

IHS National Tribal Advisory Committee on Behavioral Health Meeting Summary

Executive Summary

Four National Tribal Advisory Committee on Behavioral Health (NTAC) members, Indian Health Service (IHS) staff, and representatives from the National Indian Health Board (NIHB) attended the half-day NTAC meeting held virtually on Thursday, May 16, 2024 from 1:00 pm to 5:00 pm EDT. The NTAC members discussed various behavioral health topics related to traditional healing, workforce expansion, waiver approval, and IHS support. NTAC members and Division of Behavioral Health (DBH) also discussed the upcoming 2024 NTAC Quarterly Meeting. The next scheduled Quarter 3 Meeting will be an in-person hybrid joint meeting between NTAC and Substance Abuse and Mental Health Services Administration Tribal Technical Advisory Committee (SAMHSA TTAC) scheduled for September 17, 2024 in Bellingham, Washington. NIHB provided legislative updates. The IHS Division of Facilities Planning and Construction (DFPC) provided information on Joint Venture Program. At the request of members during the Tribal Caucus, additional topics were added to the agenda. The topics included the opioid settlement dollars and direct funding. Due to not meeting a quorum, no votes occurred during this meeting.

Tribal Caucus

The NTAC members attended the Tribal Caucus from 12:00 pm – 1:00 pm EDT hosted by NIHB.

Welcoming and Introductions

Dr. Glorinda Segay provided the opening prayer followed by welcome remarks made by CDR Angela Fallon, IHS OCPS Deputy Director. Areas in attendance were Alaska, Great Plains, Navajo, and Portland.

NIHB Legislative Updates

Winn Davis provided the legislative update presentation. The presentation was made available to the NTAC members. These updates included the following:

- Federal Appropriations: FY 2024 IHS appropriations was flat funded at 0.05% increase and the FY 2025 President's Proposed Budget was released in March 2024. The request is to fund IHS at \$8.2 billion in FY 2025 [or a \$1.1 billion increase]. The House and Senate Appropriations Committees have started taking testimony from Tribes on FY 2025.
- Special Diabetes Program for Indians (SDPI): The SDPI expires December 31, 2024. There are 302 SDPI program sites in 35 states. SDPI reauthorized in 2024 minibus at \$160 million through the end of year. Legislation passed reauthorizing SDPI for 2 years at a funding level of \$170 million per year. Advocacy efforts for another reauthorization will begin this fall.
- Improving Data Access Legislation: Senator Tina Smith (D-MN) is working on revising bipartisan legislation to improve how Tribes and Tribal Epidemiology Centers (TEC) receive data and how data is reported. Similar legislation was passed by the House of Representatives in 2021 as a result of data challenges during the COVID-19 pandemic.

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NIHB is proposing revised language to ensure that Tribal data sovereignty is respected, in which Tribes and TECs are given access to data in a timely fashion.

- Purchase Referred Care Improvement Act of 2024: The bipartisan bills would amend Section 222 of the Indian Health Care Improvement Act (IHCIA) to prospectively clarify that under no circumstances should IHS beneficiaries be responsible for paying medical bills for Purchase Referred Care (PRC) services that IHS authorized.
- Other Legislation Efforts: Senator Smith's Office is also working toward the reintroduction of legislation to authorize a Special Behavioral Health Program for Indians modeled on the success of SDPI. The Older Americans Act is set to expire September 30, 2024 and works to reauthorize and amend the Older Americans Act are underway. Representative Davids and Cole have introduced a House Bill (H.R. 7227). This legislation would establish a Truth and Healing Commission to investigate, document, and report on the histories of Indian boarding schools, Indian boarding school policies, and long-term impacts on Native Communities. The 2018 Farm Bill was extended through September 30, 2024 to allow Congress additional time to craft a reauthorization package.
- Other announcements are the Season 2– The Hope & Healing Podcast: Six Episode Series is available on the NIHB website and 2024 National Tribal Health Conference – Tribal Health Equity on Our Terms: Rapid City, South Dakota took place on May 19-23, 2024.

Opioid Settlement Dollars

Chairwoman Kyle comments:

Opioid settlement dollars and the flexibility for using those dollars for cultural services and should be sent directly to tribes. She suggested support from IHS to secure funding for behavioral health, which members have a deep interest in. Flexibility will allow Tribes and Tribal Organizations to be empowered through exercising their Self-Determination. This will allow Tribes to develop unique interventions and solutions that include values and cultures of communities. Tribes hope those dollars would come without “a lot of red tape.”

