

U.S. Department of Health and Human Services – FY 2016 Funding

The President's Fiscal Year (FY) 2016 budget proposes \$20.9 billion, a \$1.5 billion (8%) increase over the 2015 enacted level, across a wide range of Federal programs that serve Tribes including education, social services, justice, health, infrastructure, and stewardship of land, water, and other natural resources.

The Budget for the Department of Health and Human Services (HHS) maintains the Administration's strong commitment to tribal self-determination, upholding trust responsibilities, and strengthening tribal communities. Overall, funding for programs targeted to American Indians and Alaska Natives is increased. The largest program serving Indians within HHS is the Indian Health Service (IHS).

The Budget proposes \$6.4 billion for IHS, a \$486 million or 8 percent increase above the 2015 level. This represents a 49 percent increase over FY 2008. Increases are focused on reducing health disparities in Indian Country by targeting areas where funding will have long-term impacts, such as direct health care services, construction projects, and tribal partnerships. The Budget provides additional investments through the Substance Abuse and Mental Health Administration and the Administration for Children and Families to support Native American and Alaska Native youth and families. This budget is part of the Administration's "all of government" approach to addressing tribal needs and delivering on federal responsibilities through coordinated work across the Federal government.

A Long Term Approach to Fully Fund Contract Support Costs. Programs run by tribes through the Indian Self-Determination and Education Assistance Act agreements support tribal nation building and self-determination. The Budget includes \$718 million in FY 2016, an increase of \$55 million over FY 2015 and a 169 percent increase since FY 2008, to fully fund contract support costs for IHS, which cover the unique costs that tribes must incur for managing their own health programs. The requested amount will fully fund estimated 2016 costs. The budget also includes a new proposal to shift contract support costs for IHS and the Bureau of Indian Affairs to a mandatory appropriation beginning in FY 2017. IHS and the Bureau of Indian Affairs will consult broadly with Tribes on this new approach prior to implementation.

Prioritizing Behavioral Health Services for Native Youth through the Generation Indigenous Initiative. The 2016 Budget includes key investments to launch Generation Indigenous, an initiative addressing barriers to success for Native American youth. This integrative, comprehensive, and culturally appropriate approach across the federal government will help improve lives and opportunities for Native American youth. The HHS Budget Request includes a new Tribal Behavioral Health Initiative for Native Youth with a total of \$50 million in funding for IHS and the Substance Abuse and Mental Health Services Administration (SAMHSA). Within IHS, the request includes \$25 million to expand the successful Methamphetamine and Suicide Prevention Initiative to increase the number of child and adolescent behavioral health professionals who will provide direct services and implement youth-based programming at IHS, tribal, and urban Indian health programs, school-based health centers, or youth-based programs. SAMHSA will enhance this provider network with \$25 million in new funding to develop community- or system-level infrastructure and service linkages and provide support for suicide and substance abuse prevention activities. These activities will both fill gaps in services and fulfill requests from tribal leaders to support Native youth.

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Expanding Health Care Services. IHS provides comprehensive, culturally acceptable personal and public health services to almost 2.2 million eligible American Indians and Alaska Natives. The FY 2016 Budget includes an increase of \$147 million for direct and tribally provided health care services to cover increased costs associated with population growth, pay cost increases for medical workers and medical inflation, and ensure continued levels of health care services. The Budget also includes a \$70 million increase for the Purchased/Referred Care program to cover rising health care costs and to expand services provided through this important program, which funds care outside of IHS and tribal facilities when it is not available at an IHS or tribal facility. The Purchased/Referred Care funding level is an increase of 70 percent over FY 2008, demonstrating the Administration's commitment to this tribally-supported, top priority program. These increases ensure continued levels of care and expansion in key areas to increase access to health care and reduce health disparities across Indian Country.

