

FY 2025 Area Tribal Budget Consultation *Alaska Area Report*

PRESENTED BY:

VICTOR JOSEPH, NATIVE VILLAGE OF TANANA

ALBERTA UNOK, ALASKA NATIVE HEALTH BOARD

Alaska Area Summary & Demographic Information

User Population:
188,000
Federally
Recognized
Tribes: 229



Small community
primary care centers: 180
Sub-regional mid-level
care centers: 25
Multi-physician health centers: 4
Dedicated behavioral health centers: 4
Regional hospitals: 7
Alaska Native Medical Center tertiary care

Summary of Funding Priorities

Priority 1 – Current Services & Binding Obligations: \$ **771,363,000**

Priority 2 - Hospitals & Health Clinics: \$ **15,036,059,000**

Priority 3 - Dental Services: \$ **6,834,572,000**

Priority 4 - Immunization Alaska: \$**273,383,000**

Priority 5 - M&I: \$ **2,733,828,000**

Priority 6 - Sanitation: \$**2,460,446,000**

- **Operation and Maintenance (O&M)**- \$100 Million

Hot Issues

1. ACHIEVING HEALTH EQUITY REQUIRES FULL AND MANDATORY FUNDING

- a. ISSUE: FULL MANDATORY FUNDING FOR INDIAN HEALTH SERVICE
- b. ISSUE: CONTRACT SUPPORT COSTS MANDATORY FUNDING

2. SUSTAINABLE INVESTMENTS IN CRITICAL INFRASTRUCTURE

- a. ISSUE: JOINT VENTURE CONSTRUCTION PROGRAM AND STAFFING PACKAGES
- b. ISSUE: CLINIC LEASE PROGRAMS
- c. ISSUE: SANITATION FACILITIES
- d. ISSUE: OPERATION AND MAINTENANCE
- e. ISSUE: MAINTENANCE & IMPROVEMENT
- f. ISSUE: SMALL AMBULATORY GRANTS PROGRAM

3. BUILDING PARITY & EXPANDING TRIBAL SELF-GOVERNANCE

- a. ISSUE: TRIBAL SELF-DETERMINATION IS HEALTH EQUITY
- b. ISSUE: PARITY IN MODERNIZATION OF HEALTH INFORMATION TECHNOLOGY
- c. ISSUE: NON-COMPETITIVE FUNDING FOR BEHAVIORAL HEALTH
- d. ISSUE: PERMANENT AUTHORIZATION OF THE SPECIAL DIABETES PROGRAM FOR INDIANS

4. INVESTING IN ESSENTIAL PROVIDERS & WORKFORCE EXPANSION

- a. ISSUE: COMMISSIONED PERSONNEL SUPPORT STAFFING
- b. ISSUE: TRIBAL PUBLIC HEALTH & PANDEMIC RESPONSE
- c. ISSUE: INCREASING THE NUMBER OF TRIBAL ENGINEERS
- d. ISSUE: INDIAN HEALTH PROFESSIONS SCHOLARSHIP & LOAN REPAYMENT
- e. ISSUE: ESSENTIAL CHAP TRAINING & STAFFING SHORTAGE
- f. ISSUE: ADDRESS RURAL HEALTH PROFESSIONAL HOUSING
- g. ISSUE: DENTAL SERVICES
- h. ISSUE: BEHAVIORAL HEALTH PROGRAM AND WORKFORCE DEVELOPMENT

5. SUPPORTING THE CONTINUUM OF CARE

- a. ISSUE: TRAVEL, MEDIVAC, AND LODGING
- b. ISSUE: BEHAVIORAL HEALTH FUNDING
- c. ISSUE: TELEHEALTH & TELE-BEHAVIORAL HEALTH
- d. ISSUE: LONG-TERM CARE AND ELDERCARE
- e. ISSUE: PURCHASED AND REFERRED CARE

Success Stories

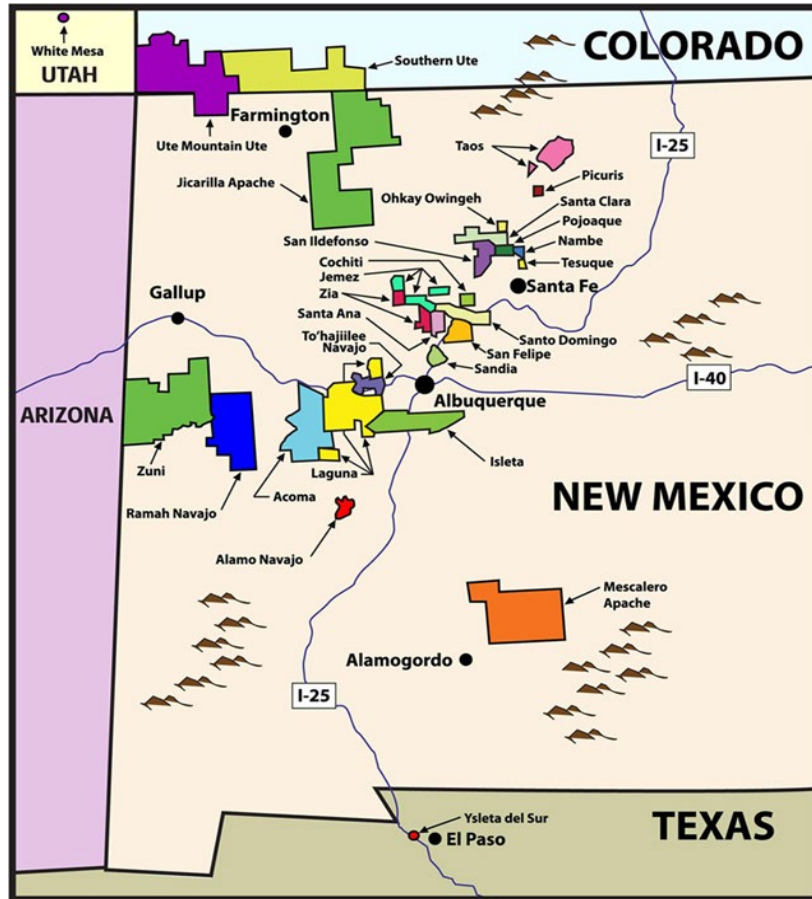
- Tribal Self-Determination & Self-Governance
- 55 Year Anniversary for the Alaska Native Health Board
- New Alaska Tribal Health Compact Co-Signer, Native Village of Tanana
- Alaska Native Congresswoman

FY 2025 Area Tribal Budget Consultation *ALBUQUERQUE AREA* *Report*

PRESENTED BY: *MS. BEVERLY J. COHO, RAMAH NAVAJO
CHAPTER RNSB, INC. PRESIDENT; AAIHB INC. VICE PRESIDENT*

DELIVERABLE TO BE SUBMITTED: *JANUARY 6, 2023*

Summary of Service Area and Demographic Information



- 27 distinctly different tribal groups:
 - 20 Pueblos
 - 3 bands of the Navajo Nation
 - 2 Apache bands
 - 2 Ute tribes
- Health care facilities are located across four Southwest states to include New Mexico, Colorado, Texas and Utah
- 2 Urban Health Care Centers located in Albuquerque, NM and Denver, CO
- 1 dental clinic
- 1 youth residential treatment center
- 10 Tribally run health care clinics
- Approximately 84,000 active user population

Summary of Funding Priorities

Priority 1- Substance Abuse	\$345 Million
Priority 2- Hospitals & Clinics	\$318 Million
Priority 3- Purchased Referred Care	\$105 Million
Priority 4- Mental Health	\$302 Million
Priority 5- Dental Health	\$273 Million
Priority 6- Public Health Nursing	\$159 Million
Community Health Reps	\$159 Million
<hr/>	
\$1.6 Billion increase as part of \$ 53.8 Billion Full Funding amount	

The Albuquerque Area is in support of a mandatory full funding proposal for FY25 and a full funding budget policy as recommended by the National Tribal Budget Formulation Committee.

Hot Issues

Hot Topic 1: EMS Services and Support

a critical need across a very rural state, additional vehicles and staff

Hot Topic 2: Increased H&C Funding

there is a need for the hiring of additional staff and expanded services

Hot Topic 3: Government Quarters

improving the condition of government quarters is a significant factor for hiring

Hot Topic 4: CHR Program

this is a key connection between tribal communities and health care services

FY 2025 Area Tribal Budget Consultation *Bemidji Area* *Report*

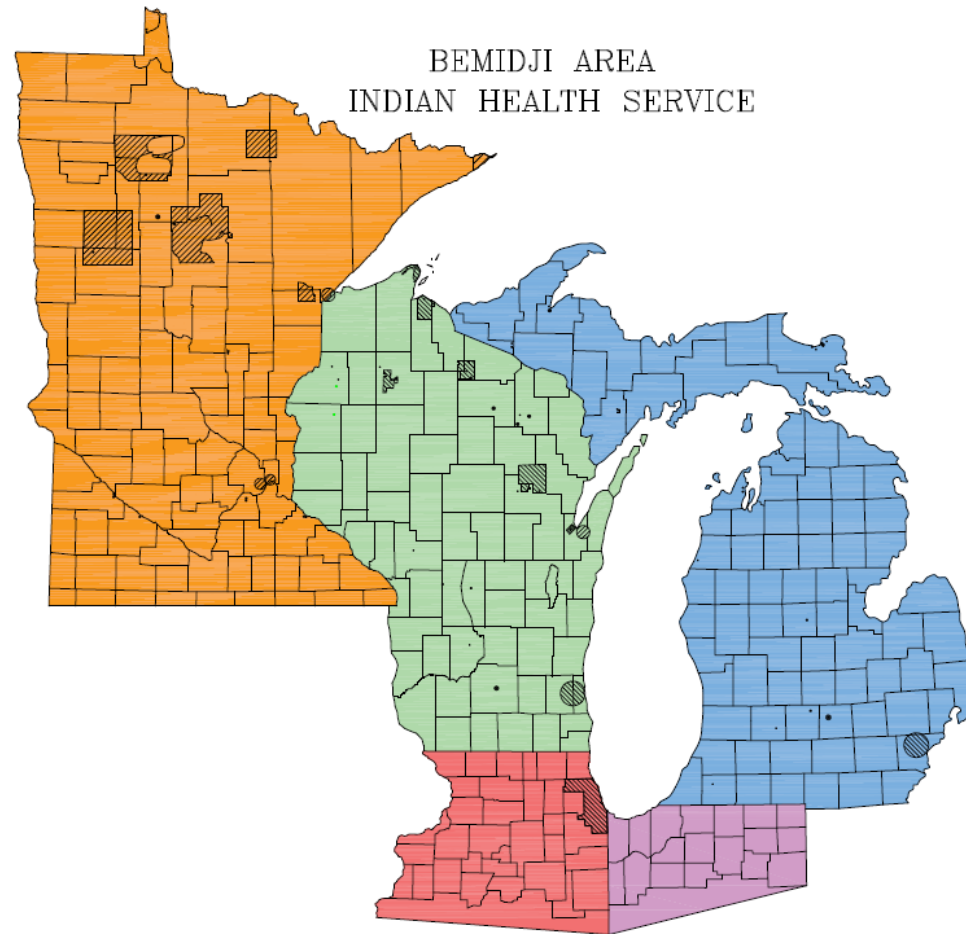
PRESENTED BY:

PHYLLIS DAVIS, MATCH-E-BE-NASH-SHE-WISH POTTAWATOMI

&

DR. LEO CHUGUNOV, SAULT SAINT MARIE TRIBE

Summary of Service Area and Demographic Information



Summary of Service Area and Demographic Information

• **Bemidji Area**

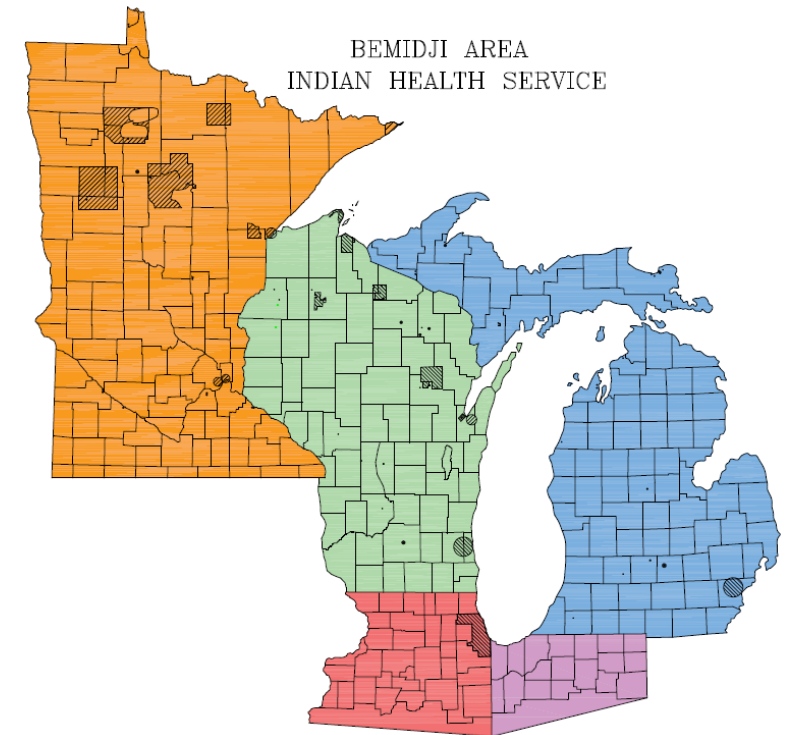
Population: 101,309 (2022)

Tribes: 34 – 200-30,000 members

- 20 Title I
- 14 Title V
- 3 Federal Service Units: 2 Hospitals/1 Ambulatory Clinic

Urban facilities: 6

- Minneapolis, St Paul, Chicago, Detroit, Milwaukee (2)



Summary of Funding Priorities

Priority 1- Hospital & Clinics (H&C) +741M

- Gives healthcare programs flexibility to reduce health disparities, address long term care, add technical support, recruiting, retention, and data management.

Priority 2- Alcohol & Substance Abuse +184.3M

- Increased funds to fully support programs in bio-psycho-social-emotional healing, wellness, and recovery for patients with diagnosed substance use disorders and co-occurring conditions. A holistic and evidence-based treatment services to include new treatment and recovery strategies for broader substances of abuse – including methamphetamine.

