

SHOSHONE BANNOCK TRIBES

Healthcare Self-Governance Planning

Feasibility Report, Findings, and Recommendations

BACKGROUND

- **SBT awarded a one-year IHS Self-Governance (SG) Cooperative Planning Agreement that commenced 9/1/2018**
- **Purpose was to determine the feasibility of SBT to manage and operate the Fort Hall Service Unit (FHSU) under a SG Title V Compact (P.L. 93-638 Indian Self-Determination)**
- **The project analysis provided the FHBC with information to make an informed decision about SG and whether or not to move forward with a SG Compact. This will unify all health services on the Fort Hall Indian Reservation under Tribal management.**

PLANNING PROCESS

- ▶ Gary Leva was selected as the SG Analyst
- ▶ Key to the planning process was the involvement of a variety of staff and entities as well as community input. The Fort Hall Business Council directed the participation of the Tribal health directors and key staff, each management system director, in house attorney, and the planning department who comprised the 'Administrative Focus Group' which met with the SG Analyst each month to track grant/planning activities and develop recommendations to the FHBC.
- ▶ In March 2019 Gary met with the FHBC to present a workshop on the differences between Title 1 Contracting and Title V Compacting. A refresher was delivered on 11/14/19.

DATA COLLECTION

- ❑ There were two major sources of data collection: SBT and IHS
- ❑ SBT data needed for this process was representative tribal input/opinions on the status of health care services being provided by IHS, suggestions for improvement, concerns and any comments about future health care services at SBT. This was accomplished through a series of focus group input & documented
- ❑ The purpose was to identify what health care improvements the membership would like implemented in Fort Hall. To help the FHBC determine the best course of action to improve healthcare reservation wide.
- ❑ IHS data needed for this report was extensive and included as much information as possible on the FHSU which was obtained through the Portland Area Office of IHS

SBT DATA COLLECTION

- ❖ **Five community focus groups were identified in the grant from which to obtain input:**
 - ❖ **Healthcare-composed of healthcare staff from THHS/CHC/IHS**
 - ❖ **SBT Districts-all five Districts**
 - ❖ **Elder Advisory**
 - ❖ **Tribal Supervisors/Managers**
 - ❖ **Youth Council**

Focus group participation was recruited with 4 to 5 hundred letters of invitations issued at the 2019 Annual Meeting, the elderly nutrition program, health care events, and at each district.

The Administrative Focus Group planning team developed a set of quality improvement questions that were presented to each focus group to solicit community member feedback.

The total participants from all focus groups was 56 tribal members, about 10% of those who received a letter of invitation.

SBT DATA COLLECTION

The major goal from the SBT data collection was to obtain feedback from a sampling of tribal members across the reservation about the healthcare receive, suggestions for improvement as well as any other comments about experiences in obtaining health care, where they go for services, and what they liked/did not like, etc.

The AFG was interested in the major trends that were documented from the focus groups; what were the common themes that kept resurfacing?

SBT DATA COLLECTION

There were four major recurring themes and trends that surfaced. Many comments were provided. It was clear this sample of tribal members desired substantial improvements to the current system of care.

- Accessibility to care-lack of appointment availability and wait times
- Patient/Provider relationships and customer service-communication and time delivering the care was often cited
- Comprehensiveness of care-referral process and pharmacy
- Quality of care-comments split between provider knowledge, technology and patient outcomes

FHSU FY19 BUDGET SUMMARY

Key Points from the FY19 annual recurring budget:

1. The recurring base funding is \$3,329,770
2. FHSU estimates \$1,880,000 in third party revenue which is not guaranteed (Medicare/Medicaid/Private Ins). There is significant upside potential under Compacting to increase these amounts; this is very low for your service pop
3. Total expected revenue is \$5,209,770
4. IHS has carryover funding from prior years (noted as PY) in the amount of \$1,015,500 which would be available to SBT during the first year of the Compact & AFA . These are non-recurring funds. All carryover funding is a result of lapsed salaries from unfilled staffing vacancies and high turnover

CURRENT HEALTH CARE SYSTEM AT FORT HALL

- ❑ SBT is one of a handful of tribes in the U.S. that have three separate but concurrent health care systems serving the same population: two tribally operated and one Federal.
- ❑ The FHSU has 54 employees with an annual budget of \$5.7M
- ❑ The THHS Department has 68 employees with an annual budget of \$15.3M
- ❑ The Shoshone Bannock Community Health Center has 10 employees with an annual budget of \$789,000
- ❑ The entire healthcare system employs 132 people with a combined budget of \$21,789,000, a substantial economic presence that touches most tribal members on the Fort Hall Indian Reservation

FINDINGS

- 1. Three different systems of healthcare result in duplicated, disjointed inefficient and fragmented care across the reservation. The SBT lack of authority and decision making to effect meaningful change at the Federal Fort Hall Service Unit weakens the entire system**
- 2. From all the focus groups and planning team input, comments and feedback indicate that tribal members desire significant and meaningful improvement in their health care, particularly the FHSU which provides the bulk of primary medical care**
- 3. Despite the fractured health care environment SBT continues to successfully manage programs and services under 638; the infrastructure is in place to dramatically improve this system**
- 4. The IHS \$1,015,500 carryover funding speaks to the amount of unfilled vacancies and issues related to timely recruitment as well as other issues; the federal bureaucracy is a chronic situation that is not resolvable at the local level**

RECOMMENDATION

Enter into a Self-Governance Compact to assume all FHSU operations

- Funding is adequate with substantial increases to the recurring base and strong upside potential to increase third party revenue
- Have experienced staff who have the talent, energy and desire to assist in the transition effort to improve the system
- Changes at the FHSU will never be adequate to address long-standing system and facility deficiencies under Federal management.
- 38 tribes in the Portland Area have successfully compacted or contracted their healthcare services, some as long as 30 years so there is a long history of tribal operations; nationally 60+% of the IHS budget allocated to Self-Governance Compacts.

NEXT STEPS

Should the FHBC agree to enter into a Compact with IHS to assume management and responsibility of the FHSU, the following steps are required for participation in Self-Governance.

1. Because the feasibility phase has been completed, SBT, when ready at any time, submits a letter to the IHS Office of Tribal Self-Governance requesting participation in the Title V SG Program *accompanied by a copy of a Tribal Resolution and three years of clean audits*

NEXT STEPS

The last step is to apply for a Negotiation Cooperative Agreement usually available for \$50,000 via the OTSG which have historically been announced in April/May with a deadline in June. They are one-year grants and are exclusively for costs associated with negotiating a Compact. SBT would be eligible to apply as having completed the planning phase.