



**U.S. Department of Veterans Affairs
and
Indian Health Service
Memorandum of Understanding
Annual Report
Fiscal Year 2022**

Prepared by:

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

U.S. Department of Health and Human Services
Indian Health Service

U.S. Department of Veterans Affairs
Office of Tribal Government Relations

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EXECUTIVE SUMMARY

On October 1, 2010, the United States (U.S.) Department of Veterans Affairs (VA) and the Indian Health Service (IHS), through the U.S. Department of Health and Human Services (HHS), signed a Memorandum of Understanding (MOU) “to improve the health status of American Indian and Alaska Native (AI/AN) Veterans” authorized by the Indian Health Care Improvement Act (25 U.S.C. §§ 1645, 1647; 38 U.S.C. §§ 523(a), 6301-6307, 8153).

The intent of the MOU is to advance collaboration, coordination, and resource-sharing between VA and IHS to ensure equitable access to care and services to AI/AN Veterans. In fiscal year (FY) 2022, VA’s Veterans Health Administration (VHA) and the VHA-IHS MOU leadership team revised and updated the 2010 MOU to account for progress made to date under the current Administration’s priorities. VHA and IHS have hosted Tribal Consultation and Urban Confer sessions to seek tribal input on the draft MOU Operational Plan and gather tribal feedback and recommendations for future MOU Operational Plan updates. VHA and IHS continue to respond to Government Accountability Office inquiries, and both agencies have committed to ensuring that programs initiated under the updated MOU will incorporate robust metrics for analyzing progress and results.

This report describes key outcomes of current MOU objectives, as well as several VA-IHS inter-Departmental activities that are not specified in the current MOU. For example, on December 5, 2012, VHA and IHS entered into an agreement (Reimbursement Agreement) to facilitate reimbursements from VA to IHS and Tribal Health Program (THPs) facilities for certain health care services provided to VHA-enrolled AI/AN Veterans who are eligible to receive services at IHS or THP facilities. In September 2020, VHA and IHS amended the Reimbursement Agreement to clarify existing provisions and to extend the term until June 30, 2024.

National Leadership

- Dr. Peter Kaboli, M.D., Acting Executive Director, VHA Office of Rural Health (ORH)
- Roselyn Tso, Director, Indian Health Service (IHS)
- Stephanie E. Birdwell, Director, VA Office of Tribal Government Relations (OTGR)
- Travis Trueblood, Director, VHA Office of Tribal Health (OTH)

The VHA-IHS MOU leadership team met quarterly to oversee administration of the MOU, evaluate outcomes, and plan future inter-Departmental initiatives.

The Office of Tribal Health (OTH)

In early FY 2022, VHA announced the establishment of the Office of Tribal Health (OTH) – an office within VA dedicated to advancing health care access for AI/AN tribal Veterans. Travis Trueblood was named as Director for OTH in FY 2022. OTH also named Dr. Christie Prairie Chicken as the office’s National Deputy Director. OTH will continue recruitment efforts in FY

2023 to staff all remaining positions. Once fully staffed, OTH will manage oversight and execution of the VHA-IHS MOU and all relevant workgroups.

FY 2022 VA-IHS MOU Partnership Accomplishments

- The VHA-IHS partnerships completed multiple MOU-related goals, which are now a routine part of each Department's operations. As a result, accomplishments during FY 2022 included the following:
 - \$34.42 million reimbursed to IHS and THPs by VA for care of nearly 7,000 enrolled AI/AN Veterans;
 - 972,179 prescriptions processed through the VA Consolidated Mail Outpatient Pharmacy (CMOP) program for IHS Veteran patients enrolled in VA care;
 - 423 in-person and online training sessions shared between agencies; and
 - 103 new housing placements of AI/AN Veterans through the Tribal U.S. Department of Housing and Urban Development–VA Supportive Housing (Tribal HUD-VASH) program.
- Inter-agency collaboration at the local level created access to programs that resulted in:
 - 26 tribal communities receiving transportation support for Veterans through the Highly Rural Transportation Grant program;
 - 5 Tribal Consultations, 4 letters to tribal leaders, and 21 training sessions with tribal communities pertaining to AI/AN Veteran issues

The VA-IHS MOU leadership team met quarterly to review MOU objectives, update the MOU document, and create a more comprehensive, flexible agreement that will serve both agencies well into the future.

PERFORMANCE METRICS

Section 102(b) of the Veterans Access, Choice, and Accountability Act of 2014 requires the establishment of VA and IHS MOU performance metrics to monitor progress. The table below captures 14 performance metrics developed by VA and IHS and their FY 2022 outcomes.

