

ACTIVITY/MECHANISM BUDGET SUMMARY  
 Department of Health and Human Services  
 Indian Health Services - 75-0390-0-1-551  
**SELF GOVERNANCE**

Program Authorization:

Program authorized by Title V, Tribal Self-Governance, P.L. 93-638, Indian Self Determination Act, as amended.

	2000 <u>Actual</u>	2001 <u>Appropriation</u>	2002 <u>Estimate</u>	2002 Est. +/- <u>2000 Actual</u>	2002 Est. +/- <u>2001 Approp.</u>
Budget Authority	\$9,531,000	\$9,803,000	\$9,876,000	+\$345,000	+\$73,000
FTE	9	9	9	0	0

**PURPOSE AND METHOD OF OPERATION**

In FY 1992, IHS was instructed by Congress to initiate planning activities with tribal governments with approved Department of Interior self-governance compacts for the development of a Self-Governance Demonstration Project as authorized by P.L. 100-472. Through enactment of P.L. 102-573, the Indian Health Care Amendments of 1992, authority to fund the tribal self-governance demonstration projects (SGDP) was extended to IHS and the Office of Tribal Self-Governance was established. Through enactment of P.L. 106-260, the Tribal Self-Governance Amendments of 2000, permanent authority was given to Title V, Tribal Self-Governance. Since 1993, the IHS, in conjunction with Tribal representatives, has been engaged in a process to develop methodologies for identification of Tribal shares for all Tribes. Tribal shares are those funds historically held at the Headquarters and Area organizational levels of the IHS. In FY 2002, approximately \$717 million will be transferred to support 63 compacts.

**ACCOMPLISHMENTS**

Tribes participating in the Tribal Self-Governance Program (TSGP) report that the program has had a significant positive impact on the health and well being of their constituents. The TSGP puts the administration and management of the health programs in the hands of tribal governments and provides them the flexibility to tailor their health programs to meet the diverse and unique needs of their constituents. Significant improvements have been made in the administration of Tribal health programs and in the quality, quantity and accessibility of services provided the service population. Thus federal funds are more effectively and efficiently used in addressing the local health needs of American Indians and Alaska Natives. The TSGP also promotes improved program and fiscal accountability in that tribal governments and health administrators are held directly accountable by and to their service population. A study conducted by the National Indian Health Board confirmed the significant positive impact that Self-Governance has had on Tribal health programs and their constituents.

The following are examples of the TSGP's positive impact enjoyed by self-governance tribes. It is not an all-inclusive list but rather an example of what can be accomplished through the TSGP.

- Several Self-Governance Tribes have developed goals for its health program and met them in the following manner:
  - **To Increase The Accessibility Of Health Services:**
    - New health clinic, 7128 sf facility provides multiple health care services: primary care, prevention, education, immunizations, maternal & child health, Community Health, Public Health Nurse, WIC, Pharmacy, Radiology, Dental, Optometry Screening, Substance and Alcohol Screening are provided.
    - The new Choctaw Nation Health Center, in Talihina, Oklahoma, features 37 hospital inpatient beds and 52 rooms in the clinic for outpatients. The new hospital replaced a facility that was constructed almost 70 years ago. This is the first Tribe to construct their own hospital.
  - **To Improve Health Status through Patient Awareness and the Promotion of Wellness:**
    - Wellness Center, a 10,950 sf facility that houses a 32x75', 25 yard therapeutic exercise indoor swimming pool opened June 1999. Programs implemented area fitness assessments, water aerobics, recreational swimming, lap swimming, personal weight training, Healthy Eating & Learning program, also diabetic nutritional and educational classes, foot care clinic and shoe sizing are programs offered at the Wellness Center.
    - NSHC - all health aides in our region were trained in the use of the revised and updated Community Health Aide Manual and were using it.
    - Provided two continuing medical education classes and one re-entry/remedial training for eight health aides.
    - Forty-one health aides participated in emergency trauma technician or emergency medical technician training during the year in conjunction with the EMS department.
  - **The quality of health care and health services provided by Tribal governments has been recognized by other Agencies and professional organizations:**
    - The AST clinic was re-accredited for an additional three-year period after a JCAHO team conducted an on-site survey and determined that the clinic operation is in compliance with JCAHO quality standards for ambulatory care organizations. "Achieving accreditation demonstrates the

AST commitment to consistently provide very high quality care to its patients.”