Priority 3- Mental Health (MH) +162.6M

- Supports Section 127 of the IHClA as well as Sections 704 and 705 to address community issues. Targeted, data driven solutions will create capacity for precision medicine models as well as enhance preventative strategies to achieve 'zero suicide'.

Summary of Funding Priorities Con't.

Priority 4- Purchased/Referred Care +342.7M

- Funding will assist in addressing unmet needs & lack of CMS parity as it contributes to health disparities with varying access to preventative health services and contributing to potentially increased catastrophic care costs.

Priority 5- Health Care Facilities Construction +116.7M

- Bemidji Area has dated facilities that need prioritization in funding opportunities.

Priority 6- Electronic Health Record System +14.5M

- Demands for support for EHR systems continue to grow while funding remains limited, more funding is needed to keep pace with private sector, offset inflation and technical demands.

Priority 7- Urban Health +23M

- Programs are forced to use grants that are restrictive in nature leaving highly accessed urban sites financially unstable. IHCLIA Title I – Subtitle E: Health Service for Urban Indians, Sec. 164 – Expand Program Authority for the Urban Indian Organizations {25 U.S.C. §1660e}

Summary of Funding Priorities Con't.

Priority 8- Community Health Reps (CHRs) +22

- Greatly enhance the quality of life for the patients they serve and build quality of care.

Priority 9- Maintenance & Improvement +37M

- Funds will assist in further assessment of existing structures, designing modifications & specs for repairs and improvement. In addition, this will continue to address years of acquired backlog of repair and improvements to dated facilities, utility systems, grounds, roads, & parking lots.

Priority 10- Dental Service +21M

- Increased funding will be used to purchase preventative oral health patient education materials, support early head-start prevention interventions, address social determinants of health, & recruitment/retention efforts.

Hot Issues

Hot Topic 1: Urban Indian Health Centers Need Critical Funding Increases - Increase in funding would support authorized new programs and services of the IHClA title I – subtitle E: Health Service for /urban Indians, Section 164-Expand Program Authority for the Urban Indian Organizations.

Hot Topic 2: Securing Advanced Appropriations & Mandatory Funding – to support financial stability and reduce interruptions in health care services.

Hot Topic 3: Bemidji Area is Underfunded- despite serving the second highest number of tribes and among the top six in population served, Bemidji Area continues to be the lowest funded at 39% compared to the average of 49.46% other areas receive.

Hot Issues

Hot Topic 4: Secure and Support OMB Rate for Medicare Services- Current discussions of Medicare for all could pave the way for the elimination of Medicaid programs that tribes in the Bemidji Area rely on as an additional resource for reimbursement when treating patients through Tribal health programs. Support preservation of Medicaid through IHClA and other Indian provisions of the ACA (P.L., 111-148)

Hot Topic 5: Advanced Recruitment and Retention Efforts -The I.H.S Loan Repayment program is not keeping pace with current standards and require significant increase in salary and fringe packages to bring in qualified medical professionals.

Hot Topic 6: Access to Reliable Data - Data collection policy and practice outside of tribal health centers need addressing to improve and increase accurate and reliable data collection for tribes in the Bemidji Area.

Hot Issues

Hot Topic 7: EHR Modernization Funding Increase for Added Technical Support and Data Retrieval

Hot Topic 8: Construction Funding to Add Health Care Facilities to include prioritization of Bemidji Area

Hot Topic 9: Long – Term Care Funding- A new line item for Long Term Care could give tribes the flexibility to design programs that meet the needs of their community in providing care to Elders, and those who are medically or mentally incapacitated

Hot Topic 10: Additional Resources to Further Support Alcohol and Substance Abuse Rehabilitation- Current funds available through grants are too restrictive and ignores the impact culture has with health and wellness, our spiritual belief system is paramount in maintaining a sober lifestyle that American Indians can embrace, grow, and excel in.

Hot Topic 11: Additional Resources to Further Support Mental Health Needs- The inadequate financial resources available impacts a tribe's ability to recruit or retain qualified professionals to work in tribal health settings and to reduce barriers to accessing necessary treatment to support complicated mental health issues.

Success Stories

Due to receiving CARES Act funding –

Gun Lake Tribe Health and Human Services (GLTHHS) has had recent successes.

- Construction completed to accommodate increase in patient care and staffing.
- Increased access to holistic care in the following areas:
 - Pharmacy, Medication Assisted Treatment (MAT), Chiropractic, X-Ray, Physical Therapy, Dietician, Dental
- Increased patient engagement & health maintenance screening compliance attributing to added services.

FY 2025 Area Tribal Budget Consultation *Billings Area* *Report*

PRESENTED BY: *LEVI BLACK EAGLE*

BILLINGS AREA MAP



1H Blackfeet Community Hospital	Browning, MT	Hospital
2H Crow/Northern Cheyenne Hospital	Crow Agency, MT	Hospital
3H Fort Belknap Hospital	Harlem, MT	Hospital
4 Chief Redstone Clinic	Wolf Point, MT	Health Center
5 Eagle Child Health Station	Hays, MT	Health Center
6 Fort Washakie Health Center	Fort Washakie, WY	Health Center
7 Heart Butte Health Station	Heart Butte, MT	Health Center
8 Lodge Grass Health Clinic	Lodge Grass, MT	Health Center
9 Northern Cheyenne Health Center	Lame Deer, MT	Health Center
10 Pryor Health Clinic	Pryor, MT	Health Center
11 Verne E. Gibbs Clinic	Wolf Point, MT	Health Center
12 Helena Indian Alliance	Helena, MT	Urban Health Center
13 Indian Family Health Clinic	Great Falls, MT	Urban Health Center
14 Missoula Urban Indian Health Institute	Missoula, MT	Urban Health Center
15 North American Indian Alliance	Butte, MT	Urban Health Center
16 Flathead Community Health	Kalispell, MT	Tribal Health Center
17 Rocky Boy Tribal Health Center	Box Elder, MT	Tribal Health Center
18 Wind River Family and Community Healthcare	Arapahoe, WY	Tribal Health Center

H Hospitals range in size from 8 – 45 inpatient beds, employing 225 – 475 employees.

◆ Outpatient health centers average 35 – 180 employees.

■ American Indian Reservation

Summary of Service Area and Demographic Information

- ❖ FY 2021 **User Population** - Billings Area = **70, 219**
- ❖ The Billings Area consists of 8 Reservations – **Blackfeet, Crow, Fort Belknap, Fort Peck, Northern Cheyenne, Wind River (Eastern Shoshone/Northern Arapaho), Flathead and Rocky Boy**
- ❖ The Billings Area has **7 Direct Service Tribes**.
- ❖ Nine (9) Title I ISDEAA Contracts (7 (FP has 2) in Montana and 2 Wyoming)
- ❖ Two (2) Title V ISDEAA Self-Governance Tribes (Confederated Salish and Kootenai Tribes & Rocky Boy)
- ❖ There are five (5) Urban Health Centers in the Billings Area: **Helena, Great Falls, Billings, Missoula & Butte**
- ❖ There are three (3) Federally Operated Hospitals and several Satellite Clinics in the Billings Area

Leading Causes of Death among American Indian Residents of Montana, 2020 and 2015-2019

Table. Number and age-adjusted mortality rate among American Indian Montana residents by underlying cause of death, 2020 and 2015–2019.

Rank	Underlying Cause of Death	2020		2015–2019		Change in Rate (2020 versus 2015–2019)*
		Number	Rate [†] (95% CI)	Average Number per Year	Rate [†] (95% CI)	
1	COVID-19	251	45.1 (39.4–51.5)	0	0.0 (0.0–0.0)	N/A
2	Heart Disease	119	23.3 (19.0–28.3)	115	24.6 (22.5–27.0)	=
3	Unintentional Injury	100	14.5 (11.7–17.9)	75	11.7 (10.4–13.1)	=
4	Cancer	93	16.7 (13.2–20.9)	103	20.8 (18.9–22.9)	=
5	C.L.D.C.	73	11.6 (9.1–14.9)	49	8.2 (7.2–9.4)	=
6	Diabetes Mellitus	47	8.1 (5.8–11.0)	42	8.3 (7.1–9.6)	=
7	Suicide	36	4.9 (3.4–7.1)	24	3.1 (2.6–3.8)	=
8	C.L.R.D.	28	5.0 (3.2–7.6)	32	7.9 (6.6–9.3)	=
9	Cerebrovascular Disease	25	5.1 (3.2–7.9)	18	4.1 (3.2–5.2)	=
10	Homicide	21	2.9 (1.8–4.8)	10	1.4 (1.0–2.0)	=
	Total deaths	1,022	179.3 (167.7–191.5)	676	131.5 (126.7–136.5)	↑

Abbreviations: 95% CI = 95% Confidence Interval

C.L.D.C. = Chronic Liver Disease and Cirrhosis

C.L.R.D. = Chronic Lower Respiratory Disease

N/A = Not Applicable

[†]Age-adjusted rate displayed as deaths per 10,000 person-years

*2020 compared to 2015–2019 (↑ significantly higher, ↓ significantly lower, = statistically equal)

(SOURCE: Public Health in the 406 report by Montana DPHHS)

Summary of Funding Priorities

Priority 1 - Alcohol & Substance Abuse: \$12,994,711

Priority 2 - Mental Health: \$8,681,476

Priority 3 - Hospital & Clinics : \$4,172,117

Priority 4 - Public Health Nursing : \$3,749,181

Priority 5 - Purchased/Referred Care : \$3,656,062

Priority 6 - Dental: \$3,600,891

Priority 7 - Community Health Representatives: \$3,437,039

Priority 8 - Health Education: \$3,245,513

Priority 9 – Special Diabetes Program for Indians: \$2,377,438

Priority 10 - Urban Indian Health: \$1,301,106

Hot Issues

Hot Topic 1: Tribal Data Systems

Hot Topic 2: Trauma to Resiliency

Hot Topic 3: Youth Regional Treatment Center

Hot Topic 4: Medicaid expansion in WY

FY 2025 Area Tribal Budget Consultation *California Area Office*

PRESENTED BY: *MICHAEL GARCIA*

Service Area and Geographic Information



FY 2025 Area National Budget Recommendation

Summary of Funding Priorities

- ▶ Priority 1: Purchased/Referred care
- ▶ Priority 2: Behavioral Health
- ▶ Priority 3: Obesity/Diabetes
- ▶ Priority 4: Methamphetamines / Suicide / Domestic Violence
- ▶ Priority 5: Dental
- ▶ Priority 6: CHR
- ▶ Priority 7: Health Information Technology
- ▶ Priority 8: Pharmacy
- ▶ Priority 9: Indian Health Care Improvement Fund
- ▶ Priority 10: Small Ambulatory Program
- ▶ Priority 11: Urban

Hot Issues

Hot Topic 1: Drought

Hot Topic 2: Joint Venture Construction Program

Hot Topic 3: PG&E Wildfire Power Shut Downs

Hot Topic 4: Federal Hospital Construction Master Plan

Hot Topic 5: Recruitment and Retention

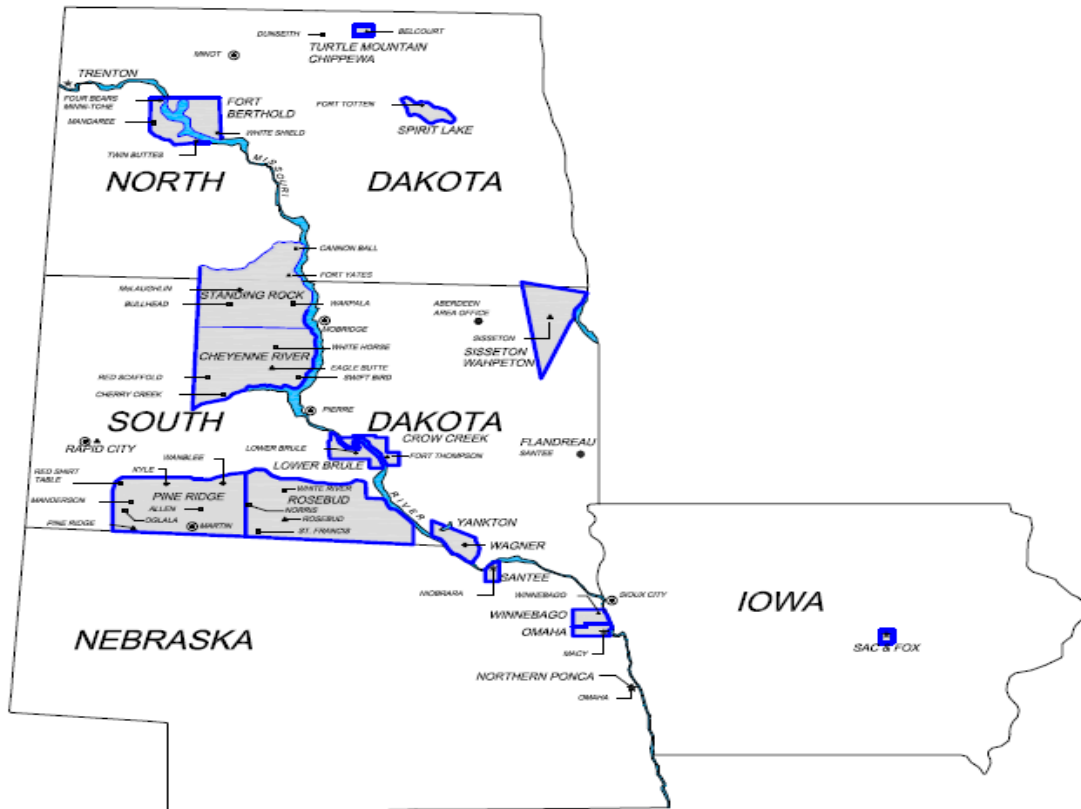
Hot Topic 6: Access to Specialty Care

Hot Topic 7: IHS Responsibility for Paying CSC for Third Party Revenue

FY 2025 Area Tribal Budget Consultation Great Plains Area *Report*

PRESENTED BY: PETER LENGKEEK, CROW CREEK SIOUX
TRIBE AND AVIS LITTLE EAGLE, STANDING ROCK SIOUX
TRIBE

Summary of Service Area and Demographic Information



- ❖ 17 federally recognized tribes in the Great Plains Area
- ❖ An estimated 179,366 residents within the four-state region identifying themselves as AI/AN
- ❖ An estimated 116,069 of these individuals live on or near a reservation
- ❖ The Great Plains IHS provides health services to approximately 122,000 Indian people who reside within nineteen service units.

