

TRIBAL CONSULTATION AND URBAN CONFER INPUT SUMMARY

RECOMMENDATIONS BY THE INDIAN HEALTH SERVICE NATIONAL TRIBAL ADVISORY COMMITTEE ON BEHAVIORAL HEALTH

Below is a summary of input received in response to the Tribal Consultation and Urban Confer initiated on August 2, 2019, regarding recommendations by the Indian Health Service (IHS) National Tribal Advisory Committee on Behavioral Health (NTAC). The comment period closed on October 1, 2019.

The NTAC based their recommendations on the input gathered from an initial comment period, from May - August 2018, which sought input and recommendations from Tribal Leaders and Urban Indian Organization (UIO) Leaders on the Consolidated Appropriations Act, 2018, explanatory statement, which encouraged the IHS to transfer behavioral health initiative funding through Indian Self-Determination and Education Assistance Act (ISDEAA) compacts and contracts rather than through grants.

The IHS received a total of 22 written comments.

Tribal Consultation Input: The IHS received 15 letters representing the views of (7) Tribes and (8) Tribal Organizations (representing more than 300 Tribes and Tribal Organizations).

Urban Confer Input: The IHS received (7) letters from UIOs.

Summary of Input

The summary organizes input received on the NTAC Recommendations under the following headings: Distribution Methodologies; Reporting Requirements; IHS Staffing and Management; Funding to UIOs, and Other. The Tribal Consultation and Urban Confer input under each heading below reflects verbatim quotes taken from the Tribal Consultation and Urban Confer input received. All input is de-identified.

Distribution Methodologies

Tribal Consultation Input

- “We strongly support the delivery of behavioral health funding, and all federal funding in the manner recommended by NTAC.”
- “NTAC recommended that IHS “continue national distribution methods of allocating funds to all 12 IHS areas using the current funding formula, permitting Areas to determine distribution methodology for Fiscal Year (FY) 2020. While we support the distribution of behavioral health funding through non-competitive formula or base funding under a contracting and compacting model, we remind IHS of its consultative responsibilities both at the headquarters and Area levels. IHS must consult on any proposed changes to the funding formula in FY 2020 and beyond.”

- “As to Title I direct service programs, we recommend that grants be awarded through a non-competitive streamlined and simplified grant process.”
- “Continue as is through FY 2021 and funding changes will be postponed until 2022, to accommodate internal program, financial and staffing adjustments.”
- “Current grantees may convert their remaining awards, at their option, to an ISDEAA contract or compact with the balance of funds to be drawn and expended in accordance with the negotiated agreement.”
- “NTAC’s recommendations on realignment of National Management, HQ Staff, and Education Development for Zero Suicide could be more aggressive. The maximum amount of funds needs to be made available for direct health services. IHS should consider NTAC recommendations for these lines as the ceiling, as it converts these funds to ISDEAA awards.”
- “Current grantees should continue to receive funds they have been awarded with additional options made available. Specifically, current grantees should be provided the option to transfer their funds to a Title I contract or Title V funding agreement.”
- “We generally support these recommendations and suggest that to the maximum extent possible funds be directed away from central offices and national-level administration and toward Tribal programs and tribal epidemiology centers.”
- “Current grantees may convert their remaining awards, at their option to an ISDEAA contract or compact, with the balance of funds to be drawn and expended in accordance with the negotiated agreement. Such conversions of existing grants to ISDEAA awards should be on a non-recurring basis, but eligible for contract support costs (CSC).”

Urban Confer Input

- “Behavioral Health Funding for Title V UIOs must be preserved as a percentage set-aside to prevent the harmful restriction of funds in the face of inflation and rising care costs.”
- “We respectfully request that behavioral health funding for NCUIH be preserved through a set-aside, as UIOs rely on NCUIH for informational dissemination, tools and training, and one-on-one technical support.”
- “NTAC’s recommendation to cut funding to NCUIH should be rejected.”

Reporting Requirements

Tribal Consultation Input:

- “We urge the removal of reporting requirements for funds transferred through funding agreements with Tribal Nations operating under Title V. Unless there are statutory requirements, funding transferred through Title V agreements cannot include reporting requirements. We recommend IHS withdraw any additional requirements other than those provided in ISDEAA or subsequent legislation upon transfer of the funds from grants to other Title V agreements.”

- “Remove reporting requirements for funds transferred through funding agreements with Title V Tribes. Funding transferred through Title V agreements cannot attach reporting requirements unless there are statutory requirements.”

Urban Confer Input: No comments received.

