

**TESTIMONY OF DR. DONNA GALBREATH
ON BEHALF OF SOUTHCENTRAL FOUNDATION
BEFORE THE HOUSE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES
REGARDING FY 2024 APPROPRIATIONS FOR THE INDIAN HEALTH SERVICE
March 3, 2023**

My name is Dr. Donna Galbreath, and I am the senior medical director of Quality Assurance for Southcentral Foundation (SCF) and an enrolled Mentasta Traditional Council member.

SCF is the Alaska Native Tribal health organization designated by Cook Inlet Region, Inc. and 11 federally-recognized Tribes – the Aleut Community of St. Paul Island, Igiugig, Iliamna, Kokhanok, McGrath, Newhalen, Nikolai, Nondalton, Pedro Bay, Telida, and Takotna – to provide health care services to beneficiaries of the Indian Health Service (IHS) pursuant to a government-to-government contract with the United States under authority of the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638. SCF is a two-time recipient of the Malcolm Baldrige National Quality Award for health (2011 and 2017) and one of the largest employers in Alaska.

SCF, through its 2,500 employees, provides critical health services, for the physical, mental, emotional, and spiritual wellness of 65,000 Alaska Native and American Indian people. This includes 52,000 people living in the Municipality of Anchorage and the Matanuska-Susitna Borough, and 13,000 residents of 55 rural Alaska Native villages. SCF offers over 85 programs including primary care, dental, behavioral health, and addiction treatment, as well as co-owning and co-managing the Alaska Native Medical Center with the Alaska Native Tribal Health Consortium (ANTHC). Our service area encompasses over 100,000 square miles, an area the size of Wyoming.

SCF has been and continues to be a leader in responding to the COVID-19 pandemic. We worked quickly to provide resources to those we serve. Most importantly, we led the State in providing COVID-19 vaccines and boosters to customers and to the broader community. Our public health team continues to work in the community to provide information about the treatment and prevention of the spread of COVID-19. Finally, SCF worked to provide lifesaving care to those who were diagnosed with COVID-19 and are living with long COVID-19.

We thank the Subcommittee for the opportunity to once again address the ongoing funding needs of Southcentral Foundation. It is truly historic that Congress takes two days to listen to Tribal leaders from around the country about our funding needs.

1. Advance Appropriation is critical to the stability of the Tribal health care delivery system.

SCF wants to express appreciation to the Appropriations Committee for providing advanced appropriations for the Indian Health Service for FY 2024. We urge the Committee to do so permanently until we can secure mandatory funding for the Indian Health Service. However, we

urge the Committee in providing advance appropriations to provide sufficient funding to account for the cost of medical inflation and population growth in Tribal communities. The failure to do so will result in a decrease in the quality of care.

The Indian Health Service was the only federally funded direct health care provider that was not protected when Congress failed to enact the required appropriations bills. The FY 2020 government shutdown underscored the need for this change. The delays in funding had dire impacts in Alaska Native and American Indian communities across the country.

Much has been said in this Subcommittee, year after year, about how the programs and departments subject to this appropriations process are reflections of the trust relationship the federal government has with American Indian and Alaska Native people. The problems that arise from shutdowns and other delays in the context of a *lack* of advance appropriations exacerbate the problems caused by the funding shortfalls and disparities.

2. Health Workforce Development

The pandemic highlighted the drastic shortage of health care workers in America. The need is at every clinical level from doctors, nurses, dentists, mental health specialists, to medical assistants, and other medical technicians. Further, the pandemic has resulted in widespread professional burnout among health care workers across America. Southcentral Foundation is not immune. We have gone from a long held 12% turnover to a 20-25% turnover. This means at least 1 in five of our health care professionals is now leaving Southcentral Foundation. This is why we firmly believe that solving this workforce crisis is a mission-critical priority and we are exploring all avenues for recruiting talent and developing our own employees.

We built systems that recruit, train, and develop not only clinical staff but executive staff as well. But we need additional support from the federal government. While we appreciate that the funding for Indian health professions has minimally increased the past few years, we think more must be done to continue to recruit and retain health care professionals to serve in Tribal communities. This includes increases in scholarships and increases in hiring and retention bonuses for individuals serving in Tribal communities. In this regard, we think the Indian Health Service should work with organizations like SCF to establish training sites, this could include programs like the DHAT program, or the Community Health Aide programs.

A key factor in recruiting and retaining health professionals in rural Alaska is the lack of housing. The IHS should conduct a needs assessment of the professional housing needs in Alaska, and then seek funding to address this need.