Summary of Funding Priorities

Priority 1- Mental Health: \$241,707,000

Priority 2- Alcohol & Substance Abuse: \$439,883,000

Priority 3- Maintenance & Improvement: \$100,000,000

Priority 4- Hospitals & Clinics: \$375,000,000

Priority 5- Purchase Referred Care: \$250,000,000

Priority 6- Sanitation Facilities Construction: \$158,000,000

Priority 7- Health Care Facilities Construction: \$100,475,000

Hot Issues

Hot Topic 1: Health Professional Manpower Shortages

- Recruitment
- Scholarships
- Loan repayment
- Competitive Wages

Hot Issues

Hot Topic 2: Purchase Referred Care

- Expand CHSDA area for North & South Dakota
- Settlement of outstanding medical bills
- Specialty Care

Hot Issues

Hot Topic 3: Mental Health Services and residential treatment

- Facilities
- Transportation
- Providers
- Data Access

FY 2025 Indian Health Service Budget Recommendations from

Nashville Area

Presented by:

Adrian Compton, Monacan Indian Nation

Dee Sabattus, USET

Summary of Nashville Area and Demographic Information



- 24 Tribally Operated Facilities
 - 10 Compacting
 - 14 Contracting
 - 3 Purchased Referred Cares Sites
 - 3 Direct Service Facilities
 - 2 Urban Indian Health Program
 - 1 serving Baltimore and Boston
 - 1 serving New York
 - 1 Youth Regional Treatment Center
 - 1 Tribally Operated Adult Treatment Center
- Servicing: 93,000 American Indian and Alaska Natives

Area Statistics:

- Diabetes Prevalence Rate: 17.01%
- Leading Cause of Death: Major Heart Disease
 - Cancer, Injuries, and Diabetes following close behind.
- Average Age of Death: 60 which is far below the U.S. all races age of 72.

Nashville Area Budget Formulation Team

Meetings held in person on October 12, 2022 and via teleconference on November 29, 2022

▶ FY 2025 Team Members:

- Adrian Compton, Monacan Indian Nation
- Dee Sabattus, USET
- Catherine Willis, Indian Health Service Nashville Area Office
- Conny York, Indian Health Service Nashville Area Office
- Mark Skinner, Indian Health Service Nashville Area Office
- Ashley Metcalf, Indian Health Service Nashville Area Office

FY 2025 Nashville Area National Budget Recommendation

Summary of Funding Priorities

- ▶ Fully fund the Indian Health Service at \$54 billion.
- ▶ Support National Workgroup recommendation distribution of \$52.4 billion.
- ▶ Nashville Area Top Priorities to spread \$1.6 billion:
 1. Purchase Referred Care \$372,975 million
 2. Hospitals and Clinics \$359,654 million
 3. Mental Health \$333,013 million
 3. Alcohol/Substance Abuse \$333,013 million
 5. Dental Health \$133,205 million
 5. Healthcare Facilities Construction \$133,205 million

FY 2025 Nashville Area National Budget Recommendation

Hot Topics

- ▶ **Hot Topic 1: Funding for Telehealth Resources** - *Nashville Area Tribal Nations believe that IHS should build out the telehealth program models that are available to healthcare facilities, Urban Indian Health Programs, and personnel.*
- ▶ **Hot Topic 2: Public Health Education** - *Provide increased recurring funding to support public health education professionals and programming.*
- ▶ **Hot Topic 3: Anticipated impacts of COVID on User Pop and Workload data**
 - *Many IHS Funding Formulas utilize or rely on workload and user population data. As a result of COVID, Tribal Nations across the country experienced lower workload and user pop estimates. The Nashville Area recommends utilizing either 2019's data or a 3 year average, excluding FY 2020, as to not significantly reduce funding need for ITUs.*
- ▶ **Hot Topic 4: Funding for Aftercare and Housing Programs** - *Create additional recurring funding opportunities to support aftercare services.*
- ▶ **Hot Topic 5: Funding to reduce the Hepatitis C Influx** - *Tribal Nations are recommending that IHS advocate for additional funding to support Hepatitis C prevention programs, promote and provide access to testing, to facilitate access to care and comprehensive care management, and to support those Tribal citizens living with Hepatitis C.*

FY 2025 Nashville Area National Budget Recommendation

Hot Topics cont.

- ▶ **Hot Topic 5: Funding to reduce the Hepatitis C Influx** - *Tribal Nations are recommending that IHS advocate for additional funding to support Hepatitis C prevention programs, promote and provide access to testing, to facilitate access to care and comprehensive care management, and to support those Tribal citizens living with Hepatitis C.*
- ▶ **Hot Topic 6: Continued Funding for CHR Programs** - *CHR funding must be increased as CHRs improve access to health services through their training to provide information and create connections between providers and Native people. Work must be done to ensure data supporting the success and need of CHR programs is more accurately captured in the future.*
- ▶ **Hot Topic 7: Constitutionality Challenges** - *Indian Country must remain vigilant and continue to challenge and oppose any efforts within the federal government—executive, legislative, and judicial—that seek to undermine the constitutionality of our relationship. The federal government has ample legal authority to provide AI/ANs with accommodations in administering federal programs due to the unique federal trust responsibility to Indians.*
- ▶ **Hot Topic 8: Special Diabetes Program for Indians** - *The Nashville Area Tribal Nations request that the IHS review once again the national funding formula to account for funding for Areas that have newly awarded grantees beyond 2023. This would also allow the time needed to gather critical data points that are needed in the national funding formula related to diabetes prevalence. Simultaneously, funding increases must also be directed to existing grantees, who have been forced to operate programs with declining purchasing power and increasing costs.*

FY 2025 Nashville Area National Budget Recommendation

Hot Topics cont.

- ▶ **Hot Topic 9: Modernizing Health Information Technology** - *The current electronic health record hasn't had the same advancements that some of the commercial off the shelf packages. IHS needs additional funding to determine the future of Health Information Technology for Indian Country and needs to do so in consultation with Tribal Nations prior to formalizing drastic shifts. Continued and enhanced communication to Tribes, with additional sessions or correspondence focusing on the common funding and support questions raised.*
- ▶ **Hot Topic 10: Expand Group Payor Authorities for ITUs when Sponsoring Health Care Plans** - *Nashville Area Tribal Nations request that IHS support initiatives that would give parity to ITUs for group payor authorities where needed.*
- ▶ **Hot Topic 11: Long Term Services and Support Funding** - *Appropriations to be targeted toward 1) the costs associated with the work necessary to identify need for LTSS in citizenry of the Tribe/Nation and development of a plan for services to meet those needs, 2) capital costs associated with facility construction or adaptation to meet identified needs, and 3) ongoing costs of delivery of LTSS as a core component of Indian Health.*
- ▶ **Hot Topic 12: I/T/U Provider and Staffing Recruitment and Retention, including competition with private staffing companies** - *1.) Increased funding specifically for Recruitment and Retention of clinical providers and team members to aid the I/T/U system in competing for and retaining critical patient care staff. 2.) Authorize 2087 hour/year scheduling (vs 80 hours per pay period). 3.) Implement 8-hour-leave category for Title 38 employees to match the VA. 4.) Establish a standardized, transparent, and predictable procedure across the agency for recruitment and retention bonuses for clinical teams.*

FY 2025 Nashville Area Standing Area Priorities

- ▶ Health Care Facilities Construction
- ▶ Facilities and Environmental Health
- ▶ Advanced Appropriations
- ▶ Special Initiative funding for New Tribes
- ▶ Hepatitis C
- ▶ Funding Increases for Urban Indian Health Programs

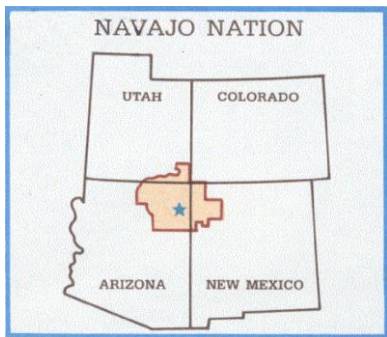
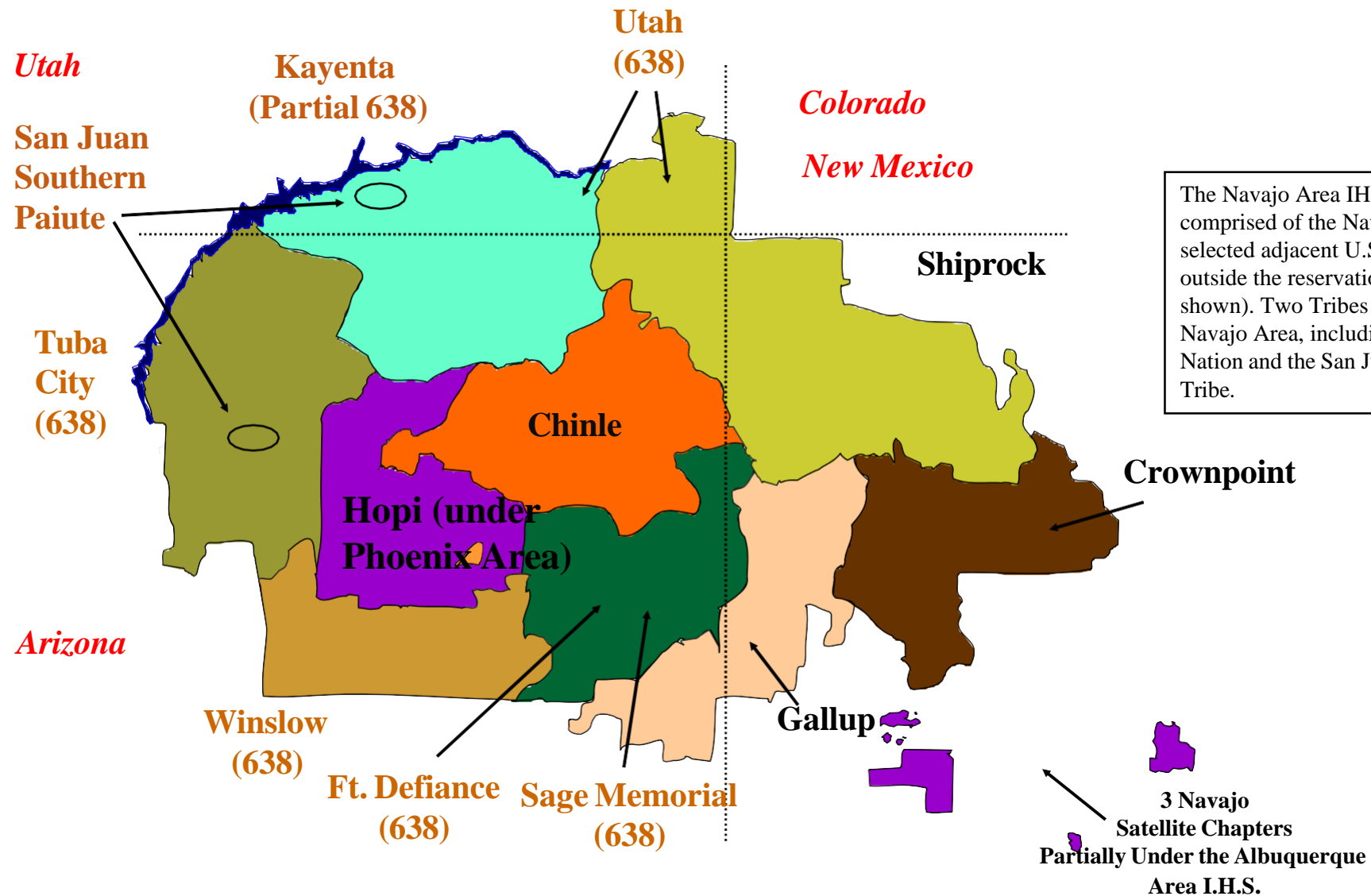
FY 2025 Area Tribal Budget Consultation *Navajo Area* *Report*

PRESENTED BY:

BUU NYGREN, PRESIDENT OF THE NAVAJO NATION

CARL SLATER, DELEGATE 25TH NAVAJO NATION COUNCIL

Navajo Area Federal Service Units and P.L. 93-638 Contracted/Compacted (Tribally Operated) Service Units



Summary of Service Area and Demographic Information

The Navajo Area Indian Health Service serves the Navajo Nation and the San Juan Southern Paiute Tribe. The Fiscal Year 2019 user population of the Navajo Area is 62% federal and 38% tribal.

