Indian Health Service · Office of Clinical and Preventive Services · Division of Behavioral Health
Summary of Tribal Consultation & Urban Confer Comments on the
Behavioral Health Initiative Funding
September 2018

Comment Period: May 18, 2018 – August 17, 2018 (91 days or 3 months)

Background: On May 18 the Indian Health Service (IHS) initiated Tribal Consultation and Urban Confer through a letter to Tribal and Urban Indian Organization (UIO) leaders on the mechanism to distribute behavioral health initiative funding that is currently distributed through grants. The Consolidated Appropriations Act of 2018 explanatory statement encouraged IHS to transfer behavioral health initiative funding through Indian Self-Determination and Education Assistance Act (ISDEAA) compacts and contracts rather than grants to ensure that contract support costs (CSC) are authorized and payable. The IHS appropriation itself authorizes allocation of the funds at the discretion of the IHS Director.

Consultation Components:

1. **Virtual Learning Series:** The IHS Division of Behavioral Health (DBH) hosted four virtual learning sessions to provide information on the:
    i. **Substance Abuse and Suicide Prevention Program** (SASPP, formerly the Methamphetamine and Suicide Prevention Initiative or MSPI) funded through the Alcohol and Substance Abuse budget line;
    ii. **Domestic Violence Prevention Program** (DVPP,formerly the Domestic Violence Prevention Initiative or DVPI) funded through the Hospital & Health Clinics budget line;
    iii. **Zero Suicide Initiative** (ZSI) funded through the Mental Health budget line; and,
    iv. **IHS National Management**.

    There were an average of 14 participants on each learning session.
2. **Virtual Tribal Consultation:** The IHS DBH hosted 2 virtual Tribal Consultations on June 7 and June 20 with an average of 70 participants.
3. **Urban Confer:** The IHS DBH hosted 1 virtual Urban Confer on June 14 with 70 participants. Comments were also received in-person at the 2018 National Council of Urban Indian Health (NCUIH) Annual Leadership Conference on June 27.
4. **Written Comments:** The IHS DBH received written correspondence from 31 entities, representing 6 IHS Areas, including feedback from 14 Tribes and Tribal Organizations, 12 UIOs, and 5 other (including national organizations and individuals) by mail and e-mail.

The following is a summary of all comments received through Tribal Consultation and Urban Confer. This is our best effort to convey in a limited space the major themes of the comments, but is not intended to capture all details.

Distribution Methodologies

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Continue the national distribution allocation method to fund all 12 IHS Areas permitting Area stakeholders to determine the distribution methodology appropriate to each Area. This includes the distribution of funding associated with IHS National Management (this does not include funds for contracts and cooperative agreements with national organizations since the same Tribes and Tribal Organizations recommend discontinuing those contracts and cooperative agreements).

2. Continue national distribution allocation method to fund all 12 IHS Areas permitting Area stakeholders to determine the distribution methodology appropriate to each Area to distribute funds.
3. Funding should be through noncompetitive formula to be developed via Tribal Consultation.
4. Continue current distribution methodology that includes: 88% to Areas and Tribes, 10% to UIOs, and 2% IHS National set aside.

B. URBAN CONFER RECOMMENDATIONS/COMMENTS:

1. Maintain current distribution methodologies and funding formulas.
2. Methodologies that eliminate or restrict UIOs from accessing funds are contrary to the IHS's commitment to Urban Indian health and do not adequately address the needs of the diverse AI/AN population.

Funding Formulas

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Utilize the funding formula based on poverty, disease burden, and user population.
2. Utilize the TSA formula for future increases beginning in Fiscal Year (FY) 2020 with a notification to Tribes about their expected distribution amount early in FY 2019.
3. Utilize the TSA formula for future behavioral health initiative funding cycles, beginning in FY 2021 and with a notification to Tribes about their expected distribution amount in FY 2020.

B. OTHER COMMENTS:

1. Tribes currently receiving behavioral health funds could see their funding cut considerably since the behavioral health program awards are not distributed on a formula that is largely based on user population.

