



## National Council of Urban Indian Health

### Statement for the Record in Support of H.R. 4251

We write today to testify in support of increased behavioral health grants for Native communities, including for Urban Indian Organizations (UIOs). As the trust responsibility for health care extends to all American Indians and Alaska Natives (AI/ANs) regardless of their place of residence, it is imperative that Congress ensure that funding designed to help Native communities actually reaches all communities, including the over 70% of AI/ANs who reside in urban areas. Sadly, most federal behavioral health grants currently exclude UIOs so that is why we write in strong support of the Native Behavioral health Access Improvement Act of 2021 (HR 4251) as well as the grants being discussed today that extend eligibility to UIOs.

For AI/ANs across the nation, behavioral health continues to be a top priority. The National Council of Urban Indian Health, in a recent survey, found that all urban Indian organizations (UIOs) ranked funding for behavioral health in the top 5 of their priorities for 2022. For outpatient and residential treatment UIOs, this funding is their number two priority. NCUIH has long advocated before Congress to fund and preserve behavioral health initiatives for UIOs under the Indian health care system, as 70% of AI/ANs live in urban areas and are at much higher risk for behavioral health issues than the general population. Even before the devastation of the pandemic, 15.1% of urban AI/ANs report frequent mental distress, and the AI/AN youth suicide rate is 2.5 times the overall national average. In addition, the work UIOs do to combat substance abuse in urban AI/AN communities is essential, given that rural and urban AI/ANs need SUD treatment at virtually the same rate.

Additionally, staff burnout remains a top concern among UIOs. The current COVID-19 pandemic, coupled with insufficient funding, has placed staff under considerable amounts of stress and pressure. One UIO highlighted that in the past month, staff morale has hit an all-time low. The organization has been forced to allocate already-limited third-party funds to staff support and





selfcare mechanisms, citing that IHS funds do not account for staff care. Another UIO is facing a similar problem; with no funding to address the concern of staff burnout, the organization is forced to take care of its staff through limited innovation such as heavily encouraging staff take leave, longer lunches, and extra hours off work. These concerns are echoed by many UIOs, especially as the COVID-19 pandemic continues. Staff have been working under taxing conditions to keep up with the community's increasing demand of medical and behavioral health needs. Stringent restrictions on federal funding do not leave room for staff care and expansion of services to sustain these demands. We respectfully request that the Committee include UIO staff in any legislation to expand availability of behavioral health support to federal health care workers.

Currently, UIOs do not receive any funding from the Mental Health or Alcohol and Substance Abuse line items of the IHS budget, relying instead on their funds within the urban Indian health line item. The Native Behavioral health Access Improvement Act of 2021 (HR 4251/S 2226) requires an allocation of \$200 million for the authorization of the special program for behavioral health needs of AI/ANs, allowing for Tribes, UIOs and IHS facilities to better address the growing mental and behavioral health needs of their communities. The passage of this critical piece of legislation would assist Congress in fulfilling the federal trust responsibility to ensure access to equitable health services to all AI/AN persons, regardless of geographic location.