Navajo Health Care System Stakeholders:

- 5 Federal Service Unit (CSU, SRSU, GSU, KSU, CPSU)

- 6 Self-Determination Contractors (FDH, SMH, NTC, HMS, EMS, SJSPT)

- 3 Self-Governance Compactors (WIH, TCRMC, UNH); and

- 1 Urban Indian Health Center (NACA)

Summary of Funding Priorities

Priority 1 - Mental Health/Suicide Prevention/Behavioral Health:	\$267,123,000
Priority 2 - Healthcare Facilities Constructions:	\$231,506,000
Priority 3 - Water Sanitation:	\$195,000,000
Priority 4 - Preventative Health:	\$160,273,000
Priority 5 - Substance Abuse:	\$160,274,000
Priority 6 - IT Infrastructure (H&C):	\$160,274,000
Priority 7 - Maintenance & Improvement:	\$115,753,000
Priority 8 - Hospital and Clinics (H&C):	\$115,753,000
Priority 9 - Urban Health:	\$106,849,000
Priority 10 - Public Health Infrastructure (H&C):	\$80,137,000

Hot Issues

- ❖ Advance Appropriations
- ❖ COVID-19
- ❖ Recruitment and Retention
- ❖ PRC
- ❖ Telehealth
- ❖ Information Technology (IT)
- ❖ Homelessness/Veterans
- ❖ Staff Quarters
- ❖ Elder Care/Long Term Care/Elder Care Funding

FY 2025 Area Tribal Budget Consultation *PHOENIX AREA Report*

PRESENTED BY:

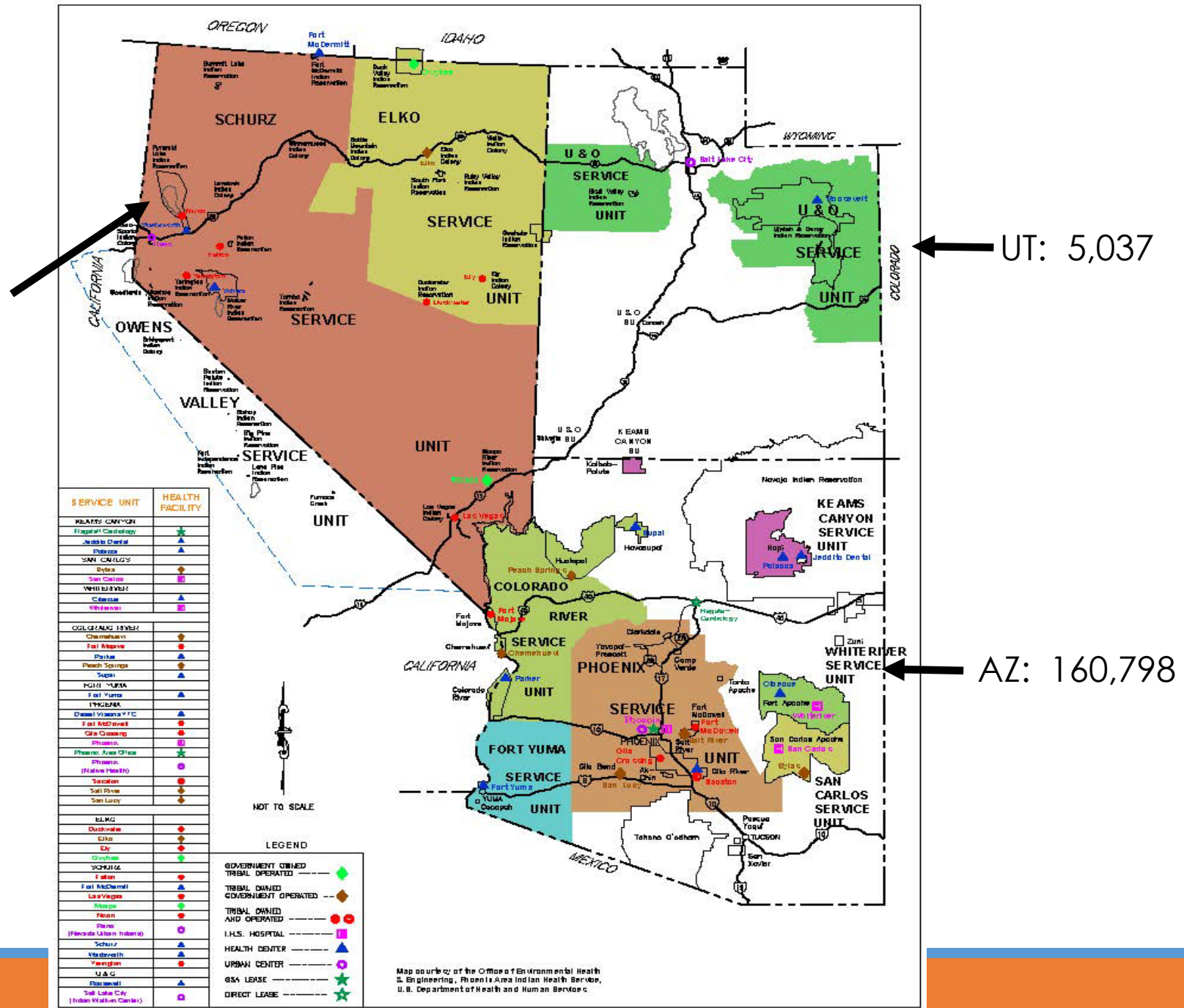
AMBER TORRES, CHAIRMAN, WALKER RIVER PAIUTE TRIBE

JEROME KASEY III, VICE CHAIRMAN, WHITE MOUNTAIN APACHE TRIBE

**FY 2021
Phoenix**

NV: 14,106

In FY 2021, the Phoenix Area had a total user population of 179,941. That equates to 1,087 more active users than in 2019. The Phoenix Area is the third largest Area in the IHS.



Summary of Service Area and Demographic Information

- Active User Population 179,941 (FY 2021).
- Phoenix Area is the third largest Area, in terms of population. It covers the states of UT, NV, AZ and 3 federally-operated health care clinic locations in CA.
- 45 Tribes and Bands in UT, NV, AZ & 7 Tribes in the Owens Valley Service Unit & in CA.
- 1 Adolescent Treatment Center (AZ) & 1 Satellite (NV).
- 4 Urban Indian Organizations – Salt Lake City, UT, Carson City, NV, and Phoenix, AZ (2)

Summary of Service Area and Demographic Information (Service Units - IHS & Tribal Health Facilities)

Colorado River: 6 Tribes, Parker Indian Health Center, Peach Springs Health Center, Supai Clinic, Chemehuevi Clinic, Fort Mojave Indian Health Center, Irene Benn Health Clinic

Duck Valley: 1 Tribe, Owyhee Community Health Facility

Elko: 4 Tribes, Southern Bands Health Center

Fort Yuma : 2 Tribes, Fort Yuma Health Center

Gila River: 2 Tribes, Hu Hu Kam Memorial Hospital, Komatke Health Center, Red Tail Hawk Health Center, Ak-Chin Clinic

Hopi: 2 Tribes, Hopi Health Care Center

Phoenix: 6 Tribes, Phoenix Indian Medical Center, Wassaja Memorial Health Center, Salt River Clinic, San Lucy District

San Carlos: 1 Tribe, San Carlos Apache Healthcare Corporation, Clarence Wesley Health Center

Schurz: 12 Tribes, Pyramid Lake Tribal Health Clinic, Fallon Tribal Health Clinic, Ft. McDermitt Wellness Center, Reno Sparks Tribal Health Center, Walker River Tribal Health Center, Yerington Paiute Tribe Health Clinic, Las Vegas Paiute Tribal Clinic

Uintah & Ouray: 3 Tribes, Fort Duchesne Health Center, Skull Valley Health Clinic, Four Points Health

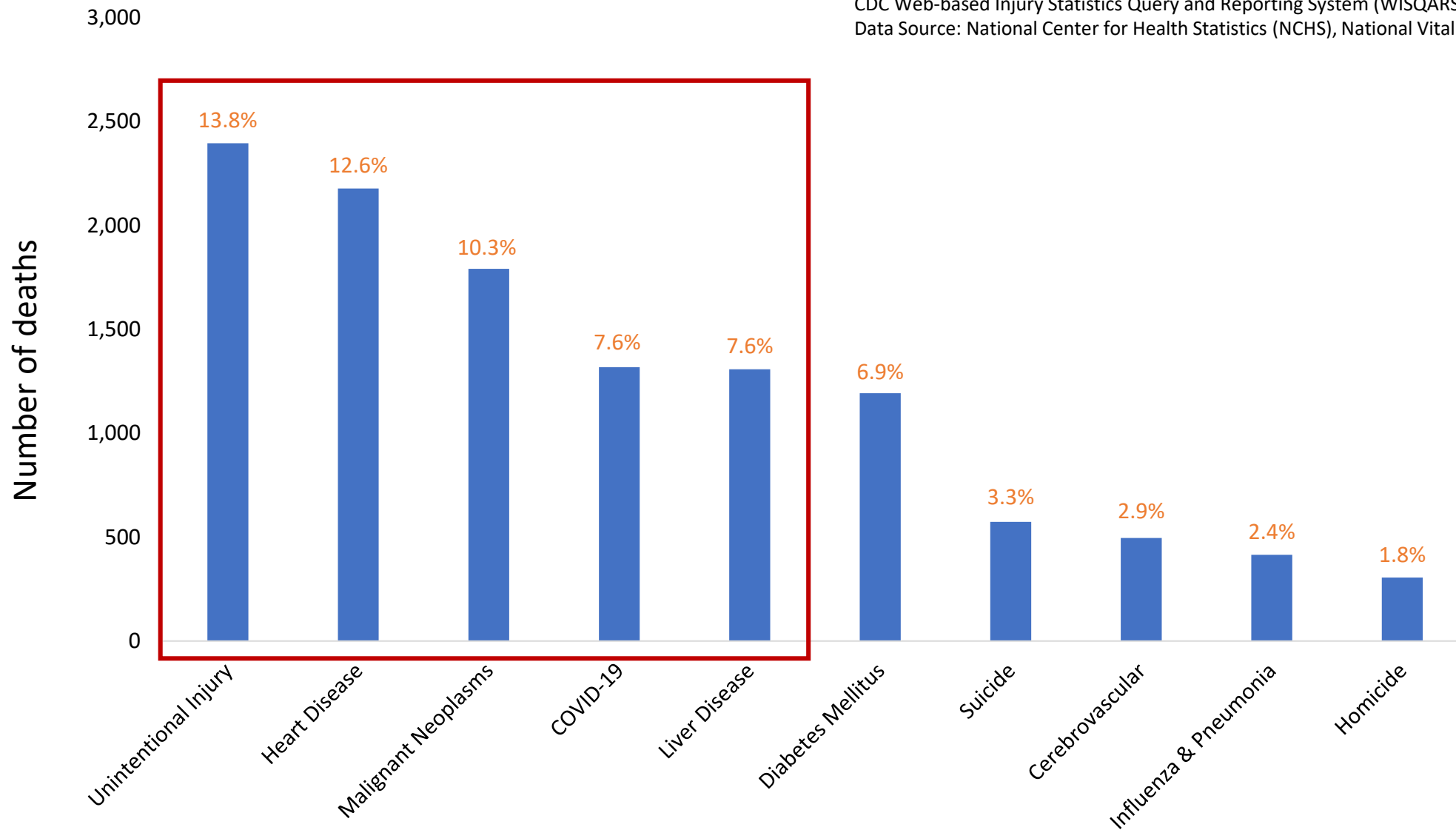
Whiteriver: 1 Tribe, Whiteriver Indian Hospital, Cibecue Health Center

Leading Causes of Mortality: Phoenix Area (AZ, NV, and UT)

AI/AN: 2016-2020; All Ages

CDC Web-based Injury Statistics Query and Reporting System (WISQARS)

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System



Summary of Funding Priorities: \$53.8 Billion

The priority funding was determined based on **top percentage changes over the FY 2022 enacted budget** that have become especially critical to recover from the impact of the COVID-19 pandemic and to enhance public health engagement across all levels of the Indian health care system:

Priority 1 - Hospitals & Clinics – The major increase includes several Phoenix Area priorities noted in last year's FY24 recommendation that we seek to advance in FY25 under H&C for program increase is +\$961.5 million.

Priority 2 – Community Health Representatives – The program increase of \$233 million addresses long term static funding in Tribal/Urban CHR service including salary enhancement and CHAP Community Health Aide program implementation in the lower 48 states.

Summary of Funding Priorities: \$53.8 Billion

Priority 3 – Direct Operations – The program increase of \$157.4 million addresses the need for administrative and support series infrastructure to meet the need for provision of health care services funded through other recurring line items.

Priority 4 – Dental Health – The program increase of \$100 million was identified for Dental Therapy where oral health care remains a top concern. These are essential health care services that impact the whole health of our population.

Priority 5 - Urban Health – The program increase of \$92.6 million identified in FY24 remains a top concern in FY25. This line item has remained static for too long. Services must be aligned and enhanced across the Indian health care system.

Summary of Funding Priorities: \$53.8 Billion

Priority 6 - Health Care Facilities Construction – The program increase identified in FY24 remains a top concern in FY25. \$81.9 billion would fund the following:

- Current HCFC Priority List
- Urban Indian facility renovation
- New National IHCI new construction system
- Long Term Care facilities (IHCI)

Priority 7 – Indian Health Professions – The program increase identified in FY24 remains a top concern in FY25. \$20 million will provide funding for needed recruitment and professional development opportunities in order to fill critical vacancies.

Summary of Funding Priorities: \$53.8 Billion

Priority 8 – **Purchase Referred Care** – The program increase of \$10 million addresses the need to ensure referral care and specialty services and to implement the PRC Delivery Area Expansion in the State of Arizona.

Priority 9 – **Self-Governance** – The program increase of \$3.2 million addresses the need for additional funding for Self-Governance Planning and Negotiation Cooperative Agreements.

Priority 10 – **Public Health Nursing** – The program increase of \$2.3 million addresses the continued demand for recruitment and services provided by the Public Health Nurses.

Summary of Funding Priorities: \$53.8 Billion

Priority 11 – Alcohol/Substance Abuse – The program increase of \$1.7 million identified in FY24 remains a top concern in FY25. The increase is needed to implement the Comprehensive Behavioral Health Prevention and Treatment Program authorized by the Indian Health Care Improvement Act (25 U.S.C. §1665c) in 2010.

Priority 12 – Mental Health – The program increase of \$1.2 million addresses the need for recruitment and retention for behavioral health professionals and mid-level providers.

Priority 13 – Health Education – The program increase of \$394,000 addresses the continued need for health education in Indian health care facilities and tribal communities.

Summary of Funding Priorities: \$53.8 Billion

Priority 14 – **Maintenance & Improvement** – The program increase of \$20,000 addresses Maintenance and Improvement needs across the Indian Health Service.

Priority 15 – **Equipment** – The program increase of \$7,000 will help to address critical equipment replacements across the Indian Health Service.