3. Behavioral Health Programs

We cannot state strenuously enough how important it is to increase available funds for behavioral health. Alaska Native and American Indian people are disproportionately represented in substance misuse, especially opioid addiction, and suicide statistics. According to the Centers for Disease Control and Prevention (CDC), drug overdose death rates for Alaska Native and American Indian people increased by 39% between 2019 and 2020. The CDC also found the suicide rate

among Alaska Native people is almost three times the U.S. general population rate and at least six times the national average in some parts of Alaska.

SCF undertook a new approach to behavioral services to address this crisis. The foundation of this new approach is the integration of behavioral health services into primary care clinics. This integration has allowed for earlier assessments and quicker access to behavioral health specialists. No longer is one's mental health deemed separate from his or her physical health. In our view it is all connected and must be treated as such.

Along with the integration of behavioral health into primary health care, SCF provides direct behavioral health and substance misuse treatment through a variety of programs for customer-owners whose health care team believes additional care is needed. These include:

Dena A Coy Residential Treatment Program – This program serves pregnant, parenting, and non-parenting women who are experiencing problems related to alcohol and other drugs and experiencing emotional and psychological issues.

SCF Four Directions Outpatient Treatment Center – We provide substance misuse and dual diagnosis assessments, substance abuse and mental health counseling, group counseling for men and women addressing a range of topics including: alcohol and drug misuse, parenting, domestic violence, anger, relationships, symptom management, anxiety and depression, relapse prevention, community recovery skills, life skills and health and wellness. The duration of the program is related to the level of care and is clinically driven.

Quyana Clubhouse – Here we provide both services to Alaska Native adults 21 and older with severe and persistent mental illness. The day program blends integrated behavioral and primary care services with Alaska Native tradition and structured in a nurturing environment.

The Pathway Home – This program provides comprehensive, individualized mental health program for adolescents from 13 to 18 years old. Its mission is to create a loving and supportive community environment where Alaska Native children can develop into independent, service-minded and productive leaders. Referrals come from a variety of sources, including clinicians, case managers, social workers, counselors, parents, teens or representatives of the state. Once in the program, The Pathway Home team of clinicians and employees help youth improve their mental and behavioral health, physical and spiritual wellness, and academic and/or vocational skills. Through a combination of individual, group and educational settings, youth learn healthier methods of managing behavior, handling conflict and anger, progressing in recovery, and improving relationships with family members.

SCF Detox - This 14-bed medical detoxification facility allows customers to medically detox while under 24-hour medical supervision. Once through detoxification, the entire suite of behavioral and mental services and programs, as well as primary health care, are available to customers. We have found that once the immediacy of detoxification is passed, a customer's other physical conditions are apparent and in need of treatment and care. This includes care for diabetes, dental care, wound care, and high blood pressure and other

chronic conditions. Again, this is why the full integration of behavioral and primary care is so critical to successful outcomes for customers.

Unfortunately, recent appropriations have only provided a modest increase for mental/behavioral health programs. Consequently, the federal funding that we received has not supported SCF's behavioral health integration initiative, let alone allowed this initiative to be recreated throughout Tribal communities. Moreover, there has been no increased funding for SCF's direct alcohol and substance misuse and mental health treatment programs. We need additional financial resources as we try to support our programs that not only treat but seek to prevent alcohol and substance misuse, as well address the serious mental health challenges facing our communities.

Related to this is the need for the current IHS Substance Abuse and Suicide Prevention and the Domestic Violence Prevention Initiative funding to be awarded on a formula basis and not on a competitive grant basis. Moreover, this funding must be made part of a Tribal providers annual contract or AFA. It is disappointing that the IHS bureaucracy continues to try to control this funding when almost 50 years of Self-Determination Act implementation proves that if the agency awards the money as part of a Tribal provider's contract/compact - outcomes improve. The IHS is simply trying to avoid its responsibility to pay Contract Support Costs for these programs, contrary to not one but two U.S. Supreme Court decisions. The true cost of the IHS's conduct is the lost lives of American Indian and Alaska Native people.

4. Section 105(l) Lease Payments and Contract Support Costs

We appreciate the committee's careful attention to the issue of 105(l) leases. We also continue to strongly support that these costs remain an indefinite appropriation, but with the goal to make sure these costs (along with contract support costs) are made mandatory costs so that they do not continue to stress the limited funding allocation the subcommittee receives.

Regarding Contract Support Costs, we remain concerned that the Indian Health Service is seeking to undermine its obligation, which has now been confirmed twice by the U.S. Supreme Court, to pay full contract support costs, by categorizing certain necessary costs/activities as "secretarial activities," and refusing to pay contract support costs for these activities, which are and have always been considered contract support cost activities for which Tribes have received CSC payment. We would ask the committee to include language in its appropriations bill that would require the Indian Health Service to compute FY 2024 CSC consistent with computations undertaken in FY 2021.

5. Conclusion

Thank you again for the opportunity to provide testimony on behalf of Southcentral Foundation and the people we serve.