Indian Health Facilities
Facilities and Environmental Health Support

Facilities Support

	FY 1999 Actual	FY 2000 Final Appropriation	FY 2001 Estimate	Increase or Decrease
Budget Authority...	$53,857,000	$56,990,000	$62,293,000	+$5,303,000
FTE.....	451	463	478	+15

PURPOSE AND METHOD OF OPERATION

FY 2000 Base

Funds appropriated for the Facilities Support sub-activity are used to pay certain personnel and operating costs at the Area and Service Unit levels[1]. The personnel paid from this account operate and maintain health care facilities and staff quarters. Staff functions supported by this sub-activity includes management, operation, and maintenance of real property, building systems, medical equipment, and planning and construction management for new and replacement facilities projects. Also, related Area and Service Unit operating costs, such as utilities, building operation supplies, facilities related real and personal property, and biomedical equipment repair and maintenance, are paid from this account.

The IHS is committed to ensuring that health care is provided in functional and safe structures. Because many IHS facilities are located in isolated and remote environments far from urban centers, the IHS builds and maintains residential quarters at those locations to house non-local health care personnel.

The IHS owns approximately 849 000 square meters of Federally owned space and 809 hectares of land. The nature of space varies from sophisticated medical centers to residential units and utility plants (see following table). Facilities range in age from less than 1 year to more than 100 years. The average age of our health care facilities is 32 years. Many IHS facilities were built when medicine was practiced much differently than it is today and service populations were much smaller (IHS still delivers care in hospitals originally built as tuberculosis sanitariums in the 1930s).

In addition to federally owned space the IHS manages direct lease and GSA assigned space.

1/Costs for these functions performed by P.L. 93-638 contractors at non-Federally-owned or previously Federally-owned facilities are funded from the Services appropriation.

Space Occupied by IHS and Tribal Health Care Programs

Type of Facility	Federally Owned	Direct Federal Lease	GSA Assigned	Tribal
Hospitals and Health Centers	454 347 M^2	79 133 M^2	-0-	261 544 M^2 *
Staff Quarters	258 676 M^2	5 393 M^2	-0-	*
Other	135 744 M^2	6 190 M^2	66 588 M^2	*
Total	848 767 M^2	90 716 M^2	66 588 M^{2**}	261 544 M^2*

- *Tribal Space listed for Hospitals and Health Centers includes all space at locations where direct medical services are provided under P.L. 93-638 contracts in non-IHS owned buildings. The IHS does not track individual tribal buildings. Staffing and operations costs for these facilities are funded from the Services appropriation.
- **In 1999, GSA recalculated existing space from net usable to net rentable; overall space has not decreased.

STAFF FUNCTIONS

Four principal staff functions are funded at the Area and service unit levels through the Facilities Support sub-activity.

- Facilities Engineers

  Area and Service Unit facilities engineers are responsible for ensuring that IHS building systems are operated properly, facilities and grounds are maintained adequately, utilities are managed appropriately, environmental compliance requirements are met, and buildings are safe. The need for maintenance and improvement projects is determined at the Area level and identified in Area Facilities Engineering Plans.

- Clinical Engineers

  The IHS has highly sophisticated medical equipment in its inventory. Skilled-specialized personnel are employed to maintain and service that equipment because the lives of patients and level of patient care depend on accurate calibration and safe operation. Clinical engineers and technicians perform this critically important function. Additional funding to repair biomedical equipment is obtained from Medicare/Medicaid and private insurance reimbursements. Larger IHS facilities have clinical engineering personnel on-site, but most IHS and tribal facilities depend on Area, district, or service unit-based

clinical engineers and technicians, who travel to several facility locations, to repair and maintain biomedical equipment.

- Real Property Management

  Area Realty Officers provide technical and management assistance for realty activities associated with direct-leased, GSA-assigned, and IHS owned (and to some degree tribally owned) space. The program includes facility and land acquisitions and disposals, licensing/easement processing, use-permit issuance, quarters management and rent setting activities, lease administration, and budget functions. The program also helps tribes and tribal organizations acquire, administer, and/or manage excess federally owned and tribally leased real property.

- Facilities Planning and Construction

  Some IHS Areas have facilities planning and construction monitoring components that assist in the planning and construction management of new and replacement health care facility and staff quarters projects. The need for new facilities is determined by applying the IHS Health Facilities Construction and Quarters Construction Priority System methodologies. Area staff develop initial proposals for new and replacement facilities, prepare Program Justification Documents, Program of Requirements Documents, and Project Summary Documents for projects. While construction is underway, Area facilities management staff may be supplemented with construction management personnel to oversee Federal interests in the construction of new and replacement facilities.

OPERATION COSTS

- Utility Costs

  Utility costs include heating and air conditioning expenses, fuel oil, natural gas, propane, water, sewer, and electricity for lighting and equipment operation.

- Building Operation Supplies and Equipment

  Funds for building operation supplies and equipment, such as, special tools to perform maintenance, heating and air conditioning supplies, etc.

- Biomedical Equipment and Repair

  The clinical engineering program provides technical service and support for biomedical equipment at IHS and tribal health care facilities. The program also administers service contracts for biomedical maintenance and repair, where clinical engineering personnel are not available to perform this service.

- Leased Space

The IHS continues to apply its Lease Priority System (LPS) methodology in order to plan/budget for federally funded IHS and tribal program space. The LPS improves lease management by establishing specific criteria for evaluating Federal and tribal health program space requests.

All lease costs are paid from the Service appropriations.

Funding levels for the last 5 fiscal years follows:

Year	Funding	FTE
1996	$38,460,000	539
1997	$38,838,000	560
1998	$48,219,000	560
1999	$53,857,000	580
2000	$56,990,000	463

Accomplishments

In FY 1999, Facilities Support provided Area offices and service units with staff to operate and maintain the health care buildings and grounds, and to service medical equipment. This responsibility includes an inventory of approximately $306 million of medical equipment, hospitals, health centers, more staff quarters, smaller health stations and satellite clinics, school health centers, and youth regional treatment centers.

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST -- The request of $62,293,000 and 478 FTE is an increase of $5,303,000 and 15 FTE over the FY 2000 Appropriation of $56,990,000 and 463 FTE. The increases include the following.

Current Services – Built-in Increases - +$3,408,000

The request of $3,408,000 for personnel related cost will fund the increased cost of providing health care facilities to IHS beneficiaries and other built-in cost increases associated with on-going operations. Included are increases as the FY 2001 pay raise, within grade increases, etc. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

The IHS patient population continues to receive less access to health care than the general U.S. population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities - +$1,255,000 and +6 FTE

The request of $240,000,000 and 6 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also

contributes to the recruitment and retention of medical staff and promotes self-determination activities. The following table displays the requested increase.

Facilities	Dollars	FTE	
Hopi,AZ Health Center	$694,000	+6	
Talihina,OK Hospital	$561,000	5	1/
Total	$1,255,000	+6	

1/ Tribal Operated. NON-ADD FTE

Program Increases - +$640,000 and +9 FTE:

This increase will provide additional staffing needed to support the increased Maintenance, Improvement and New Construction funding including program implementation. This represents less than a 5 percent increase in staffing. This staffing will be at the Area, Service Unit, and facility level providing direct program services. This includes activities such as correction of facilities deficiencies by increasing facility maintenance staffing; and planning, design and construction of new facilities by Area and service unit staff.