NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

2021 ANNUAL POLICY ASSESSMENT:

Setting Policy Priorities for 2022

General Report Prepared by the National Council of Urban Indian Health (NCUIH)

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Overview and Objective

The National Council of Urban Indian Health (NCUIH) hosted five focus groups to identify Urban Indian Organization (UIO) policy priorities for 2022, as they relate to Indian Health Service (IHS)-designated facility types (full ambulatory, limited ambulatory, outreach and referral, and outpatient and residential). The focus groups were held on the following dates in 2021: November 18, 19, and 22. Information was also collected from UIOs via a questionnaire sent out on December 1, 2021. Together these tools allowed NCUIH to work with UIOs to identify policy priorities in 2022; identify HIV prevention, treatment, and care needs at UIOs; review disbursements of COVID-19 funding; and determine the accuracy of the data reported by the IHS National Data Warehouse (NDW). Of 41 UIOs, 25 UIOs attended the focus groups or participated in the questionnaire.

This is the second year that NCUIH has conducted focus groups and sent a questionnaire to UIOs. Last year's Policy Assessment is located here. Last year's Policy Priorities are located here.

Objective

Define the UIOs' policy needs and priorities to inform, research, educate, and engage UIOs and invested partners through the appropriate means.

FOCUS GROUP AND QUESTIONNAIRE PARTICIPANTS (UIOS)

Total Participants: 25 / 41 UIOs

Full Ambulatory (11 / 23 UIOs)

- American Indian Health & Services (Santa Barbara, CA)
- Indian Health Center of Santa Clara Valley (San Jose, CA)
- Native American Community Health Center (NATIVE Health) (Phoenix, AZ)
- NATIVE Project (Spokane, WA)
- Nebraska Urban Indian Health Coalition (Omaha, NE)
- Oklahoma City Indian Clinic (Oklahoma, OK)
- Urban Inter-Tribal Center of Texas (Dallas, TX)
- Native Americans for Community Action (Flagstaff, AZ)
- American Indian Health & Family Services (Detroit, MI)
- Indian Health Care Resource Center (Tulsa, OK)
- Denver Indian Health and Family Services (Denver, CO)

Limited Ambulatory (6 / 6 UIOs)

- North American Indian Alliance/ Butte Native Wellness Center (Butte, MT)
- Urban Indian Center of Salt Lake City (Salt Lake City, UT)
- American Indian Health Services of Chicago (Chicago, IL)
- Billings Urban Indian Health and Wellness Center (Billings, MT)
- Nevada Urban Indians (Reno, NV)
- Indian Family Health Clinic (Great Falls, MT)

Outreach and Referral (4 / 6 UIOs)

- Bakersfield American Indian Health Project (Bakersfield, CA)
- Native American Lifelines of Baltimore/Boston (Baltimore, MD) (West Roxbury, MA)
- All Nations Health Center (Missoula, MT)
- Fresno American Indian Health Project (Fresno, CA)

Outpatient and Residential (4 / 6 UIOs)

- Native American Connections (Phoenix, AZ)
- Native Directions, Inc./Three Rivers Indian Lodge (Manteca, CA)
- The Friendship House Association of American Indians (San Francisco, CA)
- Kansas City Indian Center (Kansas City, MO)

SUMMARY OF KEY FINDINGS

The COVID-19 pandemic renewed the focus on priorities such as funding for UIO facilities, funding for behavioral health, and funding transparency. Existing priorities also remain a key focus across the UIOs, especially increasing funding amounts for the urban Indian health line item, funding flexibility, and parity issues such as permanent 100% Federal Medical Assistance Percentage (FMAP). Key findings from the discussions are as follows:

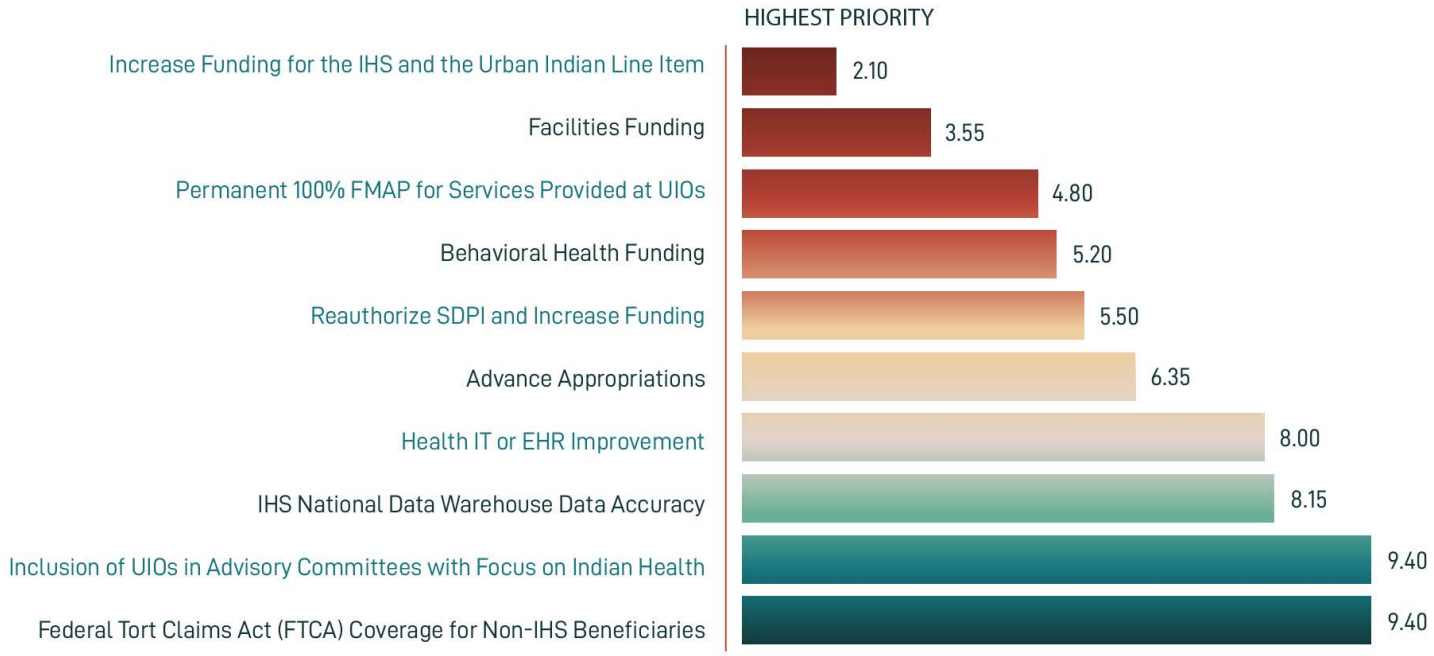
- Overall Funding, Facilities and Infrastructure, and FMAP Parity Top Priority Lists for UIOs
- Area Office Inconsistencies Affect Staffing, Funding, and Resources
- UIOs Need Health IT Guidance from IHS to Reflect their Unique Systems and Cite Data Accuracy Concerns
- UIOs Need Community Health Representatives (CHRs)
- Contract Flexibility and Funding Security
- Facility Funding Necessary for UIOs Amid the COVID-19 Pandemic
- COVID-19 Pandemic and Vaccine Impacts on UIOs
- Need for Permanent 100% FMAP for UIOs
- UIOs Identified a Need for Additional HIV, Behavioral Health, and Substance Abuse Support
- Special Diabetes Program for Indians (SDPI) Reauthorization Remains a Priority
- NCUIH Services Benefit UIOs and Opportunities to Expand Identified

PART 1. POLICY PRIORITIES

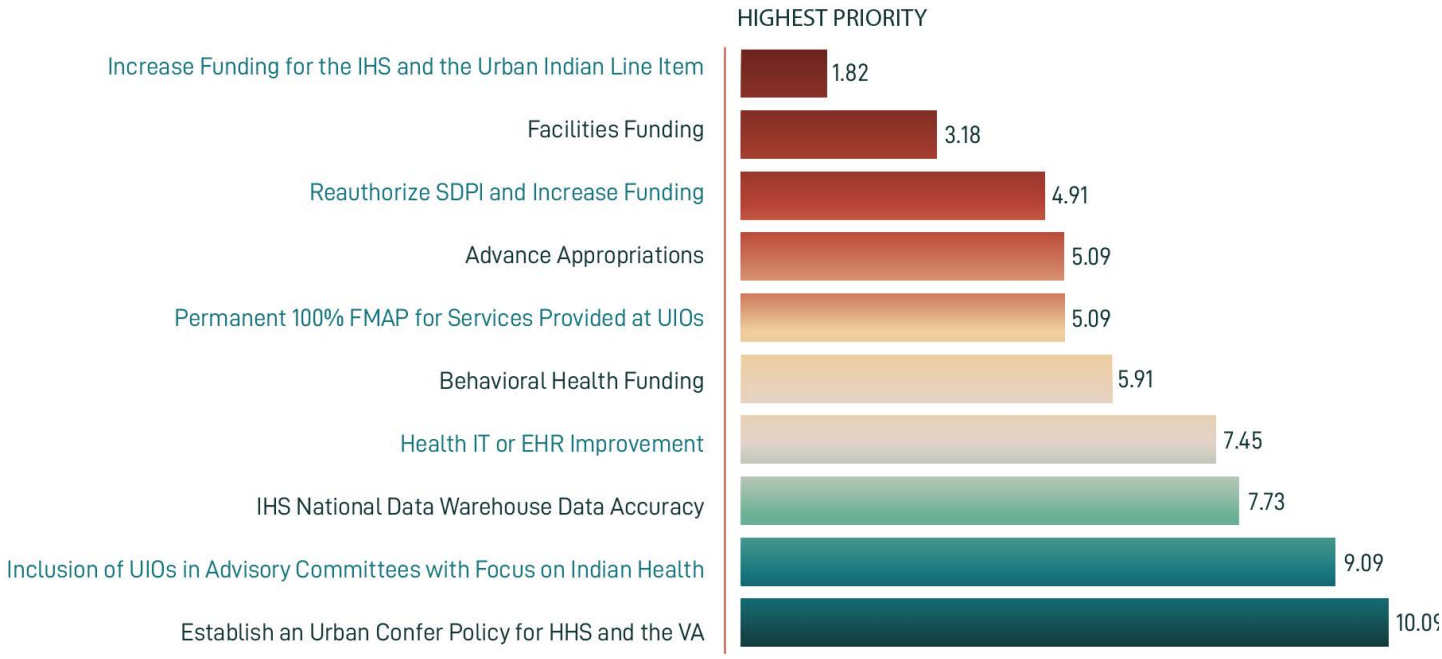
UIOs were asked to rank the following 14 policy priorities, of which the top 10 were selected as the policy priorities for 2022:

- Health IT or Electronic Health Record (EHR) Improvement
- Increase Funding for the Indian Health Service and the Urban Indian Line Item
- Advance Appropriations to Insulate Indian Health Care Providers from Shutdowns and Exception Apportionment for Continuing Resolutions (CRs)
- Facilities Funding
- Behavioral Health Funding
- Permanent Full (100%) FMAP for Services Provided at UIOs
- Establish an Urban Confer Policy for the Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA)
- Inclusion of UIOs in National Community Health Aide Program (CHAP), Including the Dental Health Aide Therapy (DHAT) Program
- Inclusion of UIOs in Advisory Committees with Focus on Indian Health
- Increase Funding for Initiatives to End the HIV Epidemic Through Expanded Treatment and Prevention
- Reauthorize Special Diabetes Program for Indians (SDPI) through 2025 and Increase Funding to $200 Million Annually
- Establish an Urban Indian Health CHR Fund at $3 million
- Federal Tort Claims Act (FTCA) Coverage for Non-IHS beneficiaries
- Improve the accuracy of UIO Data Reported by the IHS NDW

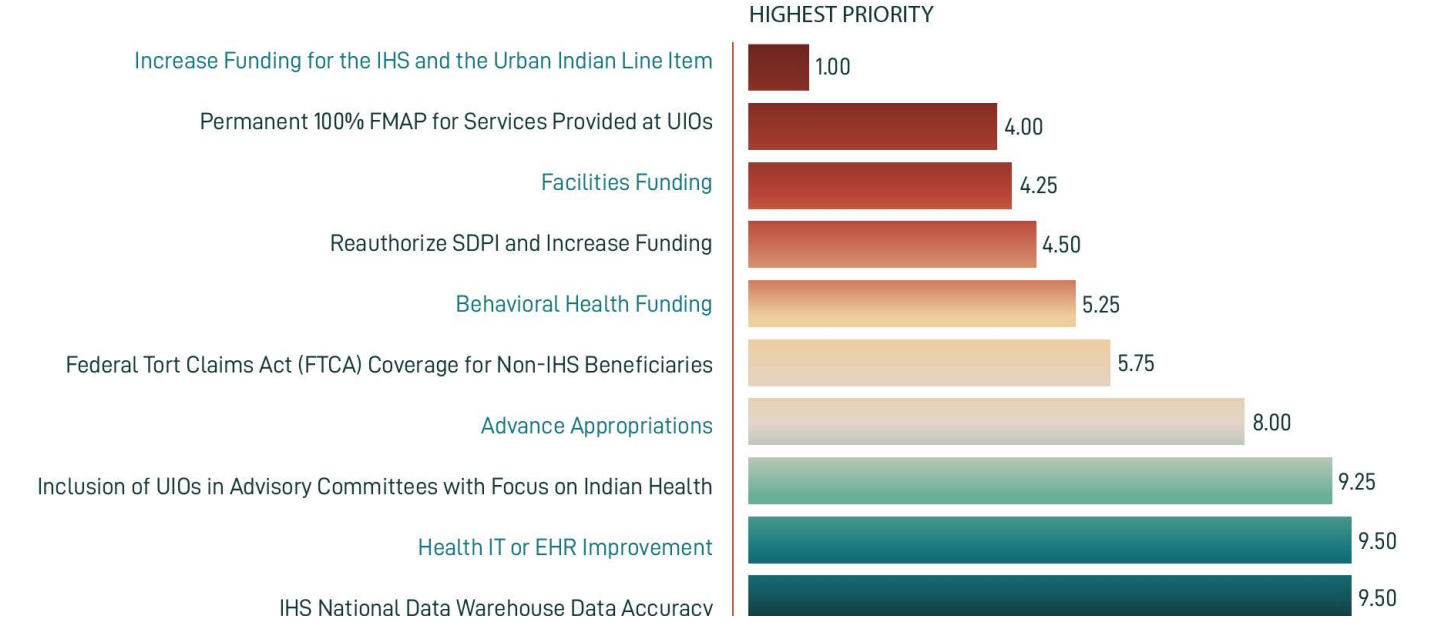
POLICY PRIORITIES SORTED BY AVERAGE RANKING AT ALL FACILITIES (N=20)



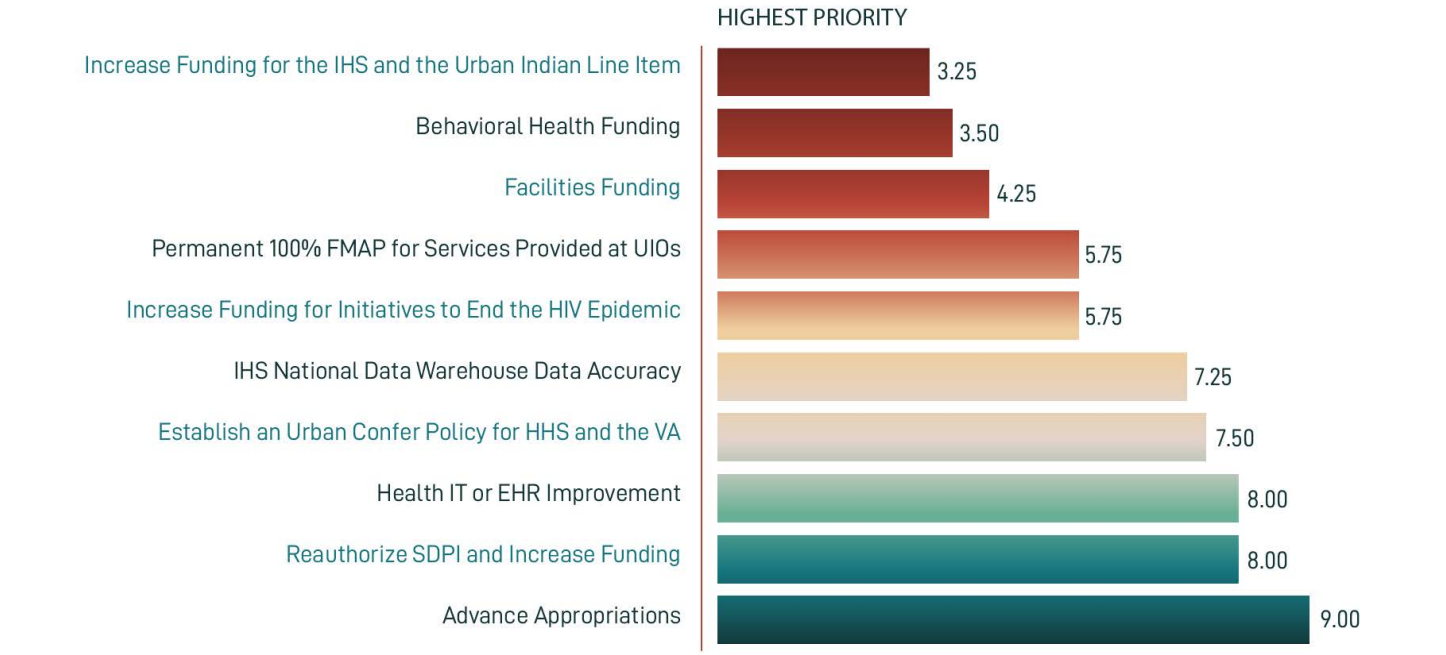
POLICY PRIORITIES SORTED BY AVERAGE RANKING AT FULL AMBULATORY FACILITIES (N=11)



