DHHS
Indian Health Service
California Area Office
Annual Tribal Consultation

Margo D. Kerrigan, MPH
Area Director

March 12, 2013
Pala
IHS Agency Priorities

• Renew and strengthen our partnerships with tribes
• Reform the IHS
• Improve the quality of and access to care
• Make all of our work accountable, transparent, fair and inclusive
Mission and Goal

• To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level

and

• To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people inherent sovereign rights of Tribes
Foundation

To uphold the Federal Government’s obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent rights of sovereign rights of tribes
New Tribes

Congratulations to the new tribes in California:

Tejon Indian Tribe

Wilton Rancheria
2013 California Area Profile

• Indian Healthcare System:
  – Tribally-operated healthcare services:
    • 9 Title V compacts representing 37 Tribes
    • 35 Title 1 contracts representing 67 Tribes
  – 8 Urban health care services and resource centers
  – 8 alcohol treatment programs

• Population served:
  – Members of 104 federally recognized Tribes
  – 85,881 American Indians and Alaska Natives residing on or near reservations/rancheria
  – 6,710 American Indians in Urban clinics (users)

• Annual Patient Services (Tribal facilities)
  – Inpatient Admissions: N/A
  – Outpatient visits: 532,557
  – Dental visits: 198,519
2013 California Area Profile

• Area Office budget Appropriations:
  – FY 2011: $182,711,687
  – FY 2012: $195,566,945

• Per capita personal health care expenditures comparisons:
  – CAO user population: $2018 (excludes OEHE $)
  – IHS user population $2690
  – Total U.S. population $7026 (CMS Report)
DHHS Secretary’s
Tribal Advisory Committee

California Primary Representative: Stacy Dixon, Chairman
Susanville Indian Rancheria

California Alternate Representative: Elaine Fink, Chairperson
North Fork Rancheria

For more information contact:
Stacey Ecoffey
Office of Intergovernmental Affairs
(202) 690-7410
stacey.ecoffey@hhs.gov
DHHS REGION IX
(California, Nevada, and Arizona)

• Director Herb Schultz was appointed by the President and reports to the office of DHHS Secretary Sebelius

• Herb Schulz and the IHS director held a listening session with tribal officials on February 4 in Sacramento

• Region IX Tribal Consultation scheduled for March 27-28 in Chandler, Arizona
## California Representatives to National IHS Boards/Committees/Workgroups

**March 2012**

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Representatives</th>
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</thead>
<tbody>
<tr>
<td><strong>Contract Support Costs</strong></td>
<td>Michelle Hayward, Tribal Secretary Redding Rancheria</td>
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<td></td>
<td>Mary Benedict, Controller K’ima:w Medical Center, Hoopa Valley Tribe</td>
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<tr>
<td><strong>Budget Formulation</strong></td>
<td>Stacy Dixon, Chairman Susanville Indian Rancheria</td>
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<tr>
<td></td>
<td>Alternate: Dennis Heffington, Vice-Chairman Wilton Rancheria</td>
</tr>
<tr>
<td><strong>Improving Contract Health Services</strong></td>
<td>Johnny Hernandez, Former Chairman Santa Ysabel Band of Mission Indians</td>
</tr>
<tr>
<td></td>
<td>Alternate: Chris Devers, Former Chairman Pauma Yuima Band of Mission Indians</td>
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# California Representatives to National IHS Boards/Committees/Workgroups

March 2012

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<thead>
<tr>
<th>Workgroup</th>
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<tbody>
<tr>
<td>National Tribal Advisory Committee on Behavioral Health</td>
<td>Robert Marquez, Chairman&lt;br&gt;Cold Springs Rancheria&lt;br&gt;&lt;br&gt;Alternate:&lt;br&gt;Michael Thom, Vice Chairman&lt;br&gt;Karuk Tribe of California</td>
</tr>
<tr>
<td>Tribal Consultation</td>
<td>Charlie Wright, Chairman&lt;br&gt;Cortina Rancheria&lt;br&gt;Haley Hutt, Councilwoman&lt;br&gt;Hoopa Valley Tribe</td>
</tr>
<tr>
<td>Tribal Leaders’ Diabetes Committee</td>
<td>Rosemary Nelson, Member&lt;br&gt;Pit River Tribe&lt;br&gt;Dominica Valencia, Member&lt;br&gt;Santa Ynez Band of Mission Indians&lt;br&gt;&lt;br&gt;Alternate:&lt;br&gt;Diane Chihuahua, Member&lt;br&gt;Torres-Martinez Desert Cahuilla Indians</td>
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California Area Tribal Advisory Committee