Phoenix Area Hot Issues

Hot Issue 1: Full Funding for the IHS

- Advanced Appropriations
- Permanent Exemption from Sequestration
- Mandatory Appropriations
- Electronic Health Record
- SDPI Permanent Reauthorization

Hot Issue 2: Fully and Mandatorily Fund IHClA Provisions

- Long Term Care Services
- Comprehensive Behavioral Health Treatment and Prevention Services
- Traditional Healing
- Community Health Aide Program
- Statewide Purchased Referred Care Delivery Area Expansion

Hot Issue 3: Purchased Referred Care

Hot Issue 4: Recruitment and Retention

Phoenix Area Hot Issues

Hot Issue 5: Telehealth and IT Modernization

Hot Issue 6: Extra Support for Small Tribes

Hot Issue 7: Community Health Representatives; Health Education;
Community Health Aide Program

Hot Issue 8: Urban Indian Health Programs

Hot Issue 9: Self-Governance

Hot Issue 10: Dental and Emergency Medical Services Operated by Tribes

Hot Issue 11: No Competitive Grants and No Match for Tribes

Hot Issue 12: Additional Funding for Long Term COVID Repercussions

Phoenix Area Hot Issues

Hot Issue 13: Behavioral Health Authorities

- Alcohol and Substance Abuse
- Mental Health

Hot Issue 14: Unmet Construction Needs for Area and Urban Indian Health Programs

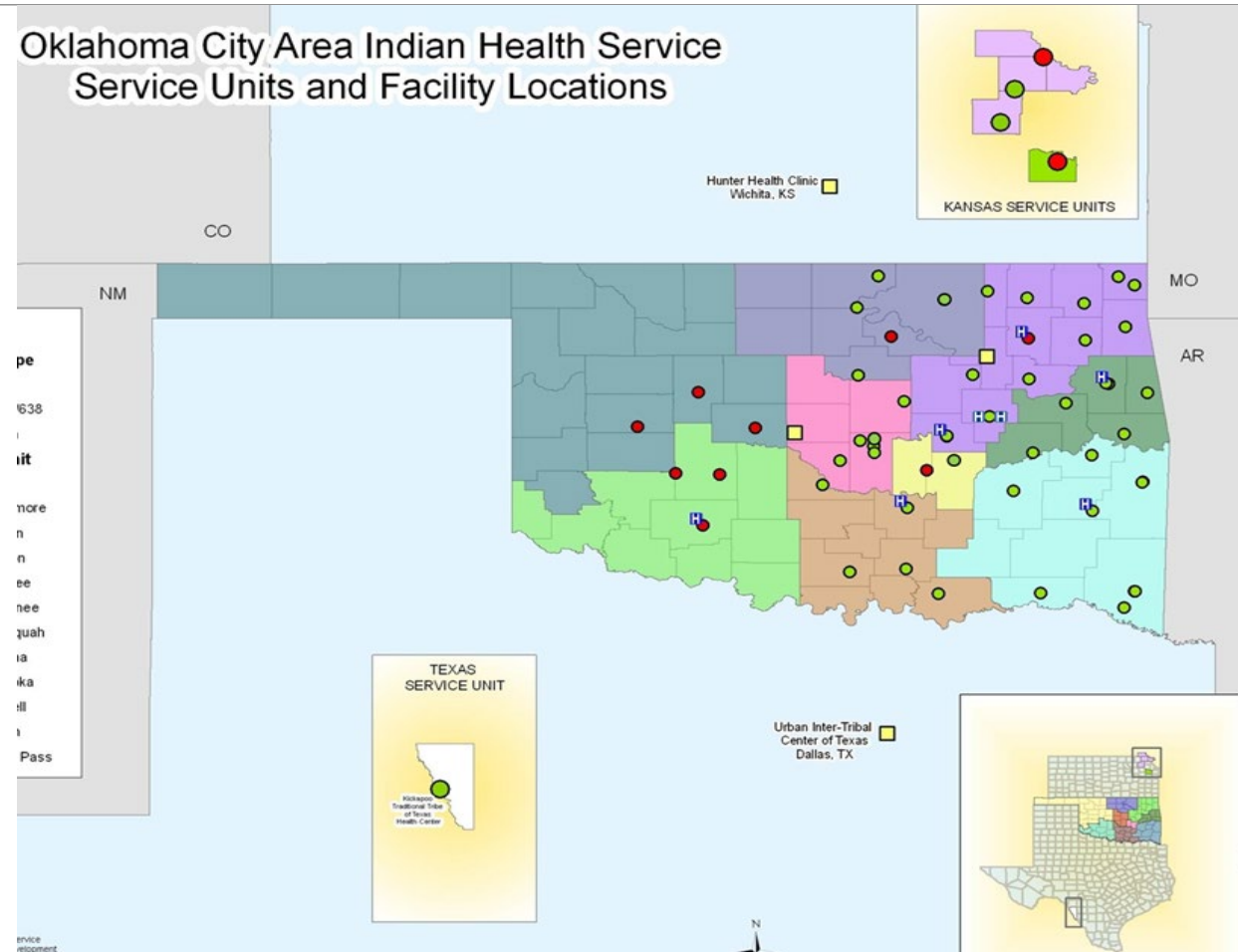
- Maintenance & Improvement
- Health Care Facilities Construction
- Equipment

FY 2025 Area Tribal Budget Consultation *Oklahoma City Area* Report

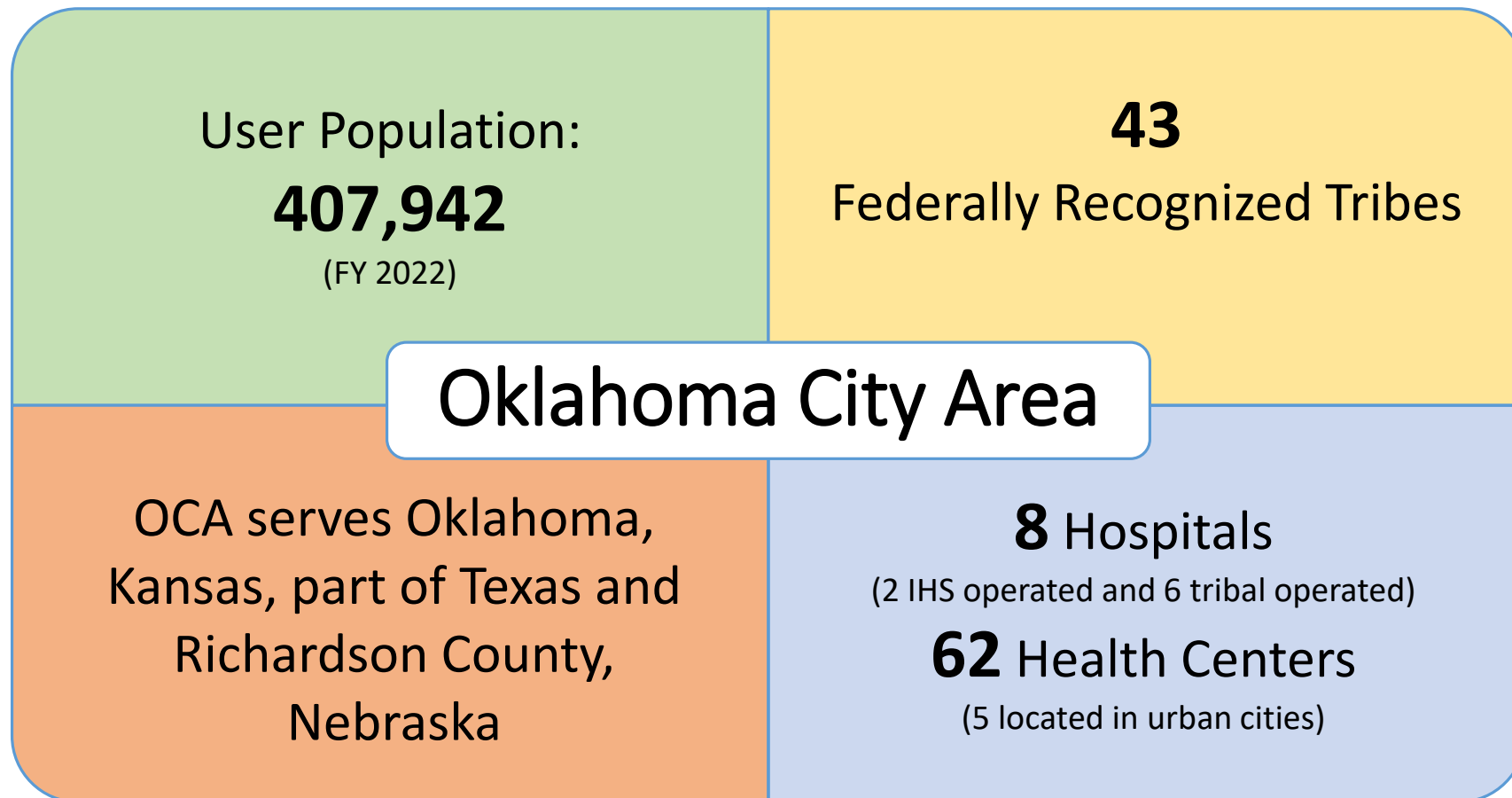
PRESENTED BY: *PRESIDENT TERRI PARTON, WICHITA & AFFILIATED
TRIBES AND SECOND CHIEF DEL BEAVER, MUSCOGEE NATION*

DELIVERABLE TO BE SUBMITTED: *JANUARY 6, 2023*

Summary of Service Area and Demographic Information



Summary of Service Area and Demographic Information



Summary of Funding Priorities

(Dollars in Thousands)

Priority 1 - Indian Health Care Improvement Fund: \$32,311,681

- ❖ To address the inadequate funding levels of Indian Health Service programs
- ❖ Lack of additional funding as user population and health disparities continue to rise

Priority 2 - Purchased Referred Care: \$8,077,920

- ❖ Specifically to address disparity in PRC funding
- ❖ Decrease CHEF threshold per eligible case

Priority 3 - Maintenance & Improvement: \$8,077,920

- ❖ Average age of IHS facilities is 40 years
- ❖ Failure to fully fund BEMAR impairs overall quality of and access to care

Priority 4 - Hospitals and Health Clinics: \$4,846,752

- ❖ To address critical staffing needs, rising Pharmaceutical costs, IT needs (EHR, Security Systems)
- ❖ No increases in funding to support growing user population (reprogramming)
- ❖ Health Information Technology

Priority 5 – Urban Health: \$538,528

- ❖ Inadequate levels of funding
- ❖ To address rising Urban patient populations

Hot Issues

Hot Topic 1: Mandatory Funding

Hot Topic 2: IHCIF

Hot Topic 3: Necessity for a Youth Regional Treatment Center

Hot Topic 4: Establishment of a Special Cancer Program for Indians

Hot Topic 5: Electronic Health Records Modernization

Hot Topic 6: Indian Health Care in a Post-Pandemic World

Hot Topic 7: Special Diabetes Programs for Indians

Hot Topic 8: Purchased and Referred Care Formula (Access to Care)

Hot Issues

Hot Topic 9: Joint Venture Construction Program (JVCP)

Hot Topic 10: Indian Health Grant Funding and CSC

Hot Topic 11: IHS Line Item Funding Flexibility

Hot Topic 12: Sanitation Deficiency System Guidance and Implementation

- Guidance and Implementation
- SFC IIJA 5- year funding staff support for tribes

Hot Topic 13: Workforce Development

- Funding for Medical Residency Programs
- Staffing Shortage
- GME

Hot Topic 14: HHS (non-IHS) Program Funding/Operation Flexibility

- Transfer Program Funds to IHS

FY 2025 Area Tribal Budget Consultation *Portland Area* *Report*

PRESENTED BY:

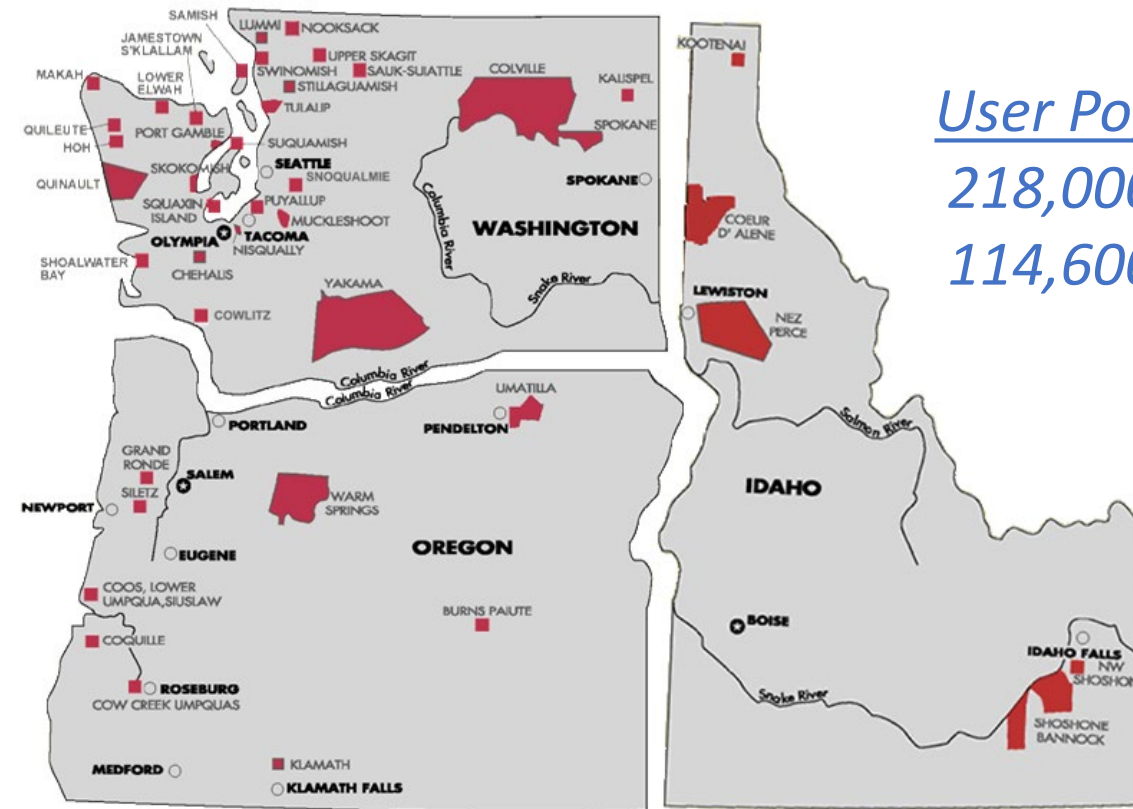
*NICKOLAUS LEWIS, LUMMI NATION COUNCILMEMBER,
NPAIHB CHAIR*

DELIVERABLE TO BE SUBMITTED: *JANUARY 6, 2023*

Summary of Service Area and Demographic Information

Serving AI/AN residents of Oregon, Washington and Idaho.

Title 1 Tribes: 13
Title 1 Orgs & YRTC: 3
Title 1 DST: 5
Title V Tribes: 25
Urbans: 3



User Pop – (Approx.)
218,000 registrants
114,600 active

Leading Causes of Death for AI/AN people in the Northwest, 2018 vs. 2021

Rank	Cause of Death, 2018	Number (%)	Cause of Death, 2021*	Number (%)
1	Cancers	367 (18.4%)	Heart Diseases	458 (15.1%)
2	Heart Diseases	332 (16.6%)	Cancers	406 (13.4%)
3	Accidents (including overdoses)	207 (10.4%)	Accidents (including overdoses)	402 (13.2%)
4	Chronic liver disease and cirrhosis	117 (5.9%)	Covid-19	382 (12.6%)
5	Diabetes Mellitus	101 (5.1%)	Chronic liver disease and cirrhosis	148 (4.9%)
6	Chronic lower respiratory diseases	97 (4.9%)	Diabetes Mellitus	131 (4.3%)
7	Suicide	79 (4%)	Cerebrovascular diseases	115 (3.8%)
8	Cerebrovascular diseases	75 (3.8%)	Chronic lower respiratory diseases	105 (3.5%)
9	Alzheimer disease	58 (2.9%)	Suicide	80 (2.6%)
10	Influenza and Pneumonia	36 (1.8%)	Alzheimer disease	35 (1.2%)

*2021 data are provisional

Summary of Funding Priorities

Budget Line	Recommended Percentage Increases
Purchased/Referred Care	70%
Mental Health	10%
Alcohol & Substance Abuse	10%
Hospitals and Health Clinics	5%
Urban Health	5%

Hot Issues

1. Indian Health Service appropriations
2. Medicaid and Medicare reimbursements
3. Mental Health & Substance Use Disorder (SUD)
4. Community Health Aid Program (CHAP) expansion
5. Regional Specialty Referral Center
6. Staffing, recruitment and retention

Questions?



