

National Indian Health Board



Submitted via email: consultation@ihs.gov

August 17, 2018

RADM Michael Weahkee, Director
Indian Health Service
5600 Fishers Lane
Mail Stop 08E86
Rockville, MD 20857

RE: IHS Behavioral Health Funding

Dear RADM Weahkee:

On behalf of the National Indian Health Board (NIHB), I write to submit comments in response to your May 18th Dear Tribal Leader Letter (DTLL) initiating Tribal consultation on the funding mechanism to distribute behavioral health initiatives currently funded through grants.

Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

Background

AI/AN communities grapple with complex behavioral health issues at higher rates than any other population. Destructive federal Indian policies and unresponsive or harmful human service systems have left AI/AN communities with unresolved historical and generational trauma. According to the Substance Abuse and Mental Health Services Administration, suicide is the 2nd leading cause of death – 2.5 times the national rate – for AI/AN youth in the 15 to 24 age group. We recognize the importance of resources for Tribes in addressing these critically important behavioral health issues.

Discussion

We are concerned with the way the DTLL was written, specifically with the way in which is sought input on the following topic: “Advocacy and raising national awareness and visibility (National Indian Health Board, National Council of Urban Indian Health Cooperative agreement funding and support).” This description does not adequately describe NIHB’s cooperative agreement with the agency and is effectually misleading.

NIHB currently receives funding through the National Indian Health Outreach and Education (NIHOE) Cooperative Agreement with IHS to provide training and technical assistance services and resources to Tribes addressing behavioral health challenges. A large portion of the funding is used for hosting and facilitating a national conference on behavioral health for Tribally-based behavioral health providers and those stakeholders working in behavioral health in Indian Country. Through this national, multi-day conference, held in in 2017 and 2018, NIHB provided 59 individual hours of continuing education credit for over 500 Tribal or Indian Health Service employees, urban Indian health center staff, non-profit partners, and engaged community stakeholders. In addition to this and other work, NIHB also provides technical assistance to Tribal leaders appointed to the IHS National Tribal Advisory Committee on Behavioral Health (NTAC).

While it is NIHB’s Mission to provide advocacy and national awareness of Tribal health priorities, the funding that is received through NIHOE to address Behavioral Health initiatives does much more, and in fact, benefits all Tribes. NIHB recommends that the Agency and the NTAC take the full breadth and scope of NIHB’s cooperative agreement into account when making recommendations on behavioral health funding initiatives. The NIHB’s Board of Directors, which serves as the collective voice for all 573 Tribes recognized the importance of the Cooperative Agreement for Indian Country when it passed a resolution supporting NIHB’s Cooperative Agreement.

Conclusion

Thank you for this opportunity to provide comments. NIHB stands ready to answer any additional questions or provide information on this important funding for Indian Country. Please contact NIHB’s Director of Policy at ddelrow@nihb.org or (202) 507-4072 if there are any additional questions or comments on the issues addressed in these comments.

Sincerely,



Vinton Hawley
Chairman, National Indian Health Board

Attachment:

1. NIHB Resolution 18-15 *Support for National Behavioral Health Technical Assistance and Supportive Services*

National Indian Health Board



National Indian Health Board Resolution 18-15

Support for National Behavioral Health Technical Assistance and Supportive Services

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by working to improve the state of health care, public health and behavioral health delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, American Indian and Alaska Native people experience disproportionately higher rates of suicide, substance abuse, depression, associated health outcomes and high risk behaviors than the national average; and

WHEREAS, intergenerational trauma and historical grief compound other behavioral health challenges faced by American Indian and Alaska Native peoples; and

WHEREAS, NIHB recognizes the value and necessity of Tribes designing and implementing their own behavioral health strategies, and will continue to advocate for and support avenues to enable that process; and

WHEREAS, the National Indian Health Board has been previously directed by its Board of Directors and Tribes to focus staff time and resources advocating for and creating resources and networks to strengthen behavioral health services and programs in Indian Country; and

WHEREAS, NIHB has been collaborating with the Indian Health Service under the National Indian Outreach and Education (NIHOE) II: Behavioral Health cooperative agreement since September 2016 to promote behavioral health as central to the health and well-being of American Indian and Alaska Native communities; and

WHEREAS, under the NIHOE: Behavioral Health cooperative agreement, NIHB assists national entities and committees of American Indian and Alaska Native subject matter expertise, Tribal leaders and engaged stakeholders to meet, coordinate efforts, and develop plans to address relevant concerns; provide training and/or technical assistance services and resources to Tribes addressing behavioral health challenges; and host and facilitate a national conference on behavioral health for Tribally-based behavioral health providers and those stakeholders working in behavioral health in Indian Country; and

WHEREAS, through the conduct of a national, multi-day conference in 2017 and 2018 addressing American Indian and Alaska Native behavioral health concerns, NIHB facilitated a total of



172.5 hours of in-person technical and capacity building assistance, provided 59 individual hours of continuing education credit for over 500 Tribal or Indian Health Service employees, urban Indian health center staff, non-profit partners, and engaged community stakeholders; and

WHEREAS, the National American Indian and Alaska Native Behavioral Health Conference is one of the only conferences run by a Tribal organization for AI/AN-serving behavioral health providers; and

WHEREAS, discontinuing or repurposing NIHOE II funds would jeopardize the National American Indian and Alaska Native Behavioral Health Conference, and force Tribal-based and AI/AN-serving providers to seek educational and skills-building opportunities from non-AI/AN entities; and

WHEREAS, loss of this program would create permanent loss of capacity and ability to care for the unique set of behavioral health needs of Tribal members in their community; and

WHEREAS, the funding received by NIHB and the services provided by said funds are designed to complement the individualized and area-level technical assistance that each of the twelve Tribal Epidemiology Centers provide under a separate IHS funding stream; and

WHEREAS, 2017 and 2018 participants of the National American Indian and Alaska Native Behavioral Health Conference characterized the conference as useful and valuable to the fulfillment of their job responsibilities; and

THEREFORE BE IT RESOLVED, that the Board of Directors of the National Indian Health Board requests that the Indian Health Service provide support to the National Indian Health Board to assist national entities and committees of American Indian and Alaska Native subject matter expertise, Tribal leaders and engaged stakeholders to meet, coordinate efforts, and develop plans to address relevant concerns; provide training and/or technical assistance services and resources to Tribes addressing behavioral health challenges; and host and facilitate a national conference on behavioral health for Tribally-based behavioral health providers and those stakeholders working in behavioral health in Indian Country.

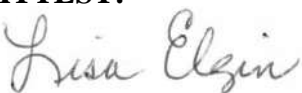
CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 15th day of August, 2018 by affirmative vote of 5 FOR and 1 AGAINST (Nashville Area).



Chairperson, Vinton Hawley

ATTEST:



Recording Secretary, Lisa Elgin