IHS Staffing and Management

Tribal Consultation Input:

- “Prior to a final decision on Area Project Officer (APO) positions which NATC recommends be eliminated in the next funding cycle, we request a summary of APO duties and a summary of the current technical assistance provided to grantees by the current APOs.”
- “IHS should utilize the interim period to begin downsizing the administrative bureaucracy that has been built to administer grants.”
- “Recommend and advise the IHS to work to reduce the administrative costs currently concentrated at headquarters, and to distribute those funds to tribal programs to increase access to services.”
- “IHS should utilize the interim period (now through FY 2020) to begin downsizing the administrative bureaucracy that has been built to administer grants and reallocate those funds for direct services.”
- “In order to accommodate these internal program, financial and staffing adjustments to achieve the NTAC recommendations, there was consensus that current grantees continue as is through 2021 and that any changes to funding be postponed until 2022.”
- “We concur with NTAC recommendation to decrease the national management funds which would provide an additional \$758,000 more funding to Tribal Epidemiology centers and \$328,230 for Tribal Grants and Program Awards.”
- “The NTAC recommends decreasing Headquarters (HQ) staff funding from \$1,386,230 to \$300,000. The current funding provides for 4 Area Project Officers (APOs) which NTAC recommends be eliminated in the next funding cycle. Prior to a final decision on the APOs, we request a summary of APO duties and a summary of the current technical assistance provided to grantees by the current APOs.”

Urban Confer Input: No comments received.

Funding to Urban Indian Organizations

Tribal Consultation Input:

- “We also support maintaining the existing funding levels for urban Indian organizations and to increase funds for tribal epi-centers that can take a larger role in data coordination and necessary reporting instead of requiring tribal programs to provide burdensome program reports.”
- “Urban Indian Programs should be unaffected by these changes, both in funding level as well as funding mechanism, for the current award period as well as FY 2021 and beyond.”

Urban Confer Input:

- “Proposed action to transfer behavioral health initiative funding from grants to ISDEAA contracts would impact grant funding SASPP, DVPP, and Zero Suicide Initiative (ZSI). These programs fund critical behavioral health series for American Indians and Alaska Natives (AI/ANs) living in urban areas. In fact, more than half of the UIOs rely on some form of behavioral health funding from IHS through these programs. Therefore, IHS must ensure that these behavioral health funds remain available to Title V UIOs and the national representative organization of UIOs for the provision of behavioral health services to UIOs.”

Other

Tribal Consultation Input:

- “We request the scope of work and additional information to be provided to tribes and NTAC to consider how tribes and Tribal Epidemiology Centers can take over these activities.”
- “NTAC’s recommendations are based on \$48.5 million in un-earmarked funds.”
- “NTAC recommends an increase for the National Indian Health Board contract from \$200,000 to \$300,000. We recommend the currently level of \$200,000 be maintained.”
- “The amounts for the Substance Abuse Suicide Prevention Program (SASPP) and especially Domestic Violence Prevention Program (DVPP), should be reduced even further. It is not clear what the national coordinator positions do for current grantees or how they impact tribally-operated programs. Instead, Co-signers will hire their own subject matter experts.”
- “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.”
- “Continue to use the national distribution methodology for the recurring base transfer to the Area level.”
- “Upon allocation to each Area, the Tribes and tribal organizations should decide the appropriate distribution methodology to distribute these funds within the Area. Such distributions should be included in a Tribe's recurring base and no recalculation is necessary.”

- “For any appropriated increases, the increases should be distributed proportionately, similar to the existing Substance Abuse and Mental Health sub-activities in the IHS services appropriation.”
- “Refocus resources on local service delivery, decision-making, management, reporting and control, and reduce national administration and national contracts accordingly, redirecting these funds to ISDEAA awards/the field on a recurring basis. These are critical program funds and health service delivery should be a priority.”
- “Tribes should be able to conduct their own epidemiological work, at their option. IHS should not automatically divert program funding to Tribal Epidemiology Centers (TEC) unless the Tribe has affirmed that the TEC will be conducting the work on their behalf.”
- “Eliminate administrative set-asides provided under contracts and cooperative agreements with national organizations, and instead redirect this funding to direct services provided by behavioral health programs as additions to the recurring base.”
- “Estimate and request sufficient CSC to convert these funds to ISDEAA awards.”
- “For present and future, refrain from carving out recurring funds to be made in the form of grants.”
- “NTAC recommends an increase of Behavioral Health funds going to TECs Centers (TECs) to a total of \$2,828,000 (increase of \$758,000) per year. While TECs support many Tribes, some tribes conduct their own epidemiological work and receive no support from the TEC. No funds are made available to Tribes to defray the costs of performing these functions, rather the funds are diverted off the top prior to distribution. Therefore, we strongly recommend that Tribes be eligible to apply for its share of the \$2,828,000 at their option.”
- “It is advised that current IHS and TEC technical support continue in order to assist the current grantees maintain progress on the required deliverables and successfully transition to Title I or Title V.”

Urban Confer Comments:

- “The grant structure enables UIOs to receive technical assistance, which is extremely a useful in the administration of grants, restricting the funding available to UIOs for these behavioral health initiatives would severely limit this benefit and the effectiveness of these programs.”
- “Urban Indian Organizations were created by congress to fulfill the federal government’s trust responsibility for the provision of health care to AI/ANs living in urban centers. According to the most recent census data available, over 70% of AI/ANs now live in urban centers. Despite the significant numbers of AI/ANs who reside in urban centers and the statutory establishment and purpose of UIOs, the budget and appropriates each fiscal year for Urban Indian Health constitutes less than 1% of the IHS total budget. Programs like ours must therefore rely on other sources of funding – including grants – to provide health care services to our AI/AN patients.”
- “From a practical standpoint the grant structure enables UIOs to receive technical assistance, which is extremely useful in the administration of these grants.”