FY 2025 Area Tribal Budget Consultation *Tucson Report*

PRESENTED BY:

CHAIRMAN PETER YUCUPICIO, PASCUA YAQUI TRIBE

*VICE-CHAIRWOMAN WAVALENE SAUNDERS, TOHONO O'ODHAM
NATION*

Tucson Area Geographic and Demographic Information



Pascua Yaqui Tribe	Tohono O'odham Nation	Tucson Indian Center
Enrolled Members: 21,233	Enrolled Members: 35,741	Urban Population: 44,817
Land base: 2,256 acres	Land base: 2.85 million acres	Metro Tucson
9 traditional communities	11 Districts/Sonora, Mexico/ 76 Communities	

Summary of Funding Priorities

Funding Priorities

- Purchased Referred Care – AZ PRCDA and COVID-19 Long Term Impacts
- IHCIADiabetes Section 123 – Health professional chronic shortage
- Facility Construction – Addressing Aging Facilities
- Replacement Equipment – Addressing Aging Equipment
- Mental Health – Increase in Care and Resources
- Community Based Program – CHR needs in Rural Areas
- Alcohol & Substance Abuse – Expand Services
- Urban Health Line Item
- IHCIADiabetes Long Term Care – Assisted Living
- Sanitation Facility Construction – Water/Sewer Lines to Rural Areas

Hot Issues

- 1. Behavioral Health – building infrastructure to accommodate clients and personnel to improve access to care services**
- 2. Addressing COVID-19 to include Long-term COVID**
- 3. Aging Health Facilities and IT/Infrastructure in remote areas**
- 4. Cancer Prevention and Education**
- 5. Electronic Health Record (EHR) System – Full Implementation**
- 6. Urban Health Line Item – Fully fund to address critical health disparities**
- 7. SDPI permanent funding rather than competitive grants and restore lost funding due to sequestration**

Success Stories



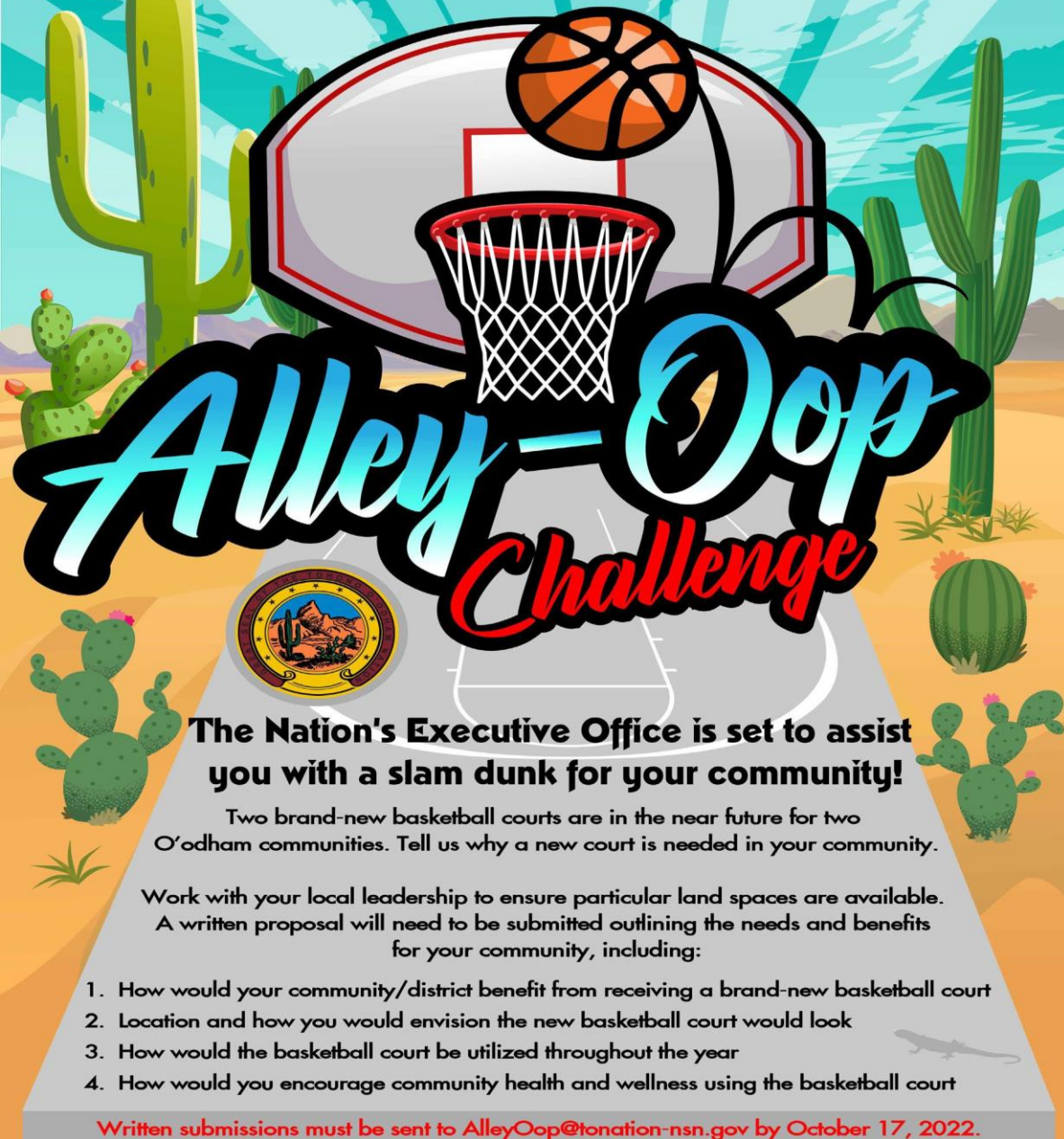
Hanem Kek Community Recreational Center – Open 12/27/2022

Success Stories



Hanem Kek Community Recreational Center – Opened 12/27/2022

Tohono O'odham Nation

A colorful poster for the 'Alley-Oop Challenge' set in a desert landscape with saguaros and cholla. At the top, a basketball hoop with a ball is shown. The title 'Alley-Oop Challenge' is written in large, stylized, bubbly letters. Below the title is a circular seal of the Tohono O'odham Nation. The text on the poster reads: 'The Nation's Executive Office is set to assist you with a slam dunk for your community! Two brand-new basketball courts are in the near future for two O'odham communities. Tell us why a new court is needed in your community. Work with your local leadership to ensure particular land spaces are available. A written proposal will need to be submitted outlining the needs and benefits for your community, including: 1. How would your community/district benefit from receiving a brand-new basketball court 2. Location and how you would envision the new basketball court would look 3. How would the basketball court be utilized throughout the year 4. How would you encourage community health and wellness using the basketball court Written submissions must be sent to AlleyOop@tonation-nsn.gov by October 17, 2022. Visit www.tonation-nsn.gov or call (520) 383-2028 for more information'.

Tohono O'odham Nation - Community Health and Wellness

- Two communities were selected for a new outdoor covered basketball courts with bleachers and possible outdoor lighting. These courts promote community members to gather and stay healthy. But most importantly, a great way to stay fit and prevent diabetes.
 - Seven proposals were received from local communities within 4 Districts.
 - Two communities were selected: South Komelic and Charcoal 27.



Pascua Yaqui Tribe Newly Constructed Health Facilities



- Pascua Yaqui Tribe construction of 100,000 sq ft Health and Social Service Family Center to improve access to care services. Pascua Yaqui Health Service Division provides the core functions of public health, along with medical: primary health care, allopathic, alternative, pharmaceutical, specialty, dental, traditional healing, behavioral health services to tribal members.
- Three Tribal Health facilities, known as Men's Path Home (4500 sq. ft), Women's Path Home (4500 sq ft.) and the Assisted Living Home (6500 sq ft.) located on Tribal Trust Land. House 8 -10 individuals per facility and feature full living quarters, a dining room, kitchen, common areas/program activity areas, staff areas and outside use of areas.



Pascua Yaqui Wellness Center

Community Initiatives



Pascua Yaqui Tribe Sewa U'usim Program showcase expansion of experiential services and activities to strengthen and balance our community. Kava'i Hitevi (Horse Healers) provides wellness services to over 60 children, youth and families. Green House for Hydroponic/ Aquaponic technology services for youth and elders. Microwave tower for high-speed internet – weather station

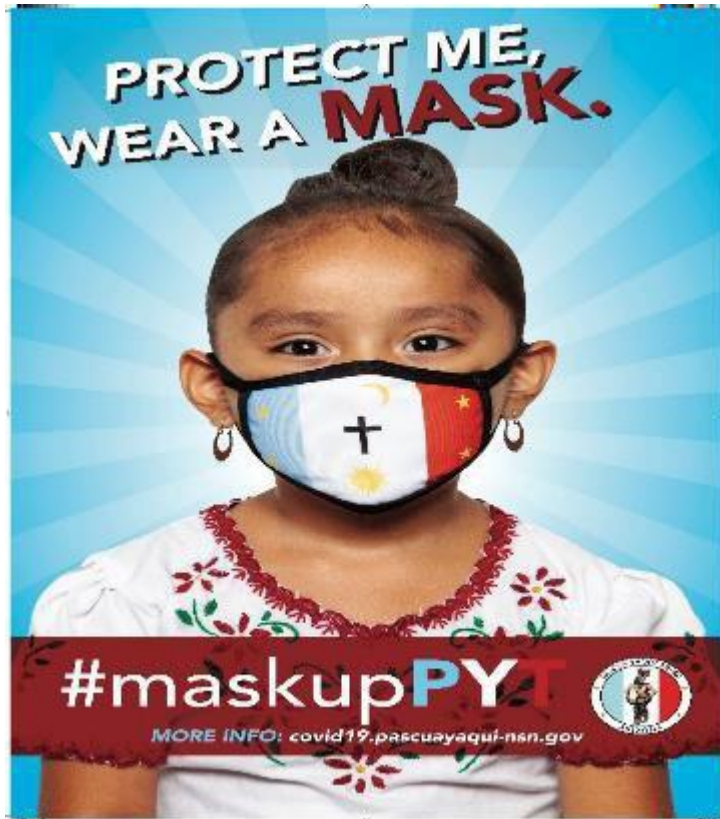
El Tour de Tucson



For the past nine years a team from PYT has trained throughout the year and participates in the El Tour de Tucson, one of the largest cycling events in the country with 120 riders from Pascua Yaqui Tribe.



COVID-19 Awareness and Precautions





SPECIAL THANKS

TOHONO O'ODHAM NATION

Ned Norris Jr., Chairman
Wavalene Saunders, Vice-Chairwoman
Jesse Navarro, Governmental Affairs
Veronica Geronimo, CEO TONHC
Carlos Aceves, Public Health Emergency
Coordinator

TUCSON INDIAN CENTER

Jacob Bernal, Executive Director
Veronica Boone, Wellness Director
Phoebe Cager, Health Service Director

PASCUA YAQUI TRIBE

Peter Yucupicio, Chairman
Robert Valencia, Vice-Chairman
Reuben T. Howard, Executive Health Director
Shanna Tautolo, Interim Associate Deputy Dir
Alva Obregon, Executive Assistant Health
Rosa Rivera, Health Program Administrator

INDIAN HEALTH SERVICE, TUCSON AREA

Dixie Gaikowski, Area Director
Mark Bigbey, Executive Officer
Vivian Draper, Financial Management Officer
Cathie Frazier, DEHE Director

FY 2025 Area Tribal Budget Consultation National Council of Urban Indian Health Report