- MBCI advised that they have received a score of 96 out of a 100 from the JCAHO for their hospital.
  
- **To increase the efficiency and the quality of services of the health system:**
  - A quality assurance project for contract health services was also completed to improve the quality of and necessity of care purchased from community sources.
  - A second physician was added to the clinic staffing which brings the total number of full times providers to three.
  - The health center facility continued its efforts to become certified by the JCAHO with plans for a survey during 2000.
  - The Choctaw Nation initiated the Foster Grandparents Program at Jones Academy to improve the lives of the students. Volunteers from the community help the younger children each day with homework and greet the youngsters each day when they get off the bus and stay with them until after supper.
  
- **To provide community prevention plans including traditional and spiritual healing methods that reduce the need for more remedial type of treatment programs:**
  - Conduct Tribal gatherings at least once a year. Events such as the Intertribal Men’s gathering, the Women and Girl’s Gathering, and the Intertribal bike tour are held annually.
  - Develop/Conduct health promotion programs and related workshops. The Health Center has hosted workshops on topics such as Pregnancy Prevention, Sexually transmitted Diseases, Healing from Trauma, Car seat and Bicycle Helmet Safety, and Aroma Therapy.
  - Incorporate more traditional methods of healing into programs. Therapeutic healing while participating in basket or drum making classes or attending talking circles is proving effective.
  
- **The current design of another TSGP tribe the Health Services Program serves is:**
  - Monthly Men’s Breakfast. It is often difficult to engage Tribal men in health programs. The monthly breakfast acts as a support and educational meeting for men who otherwise would have little contact with the health programs.

- Cost containment for the Elders Prescription Drug Program. Drug costs have been rising rapidly. To ease this increase, the Medical Director reviewed high cost drugs and implemented several cost saving changes including an educational strategy to Tribal members and pharmacists to substitute equivalent less expensive generic drugs.
- Development of Business and Billing Capacity for Chemical Dependency Program. This program has been able to implement a system to effectively collect third party revenue for services.
- **The programs developed by a TSGP tribe the Health Services Program serves continue:**
  - Smoking cessation programs - support group continues to meet weekly is advertised through word of mouth and newsletter articles every month. Nicotine patches are also available to smokers who request them.
  - Dental prevention program - brushing, flossing, and toothbrush distribution; a communication system is in place so individuals who require routine prophylaxis are identified and routinely scheduled with a contracted dentist.
  - Massage Therapy for Elders - to accommodate this service without additional funding, an arrangement was made with Peninsula College to use the Tribal Center as massage therapy training site. The elders say massage therapy increases their mobility, reduces their stress and acts as a good augment to the water walking class.

Table

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Table



Following are the funding levels for the last 5 fiscal years:

<u>Year</u>	<u>Funding</u>	<u>FTE</u>	
1997	\$9,106,000	6	
1998	\$9,106,000	6	
1999	\$9,391,000	7	
2000	\$9,531,000	7	
2001	\$9,803,000	8	Enacted

**RATIONALE FOR BUDGET REQUEST**

**TOTAL REQUEST** -- The request of \$9,876,000 and 9 FTE is an increase of \$73,000 over the FY 2001 enacted level of \$9,803,000 and 9 FTE. The increases are as follows:

**Built-in Increases - +\$73,000**

The request \$73,000 for Federal personnel related cost would fund the built-in increases associated with on-going operations. Included is the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

It is extremely critical that the IHS maintains the FY 2001 level of service to American Indians & Alaska Natives. Maintaining the current I/T/U health system to ensure access and continuity of care is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

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