Summary of Public Comments Received IHS Urban Confer Request April 29, 2016

In response to the April 29, 2016, Urban Confer request, the IHS received a total of 14 responses: (12) from Urban Indian Organizations; (1) from the National Council of Urban Indian Health (NCUIH); and (1) from the California Consortium for Urban Indian Health (CCUIH).

The following is a summary of Confer recommendations for the FY 2016 budget increase:

- Eight Urban Indian programs recommended an equitable distribution amongst the UIOs. This method would ensure all 38 of the UIOs currently receiving Title V contracts, including the seven former National Institute on Alcohol Abuse and Alcoholism programs, receive an equal share of the funding increase. This method does not take into consideration the service type (outreach and referral, limited ambulatory, or full ambulatory) or the number of American Indian or Alaska Native (AI/AN) people served.
- Four Urban Indian programs recommended a point system formula that included the following: a base amount (30 points); expansion (10 points); accreditation (10 points); GPRA measures (20 points); third-party billing (10 points); and AI/AN user population (20 points).
- One Urban Indian program recommended a weighted system that distributed funds based on UIO adherence to a clean audit, Title V contract compliance, and timely submission of IHS reporting.
- One Urban Indian program submitted a Confer comment without recommendations.

Former Principal Deputy Director Mary Smith summarized final IHS budget distribution decisions and provided the FY 2016 funding amounts for the Urban Indian health program budget in an August 15, 2016-dated letter to Urban Indian Organization Leaders.

The document is enclosed and is also available online at the following Web site: https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2016_ Letters/DUOILLFY16FundingDistribution.pdf.