











DHHS

Indian Health Service

California Area Office

Annual Tribal Consultation

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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:

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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

Workgroup	Representatives
Contract Support Costs	Michelle Hayward, Tribal Secretary Redding Rancheria Mary Benedict, Controller K'ima:w Medical Center, Hoopa Valley Tribe
Budget Formulation	Stacy Dixon, Chairman Susanville Indian Rancheria <u>Alternate:</u> Dennis Heffington, Vice-Chairman Wilton Rancheria
Improving Contract Health Services	Johnny Hernandez, Former Chairman Santa Ysabel Band of Mission Indians <u>Alternate:</u> Chris Devers, Former Chairman Pauma Yuima Band of Mission Indians



California Representatives to National IHS Boards/Committees/Workgroups



March 2012

Workgroup	Representatives
National Tribal Advisory Committee on Behavioral Health	Robert Marquez, Chairman Cold Springs Rancheria <u>Alternate:</u> Michael Thom, Vice Chairman Karuk Tribe of California
Tribal Consultation	Charlie Wright, Chairman Cortina Rancheria Haley Hutt, Councilwoman Hoopa Valley Tribe
Tribal Leaders' Diabetes Committee	Rosemary Nelson, Member Pit River Tribe Dominica Valencia, Member Santa Ynez Band of Mission Indians <u>Alternate:</u> Diane Chihuahua, Member Torres-Martinez Desert Cahuilla Indians



California Area Tribal Advisory Committee

Two year terms completed by:

Primary	Alternate
John Green	Charyl Seidner
David Moose	Jared Saulque
Silver Galletto	Emilio Valencia
Nelson Pinola	Elizabeth Hansen
Johnny Hernandez	Mark Romero
	Theresa Sanchez



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



Contract Health Services



California CHEF Cases by Diagnosis for FY 2012

CATASTROPHIC ILLNESS OR EVENT	No.	CHEF AMOUNT
Diagnosis-Circulatory, Stroke, Heart	1	\$ 46,549
Diseases-Musculoskeletal System	1	\$ 6,286
Neoplasms (Cancer)	1	\$ 2,229
Injuries & Poisonings	1	\$ 87,565
TOTAL	4	\$ 142,629



Contract Health Services

California Deferrals and Denial Cases Reported

	Deferred	Denied
FY 2012 (24 sites)	589	7,927
FY 2011 (24 sites)	758	59,760

- 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



Environmental Health Services (EHS)

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

Indian Health Service / California Area Youth Regional Treatment Centers





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

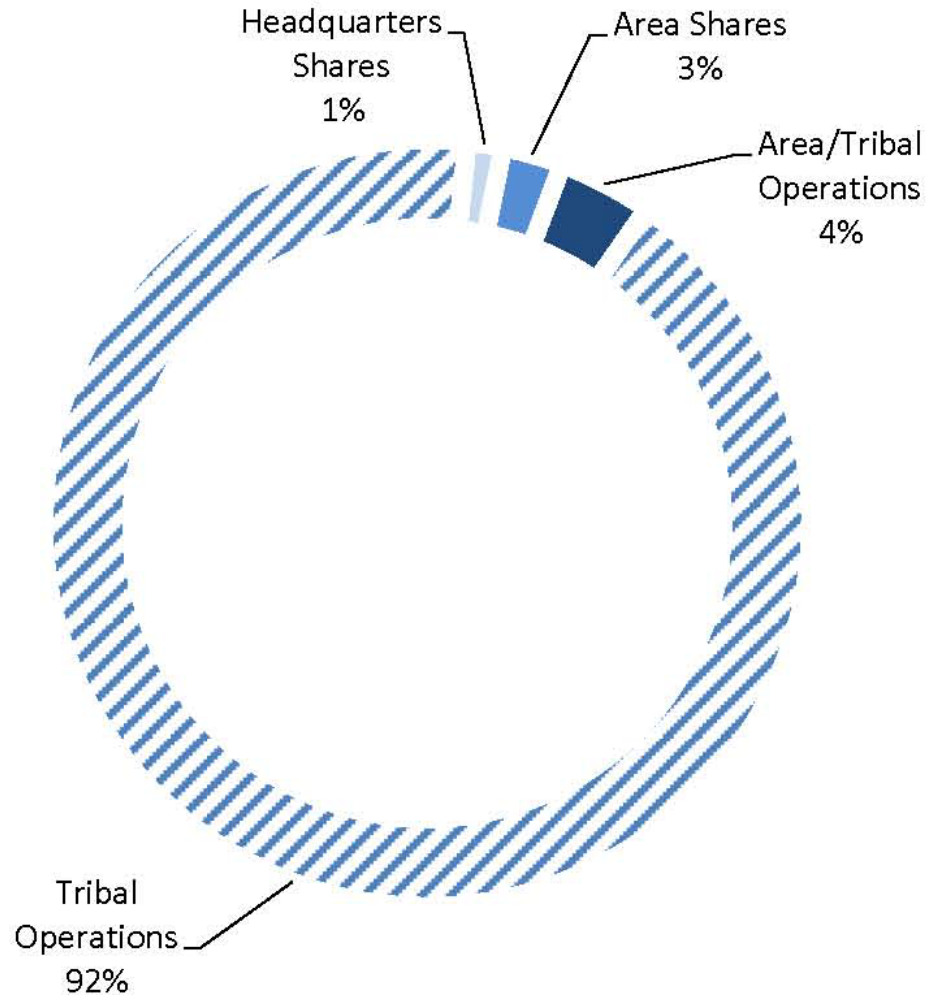
IHS/California Area Office Budget
Fiscal Year 2012

Activity	Recurring Budget
Clinical Services	\$ 88,769,692
Preventive Health	3,210,383
Contract Health Care	44,946,135
Contract Support Cost	45,790,285
Direct Operations	1,546,509
Urban Health	6,561,982
Envr Hlth Support	3,732,665
Facilities Support	1,009,289
Total Recurring Budget	<u>\$ 195,566,940</u>



Allocation of Funds

FY Ending September 30, 2012





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 IHClA
- 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
 - $\$200M \times 5\% = \10million
- 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



