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Budget Transparency

California Indian Health Service

Budget

Fiscal Year 2012

Activity	Fiscal Year 2011 Recurring Budget
Clinical Services	\$ 89,498,917
Preventive Health	3,176,459
Contract Health Care	40,886,378
Contract Support Cost	38,147,791
Direct Operations	2,336,575
Urban Health	7,079,943
Envr Hlth Support	3,793,491
Facilities Support	948,211
Total Recurring Budget	<u>\$ 185,867,765</u>



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Comparison of Workload:

1993 to 2011

	<u>1993</u>	<u>2011</u>	<u>% increase</u>
Total Number of Tribes	99	104	4.0%
Total AI/AN Population (Census)	309,238	738,978	139.0%
Pop served by Urban programs	5,390	10,087	99.6%
Number of Tribal/ Urban Facilities	61	94	54.1%
IHS User Pop Comparisons:			
California	62,569	80,438	28.6%
IHS All	1,192,537	1,542,164	29.3%
% California of All	5.2%	5.2%	0.0%



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Comparison of Funding and Human Resources: 1993-2011

	<u>1993</u>	<u>2011</u>	<u>% increase</u>
Total IHS Funds in Tribal & Urban Programs	\$70.1 M	\$182.2 M	159.9%
Construction Workload	\$4.2 M	\$10.9 M	159.5%
Full Time Permanent CAIHS Staff			
OEH&E Staff	32	49	53.1%
Other Staff	31	39	22.6%
Commissioned Officer MOAs	2	8	300%

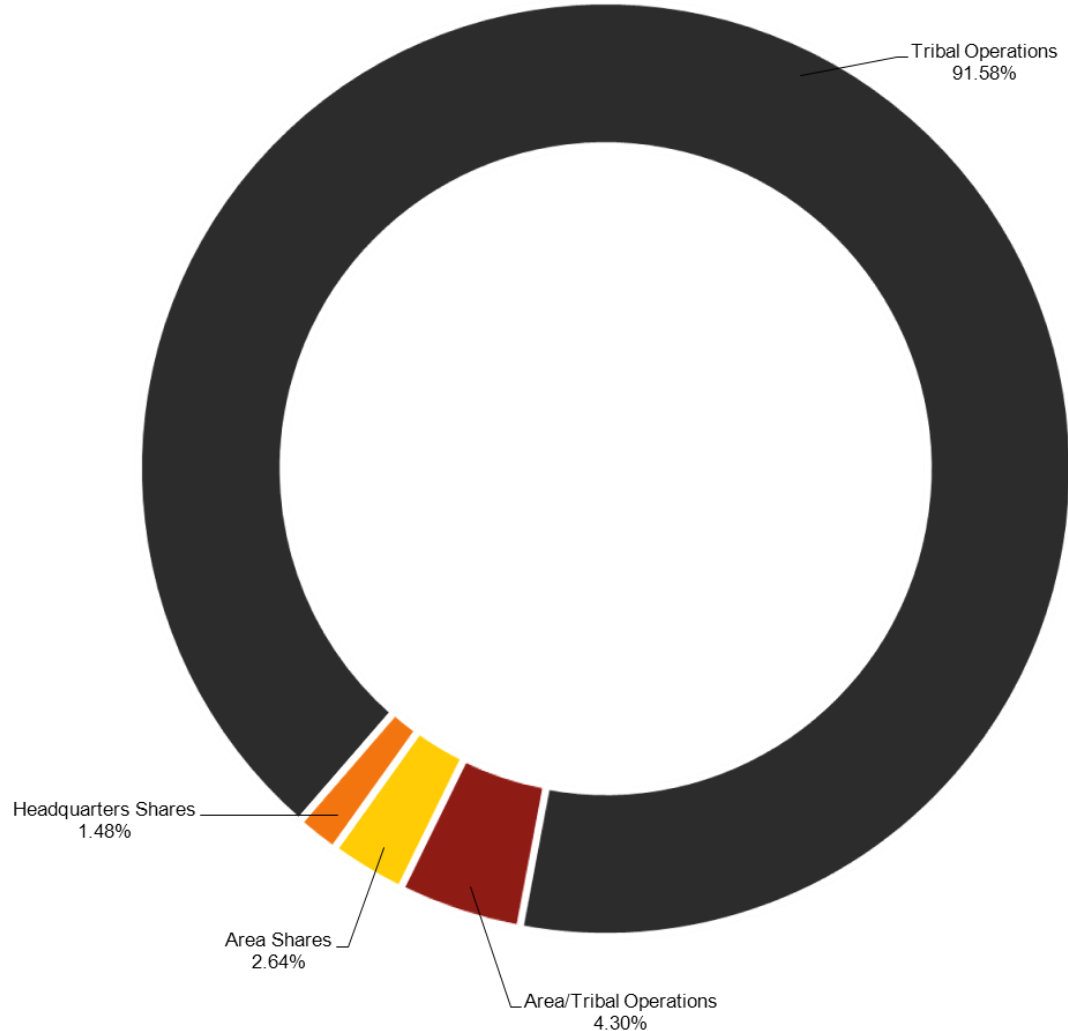


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Allocation of Funds

FY Ending September 30, 2011





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Annual Report



- Annual Report is an initiative under the directors second and fourth priority
- Comprehensive report of operations and future direction
- Comprehensive Financial report
- To be used as a tool to apprise tribes and tribal programs of services and resources
- It is available on our website address:
<http://www.ihs.gov/California/uploadedfiles/agendamintutes/FY2010-IHSCAO-AnnRpt.pdf>



Transition of Accounting Function from ABQ to CAO

- Effective FY 2012, Cash management function has been migrated to California.
- California Area Office has full control over the processing of requests for payments to tribal and urban programs and submitting them to the U. S. Treasury for disbursement.
- Shorter turnaround times for payments and more control over the quality and accuracy of these transactions.
- In extreme emergency situations, payments can now be transmitted and credited to the health program bank accounts within 2 hours.