

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education
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Via email to: consultation@ihs.gov

August 1, 2018

RADM Michael Weahkee, Acting Director
Indian Health Service
5600 Fishers Lane
Mail Stop: 08E86
Rockville, MD 20857

Re: Indian Health Service (IHS) Behavioral Health Funding

Dear RADM Weahkee:

The IHS Tribal Self-Governance Advisory Committee (TSGAC) consistently advocates for funding sources and mechanisms that provide recurring and stable funding to Tribes. We believe these sources provide an opportunity for Tribes to build Tribally-driven, long-term programs that have the capacity to expand over time. As such, we were pleased that the Fiscal Year (FY) 2018 Explanatory Statement of the Consolidated Appropriations Act encouraged the IHS to transfer the behavioral health initiative funding through Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts rather than through grants. Further, we appreciate the consultative approach the Agency is taking to make changes to the current funding process and procedure.

In response to your May 18th Dear Tribal Leader Letter and on behalf of the IHS TSGAC, we are providing the following short- and long-term recommendations for your consideration regarding the funding mechanism to distribute behavioral health initiatives currently funded through grants. We strongly recommend that you consider a phased-in approach to alter the funding mechanism and distribute future increases in behavioral health funds.

Short-Term Recommendations for Fiscal Year 2018 - 2020

Hold all current grantees harmless. TSGAC is not supportive of any decreased funding which current grantees receive to redistribute funds. Instead, the Committee recommends that current grantees continue to receive funds they have been awarded with additional options at their disposal. Specifically, current grantees should be provided the option to transfer their funds to a Title I contract or Title V funding agreement. Offering this option to Tribes appropriately provides them the authority to choose the mechanism that best works in their communities and it maintains the funding level they receive for the remaining award period.

We also recommend that IHS continue to use the national distribution method currently used to allocate funds to all twelve Areas. This results in several benefits. First, it ensures IHS can get money into funding agreements as soon as possible and avoids making changes that could complicate this process or that might require further Tribal consultation. Second, the national distribution method takes into consideration relevant, quantifiable metrics that include poverty, disease burden, tribal size, and user population. Third, this method is also fair, as it allows all twelve of the IHS Areas to receive funding based on data that is representative of the population they serve.

Convert Grants to ISDEAA contracts and compacts. Current grantees who exercise their option to transfer funds from a grants to ISDEAA contracts and compacts can be provided through their funding agreements. This change provides several critical benefits. First, it will allow current grantees to receive CSC funding to assist in covering their administrative costs associated with managing these behavioral health programs. This is consistent with Congress' intent to maximize Tribal resources available for the delivery of health care programs. IHS's current funding mechanism prevents Tribes from collecting the full costs of administering the program, thereby reducing direct services. Additionally, the dissimilar treatment of recurring funding increases from base funds from the same line would be inappropriate to maintain if Tribes choose to receive their funds through a contract or funding agreement. Finally, this change will obviate the need to continually apply for grants and alleviate burdensome and duplicative reporting requirements by relying instead on accreditation, audit, and other procedures that Tribes and Tribal organizations already have in place.

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. Upon transfer of the funds from grants to other Title V agreements, IHS should withdraw any additional requirements other than those provided in ISDEAA or subsequent legislation.

Long-Term Recommendations for Fiscal Year 2021 and Beyond

National and Future Distributions. We previously recommended and continue to support the national distribution method currently used to allocate funds to all twelve Areas on a longer term. This helps to ensure a fair distribution of resources across all twelve of the IHS Areas. We further recommend that once funds are allocated to each Area, the Tribes and Tribal organizations should be able to decide the appropriate distribution methodology to further distribute these funds within the Area. This recognizes the uniqueness of each Area in that a distribution method used nationally may be inequitable when applied to another Area. Instead, IHS, Tribes, and Tribal organizations in each Area should be able to collaborate in order to determine the most effective manner to allocate resources within the Area to the individual programs. Thus, a given Area could choose from a variety of distribution methods, including:

- Allocating funds as Tribal shares that are added to base funding, or
- Using another method developed based on the input of IHS, Tribes, and Tribal organizations in that Area.

Use the Tribal Size Adjustment (TSA) formula for future increases. IHS already uses the TSA formula to distribute funds. This formula provides a base amount for small Tribes, guaranteeing a certain amount of funds, and an adjustment factor for Tribes serving larger populations. IHS should begin utilizing this formula distribution in FY2021 with a notification to Tribes about their expected distribution amount early in FY2020. Utilizing the TSA will allow for smooth transition from grant to formula fund distribution and give Tribes adequate time to plan for any changes. Additionally, if new increases are provided in FY2019 or FY2020, those should be distributed based on the TSA formula, not to increase current grant awards.