Representative Michael Watkins comments:

Services provided are different than the Alaska Area and across Indian Country. Trying to fit Tribes in the same box is sometimes difficult. Self-Determination and Self-Governance should allow Tribes to develop their own program based on traditional and cultural needs. Acknowledgement was given to NIHB's presentation of the Special Behavioral Health Program. Tribes would like to see the same flexibility that Special Diabetes Program for Indians (SDPI) has to be implemented across Indian Country. Tribes have done extremely well with SDPI flexibility to do what's needed in their communities. For the behavioral health funds, a model is recommended to guide what is needed. The opioid settlement funds have potential for a waiver for traditional cultural practices and traditional healing. Requesting for IHS to support the traditional cultural use.

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Dr. Segay comments:

Acknowledged the speakers. She requested for more time for an internal discussion to develop a response.

Winn Davis comments:

NIHB has been working with the Representatives of the Secretary's Tribal Advisory Committee (STAC) on the expansion of Self-Governance within IHS. The tribes are interested in behavioral health funds. SAMHSA has behavioral health programs but are unfunded. They also have funds that are available for Tribes via grants for substance abuse. NIHB will collaborate with SAMHSA to draft legislative language to expand Self-Governance within HHS, including SAMHSA. NIHB may reach out to the NTAC members if they are interested and will inquire about information.

Behavioral Health and Traditional Healing Discussion

Chairwoman Kyle comments:

Tribes are excited to see more States consider and adopt reimbursement for traditional services. Tribes have discussed reimbursement may not be available in some states. Tribes meet with Center for Medicare and Medicaid Services (CMS) and discussed waivers that are manageable. Tribes want to make sure their partners know the importance of this topic.

- The Alaska Area created a Tribal Doctor Apprenticeship Program. The training program allows Alaska Native people to learn to use their gifts in traditional healing. Tribes need to continue to advocate and invest in these types of programs to create other pathways that allow people to become connected and develop their gifts and to bring them into the Tribal healthcare systems. This is not easily reimbursed. Tribes would argue this is an important type of care that should be reimbursable, such as chiropractic care.

Representative Watkins comments:

Traditional practices were used in an Urban Indian Program in the State of Oregon years ago. There was as strong push by Tribal Practitioners who worked with the State of Oregon and the Oregon Health Authority to develop “Tribal Best Practices.” Tribes begin to see the shift towards evidence-based practices and cultural activities were not considered evidence-based.

- South Central implemented a traditional healing program and made it available to their tribal members. This program was unique. Many tribes wanted to replicate this program. Unfortunately, those services are not reimbursed.
- Advocate for IHS to be a sister agency to CMS. IHS can advocate for Tribes when States do put waivers forward. The State of Oregon or the State of Alaska is trying to push waivers forward. States may have great intentions but do not understand Indian Country. Tribes know their own communities best.
- Request support from IHS on Tribal best practices for reimbursement for services. Services need to be reimbursed because it is proven effective in Tribal Communities similar to evidence based practices in the mainstream society.

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Dr. Segay comments:

Thanked the members for sharing this information. She acknowledged the request for traditional healing, the importance to all of the Tribal Communities and the ways of Tribal people. This will be added to the list to begin the navigation of the requests that were made.

Behavioral Health Updates

Dr. Segay comments:

Provided an update on the National Behavioral Health Agenda (NBHA). The NBHA is a SAMHSA initiative and was published in 2016. This was a monumental collaborative effort between many Tribes many Leaders, Organizations, and Federal Agencies. In 2022, SAMHSA started the process of convening Tribal Leaders and Federal Agencies, to discuss the next steps for the agenda. During these discussions, Tribal Leaders did advocate and voice the emphasis for the need for increase awareness and the application of the agenda. Therefore, SAMHSA basically worked on making more accessible and user friendly. SAMHSA also wanted to expand to an online platform.

- The website address is: <https://www.samhsa.gov/tribal-affairs/national-tribal-behavioral-health-agenda>
- DBH meets with the Office of Tribal Affairs and Policy (OTAP), SAMHSA, for updates. DBH will continue to meet with OTAP and we will request for regular updates on this topic. DBH is happy to share those details with the NTAC members.

Chairwoman Kyle comments:

Discussed the workforce for behavioral health. Requested that IHS ensure flexibility in the qualifications of people who can participate in delivering behavioral health services. It is essential for care teams, community members, and Native people in those roles. A trend is being seen moving in the opposite direction where certification requirements is needed and that pathway will hamper ability to grow and meet community's needs.