Funding Lasting Investments in Infrastructure Projects. IHS provides direct health care services in over 650 hospitals, clinics, and health stations on or near Indian reservations, making infrastructure projects integral to ensuring continued access to quality health care services for Native people. The Budget includes an additional \$171 million over FY 2015 to fund essential construction projects that will have lasting impact across Indian Country. A total of \$185 million, an increase of \$100 million over FY 2015, is included for construction of facilities from the Health Care Facilities Construction Priority List, which will allow IHS to make progress on four new or replacement facilities. An increase of \$35 million, a total of \$89 million, is included for Maintenance and Improvement, which funds projects at both IHS and tribally-run facilities, and an increase of \$36 million, a total of \$115 million, is included for Sanitation Facilities Construction, which provides much needed potable water and waste disposal facilities for homes across Indian Country. These investments continue progress in reducing health disparities and ensure lasting changes.

Staffing and Operating Costs for New and Replacement Health Care Facilities. The Budget provides \$18 million for staffing and operating costs at three new or replacement health care facilities slated to begin serving their communities in FY 2016. These funds are essential to ensure that facilities are operating at their full potential and serving the largest populations possible.

Reauthorizing the Successful Special Diabetes Program for Indians. The Budget proposes an investment of \$150 million per year for three years to provide primary prevention, awareness, education, and care across the United States through community-directed programs, diabetes prevention and health heart demonstration projects, and diabetes data and program delivery infrastructure.

Increasing Reimbursements for Health Care Services. Third party reimbursements are a crucial source of funding for both IHS- and tribally-run facilities. In FY 2016, IHS estimates it will collect approximately \$1.1 billion in third party reimbursements from Medicare, Medicaid, private insurers, and the Veterans Health Administration. The Budget also includes \$10 million to improve collections from both public and private insurers to expand this important funding source.

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Focusing on Modernizing Essential Health Information Technology. The Budget includes \$10 million to enhance the Resource and Patient Management System Electronic Health Record to ensure IHS and tribally operated facilities that use this system have the technology necessary to provide quality health care.

Increasing Funding for Tribal Child Care. By statute, tribes may apply directly to the federal government for child care funds. The recently re-authorized Child Care and Development Block Grant (CCDBG) Act requires that at least 2 percent of CCDBG funding be reserved for tribes, with flexibility to increase the set-aside. Up to 2 percent of the mandatory Child Care Entitlement funding is also reserved for tribes. The Budget requests significant increases for total child care funding, leading to an increase of \$80 million and a total of \$199 million in child care funding reserved for tribes.

Expanding Quality Early Learning Opportunities. The Budget includes funding to ensure all low-income working families with young children, including tribal families, have access to high-quality child care. Additionally, the Budget requests a \$1.1 billion increase to ensure all Head Start programs, including American Indian/Alaska Native programs, can serve children for a full school day and full school year.

Increasing the capacity of Tribes to Deliver Child Welfare Services. The Budget includes a \$20 million increase for Tribal child welfare under Promoting Safe and Stable Families (PSSF). This will enable tribes to build capacity needed to exercise fully their tribal sovereignty to fulfill the intent of the Indian Child Welfare Act (ICWA) and build their child welfare programs and staffing capacity so that they are able to consider developing a program meeting the requirements for other Federal child welfare programs (in Title IV-E).

Start-up Funding for Tribal IV-E programs. The Budget includes additional funding to allow tribes, tribal organizations, or consortia approved to operate a title IV-E Foster Care program to apply for start-up funding to assist with the implementation of the program requirements. When combined with other proposals that will directly benefit Tribal IV-E programs, an estimated \$49 million will be provided for direct Tribal IV-E programs in FY 2016, an increase of \$35 million above the FY 2015 estimate.

Focusing on Native American Language. The Budget includes \$3 million to improve Native American language instruction across the educational continuum. Through the Community Native Language Coordination Initiative, selected communities with tribal Head Start Centers and/or tribal child care centers and a Tribal College or local University will coordinate to establish community-wide Native language community projects that promote Native American language acquisition and usage through Native language instruction that incorporates Native culture and practices.