Two year terms completed by:

<table>
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<tr>
<th>Primary</th>
<th>Alternate</th>
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<tbody>
<tr>
<td>John Green</td>
<td>Charyl Seidner</td>
</tr>
<tr>
<td>David Moose</td>
<td>Jared Saulque</td>
</tr>
<tr>
<td>Silver Galleto</td>
<td>Emilio Valencia</td>
</tr>
<tr>
<td>Nelson Pinola</td>
<td>Elizabeth Hansen</td>
</tr>
<tr>
<td>Johnny Hernandez</td>
<td>Mark Romero</td>
</tr>
<tr>
<td></td>
<td>Theresa Sanchez</td>
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Active IHS Tribal Consultations
consultation@ihs.gov

- OIT Tribal Shares (PFSAs) Improvement Plan
- Data Sharing Epidemiology
- Improving the CHS Program
- Implementation of the Affordable Care Act/Indian Health Care Improvement Act
- Federal Advisory Committee Act
- Long Term Care
- Budget Formulation
- Contract Support Costs
- Policy conferring with urban healthcare organizations
- VA Reimbursement – Direct care by IHS/TRIBAL
Access to Federal Insurance

• The Office of Personnel Management (OPM) has the Tribal FEHB program running. Several tribal programs in the California Area participate in FEHB.
• The Tribal FEHB program is available to eligible employees of entitled tribes, tribal organizations, and urban Indian organizations
• For tribal benefits officers, FEHB training is available the 2nd Tuesday of each month at OPM, in Washington, D.C. Please contact the Tribal Desk at TribalPrograms@opm.gov for additional information.
Affordable Care Act Outreach

• California was the first state to establish a Regional Extension Center to offer affordable or discounted health insurance packages

• NHIB/NCAI/NCUIH and regional organizations such as CRIHB offering educational outreach and enrollment information
Reauthorization of Violence Against Women Act of 2011

• On February 28, the House reauthorized and strengthened the Violence Against Women Act
  – Supports tribal governments and communities
  – Expands tribal jurisdiction over crimes of violence committed by non-Indian offenders
  – Improves services for victims of domestic violence, sexual assault, dating violence, and stalking
  – Strengthens healthcare systems response to domestic violence and sexual assault
To Reform the IHS

• In FY 2011, California completed a written Area Office Administrative Review (self-assessment tool)
  • Pre-Employment suitability Assessment
  • Administrative Leave Assessment
  • Administrative Control of Funds
  • Contract Health Services Assessment
  • Pharmacy Control Assessment
  • Health Professional Licensure Assessment
  • Accreditation of IHS Facilities

• The California Area Office is scheduled for actual investigation in November/December 2012
California CHEF Cases by Diagnosis for FY 2012

<table>
<thead>
<tr>
<th>CATASTROPHIC ILLNESS OR EVENT</th>
<th>No.</th>
<th>CHEF AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis-Circulatory, Stroke, Heart</td>
<td>1</td>
<td>$46,549</td>
</tr>
<tr>
<td>Diseases-Musculoskeletal System</td>
<td>1</td>
<td>$6,286</td>
</tr>
<tr>
<td>Neoplasms (Cancer)</td>
<td>1</td>
<td>$2,229</td>
</tr>
<tr>
<td>Injuries &amp; Poisonings</td>
<td>1</td>
<td>$87,565</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4</td>
<td><strong>$142,629</strong></td>
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## Contract Health Services

### California Deferrals and Denial Cases Reported

<table>
<thead>
<tr>
<th></th>
<th>Deferred</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2012 (24 sites)</td>
<td>589</td>
<td>7,927</td>
</tr>
<tr>
<td>FY 2011 (24 sites)</td>
<td>758</td>
<td>59,760</td>
</tr>
</tbody>
</table>

