

ACTIVITY/MECHANISM BUDGET SUMMARY  
Department of Health and Human Services  
Public Health Service - Indian Health Service  
Indian Health Services - 75-0390-0-1-551

**SELF GOVERNANCE**

Program Authorization:

Program Authorized by Title III, Self-Governance Demonstration Program,  
P.L. 93-638, Indian Self Determination Act, as amended.

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase Or <u>Decrease</u>
Budget Authority	\$9,391,000	\$9,531,000	\$9,604,000	\$73,000
FTE	7	7	7	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. 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 but to which the Tribes have rightful access under Self-Governance. In FY 2000 approximately \$564 million will be transferred to support 45 compacts. In FY 2001, approximately \$644 million will be transferred to support 60 compacts.

Tribes participating in the Self-Governance Demonstration Project (SGDP) report that the project has had a significant positive impact on the health and well being of their constituents. The SGDP 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 SGDP 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 SGDP'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 SGDP.

- 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**
    - The construction of the new addition to the existing health center facility of about 14,000 square feet was started during the fiscal year with the completion of the ambulatory clinic anticipated during January, 2000. The new clinic wing for behavioral health, dental, eye care, and audiology services will be completed during the second quarter of fiscal year 2000.
    - Pharmacy services have increased from 110-120 prescriptions per clinic day to 190-210 per clinic day at end of FY 99.
    - During the fiscal year operation 2,324 new patient charts were created and 14,581 PCC visits were recorded.
    - Audiology services at the clinic increased during fiscal year with the examination of 134 patients and 29 new hearing aids provided.
    - Eye care services were expanded during the operating year with a total of 119 examinations and the purchase of 170 eyeglasses and contact lenses.
    - The optometry clinic, laboratory, and registration area in Tishomingo Health Center was remodeled with expansion including additional exam rooms and new physical therapy services.
    - Establishment of a fully operational radiology department. By implementing the radiology department costs have been reduced and better service is being provided to the patients.
  - **To Improve Health Status through Patient Awareness and the Promotion of Well-ness.**
    - The community health department focused its efforts on increasing community services. This effort included day care and early head start, monthly screening for elders, head lice follow-up, home visits for assessments and follow-up, flu shots and other immunizations.
    - Nutrition services were increased and focused towards patients with diabetes, hypercholesterolemia, obesity and prenatals. Patients are becoming more accountable and compliant with regard to their diet.

- The diabetic patient has received a total new program focus which includes the provision of flu vaccine, auditing of all diabetic patient charts, diabetic supplies to 245 identified patients, development of "Blood Sugar Log Books" with tribal seal, development of diabetic referral form and special diabetic handouts for counseling, and staff training for the development of an organized foot clinic to begin in FY 2000.
- The WIC program as a part of the Nation's effort related to accident control distributed 600 infant car seats.
- **The quality of health care and health services provided by Tribal governments has been recognized by other Agencies and professional organizations:**
  - For example, the Mississippi Band of Choctaw Indians (MBCI) Health Center was awarded the Hammer Award. MBCI developed an outreach project to the non-english-speaking Choctaw Indian population of central Mississippi. Two field offices and the state DDS joined forces with Choctaw Health Center to provide an onsite disability clinic.
  - The Harvard Project on American Indian Economic Development stated in January that it was taking applications for "Honoring Contributions in the Governance of American Indian Nations" and that the applications were sent out across Indian Country. In June 1999 the Mississippi Band of Choctaw Indians Health Center was notified that it was chosen as finalist for the inaugural year of Honoring Contributions in the Governance of American Indians Nations (Honoring Nations).
- The current design of another SGDP tribe the Health Services Program serves is:
  - To provide a comprehensive health care and delivery system that emphasizes preventive care
  - To help diminish the economic distress suffered by the Tribal members and their families due to health care needs
  - To address the social and cultural needs of the Indian Community by providing health education and care
  - A SGDP tribe has implemented a program to provide medical transportation service and pharmacy delivery for elders and individuals who do not have a method of transportation.
  - Funds have been provided to support traditional healers in working with their communities to determine the community specific health needs.
- To provide for the physical, mental and spiritual well-being of another SGDP Tribal Community:

- A Quality Assurance program was initiated
- Talking/healing circles were instituted and ceremonies were incorporated in inter-department program events
- A staff team was developed to provide holistic services
- A dental hygienist was available once a week
- The following are the accomplishments of the Health Program served by another SGDP tribe:
  - Establishment of a fully operational radiology department. By implementing the radiology department costs have been reduced and better service is being provided to the patients.
  - Establishment of a radiologist contract that significantly reduces cost the reading of x-rays. Under this agreement a local radiologist comes to the clinic weekly and reads all films for a flat fee. This allows the clinic to provide better service. Further, it allows the clinic to globally bill for radiology services.
  - Establishment of a cost effective mammography contract which has reduced costs by 30 percent. Under this agreement a mobile mammography service comes to the clinic every 6 weeks and patients receive this important women's health service under the supervision of a radiologist.
  - Implementation of a patient satisfaction program to identify positive and negative trends in health care delivery. To date over 73 percent of the patients have rated the service received from the health program Good to Excellent.
- The Grand Traverse Band has met one its objectives to successfully fill the position of Self-Governance Health Planner. The new Health Planner is working on meeting the second objective of developing and executing a long term Health Care Delivery System (HCDS). The system will be shared with other Michigan Tribes and will assist the tribes to better analyze and assess the HCDS to produce a final strategic plan for health service delivery issues.
- On August 30, 1999, a new Diabetes Management Center was opened and staffed with a physician, diabetes nurse specialist, nutritionist, behavioral specialist, and community education specialists to serve as a "One Stop Shop" for all diabetes patients. The goal of the Center is to significantly reduce the complications among tribal members with diabetes and to delay or prevent the development of diabetes in tribal members. Effort and resources extended toward this goal has reduced the amputation rate by 50 percent since 1994.
- A tribe receives 1 of 16 "High Honors" awards from the Harvard Law School's "Honoring Nations" project awarded for 1999 for the advancement in self-governance.

- With funding received from HUD, a tribe was able to add and remodel the construction of two wings to their Health Complex, which is at 85 percent complete. The remodeled north wing is open for primary medical, behavioral health, pharmacy, public health nurse/community health, hearing, and laboratory services. The addition of a second wing to be completed in May, 2000 will offer X-ray, dental, and optometry services.
- One tribe has received HUD funds for a Wellness Center with emphasis on health promotion/disease prevention, which will be built to compliment their clinic facility. Expected completion date for the Wellness Center is fall 2001.
- On March 15, 1999 a tribe opened its doors to a state-of-the-art Ambulatory Health Care Center and Behavioral Health Facility for medical, dental, nursing, pharmacy, nutrition, radiology, podiatry, laboratory, medical records, contract health care, social services, mental health, community health services and substance abuse services to be provided.
- A tribe has established a comprehensive Case Management Program that ensures all patients referred to the private sector receive quality health care that is medically appropriate and necessary.
- On December 21, 1999, a tribe is able to complete construction and open a comprehensive "All Nations Fitness and Wellness Center". The Center was designed to serve as the focal point for the prevention of illnesses and diseases, especially diabetes and heart disease, and has state-of-the-art exercise and weight equipment designed for all ages to improve the physical well being of the patient population.

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

<u>Year</u>	<u>Funding</u>	<u>FTE</u>
1996	\$9,090,000	5
1997	\$9,106,000	6
1998	\$9,106,000	7
1999	\$9,391,000	7
2000	\$9,531,000	7

#### **RATIONALE FOR BUDGET REQUEST**

**TOTAL REQUEST** -- The request of \$9,604,000 and 7 FTE is an increase of \$73,000,000 over the FY 2000 Appropriation of \$9,531,000 and 7 FTE.

**Current Services - Built-in Increases - +\$53,000**

The request of \$53,000 for personnel related cost will fully fund the increased cost of providing health services to IHS beneficiaries by providing the FY 2001 pay raise and within grade increases.

**See Table: IHS Self-Governance Compacts**

And

**See Table: Annual Funding Agreements By Area**