



Indian Health Service Press Release

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FOR IMMEDIATE RELEASE
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IHS awards tribal management grants to support tribal self-determination

The Indian Health Service has awarded 2016 Tribal Management Grant Program awards totaling more than \$1.5 million to 16 tribes and tribal organizations. These annual IHS tribal management grants are intended to assist tribes in preparing to assume all or part of existing IHS programs, functions, services and activities and further develop and improve their health management capability.

Tribes have the right to assume responsibility for providing health care to their members and to operate and manage health care programs or services previously provided by IHS, subject to certain requirements, as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA).

“IHS and tribes share the common goals of tribal self-determination and providing quality health care to American Indian and Alaska Native patients. The tribal management grants, along with IHS technical assistance, are critical resources to achieving these shared goals,” said IHS Principal Deputy Director Mary L. Smith. “Today, over two-thirds of our annual funds go directly to the tribes that have elected self-determination and self-governance, where they continue to provide access to quality health care for their communities.”

The Tribal Management Grant Program is designed to enhance and develop health management infrastructure and assist tribes and tribal organizations in assuming all or part of existing IHS programs, functions, services, and activities through ISDEAA agreements and to assist established American Indian and Alaska Native tribes and tribal organizations with ISDEAA Title I and Title V agreements to further develop and improve their management capability. The following tribes and tribal organizations received funding:

- Fort Belknap Community Council, Harlem, Montana - \$70,000
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians, Hayward, Wisconsin - \$100,000
- Colville Confederated Tribes, Nespalem, Washington - \$150,000
- California Rural Indian Health Board, Inc., Sacramento, California - \$100,000
- Cook Inlet Tribal Council, Inc., Anchorage, Alaska - \$75,000
- Ponca Tribe of Indians of Oklahoma, Ponca City, Oklahoma - \$128,586
- Fort Bidwell Indian Community, Fort Bidwell, California - \$100,000
- Choctaw Nation of Oklahoma, Durant, Oklahoma - \$100,000

- Port Gamble S'Klallam Tribe, Kingston, Washington - \$99,979
- Quileute Tribe of the Quileute Reservation, La Push, Washington - \$99,734
- Tonto Apache Tribe, Payson, Arizona - \$50,000
- Skull Valley Band of Goshute Indians, Grantsville, Utah - \$70,000
- Mashpee Wampanoag Tribe, Mashpee, Massachusetts - \$70,000
- Chapa-De Indian Health Program, Inc., Grass Valley, California - \$150,000
- United Keetoowah Band of Cherokee Indians, Tahlequah, Oklahoma - \$50,000
- Fairbanks Native Association, Fairbanks, Alaska - \$96,051

More than two-thirds of the total annual IHS funding for American Indian and Alaska Native health is now administered by tribes primarily through the authority provided to them under the Indian Self Determination and Education Assistance Act. Under the principles of self-determination, tribes have the option to receive their health care directly from IHS or by carrying out their own health care programs as authorized by the ISDEAA, or any combination thereof. By law, IHS carries out its responsibility to facilitate the transfer and support the achievement of tribal health goals and objectives.

The IHS [Office of Direct Service and Contracting Tribes](#) (ODSCT) provides information, technical assistance, and policy coordination in support of Indian self-determination. ODSCT is the primary focal point for ISDEAA Title I activities and implementation. ODSCT provides agency leadership and advocacy for direct service tribes in the development of health policy program management and budget allocation and advises the IHS director and senior management on direct service tribes issues and concerns. ODSCT also coordinates and collaborates with the [Direct Service Tribes Advisory Committee](#) to host a national forum for all tribal leaders to discuss best practices, partnerships and resources to improve the Indian health care delivery system.

The Tribal Management Grant Program is authorized under 25 U.S.C. § 450h(b)(2) and 25 U.S.C. § 450h(e) of the Indian Self-Determination and Education Assistance Act, Public Law 93-638, as amended. This program is described in the Catalog of Federal Domestic Assistance under 93.228.

The IHS, an agency in the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives.

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