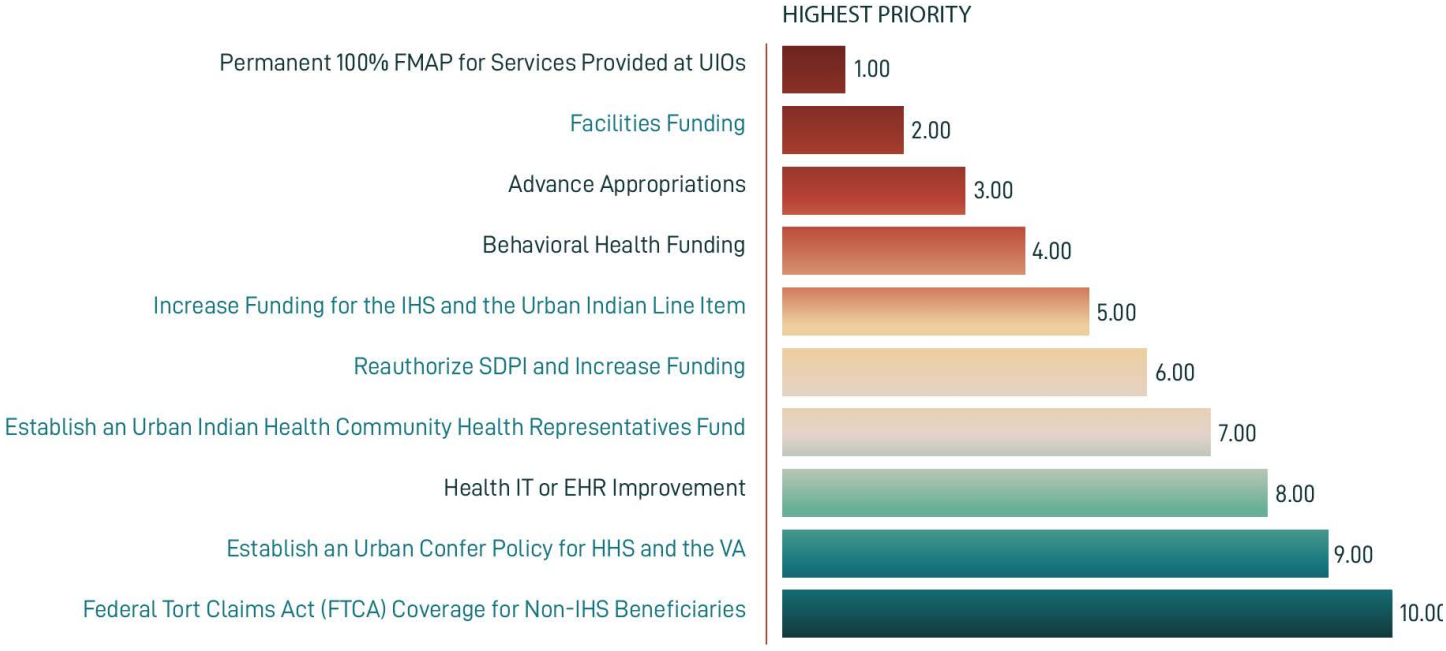
POLICY PRIORITIES SORTED BY AVERAGE RANKING AT LIMITED AMBULATORY FACILITIES (N=4)



POLICY PRIORITIES SORTED BY RANKING AT OUTPATIENT AND RESIDENTIAL FACILITY (N=4)



POLICY PRIORITIES SORTED BY RANKING AT OUTREACH AND REFERRAL FACILITY (N=1)



Analysis of UIO Priorities

UIO priorities vary depending on facility type, services provided, and revenue streams; however, all programs seem to agree that this priority list sufficiently encompasses UIO priorities. The questionnaire was built off the information gathered from attendees in the focus group meetings, and we selected the top 10 priorities out of the 14 ranked in the questionnaire.

The top priority at all facilities was funding related. The highest overall priority of all UIOs was increasing funding for IHS and the Urban Indian Line Item.

