• Request for a 21.7% set-aside
  o NCUIH calculated this number utilizing the current amount of behavioral health funds that go to Urban Indian Organizations – and averaging it among the UIHPs (Title V UIOs) currently receiving those funds – we then multiplied that number by the at the time 38 UIHPs (Title V UIOs)
  o This number gave us the percentage amount needed to enable all UIHPs an opportunity to receive current average levels of UIO behavioral health funding, as if available solely to Title V UIOs
  o Note that there are now 41 UIHPs
  o We understand that the current level is at 10% but respectfully request a higher amount to enable more UIHPs to provide critical behavioral health services – as the number of UIHPs continues to grow, the percentage set-aside should account for that growth
  o The set-aside should be a percentage rather than a firm number – to account for budget increases and inflation

• Only Title V UIOs should be eligible for this IHS behavioral health funding
  o As with the urban Indian line item, these IHS funds should only go to UIHPs – UIOs providing health services pursuant to a contract under Title V of IHCIA
  o Title V UIOs embody the third prong of the I/T/U system because they are IHS-certified and maintain the high standards that IHS has set
    ▪ For example, UIHPs follow IHS practices, procedures, and quality control measures in the IHS Manual
    ▪ UIHPs are also subject to IHS audit
  o **(NEW POINT)** Of the 5 non-Title V / non UIHP organizations currently receiving grants, 4 are in areas also served by UIHPs – should be afforded the opportunity to receive IHS BH grants

• This funding is critical to UIHPs
  o UIHPs face chronic underfunding – with only around 1% of IHS’s total budget going towards the Urban Indian line item
  o This is despite the fact that over 70% of AI/ANs now reside in urban areas
  o UIHPs are thus faced with the harsh reality of obtaining supplemental sources of funding to provide more services to more patients
  o UIHPs depend on these behavioral health grants – as they are frequently the only money received for that purpose – to provide behavioral health services
    ▪ Without access to these grants, some UIHPs would have to scale back or entirely discontinue the behavioral health services they currently provide

• The grant structure enables UIHPs to receive technical assistance