



Mr. Ron Allen
Chairman
IHS Tribal Self-Governance Advisory Committee
c/o Self-Governance Communication and Education
314 West 14th Place
Tulsa, OK 74119

Dear Chairman Allen:

Thank you and the members of the Tribal Self-Governance Advisory Committee (TSGAC) for the kind congratulations and support you shared in your September 22 letter. It is an honor and a privilege to serve as the Indian Health Service (IHS) Director. Additionally, I am also accepting your invitation to participate in the November 7 TSGAC and IHS meeting, which will be held in Washington, DC.

I look forward to attending the meeting in-person and our discussion of issues of high priority for Self-Governance Tribes. Currently, I am visiting all 12 IHS Areas to meet with Tribal Leaders and representatives to gain a more comprehensive understanding of the needs and challenges across Indian Country, and to open the door to more effective and productive communication. I plan to work with the IHS leadership team to use the information gathered from these visits to identify and support best practices and innovative approaches to health care, that will strengthen Agency operations and management.

I am also writing to acknowledge the TSGAC's August 3 meeting with IHS senior staff and other IHS representatives during the hybrid 2022 Annual Tribal Self-Governance Conference, which was held in Burlingame, California. The meeting provided an opportunity for IHS leadership to provide updates and discuss various TSGAC-specific topics of concern. Additionally, I will provide updates in response to your October 11 follow-up letter, which summarizes four key issues discussed during the August 3 TSGAC and IHS meeting.

The responses that follow address the four key issues highlighted in your October 11 letter:

- 1. Expansion of Self-Governance.** In your letter, and during the August 3, 2022, TSGAC and IHS meeting, the TSGAC requests that the IHS clarify and address the following issues: costs associated with contract support costs (CSC); Section 105 (*I*) lease costs; and future litigation associated with the United States (U.S.) Department of Health and Human Services (HHS) regarding Self-Governance expansion discussed in Secretary Xavier Becerra's July 28 letter to the TSGAC. Specifically, the TSGAC requests that the IHS engage with the HHS leadership to ensure the authority, under which Tribal Leaders are seeking a Self-Governance demonstration project, is understood by this Administration. The TSGAC also proposes that Tribal Nations and HHS could collaborate to address solutions to issues that may arise from

the expanded authority in a Self-Governance demonstration project, outside of IHS, within the HHS.

IHS response: I know that the expansion of Self-Governance via a demonstration project, as described under Title VI of the Indian Self-Determination and Education Assistance Act (ISDEAA), is an important initiative and a long-standing priority for the TSGAC and Self-Governance Tribes. I look forward to discussing how the IHS may assist the TSGAC with engaging HHS leadership to: (1) help the TSGAC understand HHS concerns regarding the expansion of Self-Governance via a demonstration project; and (2) promote greater understanding among HHS leadership of the authority and history underlying the Self-Governance demonstration project.

- 2. Discussions with the Office of Management and Budget (OMB).** The TSGAC requests that the IHS partner with Tribes to persuade the OMB to issue guidance to Department of the Interior's (DOI) Interior Business Center (IBC) on Indirect Cost Rates related to an exception that initially applied solely to the Coronavirus Aid, Relief, and Economic Security (CARES) Act Coronavirus Relief Funds (CRF). The TSGAC requests this OMB exemption be applied to all one-time funds (e.g., other COVID-related and stimulus funding) as well as future one-time funds. Specifically, the guidance would allow these one-time funds to be exempt from their base amounts, so negative impacts on the indirect cost rates for Tribes can be avoided. The TSGAC requests that the IHS provide updates on any recent discussions with the OMB on this issue.

IHS response: I understand that OMB guidance to the IBC on Indirect Cost Rates applicable to the CARES Act has been helpful. I am interested in hearing more about your request for this OMB exemption to one-time COVID-related and stimulus funding, during our November 7 meeting.

- 3. COVID Funding.** During the August 3 TSGAC and IHS meeting, the IHS indicated that the final allocation of the \$210 million funding decision was pending and that an announcement would be made soon. The TSGAC requests an update on the final allocation of the \$210 million of the American Rescue Plan Act (ARPA). Additionally, the TSGAC shared their concerns on the spending plan template and the IHS-developed reporting mechanism for Tribes to submit quarterly reports on their use of the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds. At the August 3 TSGAC and IHS meeting, the IHS shared that they hoped to have a reporting template or mechanism available in the next couple of months, and that a Tribal Leader letter would be issued shortly to state that these funds are available until expended.

IHS response: On November 10, 2021, the White House announced the allocation of \$210 million in ARPA resources to the IHS for public health workforce activities. The announcement on the final allocation of the \$210 million decision will be made soon. Regarding CRRSAA reporting requirements, the IHS continues to work towards

implementing a system to collect this information, with the goal of minimizing the burden for funding recipients. In the meantime, the IHS will prepare guidance for funding recipients that outlines the statutory reporting requirements that allow for work, in preparation for implementing a new reporting system.

- 4. Behavioral Health Funding.** In the October 11 letter, the TSGAC indicates that it continues to hold the position that the IHS should reconsider the Agency's decision to distribute approximately \$50 million in behavioral health funds through grant mechanisms. Specifically, the TSGAC requests that these funds be disbursed through Self-Governance and Self-Determination agreements, rather than through grant mechanisms.

IHS response: The IHS strongly supports Tribal Self-Governance and Self-Determination. In May 2022, the IHS Division of Behavioral Health (DBH) announced grant awards totaling \$46.4 million to Tribes, Tribal Organizations, and Urban Indian Organizations to address behavioral health disparities experienced among the American Indian and Alaska Native (AI/AN) population. All IHS funded projects will support community-based, culturally tailored projects focused on: suicide prevention; substance abuse prevention, treatment, and recovery; and domestic violence prevention among Tribal communities for a 5-year period of performance. I look forward to discussing the TSGAC's recommendations for future behavioral health funding. I am committed to further discussion with TSGAC on behavioral health funding to attain shared goals and solutions for mitigating the health and behavioral health disparities experienced by our AI/AN population. The DBH is also addressing behavioral health issues, such as high rates of suicide in Indian Country with the Zero Suicide Initiative (ZSI) grant award, the 988 Suicide and Crisis Lifeline, the Suicide Prevention Training Initiative, the Ask Suicide-Screening Questions (ASQ) Tool, and Question Persuade Refer (QPR) Gatekeeper training.

I trust this information is helpful. If you have any questions, please contact Ms. Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS, by telephone at (301) 443-7821, or by e-mail at jennifer.cooper@ihs.gov. Thank you for your ongoing support and partnership as we work towards a shared vision for healthy communities and quality health care systems.

Sincerely,

Roselyn Tso
Director