to and rank the “Unfunded New Programs and Services Authorized in the IHCIA which is enclosed.)
- ☐ **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 eight urban Indian healthcare programs in California.
- ☐ **Obesity/Diabetes + Complications (Dialysis)** - The national rate of diabetes for AI/ANs is 16.1%. Tribal and urban Indian healthcare programs use these funds to offer education, self-management support, clinical, and specialty care for AI/AN patients battling diabetes. This priority was ranked #1 for FY 2017 by tribal officials.
- ☐ **Behavioral 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. This priority was ranked #3 for FY 2017 by tribal officials.
- ☐ **Methamphetamine and Suicide Prevention/Domestic Violence Prevention** projects promote the development of innovative evidence-based and practice-based models to address methamphetamine abuse, suicide, and domestic violence, and sexual assault in Indian Country. The IHS currently provides funding based on a competitive process.
- ☐ **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.
- ☐ **Sanitation Facilities Construction** program offers technical environmental engineering expertise and financial assistance to California tribal governments for the development and continued operation of safe drinking water and wastewater disposal facilities for Indian communities and individual Indians.
- ☐ **Pharmacy** – Seek an IHS budget line item for pharmaceutical products and services similar to the Department of Veterans’ Affairs.
- ☐ **Tribal Healthcare Facilities** – The Small Ambulatory Program authorizes up to \$2.0 million per project to support tribal construction of new healthcare facilities. The Joint Venture Construction Program authorizes 20 years of IHS funding for staff and operational expenses to support new tribally funded/constructed healthcare facilities. Maintenance & Improvement – The IHS/CAO received \$3.0 million in FY 2014 to maintain and improve all tribal healthcare facilities throughout California as safe, pleasant, and modern environments.
- ☐ **Higher Increase in H&C for Local Priorities** – Congress no longer has the ability to “earmark” funds to address local health crises in their districts. An innovative approach must be created to allow the flexibility needed to fund critical health issues identified by Tribes within each Area. This request includes an additional increase within the Hospital & Clinics budget line, which can be used by the agency, in consultation with the Tribes, to address these local budget needs.
- ☐ **Other** – Please specify: _____

Tribal Government (Print): _____

Tribal Chairperson/Designee Name (Print): _____

Tribal Chairperson/Designee Signature: _____ Date: _____

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