Facilities funding was high on the priority list for UIOs because of the historical context for which UIOs have not had any formal allocation of facility dollars. The COVID-19 pandemic has put an unprecedented strain on UIO facilities and created new challenges in addressing community health needs. UIOs have expanded their community programs and need an expansion of facilities funding to accommodate.

Similar to last year, UIOs maintained that parity for UIOs, especially regarding the need for permanent 100% FMAP, was a top priority for 2022. UIOs received 100% FMAP through the American Rescue Plan Act (ARPA), however, this was a temporary two-year extension.

While programmatic funding holds importance to UIOs, it is more restricted and can be difficult for the organizations to attain funds.

PART 2. KEY FINDINGS FROM FOCUS GROUP DISCUSSIONS AND QUESTIONNAIRE

Area Office Inconsistencies Affect Staffing, Funding, and Resources

Area Office Inconsistency Due to Staff Turnover and Need for Adjusting Site Reviews Based on Facility Type

Through our focus group meetings, UIOs mentioned a pressing issue of the lack of consistency amongst IHS Area Offices. Staff turnover at Area Offices is often the source of this inconsistency and has a significant impact on UIOs. Some UIOs reported that the shifting in contract officers at their Area Offices is a "real threat", as the new contract officers do not quite understand the nature of Title V contracts and their facilities. UIOs noted that who their Area urban coordinator is, how engaged they are with the UIOs, and how familiar they are with urban programs carries weight in their experience with their Area Office.

Some UIOs expressed that Area Offices do not have a strong understanding of how UIOs work. This is exhibited in Area site reviews, where some site visits are not adapted to the UIO or their facility type. One limited ambulatory UIO was cited by their Area Office in their annual site review for not having a Community Health Representative (CHR) and did not receive a response from their Area urban coordinator when inquiring about where it was in their funding agreement that they were required to have a CHR. Overall, there were echoed sentiments among UIOs that there is no uniformity in the way they are being assessed by their Area Offices.

Meanwhile, other UIOs expressed that their Area Office does well with adjusting their site review to accurately reflect their unique facility types and services provided. It should also be noted that many UIOs felt they had strong, positive relationships with their Area Offices and were grateful for their work.

Funding Inconsistencies Burden UIOs and Delay Allocations of Resources

Inconsistency in Funding Turnaround Times

Many UIOs mentioned that the early COVID-19 funds were disbursed quickly, but that the more recent funds have become much slower in disbursement. In addition, multiple UIOs cited that they are given very short timelines to return their contracts and scopes of work. One UIO cited that they had a one-week turnaround time to provide information for consideration to their Area Office on the most recent allocation of $4 million to UIOs in telehealth from the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act). Other UIOs noted that their contract processes have been timely and do not experience issues with turnaround times.

Inconsistency with COVID-19 Funding Disbursement

Additionally, UIOs experience inconsistency from region to region with IHS Area Offices when it comes to funding disbursement and communication. UIOs were allocated $251 million in their first round of ARPA funding and $60 in their second round of ARPA funding for COVID-19 purposes. During the focus group discussions, UIOs indicated that several millions of ARPA dollars have been held up and several UIOs had not received either their first or second rounds of funding, 10 months past appropriation, and are unsuccessful with communicating with their Area Offices to quickly remedy this issue. Another UIO cited that they received COVID-19 supplementals from the *Coronavirus Response and Relief Supplemental Appropriations Act* (CRRSAA) as part of the *Consolidated Appropriations Act, 2021*, however, they have been waiting for the past nine months for correct contract language to use this funding. In the questionnaire, seven UIOs indicated that they still have outstanding funds from ARPA, *Paycheck Protection Program and Health Care Enhancement Act* (PPPHCEA), and CRRSAA.

This delay of funding has significant impacts on UIOs who need these funds for facilities improvement and maintenance. One UIO is concerned that the ARPA funds for vaccines and testing will not be disbursed to them before the pandemic is over. Concern arises because their most recent round of ARPA dollars has not yet been disbursed by their Area Office. Although these ARPA funds do not expire, they can only be used for their intended COVID-19 purposes. While the end of the COVID-19 Public Health Emergency (PHE) is uncertain, UIOs are concerned that they are not spending this significant amount of money now and they will have difficulty spending down their money fast enough for COVID-19 purposes while the PHE remains in effect. Conversely, some UIOs reported having received their multiple rounds of ARPA dollars as well as funding from other

COVID-19 supplementals in a timely manner and were able to use their funding for necessary COVID-19 purposes.

Inconsistency in Disbursement of Continuing Resolution Funding

Inconsistencies in distribution and handling of CR funds was also cited in the focus group discussions among UIOs. Some UIOs reported that they received their CR funding in a lump sum for the year, while some UIOs reported that they have not received these funds at all.

Transparency Needed of Funding Resources, Allowability, and Timelines

UIOs indicated that they are having issues with tracking their funding due to lack of transparency with IHS budget managers. In the focus group discussions, UIOs stated that there is confusion with the increased amounts of funding coming to them, especially COVID funding. UIOs would like to be clear on where each funding stream is coming from, what exactly it can be used for, and timelines on when it should be received by UIOs and when it should be expended by. One UIO mentioned that their Area Office gives them budget modifications that do not clearly define what their funding is for, forcing them to back trace the dollars.