JANUARY 26, 2022

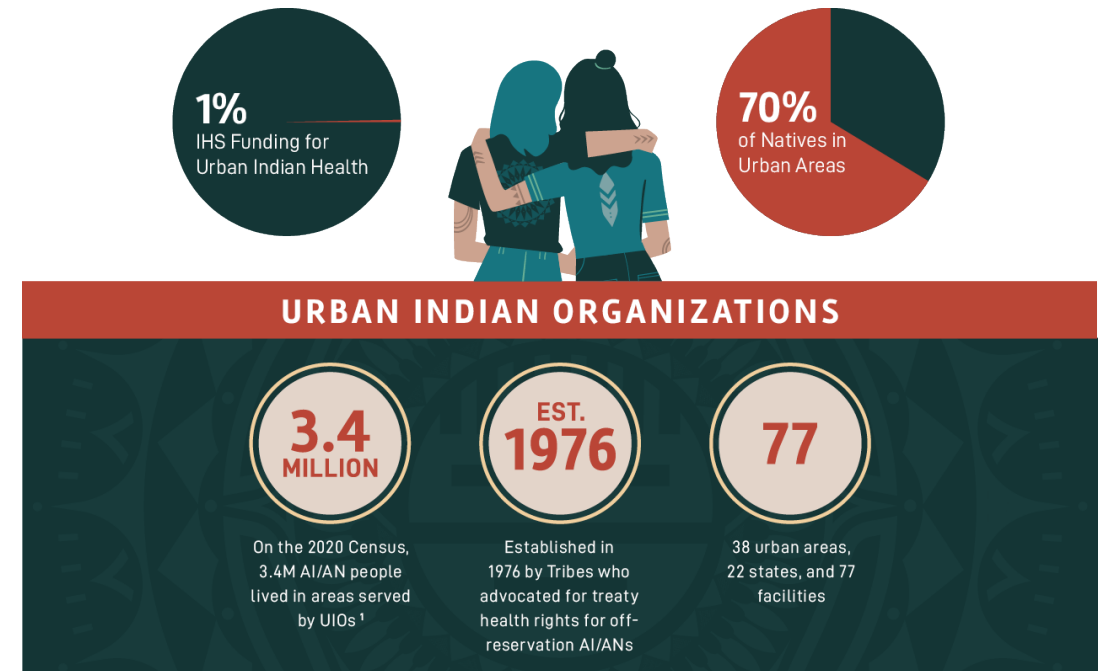
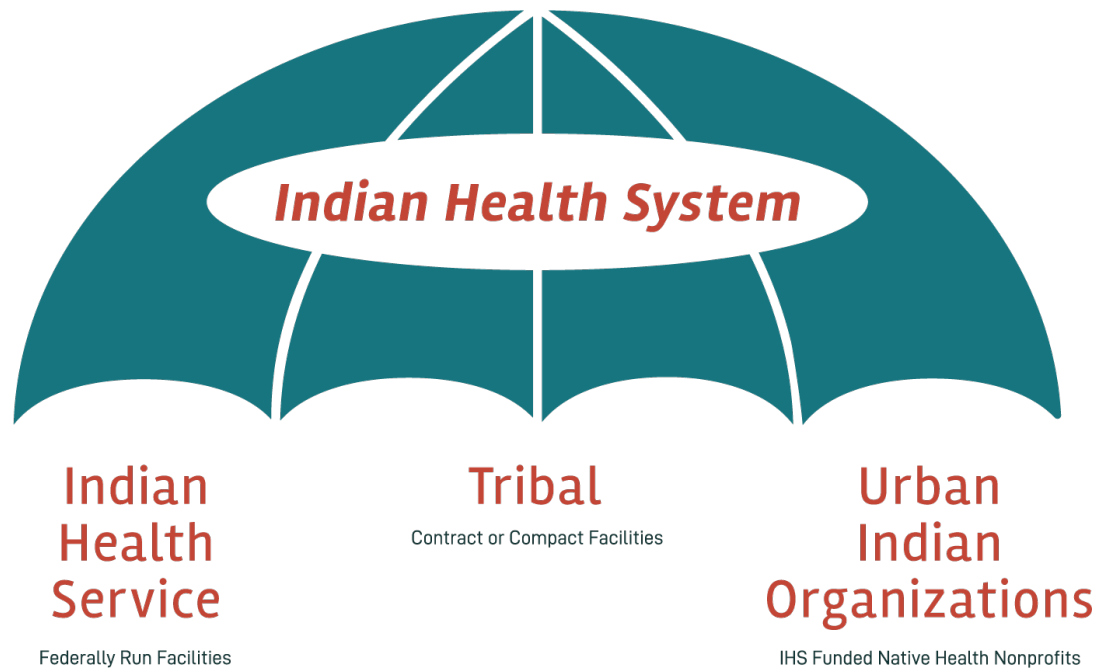
PRESENTED BY: CHANDOS CULLEEN, DIRECTOR OF FEDERAL RELATIONS

About NCUIH

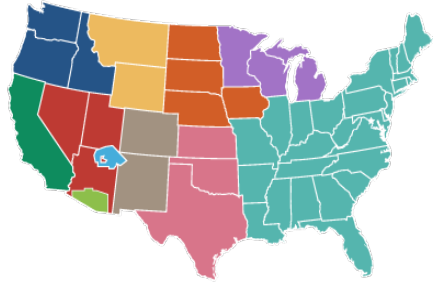
The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality, accessible health care centers.

Summary of Service Area & Demographic Information



Urban Indian organizations (UIOs) receive contracts with IHS under Title V of the Indian Health Care Improvement Act (IHCIA).



UIO Locations by IHS Region

PORTLAND

- **NARA of the Northwest**
Portland, OR
- **The NATIVE Project**
Spokane, WA
- **Seattle Indian Health Board**
Seattle, WA

PHOENIX

- **Native Health Center**
Phoenix, AZ
- **Urban Indian Center of Salt Lake City**
Salt Lake City, UT
- **Nevada Urban Indians, Inc.**
Reno, NV
- **Native American Connections**
Phoenix, AZ

NAVAJO

- **Native Americans for Community Action**
Flagstaff, AZ

TUCSON

- **Tucson Indian Center**
Tucson, AZ

BILLINGS

- **Helena Indian Alliance – Leo Pocha Clinic**
Helena, MT
- **Indian Family Health Clinic**
Great Falls, MT
- **North American Indian Alliance**
Butte, MT
- **Missoula Urban Indian Health Center**
Missoula, MT
- **Native American Development Corporation**
Billings, MT

ALBUQUERQUE

- **First Nations Community Healthsource**
Albuquerque, NM
- **Denver Indian Health & Family Services**
Denver, CO

OKLAHOMA CITY

- **Hunter Health Clinic**
Wichita, KS
- **Indian Health Care Resource Center**
Tulsa, OK
- **Oklahoma City Indian Clinic**
Oklahoma City, OK
- **Urban Inter-Tribal Center of Texas**
Dallas, TX
- **Kansas City Indian Center**
Kansas City, MO

GREAT PLAINS

- **Nebraska Urban Indian Health Coalition**
Omaha, NE
- **South Dakota Urban Indian Health, Inc.**
Sioux Falls, SD

BEMIDJI

- **American Indian Council on Alcoholism, Inc.**
Greenfield, WI
- **American Indian Health & Family Services S.E.**
Michigan, Detroit, MI
- **Gerald L. Ignace Indian Health Center**
Milwaukee, WI
- **Indian Health Board of Minneapolis**
Minneapolis, MN
- **American Indian Health Services of Chicago**
Chicago, IL
- **Juel Fairbanks Chemical Dependency Services**
St. Paul, MN

NASHVILLE

- **New York Indian Council**
Long Island City, NY
- **Native American Lifelines of Baltimore**
Baltimore, MD
- **Native American Lifelines of Boston**
West Roxbury, MA

CALIFORNIA

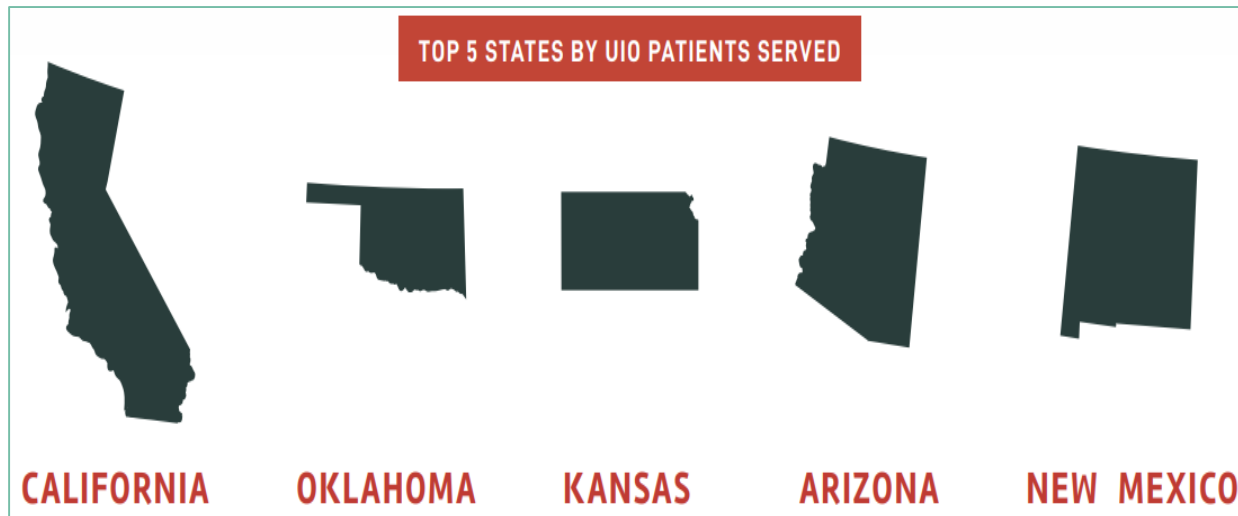
- **American Indian Health & Services**
Santa Barbara, CA
- **Bakersfield American Indian Health**
Bakersfield, CA
- **Fresno American Indian Health Project**
Fresno, CA
- **Friendship House Association of American Indians**
San Francisco, CA
- **Indian Health Center of Santa Clara Valley**
San Jose, CA
- **Native American Health Center**
Oakland, CA
- **Sacramento Native American Health Center**
Sacramento, CA
- **San Diego American Indian Health Center**
San Diego, CA
- **Native Directions, Inc./Three Rivers Indian Lodge**
Manteca, CA
- **United American Indian Involvement, Inc.**
Los Angeles, CA

Summary of Service Area & Demographic Information

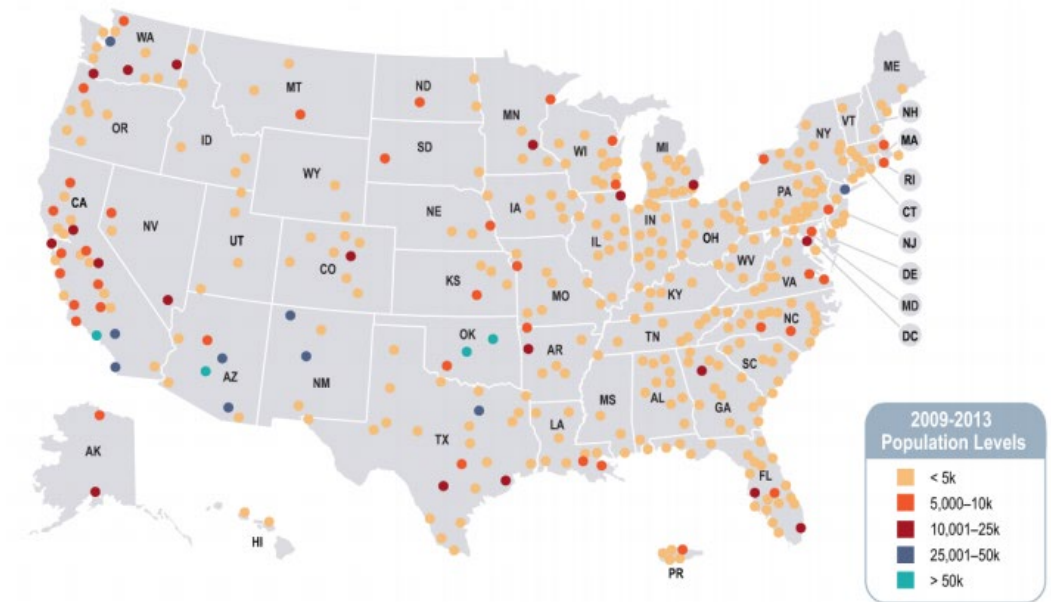
Summary of Service Area & Demographic Information



Summary of Service Area & Demographic Information



2009–2013 American Indian and Alaska Native Metro Populations



¹ US Census Bureau; American Community Survey, 2009–2013. [American Community Survey 5-Year Estimates, Table B02005 American Indian and Alaska Native alone for selected tribal groupings](#); generated by the Tribal Support Unit; using American FactFinder. Accessed Jun 8, 2015.

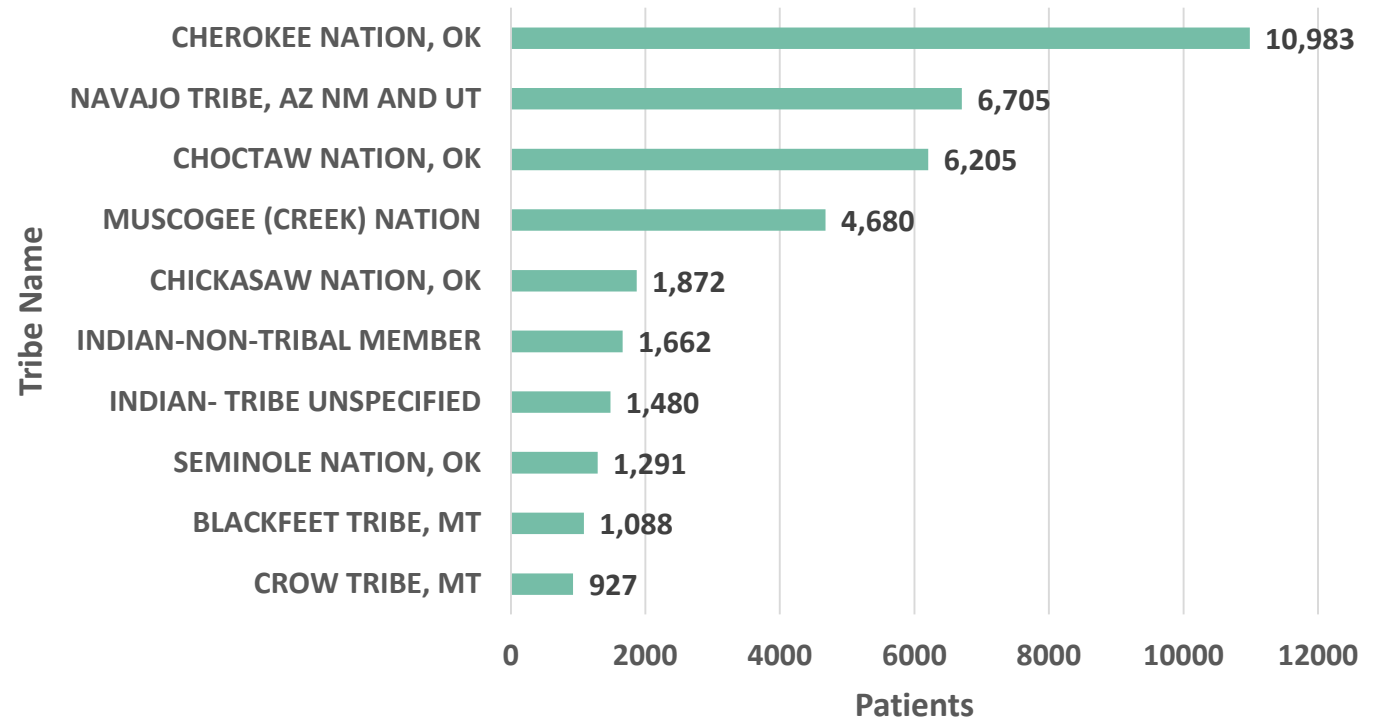
² Department of the Interior, Bureau of Indian Affairs. [Indian entities recognized and eligible to receive services from the United States Bureau of Indian Affairs](#). *Federal Register* 2015;80(9):1942–8.

