

## IHS/CAO Annual Tribal Consultation Budget Formulation FY 2015

Please rank your top five budget priorities for FY 2015 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.

- Northern and Southern California Youth Regional Treatment Centers (YRTCs)** will provide culturally appropriate chemical dependence treatment services to American Indian/Alaska Native (AI/AN) youth, ages 12-17. For the southern California YRTC, in 2011, the IHS purchased a 20-acre site in Riverside County, near Hemet, and began the design phase. In the north, the IHS selected a 12-acre site in Yolo County, near D-Q University. GSA is processing the real property land transfer, which should be complete in 2012. This priority was ranked #1 in FY 2012 by tribal officials.
- Contract Health Services (CHS)** 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 CHS 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 \$19,000 threshold. This priority was ranked #2 for FY 2012 by tribal officials.
- The **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. This priority was ranked #3 for FY 2012 by tribal officials.
- Obesity/Diabetes + Complications (Dialysis)** - The national rate of diabetes for AI/ANs is 16.1%. Congress authorized Special Diabetes Program for Indians (SDPI) grant funds to fight diabetes. 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 2008-2011 by tribal officials, but did not rank for FY 2012.
- Behavioral Health** includes prevention and treatment of chemical dependence, suicide, domestic/intimate partner violence, and depression. Psychiatric and psychological services are necessary to improve outreach, education, crisis intervention, and the treatment of mental illness. This priority was ranked #3/4 for FY 2008-2012 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 #6 for FY 2008-2010 and #8 for FY 2011 by tribal officials.
- The **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. This priority was ranked #5 for FY 2012 by tribal officials.
- 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 \$3.1 million in FY 2012 to maintain and improve all tribal healthcare facilities throughout California as safe, pleasant, and modern environments.
- 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.
- New Tribes/Unfunded Tribal Populations** – 377 in Tejon Tribe (Kern County); 317 in Wilton Rancheria (Sacramento County); 75 in Lower Lake Rancheria (Lake and Sonoma Counties); 69 members of the Smith River Rancheria and 315 unaffiliated Indians (Curry County, Oregon) active users
- Other** – Please specify: \_\_\_\_\_

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

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

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

Fax to Travis Coleman at (916) 930-3951 or e-mail to [Travis.Coleman@ihs.gov](mailto:Travis.Coleman@ihs.gov).