National Management Funding that is Dedicated to IHS Program Administration, Demonstrating Effectiveness, and Raising National Awareness. TSGAC recommends continuing the funding provided to Tribal Epidemiology Centers (TEC) to assist the Tribes in

their Areas with data reporting, determining national, local, and regional outcomes, and conducting evaluation activities—activities that can demonstrate effectiveness and continue to raise national awareness of these issues. However, the TSGAC recommends that in Areas where Tribes do not support continued funding for such assistance, which is currently provided by TECs, Tribes will instead receive the funding to support their own data analysis and reporting, determine local, regional and national outcomes, evaluate program effectiveness, and continue to raise national awareness of behavioral health issues. To the extent other data or information is needed to demonstrate effectiveness, we believe the TECs can work with individual programs to compile that information and produce reports that address this impact.

Additionally, we recommend that set-asides directed to IHS national management, such as IHS Project Officers, Coordinators, Grants Management Specialists, and Consultants, be reallocated to the Areas using the national distribution methodology. The current structure fails to account for key differences between Areas: the need for these services provided by Headquarters and individual Areas varies across the Indian Health system and not all Areas benefit equally. Additionally, removing the burdensome reporting requirements associated with these initiatives will also eliminate the need for personnel and consultants to aid with such reporting. A better course is to address the need for any other services currently provided with these funds at the local and Area levels. Each Area can then undertake an independent assessment on whether to set aside funds for Area-wide staff to assist with implementing behavioral health programs. Therefore, we recommend that IHS reallocate to the Areas the funding associated with the administrative set-asides using the national distribution methodology.

Further, with the above-referenced exception of funding provided to (TEC), the TSGAC does NOT support the continuance of the current administrative set-asides provided under contracts and cooperative agreements with national organizations. Like the national management funds described above, these contracts do not benefit all Tribes, so national funds should not be devoted to these contracts. And to the extent that existing procurement contracts have been obligated, we recommend that these agreements not be renewed. Setting aside funds to “raise national awareness” of substance abuse and mental health issues currently has limited value, especially in the midst of a very public nation-wide opioid epidemic. Instead, IHS should direct those funds to direct services where they are needed most.

Lastly, we recommend that any additional funding that is made available as a result of discontinuing support for IHS program administration, cooperative agreements and contracts be added to program amounts for IHS, Tribal and Tribal organization service providers. As we are not advocating for major changes in the distribution methodology and our recommendations would only lead to increased funding for service providers, not reductions, we do not believe the current multi-year grant cycles prevent these changes from taking place at once.

IHS will undoubtedly have administrative cost savings as behavioral health initiative grants are closed out. 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.

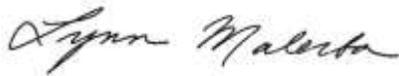
Evaluate and request additional contract support costs (CSC) to meet changes to the funding mechanism. IHS should request additional CSC funds in the President’s Budget Request for FY2020 and beyond to support fully funding CSC needs related to these recurring funds. It is important to request an accurate amount of funds to support new distribution of

increases long-term. CSC funds support ancillary services necessary to fully support the delivery of care and maximize funds appropriated by Congress. This is consistent with Congress' intent to maximize tribal resources available for the delivery of health care programs. Given the current grant funding mechanism, Tribes must use part of their awards to fund administrative costs, which causes an average 25% reduction across the board in amounts available for programming. However, this change would reverse that trend and allow Tribes and Tribal organizations to dedicate the full award amount to service delivery.

The current grant management and application process remains cumbersome and time consuming and inappropriately limits payments of CSC. Therefore, we suggest the short-term options be implemented during this upcoming grant award cycle (FY2018). Finally, if new funding is appropriated, TSGAC recommends that such funding is distributed through the above-referenced long-term approach. Eliminating the competitive grant process and bureaucratic administrative process will enable I/T/U programs to serve more behavioral health patients and implement long-term strategic plans.

Thank you for the opportunity to participate in consultation on this important issue. Please do not hesitate to contact me at (860) 862-6192; or via email: lmalerba@moheganmail.com. Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe of Connecticut
Chairwoman, IHS TSGAC

cc: Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS
TSGAC Members and Technical Workgroup