Over the past two years, UIOs have been included in six major COVID-19 funding bills, totaling in more than $500 million for urban Indian health funding for the pandemic. UIOs expressed that the several different funding pots have caused confusion and seek more transparency in allowability and disbursement dates for each of these funds. IHS produced a COVID-19 and ARPA funding chart with funding breakdowns for each of these six bills, and UIOs feel it would be helpful to have a similar way to cite where all of their funding sources are coming from, the funding's purpose or allowability, and relevant dates for when the funding is to be disbursed and expended. IHS has not updated the COVID-19 and ARPA funding chart since March 2021. It currently indicates that $1.7 billion has not been allocated. NCUIH recommends that IHS update this document and add additional information about the allowability of the funds as cited in the legislative text and include this information to UIOs whenever Area Offices are communicating about newly available funds.

UIOs Need Health IT Guidance from IHS to Reflect their Unique Systems and Cite Data Accuracy Concerns

UIOs Request Assistance from IHS on EHR Systems

Over the past few years, IHS identified a need for modernization of Health Information Technologies (HIT) within their agency and moved forward with their HIT modernization project to improve interoperability with the EHR software. However, over half of UIOs do not use IHS' current Resource and Patient Management System (RPMS) for their EHR systems and request better direction from IHS on how to streamline data reporting.

UIOs are seeking clarity from IHS on whether their EHR systems are eligible for reimbursement. Some UIOs reported using CDC funding distributed through NCUIH to upgrade their EHR systems, and some UIOs used other COVID funding to cover these costs. UIOs also noted that because few programs are on the RPMS system, IHS' HIT support is cumbersome and does not address their unique systems. UIOs reported a need for technical assistance for their various EHR systems and require funding to access this support from their current system providers.

Major Concerns Around Data Accuracy

Concerns around data accuracy arose among UIOs during the focus group discussions. According to responses to our questionnaire, the average percentage of the UIO's total patient population accurately reported by the NDW or IHS portal is 63.84 percent. During the focus group discussion and in the questionnaire, many UIO leaders expressed that they have consistently observed discrepancies between the health records data they submit to IHS and what the NDW reports back. One UIO stated that they continue to struggle with Government Performance and Results Act (GPRA) measures getting to IHS, despite successfully submitting it to the NDW. Additionally, many UIOs cited that there is little support from their Area Offices with regards to improving the data discrepancies. UIOs expressed concern that funding is tied to data and if the data is inaccurate, then the funds are not being appropriately allocated. Similarly, outpatient and residential treatment centers were forced to considerably restructure their programs to appropriately mitigate COVID-19 and should not be punished.

UIOs Need Community Health Representatives

UIOs Are Unable to Access CHRs Despite IHCIA Authorization

The CHR Program is an IHS funded, tribally contracted and granted, and directed program of well-trained, community-based, health care providers, who provide health promotion and disease prevention services in their communities. CHRs are part of the direct provision of health services to Native Americans and are authorized in the Indian Health Care Improvement Act (IHCIA) (25 USC 1616) and for UIOs (25 USC 1660f), however, it has never been funded or implemented for UIOs:

> *"The Secretary, acting through the Service, may enter into contracts with, and make grants to, urban Indian organizations for the employment of Indians trained as health service providers through the Community Health Representative Program under section 1616 of this title in the provision of health care, health promotion, and disease prevention services to urban Indians."*

On June 20, 2021, due to NCUIH advocacy, the House Interior Appropriations Committee Bill Report for the fiscal year (FY) 2022 budget advanced with the inclusion of Urban Confer with IHS on CHR implementation:

> *"Community Health Representatives (CHR) played an important role in pandemic response. As individuals quarantined themselves, CHRs made home visits to prevent avoidable hospital readmissions and emergency department visits for patients with chronic health conditions. The recommendation includes $65,557,000 for CHR, as requested, and $2,665,000 above the enacted level. The Committee encourages IHS to examine whether UIOs should be eligible for these funds and to confer with UIOs to determine the amount necessary."*

CHRs Can Expand UIO Outreach Capacity as COVID-19 Disrupts Workforce

CHRs can go out into the community and do peer work and health checks, work that many UIOs are already undertaking with their own funding. The program also provides IHS training for CHRs and Community Health Workers. UIOs expressed interest in this funding to expand their outreach capacity to the vulnerable populations that they serve. Securing funding for this program will provide additional staff for UIO facilities.

Contract Flexibility and Funding Security

Need for Title V Contract Flexibility

Most of the focus group participants expressed the need for Title V funding to be expanded to satisfy the unique and culturally appropriate services furnished at UIOs to their American Indian and Alaska Native (AI/AN) patients, such as sober living programs and traditional healing services. Lack of flexibility in Title V funding limits the capacity of UIOs to provide these necessary services. In addition to these limitations, one UIO mentioned that these contracts do not allow for facility renovation, construction, and expansion, which is essential now more than ever amid a pandemic.

Ultimately, due to the funding gridlock of these contracts, UIOs indicated their desire to move away from Title V Contracts and instead be operationalized in the IHS budget. The risk factor continues to increase as IHS tries to narrow UIO's capacity to maneuver through the process.

Need for Exception Apportionment Remains a Priority in Light of Continuing Resolution

Continuing Resolutions Negatively Affect UIOs

IHS is the only federal healthcare delivery system that is not exempt from CRs and government shutdowns, forcing the Indian health care system to continue operating without an enacted budget under a stopgap measure. In Calendar Year 2021, the government operated under two CRs, with the current CR expiring on February 18, 2022. Through information gathered through the focus groups, it was brought about that there is no uniformity across UIOs on their Title V contract funding allocations in the event of a CR. Several UIOs mentioned that they are required to renew their contract scope of work and submit a new budget narrative in the event of a CR. As mentioned before, there are inconsistencies in CR funding across UIOs as some reported receiving their contract funding all at once, and some UIOs have not received any funding at all.

