

# [House Passes Major Mental Health Legislation with over \\$3.5 billion for Urban Indian Health and Inclusion in Opioid Grants](#)

Category: Policy Blog

written by Jennifer Wendling | August 29, 2022

On June 22, 2022, the House passed the *Restoring Hope for Mental Health and Well-Being Act* ([H.R. 7666](#)) in a vote of 402-20. The bill includes over \$3.5 billion in funding for behavioral health activities and programs eligible to urban Indian organizations (UIOs). After much NCUIH advocacy, UIOs were included as eligible entities for State Opioid Response (SOR) grants in this legislation. Urban Indians continue to disproportionately suffer from behavioral health issues at a rate much higher than the general population, which has only been exacerbated by the COVID-19 pandemic. This mental health package allows UIOs to have greater access to vital resources necessary to address the critical health needs of urban Indians and brings the federal government closer to fulfilling its trust obligations to American Indian/Alaska Native (AI/AN) populations.

## **Bill Highlights for Urban Indian Organizations**

### **Behavioral Health**

AI/AN populations are at a substantially higher risk for behavioral health issues than the general population. AI/ANs had the second-highest rate of opioid overdose out of all U.S. racial and ethnic groups in 2017, and the second and third highest overdose death rates from heroin and synthetic opioids, respectively, [according](#) to the Centers for Disease Control and Prevention. AI/ANs residing in urban areas face significant behavioral health disparities - for instance, [15.1% of urban AI/ANs report frequent mental distress as compared to 9.9% of the general public](#), and [the AI/ AN youth suicide rate is 2.5 times that of the overall national average](#).

- [NCUIH UIO COVID-19 Behavioral Health Needs One-Pager](#)

### ***Reauthorizing the Tribal Behavioral Health (Native Connections) Grant***

The Tribal Behavioral Health grant (known as [Native Connections](#)) is a five-year grant authorized by the Substance Abuse and Mental Health Services Administration (SAMSHA) that helps AI/AN communities identify and address the behavioral health needs of Native youth. The program aims to help reduce suicidal behavior among Native youth, easing the impacts of substance use, mental illness, and trauma in tribal communities.

H.R. 7666 reauthorizes this grant in Section 121 and will allow UIOs to provide culturally appropriate mental health and substance use disorder prevention, treatment, and recovery services to AI/ANs. This bill authorizes \$599,036,000 in appropriations for each of FY 2023 through FY 2027, an increase from the \$394,550,000 previously authorized.

### ***Addressing The Native Behavioral Health Access Improvement Act of 2021***

In July of 2021, Congress introduced the *Native Behavioral Health Access Improvement Act of 2021* ([S. 2226](#)) which would require the Indian Health Service (IHS) to allocate \$200 million for the authorization of a program targeting behavioral health needs of AI/AN populations.

Inspired by the language of S. 2226, Section 201 of H.R. 7666 authorizes \$40 million for FY 2023 through FY 2027 to eligible entities, including UIOs, for mental and behavioral health programs that focus on mental well-being. Although H.R. 7666 funds less than the amount proposed in S. 2226, it succeeds in establishing a program to allocate resources empowering UIOs to improve behavioral health for all Native Americans living in urban settings.

## State Opioid Response Grant

### ***Background: UIO Exclusion from Critical Opioid Grants***

UIOs have repeatedly been excluded from funding designed to help AI/AN communities address the opioid crisis. Since FY 2018, Congress has enacted set-asides in SOR grants to help Native communities address this crisis. However, only Tribes and Tribal organizations were defined as eligible entities, meaning UIOs have been consistently denied the resources necessary to address the opioid epidemic in urban areas.

Last Spring, Congress introduced the *State Opioid Response Grant Authorization Act of 2021* ([H.R. 2379](#)), which included a 5 percent set-aside of the funds made available for each fiscal year for Indian Tribes, Tribal organizations, and UIOs to address substance abuse disorders through public health-related activities. Yet, UIOs were ultimately removed from the language of the SOR Grant reauthorization bill, which saw a \$5 million increase (9 percent increase from FY 2021), included in the *Consolidated Appropriations Act of 2022* ([H.R. 2471](#)) for FY 2022 (also known as “Omnibus”).

### ***NCUIH Advocacy & Urban Indian Organization Inclusion***

NCUIH has long advocated for UIOs to be included in SOR Grants given the severe extent of the opioid epidemic’s impact on urban AI/ANs. NCUIH worked closely with Congressional leaders to ensure the inclusion of UIOs in the funding set-asides outlined in H.R. 2379. When the House passed H.R. 2379 on October 20, 2021, NCUIH stated that the exclusion of UIOs from such critical funding directly violated the trust obligation of the federal government. NCUIH increased its advocacy efforts throughout the year and ultimately revived the battle to include UIOs in SOR grants through notable contributions including:

- NCUIH’s [2022 Policy Priorities](#) encourages Congress to co-sponsor and enact the *State Opioid Response Grant Authorization Act of 2021* (H.R. 2379) with amended language to include UIO’s as eligible entities for SOR Grants to fight the opioid epidemic.
- On April 05, 2022, Maureen Rosette- a citizen of the Chippewa Cree Nation, board member of NCUIH, and Chief Operating Officer at NATIVE Project- [testified](#) before the House Natural Resources Oversight & Investigations Subcommittee for a hearing entitled “The Opioid Crisis in Tribal Communities.” Ms. Rosette reiterated the obligation of the United States government to provide health care resources for AI/AN people residing in urban areas while describing the major role that UIOs play in providing critical services. This testimony spurred support among Congressional leaders for expanding opioid funding to UIOs.
- On May 10, 2022, NCUIH submitted [written testimony](#) to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies regarding FY 2023 funding for UIOs. NCUIH advocated for providing increased resources to Native health programs and the vital inclusion of UIOs in SOR grants.