Representative Watkins comments:

Supports Chairwoman Kyle's comments. Again, Tribal people are the best providers who know how to treat their people. Sometimes barriers are created preventing an opportunity to become a practitioner or serve Tribal community. The State of Oregon had a Native Certification process in which the State accepted, but this no longer exist. Does CMS pressure the State to move away from the Native Certification process?

- DBH needs to include this topic in their strategic plan. Mental health issues continue to rise and Tribes do not have the workforce to address the needs in communities. This is for substance abuse and mental health. This is top priority.
- IHS need to increase workforce development and eliminate the barriers that States and communities have. Oregon and Washington are starting to be funded and reimbursed.

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Dr. Segay comments:

Acknowledged the comments made and spoke to the importance of behavioral health providers. Recognizes a provider shortage at a Tribal and national level.

- American, Indian and Alaskan Native are unique so the services have to be unique to address issues.
- Title 38 provides special pay authorities to recruit and retain employees and certain healthcare occupations providing a service. These job codes do make it easier to hire professionals. It allows to be competitive with other healthcare facilities in the area. This was implemented back in 2022 and it unfortunately only covers psychologists and social workers. This is good because of increase in pay while helping to provide a service.
- Additional information can be found at www.ihs.gov on the American Indians into Psychology Program page and Student Opportunities page, links below.
 - <https://www.ihs.gov/careeropps/studentopportunities/american-indians-into-psychology-program/>
 - <https://www.ihs.gov/careeropps/studentopportunities/>
- *Dr. Fore comments:*
 - This is a grant program that goes through three universities across the Country: Oklahoma State, University of North Dakota, and University of Montana. This program specifically recruits American Indian and Alaska Native undergraduate psychology students who are interested in becoming Clinical Psychologists. They get a scholarship to support them during their time in the graduate program. Once they complete all of the training, they can enter the system as Psychologists and provide care.
- *Dr. Segay comments:*
 - The new job codes from the Office of Personnel Management (OPM) makes it easier to hire professionals. The Veterans Affairs (VA) uses these new job codes so an inquiry was made by IHS. IHS is supposed to be reviewing the standards and are waiting for Health and Human Services (HHS) to approve. This one is for licensed professional counselors and license and marriage and family therapists

Ms. Largent shared a link for workforce shortages in the US report.

- <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>

Representative Watkins comments:

Inquired on discussion occurring regarding advocating for tribes on loan repayment thresholds for people to work in Tribal communities.

Dr. Segay comments:

Requested to take this question back to DBH to provide a response.

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Chairwoman Kyle comments:

Thanked Dr. Segay for acknowledging the members comments and ensuring she has heard the comments. Tribes are interested in the Loan Repayment Program. Tribes want eligibility to be applicable in detox programs. An example is there was a Clinician that would have to relinquish the Loan Repayment Program to work at a detox program because her scores were not eligible. This example supports the need for flexibility for Tribal Providers. Tribes and Tribal Organizations delivering care have shortages and should be eligible sites for Loan Repayment Program.

NTAC 2024 Quarterly Meeting Planning

The next scheduled Quarter 3 Meeting will be an in-person and hybrid joint meeting with NTAC and SAMHSA TTAC. This meeting is scheduled for September 17, 2024 at the Lummi Nation, 2665 Kwina Road, Bellingham, Washington 98226. Michele Howard will reach out to the SAMHSA Point of Contact to begin the planning phase. The Quarter 4 Meeting date options agreed upon are October 29-30, 2024 and November 5, 2024.

Joint Ventures Overview and Discussion

Steven Raynor provided an overview of the two types of Joint Ventures (JV) Programs available with IHS. DFPC would like to seek input and feedback from the members as behavioral health expertise is needed.

- DFPC would like to have an NTAC member sit on board.
- There is no inpatient behavioral health JV only within other JV programs such as a hospital setting.

Final Comments

Chairwoman Kyle comments:

Requested to include “IHS Direct Funding Discussion” on the meeting agenda as a standing topic. She provided closing comments on behalf of the members.

The Federal Co-Chair, Dr. Glorinda Segay, also provided a few closing remarks.

Meeting Adjourned

Recap and Follow-Up

1. IHS will request for nominations to fill Area vacancies prior to the 3rd Quarter Meeting.
2. Michelle Howard will reach out to SAMHSA to begin planning for the Joint Meeting with TTAC.
3. IHS will add IHS Direct Funding topic on the next meeting agenda.
4. DBH will explore IHS advocating for Wavier flexibility and traditional healing.
5. DBH will prepare responses to inquiry related to the Loan Repayment Programs.