UIOs also reported that IHS is not efficient with how they deliver these funds. One UIO reported that they are given modifications that do not clearly identify what the funding is for. UIOs also mentioned that they are given these modifications with a very short turnaround time, creating a hardship on UIOs. In contrast, UIOs that also receive HRSA funding receive their modifications with a turnaround time of 30 to 60 days.

Exception Apportionment for UIOs Needed to Avoid a Break in Funding

CRs and government shutdowns can cause uncertainty and financial hardships for UIOs, which highlights the need for UIOs to receive an exception apportionment. Exception apportionment is a colloquial term that describes the written apportionment that is issued for operations under a CR, in lieu of the Office of Management and Budget - issued automatic apportionment.

Currently, only Tribal Health Programs receive an exception apportionment. The need for an exception apportionment for UIOs is a top priority to avoid a disruption in operations and to lift the unnecessary administrative burden that comes with these recurring CRs. For example, many UIOs cited that the timing of their funding disbursement varies by the CR. As previously mentioned, in some instances, the UIO may not receive their funding allocation until after the CR is over. When there are many CRs, such as the two in the past six months, this is extremely disruptive to operations especially for UIOs operating on thin margins. Furthermore, because of the impacts of the COVID-19 pandemic on UIOs, funding certainty is more important than ever. NCUIH has requested an exception apportionment for the past three years from the Administration and continues to advocate for this to ensure funding security for UIOs.

Facility Funding Necessary for UIOs Amid the COVID-19 Pandemic

UIOs Historically Left Out of IHS Facilities Funding

Historically, UIOs have been left out of funding pots for facilities construction and lack access to facilities funding under the general IHS budgetary scheme, despite 90% of UIOs reporting a need for facility upgrades to improve their health care services. The current PHE only heightened this need, as many UIOs were unable to make necessary upgrades to their facilities such as air purification systems.

Some UIOs Report Being Able to Use COVID-19 Funding for Facilities

Congress allocated $1 billion to IHS in the *Consolidated Appropriations Act, 2021* to improve coronavirus preparedness and response capability, which can be used for IHS/Tribal Organizations/ UIO facilities. In ARPA, Congress included $24 million to UIOs for the lease, purchase, construction, alteration, renovation, and maintenance and improvement of facilities. Some UIOs that received this COVID funding reported that they were able to use it on their facilities. One UIO noted that they were able to utilize these funds to adapt their facility to adhere to COVID protocols such as expanding space

to allow for social distancing, improving their exam rooms, and purchasing furniture. In addition to making improvements to their existing facility with COVID dollars, this UIO was able to purchase a new building and lease mobile units to expand their resources.

In contrast, some UIOs reported that they have not been able to use COVID funding for their facilities either because they have experienced delays in receiving the funds, or they are waiting for correct contract language. One UIO is unable to use their allocation from the *Consolidated Appropriations Act, 2021* because they still do not have the correct contract language for the funding.

COVID-19 Pandemic and Vaccine Impacts on UIOs

Staff Burnout and Rising Salaries Contribute to UIO Staff Shortages

The COVID-19 pandemic has disproportionately affected the AI/AN population and overwhelmed UIOs who have stepped up to provide robust medical care and vaccines to patients during the ongoing PHE. The pandemic has taken up a lot of UIOs' resources and staff which they are already short on, creating unmet needs for other services they offer. Staff burnout due to the pandemic has contributed to the workforce shortages UIOs are facing. One UIO mentioned that they offer a free employee assistance program where employees can confidentially seek mental health services. In addition, UIOs expressed concern about not being able to afford medical staff that are requesting high pay due to the pandemic, specifically outreach and referral clinics that are not set up to receive third party revenue. Several UIOs are having difficulty competing with rising salaries due to limited funding and are struggling with recruiting nurses and other staff members.

Vaccine Mandate Impacts

UIOs are also impacted by COVID-19 vaccine mandates for patients enforced by their facility. One outpatient and residential UIO implemented a mandatory vaccine program within their congregate sites where clients are living in close quarters, resulting in lower capacity and numbers for their services. The UIO provides the vaccine in-house for the clients, however, some clients are deciding not to enter treatment for this reason.

Need for Permanent 100% FMAP for UIOs

UIOs Seek Support from States to Implement 100% FMAP for UIOs

UIOs ranked the need for permanent 100% FMAP in the top three policy priorities for 2022. On March 10, 2021, ARPA temporarily authorized two years of 100% FMAP to UIOs for Medicaid services for IHS-beneficiaries beginning April 1, 2021. Prior to the authorization of ARPA Section 9815, health services delivered by an IHS-eligible UIO would receive reimbursement rates at the State's FMAP percentage, ranging from 56% to 84%. Despite Congressional intent for a two-year increase of full FMAP- leading to additional funds flowing into the Indian health care system, UIOs have yet to see a single dollar of increased resources. In the questionnaire, UIOs seek support with their States to implement 100% FMAP for their UIOs as quickly as possible.

All-Inclusive Rate for UIOs

The IHS Memorandum of Understanding (MOA) All-Inclusive Rate (AIR) is reimbursed to facilities for Medicare and Medicaid covered services, and these rates are published annually by IHS in the Federal Register. UIOs can work with their State Medicaid Offices on a State Plan Amendment (SPA) for this rate to be reimbursed for their eligible services. In the questionnaire, one UIO noted that an urban AIR close to that of the current MOA AIR is a priority for them. Their Prospective Payment System (PPS) rate is almost exactly half of the 2021 AIR of $519.