Funding for Urban Indian Organizations (UIOs)

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Continue funding UIO grantees at current level through grants, cooperative agreements, annual contracts, or any other appropriate mechanism available.
2. Allocate 10% of behavioral health funding to UIOs.
3. Continue funding UIO grantees until the grant period initially awarded expires, then funds should be considered for distribution based on the TSA formula.

B. URBAN CONFER RECOMMENDATIONS/COMMENTS:

1. Maintain UIO set aside that was recommended to the IHS and previously accepted through Tribal consultation.
2. Maintain current funding levels at about 10% for UIOs.
3. Establish a 21.7% set aside for UIOs if funding is moved to ISDEAA contracts or compacts.
4. Establish a 25% set aside for UIOs.

Impact on Current Grantees

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

4. Hold all grantees harmless from any behavioral health initiative funding mechanism changes and oppose any decreases in funding for current grantees in order to redistribute funds.
5. Provide the option for current grantees to transfer their funds to an ISDEAA Title I contract or Title V funding agreement.

B. URBAN CONFER RECOMMENDATIONS/COMMENTS:

1. Discontinuing behavioral health grants would have severe implications on urban AI/AN health care. The explanatory statement entirely overlooks the vital nature of these initiatives for urban AI/ANs and caution that this action would exclude UIOs who are ineligible for CSC.
2. IHS must designate sufficient funding to fulfill existing grants through the end of their terms.

Funding Mechanism

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. All funding provided to current grantees should be converted from grants to ISDEAA agreements transferred through Title I contracts or Title V compacts.
2. Provide funding through ISDEAA contracts and compacts rather than grants.
3. Transfer grants to ISDEAA Title I and Title V agreements for FY 2019 and beyond.
4. Grants should be awarded through a non-competitive, streamlined, and simplified grant process for Title I Direct Service Tribal facilities.

B. URBAN CONFER RECOMMENDATIONS/COMMENTS:

1. Behavioral health grant programs were created to help remedy and reduce disparities and expressly include UIOs in the program descriptions and goals. Prohibiting UIOs from accessing funds from these programs would significantly hamper the provision of health care to urban AI/ANs.
2. Grant structure enables UIOs to receive technical assistance (TA) from IHS Area Project Officers, TECs, and IHS Grants Management Specialists that direct programmatic TA. Moving from grants to contracts negates this benefit and limits the effectiveness of these programs.
3. UIOs receive grants through Title V of the Indian Health Care Improvement Act (IHCIA) and do not have access to ISDEAA contracts and compacts.

Demonstrating Effectiveness

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Continue funding Tribal Epidemiology Centers (TECs) to assist with data reporting, determining national outcomes, and conducting evaluation activities.
2. Area Tribes should retain the option to conduct Area-wide functions, such as continuing the funding to TECs to assist Tribes in their Areas with data reporting, determining national, local, and regional outcomes, and conducting evaluation activities.

B. URBAN CONFER RECOMMENDATIONS/COMMENTS:

1. Continue funding to TECs to assist with technical assistance and data collection, monitoring, and analysis on the UIO behavioral health services system.
2. Establish a line item for TECs in the IHS budget formulation process.

C. OTHER RECOMMENDATIONS/COMMENTS:

1. For Areas where Tribes do not support continued funding for services provided by TECs, Tribes should receive the funding to support their own ways of data analysis and reporting, determining local, regional, and national outcomes, evaluating program effectiveness, and continuing to raise national awareness of behavioral health issues.
2. Self-Governance Tribes have the authority to redesign funding, so it is difficult to require they report data on program services and outcomes.

Advocacy and Raising National Awareness and Visibility

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Discontinue renewing contracts and cooperative agreements with national organizations and redirect funds for contracts and cooperative agreements with national organizations to Direct Service Tribes.
2. Discontinue current administrative set-asides provided under contracts and cooperative agreements with national organizations and reallocate funds to the Areas using national distribution methodology.
3. Do not renew existing procurement contracts.
4. Continue cooperative agreements with NIHB and NCUIH to maintain health advocacy and awareness.