Because of NCUIH’s advocacy efforts, H.R. 7666 includes language in Section 273 to define UIOs as eligible entities for SOR Grants and provides a five percent set aside totaling \$87.5 million. Ultimately, H.R. 7666 marks a significant step forward in providing UIOs with greater accessibility to vital funding needed to address the opioid crisis in Indian Country.

## Next Steps

On June 23, 2022, H.R. 7666 was referred to the Senate Committee on Health, Education, Labor, and Pensions. There have been no further actions taken.

NCUIH will continue to track H.R. 7666 in the Senate. Additionally, NCUIH continues to advocate for the full funding of mental and behavioral health programs in Indian Country and the inclusion of UIOs to improve the health of all AI/ANs living in urban settings.

## Additional Bill Funding for Urban Indian Organizations

H.R. 7666 also includes other appropriations for UIOs discussed in greater detail below.

<b>Bill Section</b>	<b>Amount Authorized (Each FY 2023-FY 2027)</b>
<b>Section 111:</b> Screening and Treatment for Mental Health and Substance Abuse Disorders	\$24,000,000
<b>Section 121:</b> Innovation for Mental Health	\$599,036,000 (Native Connections)
<b>Section 122:</b> Crisis Care Coordination	\$30,000,000 (Adult Suicide Prevention Grants) <b>*UIO's defined as a "community-based primary care or behavioral health setting."</b>
<b>Section 131:</b> Maintaining Education and Training on Eating Disorders	\$1,000,000 <b>*UIOs are not explicitly mentioned, but the bill text includes primary care and behavioral health care providers.</b>
<b>Section 151:</b> Peer-Supported Mental Health Services	\$13,000,000
<b>Section 201:</b> Behavioral Health and Substance Use Disorder Services for Native Americans	\$40,000,000
<b>Section 211:</b> Grants for the Benefit of Homeless Individuals	\$41,304,000 <b>*UIOs are not explicitly mentioned, but they fall under "community-based public and private nonprofit eligible entities."</b>
<b>Section 212:</b> Priority Substance Abuse Treatment Needs of Regional and National Significance	\$521,517,000
<b>Section 214:</b> Priority Substance Abuse Disorder Prevention Needs of Regional and National Significance	\$218,219,000
<b>Section 216:</b> Grants for Jail Diversion Programs	\$14,000,000 <b>*UIOs are not explicitly mentioned, but they are included as a facility with a grant from IHS.</b>
<b>Section 219:</b> Grants for Reducing Overdose Deaths	\$5,000,000 <b>*Indian Health Services, Tribes or Tribal organizations, or UIOs (I/T/U) added as new eligible entities.</b>
<b>Section 220:</b> Opioid Overdose Reversal Medication Access and Education Grants Programs	\$5,000,000 <b>*I/T/U added as new eligible entities.</b>

<b>Section 222:</b> Emergency Department Alternatives to Opioids Demonstration Grants	\$10,000,000 <b>*UIOs are covered under Federal Qualified Health Centers (FQHCs).</b>
<b>Section 273:</b> Grant Program for State and Tribal Response to Opioid and Stimulant Use and Misuse	\$1,750,000,000 5 percent set-aside (\$87.5 million) for Indian Tribes, Tribal organizations, and Urban Indian organizations
<b>Section 301:</b> Increasing Uptake of the Collaborative Care Model	\$60,000,000 <b>*I/T/Us are eligible under the definitions of a “health center” and FQHCs.</b>
<b>Section 311:</b> Reauthorization of Programs Strengthening the Health Care Workforce	\$31,700,000 (Training Demonstration Project)
<b>Section 402:</b> Infant and Early Childhood Mental Health Promotion, Intervention, and Treatment	\$50,000,000 <b>*UIOs are eligible under the specific definition of “nonprofit institutions employing a licensed medical professional with specialized training in early childhood mental health, and that provides evidence-based services or programs that show benefit from future applied development.”</b>
<b>Section 412:</b> Substance Abuse Disorder Treatment and Early Intervention Services for Children	\$29,605,000 <b>*UIOs included in the definition of health facilities in contract with IHS.</b>
<b>Section 421:</b> Suicide Prevention Technical Assistance Center	\$9,000,000 <b>*UIOs included under the definition of “nonprofit organizations.”</b>
<b>Section 422:</b> Youth Suicide Early Intervention and Prevention Strategies	\$40,000,000