- Demonstrates data collection by tribal health programs has fallen dramatically

- Collecting and reporting accurate CHS deferral and denial data drives the CHS unmet need analysis for Congress for IHS budget increases in its annual CHS appropriation
Sanitation Facilities Construction (SFC)

Since March 2000, the IHS/CAO completed 385 construction projects, served 26,486 Indian homes, at a cost of $133,823,000. Those projects included:

- 100 miles of water/sewer mains
- 30 miles of roadway restoration
- 100 miles of water/sewer service lines
- 800 water wells
- 30 water treatment buildings
- 20 water storage tanks
- 15 wastewater treatment plants
- 1800 individual septic tank/drain fields
The EHS program is currently staffed with 6 professional environmental health officers. Food Service (318)

- Head Start (13)
- Swimming Pools (9)
- Healthcare Facilities (9)
- Grocery/Convenience stores (7)
- Other Facilities (35)
- Risk assessments (26)
- Accreditation support surveys (9)
- Radiation protection surveys (7)
- Industrial hygiene assessments (2)
Health Facilities Engineering (HFE)

In FY 2012, the IHS/CAO managed:

- 8 facility improvement projects using M&I funds
- 5 new facility construction/expansion projects
- 3 new facility construction projects: planning and design
- 4 new facility construction projects: planning and design for FY 2013

In FY 2012, the IHS/CAO managed $5.51 million to improve Indian healthcare facilities throughout California. Of that total:

- $3,073,000 Maintenance & Improvement (M&I) projects
- $ 814,000 Annual medical equipment needs
- $1,618,000 Medical equipment for 7 Indian health programs, based on new construction
Strengthen our relationship with Tribes

- IHS/CAO Annual Report
- Reports of Area Office operations funding to tribal and urban Indian health programs in California
- Comprehensive financial report based on general accepted accounting principles
- To be used as a tool to apprise tribes and tribal healthcare programs about area office expenditures, services, and resources
## Budget Transparency

### IHS/California Area Office Budget
**Fiscal Year 2012**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Recurring Budget</th>
</tr>
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<tbody>
<tr>
<td>Clinical Services</td>
<td>$ 88,769,692</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>3,210,383</td>
</tr>
<tr>
<td>Contract Health Care</td>
<td>44,946,135</td>
</tr>
<tr>
<td>Contract Support Cost</td>
<td>45,790,285</td>
</tr>
<tr>
<td>Direct Operations</td>
<td>1,546,509</td>
</tr>
<tr>
<td>Urban Health</td>
<td>6,561,982</td>
</tr>
<tr>
<td>Envr Hlth Support</td>
<td>3,732,665</td>
</tr>
<tr>
<td>Facilities Support</td>
<td>1,009,289</td>
</tr>
<tr>
<td><strong>Total Recurring Budget</strong></td>
<td><strong>$ 195,566,940</strong></td>
</tr>
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Allocation of Funds
FY Ending September 30, 2012

- Headquarters Shares 1%
- Area Shares 3%
- Area/Tribal Operations 4%
- Tribal Operations 92%
Veteran’s Administration

- Estimated 17,000 dual-eligibles in California

- MOU signed October 2011

- In 2012, high level discussions are ongoing between VA and IHS about Section 405 reimbursement agreement of the IHCIA

- VA Office of Tribal Government Relations is holding a benefits workshop at the Western Region Conference in Pala, CA, April 9-10, 2013
Budget Sequestration

• Budget sequestration is a procedure that limits the size of the federal budget

• Sequestration has been authorized by Congress under the Budget Control Act of 2011

• Macro Picture:
  – Total federal budget is $3.8 trillion,
  – Proposed cut of $1.2 trillion in next 10 years,
  – Proposed cut in 2013 $110 billion
  – IHS agency budget cut- $220 million
  – California’s share is 5% of total area budget
  – $200Mx5%= $10 million

• Sequestration will result in cuts ranging from 2%-8% cut across all government departments and agencies

• Entitlement programs like Medicare, Social Security, Food Stamps etc. are exempt
Core Values

Excellence

Innovation

Respect

Ethics

Leadership
IHS/CAO Staff
Health Promotion/
Disease Prevention