

SELF-GOVERNANCE OPTIONS AT THE TRIBAL LEVEL



Training Session on Tribal Self Governance in the Indian Health Service:
Sharing Tribal and Federal Best Practices and Experiences for Success!
August 24-25 2011

WHAT WILL BE COVERED:



A Tribal View of Self Governance

- ❖ **Why Self Governance?**
- ❖ **Tribal Governance Structure**
- ❖ **Tribal Program Re-Design**
- ❖ **Tribal Budget Re-Assignment**
- ❖ **Tribal Success Stories**
- ❖ **Self Governance Collaboration and Partnership**
- ❖ **Serving Tribal Communities Through Self Governance**

WHY SELF GOVERNANCE?



"No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political and cultural future without external interference. The fullest expression of this right occurs when a nation freely governs itself."

**The Late Joseph B. DeLaCruz
Former President
Quinault Nation, 1972 - 1993
(July 16, 1937 - April 16, 2000)**

WHY SELF GOVERNANCE?

- ❖ Fundamental belief by Tribe/Tribal Organization that they can do a better job of delivering health care than the federal government
- ❖ Tribe/Tribal Organization has greatest autonomy as customer-owner
- ❖ Access to Headquarters & Area Tribal Shares to help build Tribal infrastructure capacity
- ❖ Compact language negotiated w/Broad Scopes of work & benefits of Title V negotiated rule making provisions & protections
- ❖ Greatest flexibility to redesign programs which are culturally accepted & to reprogram funds to match service priorities

WHY TITLE V (COMPACTING) VS. TITLE I (CONTRACTING) OF THE ISDEAA?

- ❖ Increased scope of programs and funds which can be assumed
- ❖ Increased redesign, consolidation and reallocation authority
- ❖ Strong procedural rights allow tribes to submit a final offer and any rejection must be based on specific declination criteria
- ❖ Secretary has increased burden of proof to establish validity of rejecting a proposal
- ❖ Decreased reporting requirements
- ❖ Office of Tribal Self Governance involved in negotiations
- ❖ Strong Collaboration with other Self Governance Tribes as helpful resources

TRIBAL SELF GOVERNANCE NETWORK

- ❖ Annual Self Governance Forums: TSG Annual Conference & Fall Strategy Sessions
 - ❖ Multi-year strategic priorities & work plan
- ❖ Tribal Self Governance Advisory Committee & TSG Education & Communication:
 - ❖ clearinghouse for all 335 Self-Governance Tribes and assists in communication and outreach.
 - ❖ TSGAC members share expertise.
 - ❖ TSGAC works with IHS Director & staff to provide a better understanding of needs at the local Tribal level.
 - ❖ TSGAC has long-term credibility not only with IHS, but with other national organizations, area health boards, other agencies and Congressional staff.

THE RIPPLE EFFECT: *INCREASING NUMBERS OF TITLE V SELF-GOVERNANCE TRIBES*

- ✓ In 1994 - 14 compacts and 14 funding agreements representing 14 Tribes.
- ✓ Today - 80 compacts and 103 funding agreements representing 335 American Indian and Alaska Native governments (approximately 60% of all federally-recognized Tribes).



TRIBAL GOVERNANCE STRUCTURE

- ❖ Typical IHS Consumer Advisory Boards replaced by consumer-focused Tribal Governing Boards with greater policy & fiscal authority
- ❖ Appointed/Elected by Tribal Council(s)
- ❖ Bylaws create clear statements of Authorities of Board, Committees & CEO
- ❖ Board Establishes Policies & Process for health system policy, administrative structure, program design & financial decision making
- ❖ Board sets their own rules & regulations for conduct & participation
- ❖ Board establishes Vision, Mission, Core Values & Strategic Objectives
- ❖ Board establishes process to Tribal input into strategic plans and budget priorities to be aligned with health status issues & community priorities
- ❖ Board establishes Policy & Procedures for accountability to Tribe(s)/Tribal Members i.e. consumer relations committees/process, community meetings & reports, feedback on performance for elected/appointed officials
- ❖ Board establishes Compliance & Quality Improvement policies & processes
- ❖ Board sets guidelines for approval of Annual audits, program reporting & evaluation
- ❖ Board sets up a self evaluation mechanism

TYPICAL HEALTH BOARD MEETING STRUCTURE

❖ *Annual Meeting:*

- ❖ Year End Program & Fiscal Reports
- ❖ Approval of Annual Report to Tribe(s) including Health Outcomes and Annual Audit Reports
- ❖ Elections of Officers/Executive Committee
- ❖ Community Health Priorities Reports
- ❖ Development of Annual State & Legislative Priorities & Strategic Planning Updates
- ❖ Approval of New Fiscal Year Programs, Budget & Organizational Chart
- ❖ Appointments to Associated Boards/Committees
- ❖ Evaluation of CEO