During the focus groups, it was highlighted that outpatient and residential programs seek to be at the forefront of conversations with their State around the AIR for UIOs to ensure the rate will satisfy the cost of their programs. One UIO raised concerns about the process of random sampling to figure out an AIR for UIOs, when there are 41 UIOs with very different and unique programs.

UIOs Identified a Need for Additional HIV, Behavioral Health, and Substance Abuse Support

Outpatient and Residential Centers Highlight Need for Increased HIV Resources

Through both our focus group meetings and policy questionnaire, we were able to hear directly from UIOs about their current HIV/AIDS work, and any barriers or unmet needs surrounding that work. While all UIOs highlighted that HIV needs are a high priority to some extent, Outpatient and Residential Treatment Centers listed HIV as a top priority for 2022. One UIO cited that there is a perception in the

community that HIV is no longer a threat and that more innovative campaigns must be developed and disseminated for use by UIOs. UIOs also listed stigma and fear around HIV within their communities as a significant barrier, leading to AI/ANs in their area being diagnosed with HIV at later stages. For example, UIOs must report those who test positive for HIV to the health department which creates fear for patients, and a campaign about securing the personal privacy of the patient's information would be helpful for this barrier. There is an expressed need to revitalize current information around HIV to address existing stigmas and fear and ensuring that the cultural perspective on AI/ANs is conveyed in messaging. Similarly, UIOs reported the need for more behavioral health support resources to prevent substance abuse and suicide associated with the stigma of HIV.

UIOs also reported needing more space, bandwidth, and staff to meet HIV-related needs, as well additional support and resources for pre-exposure prophylaxis (PrEP) medication. UIOs highlighted that mental health care needs to be expanded for those living with HIV at their facilities. Increased funding for treatment, full time employees including medical providers, and housing with support services for individuals living with HIV were mentioned as high priorities for the HIV work of UIOs.

Behavioral Health and Substance Abuse Needs

One of the most significant lasting impacts of the COVID-19 pandemic will be related to behavioral health. In the questionnaire, funding for behavioral health was ranked in the top 5 priorities for 2022 and was ranked as the second highest priority for outpatient and residential UIOs. This is due to the increase in behavioral health needs because of the pandemic. Many UIOs expressed the need for funding for substance abuse services, citing concern about having to pay $70 for two Narcan kits. With the uptick in behavioral health and substance use needs, UIOs need help enhancing their behavioral health departments and capabilities. Additional funding to hire full-time behavioral health employees, such as psychiatrists and traditional healers for mental health, are needed to keep up with the demand for services. NCUIH has long advocated before Congress to fund and preserve behavioral health initiatives for UIOs under the Indian health care system, as urban AI/AN populations are at a much higher risk for behavioral health issues than the general population. After extensive advocacy, Congress introduced the Native Behavioral Health Access Improvement Act of 2021 (H.R. 4251/S. 2226) which would require IHS to allocate $200 million for the authorization of a special program for the behavioral health needs of AI/AN populations.

Special Diabetes Program for Indians Reauthorization Remains a Priority

The current SDPI is authorized through FY23 at $150 million. UIOs maintained that reauthorizing SDPI through 2025 and increasing funding to $200 million annually is a high priority. SDPI funding is crucial to UIOs and has led to the improvement of diabetes care and reduction among the urban Indian community they serve. Permanent and long-term funding remains a high priority among the UIOs supported by SDPI. Among all UIOs, SDPI reauthorization was ranked fifth on the priority chart.

NCUIH Services Benefit UIOs and Opportunities to Expand Identified

UIOs Find Current NCUIH Services Beneficial

NCUIH provides a range of services such as a COVID-19 Resource Center, a Regulations Tracker, webinars, e-mail updates, calls, listening sessions, newsletters, toolkits, template comment letters, and technical assistance. UIOs have found these resources helpful in information dissemination and advocacy on behalf of UIOs. Focus group discussions were also mentioned as a beneficial way to communicate with other UIOs and hear about what they are experiencing.

UIOs Identified Opportunities for Additional Services

Several UIOs expressed a need for additional technical assistance from NCUIH on the following topics: HIV prevention, treatment, and care; enhancing their behavioral health and substance departments with traditional healers; and state-specific third-party billing. One UIO requested that NCUIH provide an orientation for providers that are new to UIOs and urban Indian health care, which is a service that NCUIH is currently developing.

PART 3. NEXT STEPS

NCUIH will use this data to create a list of policy priorities for 2022, create one pagers and resource documents for the identified issues, and inform relevant agencies and Congress about what is impacting UIOs in the wake of the COVID-19 pandemic.

The goal of the assessment was to help NCUIH identify policy priorities for UIOs in 2022. Based on the focus group, questionnaire, and this policy assessment, the 2022 policy priorities will be the following:

1. Increase Funding for the Indian Health Service and the Urban Indian Line Item
2. Facilities Funding
3. Permanent Full (100%) FMAP for Services Provided at UIOs
4. Behavioral Health Funding
5. Advance Appropriations to Insulate Indian Health Care Providers from Shutdowns and Exception Apportionment for Continuing Resolutions
6. Reauthorize SDPI through 2025 and Increase Funding to $200 million Annually
7. Health IT/EHR Improvement and IHS National Data Warehouse Reporting
8. Establish an Urban Confer for HHS and the VA
9. Improve Area Office Consistency
10. Inclusion of UIOs in Advisory Committees with Focus on Indian Health

HIV Priorities:

1. Increase Innovative Resources to Reduce Stigma and Fear Around HIV in AI/AN Communities
2. Increase Behavioral Health Support Resources at UIOs for AI/ANs Living with HIV

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