B. OTHER RECOMMENDATIONS/COMMENTS:

1. Resolution passed requesting IHS continue supporting NIHB.
2. Discontinuing or repurposing NIHB's cooperative agreement would jeopardize the Tribal-based and AI/AN serving providers offering educational and skill-building opportunities, forcing providers to seek opportunities from non-AI/AN entities.

IHS National Management

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Add any additional funding made available as a result of discontinuing support for IHS National Management to IHS program amounts for IHS, Tribes, and Tribal Organizations.
2. Discontinue national functions and redirect all resources to local behavioral health programs in FY 2021.
3. Provide a breakdown of the $6m that supports IHS National Management.

Funding Increases

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Request inflation and population grown increases for behavioral health initiatives consistent with manner that such increases are requested for general sub-account line items in IHS appropriation.
2. Advocate for more behavioral health funding to adequately operate Tribal behavioral health departments.
3. Any increases in behavioral health initiative funding provided by Congress in FY 2019 or FY 2020 should be distributed based on the TSA formula instead of an increase in current grant awards.
4. Once recurring funding is allocated, it becomes part of the recurring base and subject to future increases.

B. URBAN CONFER RECOMMENDATIONS/COMMENTS:

1. Keeping UIO funding as a percentile allows for inflation costs to be covered

Contract Support Costs (CSC)

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. CSC needs to be requested in IHS budget process. The IHS should estimate the CSC need and immediately report the amount of funds needed to administer these recurring funds and should request additional CSC funds.
2. The IHS should assess and request additional CSC funds in the President's Budget Request for FY 2020 and beyond to support fully funding CSC needs related to these recurring funds.

Other

A. TRIBAL CONSULTATION RECOMMENDATIONS/COMMENTS:

1. Save a portion of the funding for a community elder/youth wellness/healing conference themed "The Way of Life" to discuss possible solutions for a better, safer place and to remind youth of traditional and family values.
2. Short term options should be implemented during the FY 2018 award cycle and that immediate action taken to implement the long term options by FY 2021.
3. Provide behavioral health initiative funding via competitive grants continues to provide funding to larger Tribal Health Organizations that can afford professional grant writers and grant managers, while putting barriers to small Tribes and Tribal Health Organizations that often need the financial assistance most.
4. Transferring grants to ISDEAA contacts and compacts will allow current grantees to receive CSC funding to assist in covering administrative costs associated with managing behavioral health programs.
5. Tribes experience negative impacts of receiving behavioral health funds via grants that resulted in eliminating positions when the grant was discontinued, utilizing scarce Tribal funds to fill the gaps.
6. Any cost savings from a reduction in grant administrative oversight should be evaluated and made available to contracting and compacting Tribes no later than FY 2022.

B. URBAN CONFER RECOMMENDATIONS/COMMENTS:

1. Some UIOS are the only AI/AN facilities and programs offering services in their communities and states for the AI/AN population.
2. Several UIOs planned to expand behavioral health services over the program years based on the availability of funding, including: increasing the number of days for the youth program in the next year, offering multiple services and outreach to support those in their healing process, and providing services to incarcerated youth. Without behavioral health initiative funding, UIOs would be faced with the decision of whether to continue providing services and may even have to shut down programming.
3. The UIOs support the comments of Tribes and note that it is necessary to preserve the availability of these programs as grants for UIOs and through cooperative agreements like NCUIH in order to fulfill the federal trust responsibility for the provision of health care to AI/ANs.
4. Behavioral health grants are essential to UIO operations and the provision of quality and culturally competent health care services to AI/ANs living in urban areas.
5. Urban Indian Health constitutes only around 1% of the IHS total budget.
6. UIOs rely on other sources of funding, including grants, to provide health care services to AI/AN patients.
7. Any contrary action that restricts the ability of UIOs to provide these critical services to urban AI/ANs is a violation of the Federal Government's trust responsibility.
8. Moving program funding from grants to ISDEAA contracts and compacts excludes UIOs from behavioral health initiative funding and would set an extremely dangerous precedent.
9. The request from Congress in the explanatory statement is non-binding and does not require IHS to take action.
10. Programs and AI/ANs are best served by grants rather than compacts and contracts, which provide little or no monitoring whereas grant funding ensures the program is being run in line with its purpose and is providing the intended benefit.