TYPICAL HEALTH BOARD MEETING STRUCTURE

- ❖ *Regular Session Board Meetings:*
 - ❖ Reports on up-to-date Health Outcomes /Strategic Plan: GPRA, Strategic Goals
 - ❖ CEO & Financial year to date Report
 - ❖ Program Highlights (Orientation)
 - ❖ Board Training (based on Board Self-Evaluation)
 - ❖ Reports from Tribes & Tribal-affiliated Organizations (based on current issues)
 - ❖ Old Business & New Business: Policy, Program, & Financial decisions, (based on current issues)
 - ❖ Consumer Relations Reports & Trends (Executive Session)
 - ❖ Compliance & Quality Reports (Executive Session)
 - ❖ New & Renewal of Privileging for Providers (Credentialing Committee Recommendations; may be in Executive Session)
 - ❖ Board/Staff legal issues (Executive Session)
 - ❖ Board meeting evaluation

TRIBAL PROGRAM REDESIGN

- ❖ Tribes design & develop programs/services based on locally determined needs & priorities
- ❖ Tribes can leverage other funds including state & federal grants, 3rd party and other Tribal resources to create a whole Tribal program
- ❖ Program Decisions can be made w/o fiscal barriers such as strict budget line item reprogramming rules or prior authorization requirements
- ❖ Changes can be made quickly & easily based on established Board priorities & strategic goals

TRIBAL BUDGET ISSUES

- ❖ Reprogramming authority is essential for planning & program development
- ❖ Tribes are more flexible and can move with alacrity to redesign programs & reprogram funding based on need
- ❖ Ability to immediately respond to changing fiscal conditions, i.e. 3rd party revenue decreases, grant changes, etc.
- ❖ Ability to address other grant shortfalls or mandatory caps for certain line items, i.e. Indirect caps
- ❖ Ability to leverage IHS \$\$ with other funding sources, including loans, for construction & equipment
- ❖ Funds can be used as seed money for program startups, one-time equipment needs, special programs which are beyond typical IHS authorized scope of services

Program Redesign
Budget Priorities

**TRIBAL SELF GOVERNANCE
SUCCESS STORIES**

**NSHC QUYANNA CARE CENTER :
A 15 BED LICENSED LONG TERM CARE
SKILLED NURSING FACILITY**

**NSHC VILLAGE BASED COUNSELING
PROGRAM**

Quyanna Care Recieves Quality Achievement Award!



NORTON SOUND HEALTH CORPORATION

**APIA ORAL HEALTH PROGRAM:
DENTAL TEAM & DENTAL HEALTH AIDE**



**APIA WELLNESS GATHERINGS:
MIND, BODY, SPIRIT**



ALEUTIAN PRIBILOF ISLANDS ASSOCIATION

TRIBAL COLLABORATION AND PARTNERSHIP

- ❖ **Self Governance Tribes: Recognized Tribal Leaders**
- ❖ **Tribal Community partnerships: Tribal Councils, Community groups, statewide & national associations, Tribal businesses**
- ❖ **Federal government collaborations: Government to Government Relationship**
- ❖ **IHS/Tribal Collaboration & recognition of co-management of Indian Health System**
- ❖ **State, Private corporations & foundations**
- ❖ **Business Enterprises**

SERVING TRIBAL COMMUNITIES THROUGH SELF GOVERNANCE

- ❖ Tribal Council(s) Direct Authority (Resolution) & Accountability (Board Appointments)
- ❖ Tribal Leadership engaged in community health planning & annual priorities with Focus on Cultural, Holistic Health: mind, body, spirit
- ❖ Dynamic Economic Impact: jobs, workforce development, economic opportunities for Tribes
- ❖ Creating a Vision for Future Generations: drawing a roadmap to achieve healthy Tribal communities considering all influences & resources i.e. education, socio-economic factors, changing environmental factors, socially accepted norms, health status, Tribal culture
- ❖ Tribal owners will demand quality, appropriate care
- ❖ Patient-Focused Care Coordination Team includes patients, family & community
- ❖ Tribal Collaborations provides forums to share evidenced-based best practices
- ❖ Flexible, responsive, accountable, Tribally-inclusive services & programs

WHAT'S NEXT?



Determining Our Future
One Tribe at a Time

- ❖ *Title V I Expansion*
- ❖ *Renewed Government-to-Government Collaboration & Partnership*
- ❖ *Fulfillment of Federal Funding Obligations*
- ❖ *Strong Tribal Nations creating own destiny*

QUESTIONS?



Carolyn Crowder (*Tribal Member, Nome Eskimo Community, Alaska*)

- ❖ *Alaska Representative, Tribal Self Governance Advisory Committee*
- ❖ *Health Director, Aleutian Pribilof Islands Assn.*

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