## NTAC National Tribal Advisory Committee on Behavioral Health

March 14, 2019

Rear Admiral Michael Weahkee Principal Deputy Director, Indian Health Service 5600 Fishers Lane Rockville, MD 20857

## **RE:** National Tribal Advisory Committee on Behavioral Health (NTAC) Recommendations

Dear Principal Deputy Director Weahkee,

On behalf of the National Tribal Advisory Committee on Behavioral Health (NTAC), we submit the following recommendations in response to your May 18, 2018 Dear Tribal Leader Letter (DTLL) initiating Tribal consultation and Urban Confer on the funding mechanism to distribute behavioral health initiatives currently funded through grants. NTAC believes this action brings IHS into improved adherence to the Trust Responsibility between the Federal government and Tribes.

NTAC is the advisory body to the IHS Division of Behavioral Health and to the Director of the Indian Health Service and is comprised of elected Tribal leaders or designees selected to represent the twelve IHS service areas. NTAC provides an opportunity for meetings between committee members and Federal partners. The aim of NTAC is to provide guidance and recommendations on issues that affect the delivery of behavioral health care for American Indian and Alaska Natives.

As Tribal leaders working nationally to address the complex behavioral health issues burdening AI/AN communities, we have the responsibility to provide input on funding for programs and ways to insure access to care. Our primary obligation is to guarantee the funding is distributed in the most effective and efficient way possible to help reduce the burden of suicide, substance use disorder, and domestic violence in Indian Country.

The Consolidated Appropriations Act of 2018 explanatory statement encourages the Indian Health Service (IHS) to transfer behavioral health initiative funding through the Indian Self-determination and Education Assistance Act (ISDEAA) compacts and contracts rather than through grants. This impacts the current funding methodologies via the grant process. During our meeting held on December 20, 2018 in Albuquerque, NM it was identified that the numbers described in your DTLL included congressional set asides (i.e. city of Gallup, YRTC, PARD, and BH2I) totaling \$10.7 million that is not eligible for Tribal Consultation. NTAC recommendations are based on the remaining \$48.5 million in the chart below.

Substance Abuse & Suicide Prevention Program (SASPP)	\$31,975,137	Recommended Funding Amount	NTAC Recommendations
Tribal Grants and Program Awards -	\$24,918,083	\$26,011,882	Distributed through new methodology. Increase funding to \$26,011,882
UIOs -	\$3,054,164	\$3,054,164	No change to the methodology, however, update UIO definition.
National Management	\$4,002,890	\$610,677	Recommend a \$610,677 budget to fund the Suicide Prevention Coordinator, the National SASPP Coordinator and the Education Development Center for Zero Suicide. \$758,000 to be reinvested into Tribal Epidemiology Centers (TECs). \$328,230 to be reinvested into Tribal Grants and Program Awards.
HQ Staff (9FTE)	\$1,386,230	\$300,000	. Decrease APOs from 4 to 0. Keep the Suicide Prevention Coordinator and the National SASPP Coordinator. Decrease HQ staff funding to \$300,000.
NIHB	\$150,000	\$250,000	\$250,000; with increased scope of work to current cooperative agreement
Tribal Epi Centers	\$1,242,000	\$2,000,000	.Increase funding to \$2,000,000. Scope of work will increase to include data coordination, grants management, and reports to Tribes.
AASTEC Cooperative Agreement	\$215,000	\$0	These funds should be reallocated to Tribal Grants and Program Awards
NCUIH	\$75,000	\$0	These funds should be reallocated to Tribal Grants and Program Awards
Education Development Center for Zero Suicide	\$310,677	\$310,677	No change
HORNE Creative Group	\$107,446	\$0	Reinvest \$107,446 back into Tribal Grants and Program Awards

Domestic Violence	\$12,967,278	Recommended	NTAC Recommendations
Prevention		Funding	
Program (DVPP)		Amount	
Tribal Grants and	\$9,775,838	\$10,443,700	Distributed through new methodology.
Program Awards			Increase funding to 10,443,700
UIOs	\$1,400,000	\$1,400,000	No change to the methodology, however,
			update UIO definition.
National	\$1,791,440	\$1,123,578	Decrease the number of APOs from 4 to 0.
Management			This will decrease National Management
			funding by \$667,862 leaving \$1,123,578. The

			\$667,862 should be moved to Tribal Grants and Program Awards.
NIHB	\$50,000	\$50,000	No change
Tribal Epi Centers	\$828,000	\$828,000	No change

Zero Suicide Initiative (ZSI)	\$3,600,000	Recommended Funding Amount	NTAC Recommendations
Tribal Grants and	\$3,200,000	\$3,497,415	Increase funding to \$3,497,415
Program Awards			
National	\$400,000	\$0	This funding should be reallocated to Tribal
Management			Grants and Program Awards.
AASTEC	\$50,000	\$0	. This funding should be reallocated to Tribal
Cooperative			Grants and Program Awards.
Agreement			
Education	\$102,585	\$102,585	No change
Development			
Center's Zero			
Suicide Training			
Contract			

NTAC is submitting recommendations in response to the following We understand that any changes to the current distribution of funding would have an impact on current grantees and may decrease funding in some cases so that more Tribes can receive funding, therefore, NTAC recommends the following:

- Distribution methodologies
- Continue national distribution methods of allocating funds to all 12 IHS areas using the current funding formula, permitting Areas to determine distribution methodology appropriate to that area through fiscal year 2020.Funding formulas and mechanisms
  - Allow current grantees to continue as is through 2020 (current funding cycle) and make any changes to funding effective in the new funding cycle beginning in 2021.
- Funding for National Management
- Funding for National Indian Health Board
- Funding for Urban Indian Organizations (UIO)
  - Continue funding UIO grantees at the current level through grants, cooperative agreements, annual contracts and any other funding mechanism;
- Review of all IHS behavioral health funding designated for national management with the intent to transfer all non-essential expenditures for distribution through the new funding methodology.

NTAC has reviewed and discussed the recommendations based off the majority input from each of our service areas. We support the sovereignty of all Tribal governments and choose to exercise our inherent right. NTAC respectfully requests a face to face meeting with you for further discussion.

Implementing these recommendations will support Tribal sovereignty. If you have any questions or require additional information please contact me at <u>Theresa.Galvan@nndoh.org</u> or (928) 871-6235.

In Health,

Theresa Galvan

Tribal Co-Chair, National Tribal Advisory Committee

ista Jennifer Yeoman, Council Member -Alaska Area

:Smith

Lana Causley, Tribal Representative – Bemidji Area

Carsandra Medilbray

Cassandra McGilbray, Sr. Advisor to Secretary of Family Services, Oklahoma Area

Ophelia Watahomigie-Corliss, Qouncilwoman – Phoenix Area

Cassandra Sellards Reck, Delegate - Portland Area

cc: Members, National Tribal Advisory Committee on Behavioral Health NIHB