ACTIVITY/MECHANISM BUDGET SUMMARY Department of Health and Human Services Public Health Service - Indian Health Service Indian Health Facilities - 75-0391-0-1-551 Facilities and Environmental Health Support

Program Authorization:

Program authorized by U.S.C. 13, Snyder Act, and P.L. 83-568 Transfer Act, 42 U.S.C. 2001.

		FY 2000		Increase
	FY 1999	Final	FY 2001	Or
	Actual	Appropriation	Estimate	Decrease
Budget Authority:				
Fac. Sup	\$53,857,000	\$56,990,000	\$62,293,000	+\$5,303,000
Envir. Sup	44,548,000	49,162,000	56,610,000	+\$7,448,000
OEHE Sup	9,277,000	10,130,000	10,947,000	+817,000
Total BA	\$107,682,000	\$116,282,000	\$129,850,000	+\$13,568,000
FTE:				
 Fac. Sup	451	463	478	+15
Envir. Sup	543	560	579	+19
OEHE Sup	81	85	88	+3
Total FTE	1,075	1,108	1,145	+37

PURPOSE AND METHOD OF OPERATION

FY 2000 Base

The Indian Health Facilities programs, managed at Indian Health Service (IHS) Headquarters by the Division of Environmental Health and Engineering (DEHE) and carried out by Area, field, and service unit staff, provide an extensive array of real property, health care facilities and staff quarters construction, maintenance, and operation services; as well as community and institutional environmental health, injury prevention, and sanitation facilities construction services. Services are delivered directly by Federal employees or by tribal contractors. In addition to staffing costs, funds appropriated for this activity are used to pay costs for utilities in IHS health care facilities, certain non-medical supplies and personal property, biomedical equipment repair, and some rents. This umbrella account is further managed and distributed through three categories; facilities support, environmental health support, and office of environmental health and engineering support. Currently, costs for permanent positions that constitute the Federal portion of this national Facilities and Environmental Health program are paid from this account. Costs for approximately 179 additional temporary and permanent sanitation facilities construction support personnel are paid from specific sanitation facilities project accounts. Costs for positions in tribally contracted environmental health activities are included among the permanent positions paid from this account. Costs for health facilities/staff quarters operation and maintenance personnel are paid from this account or from reimbursements.

The DEHE Headquarters staff included components in Rockville, Dallas, and Seattle. The staff has management responsibility for IHS facilities and environmental health programs, provides direct technical services and support to Area personnel, and performs critical management functions. Headquarters DEHE management activities include national policy development and implementation; budget formulation; project review and approval; congressional report presentation; quality assurance (internal control reviews, Federal Managers Financial Integrity Act activities, and other oversight); technical assistance (consultation and training for both tribal and IHS personnel); long-range planning; meetings (with Members of Congress and their representatives, with tribes, and with other Federal agencies); and recruitment and retention. In addition, Engineering Services staff provide architectural, engineering, construction, contracting, and real property services to IHS and tribal health care facilities programs.

There are counterparts of most facilities and environmental health organizational elements in each IHS Area Office. Staff of facilities and environmental health related programs in IHS Area Offices vary in size depending on program scope; the number and size of IHS facilities served; the number, size, and complexity of construction projects; the number and location of Indian communities served; transportation considerations; and the method of providing technical services within the Area. Area facilities and environmental health personnel include engineers, sanitarians, real property and quarters management specialists, biomedical technicians, facilities planners, injury prevention specialists, construction inspectors, utility operations consultants, draftspersons, and land surveyors.

Area personnel perform local management functions while devoting a predominance of time and effort to providing direct support to service unit, district office, and tribal contracted personnel. Typical of direct support functions are services performed by Area-based technical experts who visit IHS facilities and Indian communities to make institutional (hospital, school, restaurant, water supply) inspections, complete sanitation facilities construction survey work, train water/wastewater treatment plant operators or hospital maintenance personnel, survey real property and IHS staff quarters, perform epidemiological studies of injury occurrences, provide onsite construction inspection services, troubleshoot mechanical/electrical problems in IHS facilities, etc.

The management functions performed by IHS Area personnel parallel those performed by Headquarters but are focused on Area and service unit needs and, therefore, are less broad in quantity and scope. They include Area policy development and implementation, quality assurance in Area/service unit operations (oversight), technical assistance (consultation and training), long-range planning, recruitment, and retention.

District Offices are opened when professional/technical services are needed at two or more IHS health care facilities or sanitation facilities construction projects, which are not large enough to merit full-time staff coverage, when the Area Office is too distant, or when the size of the service area is too large to provide suitable services, oversight, or technical assistance from the Area Office. Currently, IHS has approximately 30 such offices, staffed by engineers, sanitarians, construction inspectors, land surveyors, environmental health and construction technicians, and support personnel. All provide direct program support services.

Funding levels for the last 5 fiscal years follows:

Year	_Funding_	FTE
1996	\$89,677,000	1,209
1997	\$91,021,000	1,192
1998	\$101,617,000	1,192
1999	\$107,682,000	1,178
2000	\$116,282,000	1,108

Facilities and Environmental Health Support is divided into three program sub-activity descriptions (facilities support, environmental health support, and office of environmental health and engineering (OEHE) support).

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST - The request of \$129,850,000 and 1,145 FTE is an increase of \$13,568,000 and 37 FTE over the FY 2000 President's Budget Amount of \$116,282,000 and 1,108 FTE. The increases include the following:

Current Services - Built-in Increases - +\$6,944,000

The request of \$6,944,000 for personnel related cost will fund the increased cost of providing health care and sanitation facilities to IHS beneficiaries and other built-in cost increases associated with on-going operations. Included as increases are 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 - +\$1,665,000 and +9 FTE

The request of \$1,655,000 and 9 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	+\$904,000	+9	
Talihina,OK Hospital	761,000	8	1/
Total	+\$1,665,000	+9	

1/ Tribal Operated. NON-ADD FTE

Health Disparities (Injury Prevention) - +\$2,959,000

These increases are to support the injury prevention program. See Environmental Health Support for more details.

Program Increases - +\$2,000,000 and +28 FTE

These increases are to support health care facility activities and environmental health activities including injury prevention and sanitation facilities construction.