Summary of Service Area & Demographic Information

95%

% of IHS-eligible patients
served by UIOs who are
Federally Recognized Tribal
Members

TOP 10 TRIBES SERVED AT UIOS – PATIENTS (CY2020)



SERVICES	
Hospitals & Health Clinics	2,399,169
Electronic Health Record System	145,019
Dental Services	235,788
Mental Health	121,946
Alcohol & Substance Abuse	258,343
Purchased/Referred Care	984,887
Indian Health Care Improvement Fund	74,138
Total, Clinical Services	4,219,290
Public Health Nursing	102,466
Health Education	23,250
Community Health Representatives	63,679
Immunization AK	2,148
Total, Preventive Health	191,543
Urban Health	73,424
Indian Health Professions	73,039
Tribal Management	2,466
Direct Operations	95,046
Self-Governance	5,850
Total, Other Services	249,825
TOTAL SERVICES	4,660,658
FACILITIES	
Maintenance & Improvement	169,664
Sanitation Facilities Construction	197,783
Health Care Facility Construction	259,293
Facility & Environmental Health Support	283,124
Equipment	30,464
TOTAL Facilities	940,328
TOTAL Services & Facilities	5,600,986
Contract Support Costs	880,000
Section 105(I) Leases	150,000
TOTAL IHS BUDGET	6,630,986

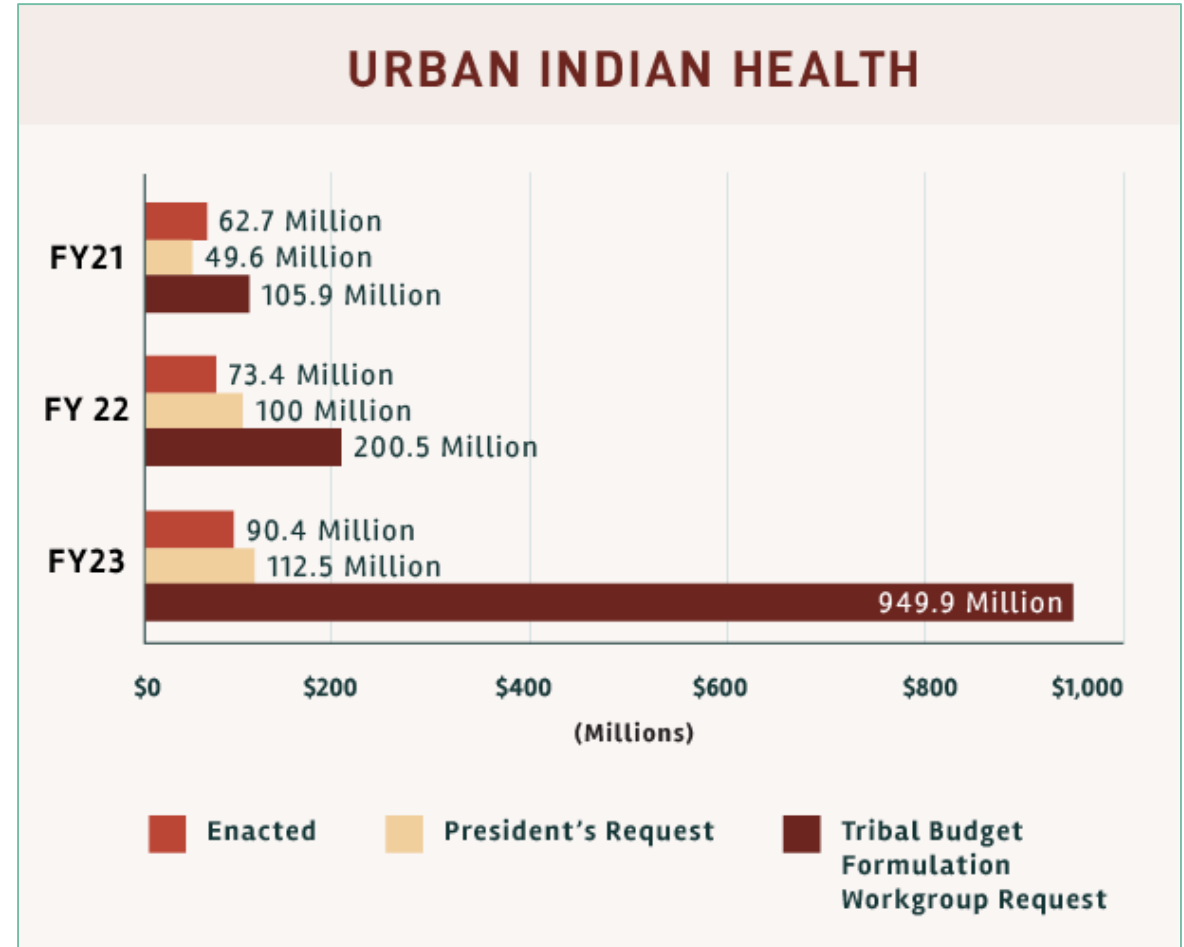
How UIOs are Funded

- UIOs receive funding from only one line item: “Urban Health”
- UIOs do not have access to other distinct IHS funding sources, including:
 - Facilities improvements and upgrades (or any line items under Facilities)
 - Funding from Hospitals and Health Clinics
 - Purchase & Referred Care
 - Contract Support Costs
- Only an increase to the Urban Health line item assures increased service capacity for UIOs

Historical Look at Funding

3.7%

- Since 2000, most of the increases in funding for Urban Indian Health have been absorbed by medical inflation.
- Between FY 2000 and FY 2020, in real dollars the Urban Indian Health line item only increased by **3.7%**.



Top Priorities – Urban Indian Health Funding

- **Urban Indian Health: \$977.4 million**

- Reflects average of draft Area Budget Formulation recommendations
- Increase of \$3.8 million over FY2024 recommendation

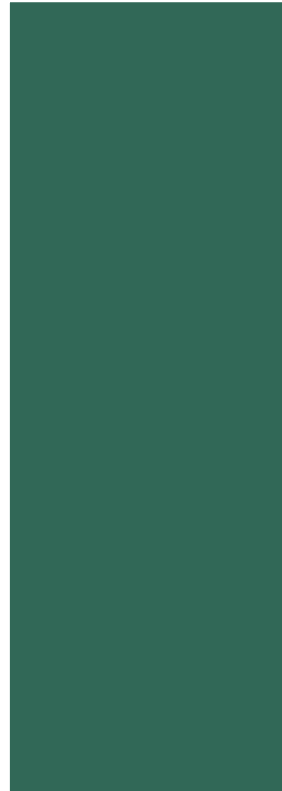
This funding is critically needed to address health priorities for Natives in urban areas, including:

- Ensuring Urban Indian Health funding keeps pace with population growth
- Providing funding for UIO facilities and infrastructure.
- Expanding service offerings to Native patients in urban areas.

Top Priorities

Ranked Policy Priorities for UIOs

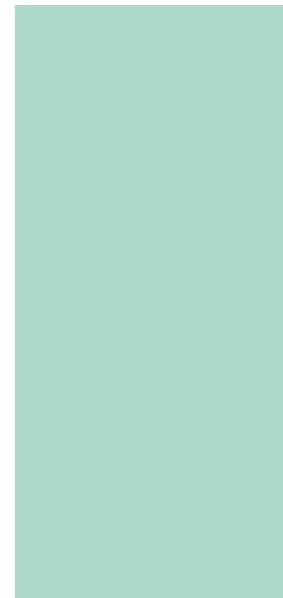
Increased Funding to
IHS and the Urban
Indian Line Item



Establishing
Permanent 100%
FMAP



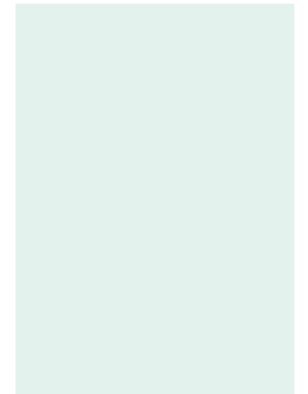
Increased
Behavioral Health
Funding



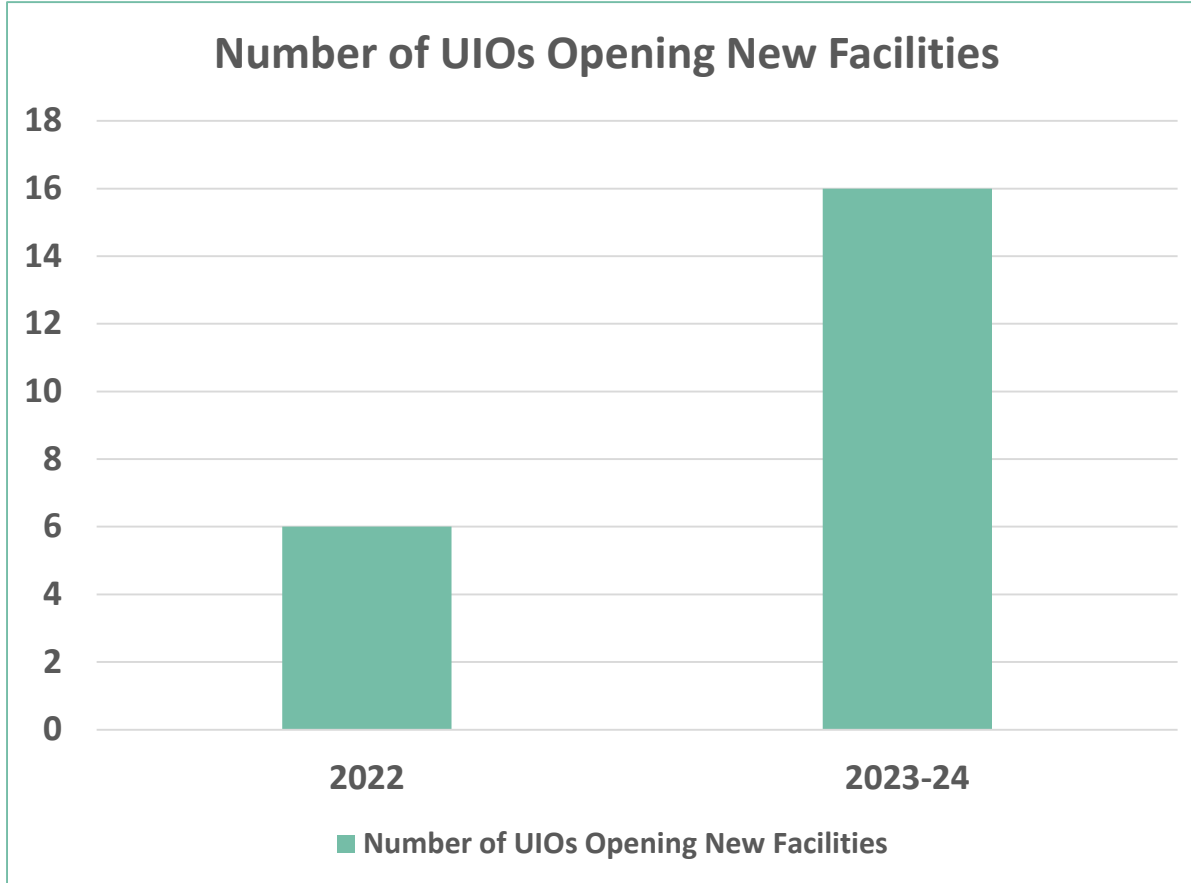
Securing
Advance
Appropriations



Reauthorization
of SDPI



- Overall UIO facilities expansion - new number of UIOs sites grew from 77 to ~87



Success Stories

- Oklahoma City Indian Clinic will open a new building for women's health and pediatrics services in 2023.



The New York Times

On Remote Farms and in City Gardens, a Native American Movement Grows

Through classes, seed banks and plantings, tribes across the United States are reclaiming their agricultural roots, growing healthy foods and aiming for self-sufficiency.

“Phoenix is a melting pot of different Tribes, and we all have that commonality of food. Having the garden helps us reclaim ourselves as Indigenous people and say, ‘This is tribal land, and we’re growing foods that kept our ancestors healthy.’ ”

- **Amanda Whitesinger, the Indigenous Wellness Manager at Native Health, who is Diné, or Navajo.**

Success Stories

Native Health of Phoenix Traditional Garden



FY 2025 Area Tribal Budget Consultation *Tribal Self-Governance Advisory Committee Report*

PRESENTED BY: CHRIS ANOATUBBY, LT. GOV. CHICKASAW
NATION, TSGAC TRIBAL CHAIR

DELIVERABLE TO BE SUBMITTED: *JANUARY 26, 2023*

Summary of Service Area and Demographic Information

- More than 380 Tribal Nations elected to use Self-Governance for the delivery of IHS programs.
- Approximately \$2.7 billion of the IHS budget is administered by Tribal Nations and Organizations through a Self-Governance agreement (about 40% of IHS' total budget).
- The Office of Tribal Self-Governance (OTSG) has a critical role in the success of Self-Governance by, among other things, supporting or assisting with the following: (1) the planning process; (2) the negotiations process, (3) technical assistance for program administration, (4) education and outreach activities, and (5) the transfer of funding to Tribal Nations under Self-Governance agreements.

Summary of Funding Priorities

- TSGAC supports the efforts of the full IHS-Tribal Budget Formulation Workgroup and believes that the outcome is representative of a consensus-based process.
- TSGAC requests that the Workgroup continue to support Tribal Self-Determination and Self-Governance by maintaining the Office of Tribal Self-Governance (OTSG) and considering increases that expand OTSG's capacity to assist and support Tribal Nations and the future of Self-Governance.
- Additional funding to support OTSG and the Self-Governance outreach and education activities it supports could expand the number of Tribal Nations that can receive the assistance and information needed to achieve their goals of Self-Governance.

Hot Issues

Hot Topic 1: Full and mandatory funding for the IHS

- IHS should work with Tribal Nations and health care economists to identify the full funding amount.

Hot Topic 2: Expansion of Self-Governance Authority

- IHS should work with sister agencies to educate them about the success and benefits of Self-Governance authority.
- IHS should work with Tribal Nations and sister agencies to identify opportunities for IHS to help facilitate a Demonstration project.

Hot Topic 3: CSC and 105(I) lease agreements should be classified as mandatory entitlements

Hot Topic 4: Tribes and Tribal programs be permanently exempt from sequestration and rescissions

Hot Topic 5: IHS should provide the option for all grant funds to be distributed through ISDEAA Agreements upon requests by Tribal Nations.