

Tribes and Clinic Serves a seven-member tribal consortium: Barona, Campo, Ewiiaapaayp, Jamul, La Posta, Manzanita, and Viejas Accredited and Federally Qualified Health Center State of the art equipment Main Clinic in Alpine with two satellite locations: Campo and La Posta Services Provided Medical Pharmacy Kumeyaay Family Services Community Health Services

Background Southeast San Diego County Consortia Coordinating buy in from seven Tribal leaders Programs, Services, Functions and Activities (PSFA) Updated in 2013 after many years of continued use of "the same"



Initial Efforts

- Planning Grant
 - Applied May 2012
 - Received September 2012
 - Ended September 2013
- Grant Goals and Use
 - Board Development and Training
 - Exploratory and Educational Efforts
 - Establish Process and Knowledge Baseline about TSG
 - Determine PSFA Shares
 - Research and Analyze IHS budget
 - Grant Reports Assisted in Focusing and Guiding Efforts

Continued Efforts

- Implementation Grant
 - Applied For and Received
- Delay in Next Steps
 - Evaluated True Impact of "going self-governance"
 - Grant Timeline Changed (in next cycle)
 - Researched and Gained More Knowledge in following year

- Self-Governance Training and Orientation
- Tribal Self-Governance Training Session
- Quarterly Advisory Meetings
- Annual Conference
- Strategy Session

- Board Buy In

 Training from Agency Lead Negotiator (June 2014 at Board Meeting)

 Team Identification

 Employee Roles within Clinic

 Consideration of Turnover and Position Changes

 No impact on progression of self-governance efforts

 Job Description Updates

 Roles on Team

 Permanent

 Temporary

 Self-Governance Strategic Plan

 Team Members Familiar with Specific Parts of Plan and Process (history)

 Formal Tribal Self Governance Implementation September 2014

 July 25, 2014 first team meeting

 Meetings and Compact Discussion Focus at August Team Meeting

- Began September 2014
- Ended October 2014
- Additional Involvement
 - Clinic's Legal Counsel
 - Key: completely dedicated to Clinic's well being
 - Cost of going self-governance
 - Full understanding of sovereignty and governance

Things to Consider

- Version Control
- Multiple agencies working from same document with various comments
- Multiple meeting dates referencing various comments
- Separate individual "conferences" with respective clients
- Telephone vs. Face to Face
- Knowledge about Impact on Services and Programs
- Overview of Purpose, Intent, Involvement of Self-Governance (road map) for Organization/Tribe

Unique Considerations

- Office of Tribal Self-Governance also Evolving During Process
 - Discussion at Quarterly Meeting about Compact Consistency
- Agency Lead Negotiator Managing Multiple Task
- California Area Office Leadership Change During Process
- Consortium of Seven Federally Recognized Tribes
- PL-280 State
- Indian Health Specific Self-Governance

Expected It to Go...

- Quick
- Smooth
- Lots of Encouragement Received
- Lots of Reported Buy-in from CAO, ALN, and OTSG
 - Tribal representation at quarterly meetings

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| Realities of the Process |
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| Costly |
| Staff time |
| Legal time |
| • Dedicated Time |
| Meetings |
| Correspondence with OTSG and ALN |
| Negotiations |
| Coordinating schedules |
| Finding time to dedicate to preparing for |
| Negatiations |

New Understandings

- Familiarity with negotiationsVery different from perception
- Changes for Next Time
 - Go through compact towards beginning
 - Highlight steps in process
- Quarterly Meeting Prior to Annual Conference
- Feedback from "Newly" Involved Tribe/Organization
 - Technical Assistance from Tribe
 - Providing "consultation"
 - Example: OVC utilizing SIHC for SART Program

The Finances

- Recommend having a minimum of six months financial reserves to cover operating expenses.
- Recommend not changing PFSAs for one to two years after transitioning to TSG
- Ease of interpreting and understanding TSG Payment Documents vs 638 Mods