Metric	Activity
1. Number of VA-enrolled Veterans served by IHS and THPs through VA-IHS and VA-THP reimbursement agreements.	6,893
2. Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements.	\$34,423,300.56
3. Total prescriptions filled through the VA CMOP program for direct AI/AN Veteran care.	972,179
4. Completion of annual metrics review.	Completed FY 2022
5. Total number of instances where VA and IHS or THP share space, equipment, services, and/or personnel to provide health care for AI/AN Veterans.	17
7. Completion of annual metrics review.	Completed FY 2022
8a. Number of shared VA-IHS training sessions and webinars.	423
9. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities.	25
10. Completion of annual metrics review.	Completed FY 2022
11. Total reimbursement for suicide prevention, tobacco cessation, and diabetes management services.	\$2,339,297.12
12. Completion of annual metrics review.	Completed FY 2022
13. Number of Tribal Consultations, tribal leader letters, and training sessions with tribal communities pertaining to AI/AN Veteran issues.	Tribal Consultation: (5) tribal leader letters: (4) training sessions with tribal communities: (21)
14. Completion of annual metrics review.	Completed FY 2022

Source: Internal VA and IHS reports

ACCOMPLISHMENTS

To support the MOU's goal to "improve the health status" of AI/AN Veterans, the VHA-IHS MOU leadership team focused on strategies to increase the number of care sites, bring care closer to home, reduce barriers to care (e.g., travel, geography, time, transportation), and train health care professionals. All activities were coordinated with tribal communities. Note that some activities listed below began in MOU workgroups but are now a routine part of each Department's operations. Similarly, some inter-agency collaborations began in the field, independent of the MOU.

Access to Care

- In 2012, VA and IHS entered into the *VA-IHS Reimbursement Agreement for Direct Health Care Services* that facilitates VA payment to IHS for health care delivered to VA-enrolled AI/AN Veterans at 74 IHS facilities without prior authorization. In September 2020, agency leaders signed amendment four to the agreement, which clarified the definition of the term "direct care services" to include services provided through telehealth; clarified language in the quality section of the agreement relating to certification and accreditation requirements; extended the terms of agreement an additional two years beyond the existing term until June 30, 2024; and added a new section for reimbursement for care or services provided by IHS through a contract established by IHS (i.e., IHS Purchased/Referred Care program) for health care services provided outside of an agency facility during the COVID-19 emergency period that met certain conditions. In addition, VA has 116 separate reimbursement agreements with THPs. The VA Office of Community Care administers these agreements and is responsible for their execution.

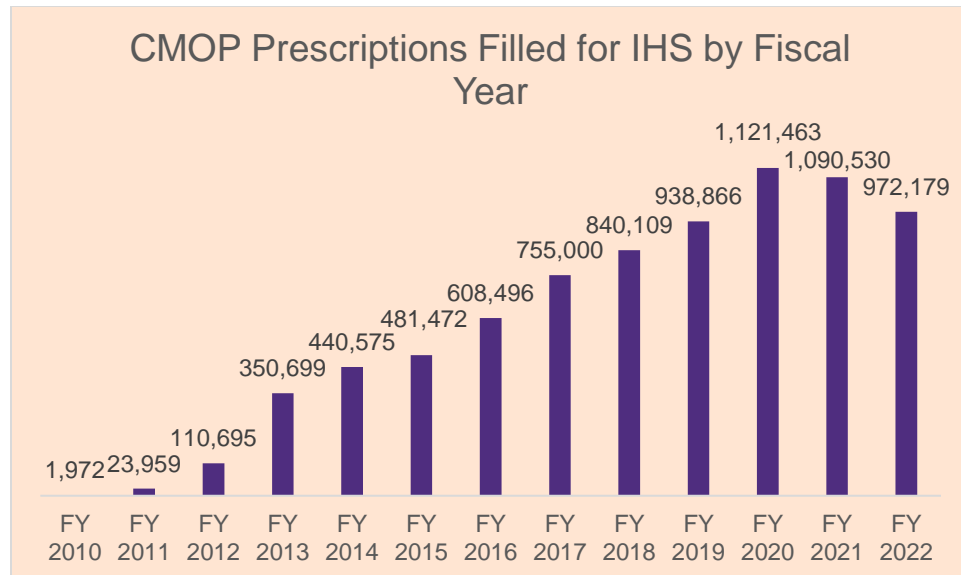
Since inception in FY 2012, the VA-IHS and VA-THP reimbursement agreements provided \$186 million to IHS and THPs for health care for more than 15,000 VA-enrolled AI/AN Veterans. In FY 2022 alone, VA paid IHS and THPs \$34.42 million for health care for nearly 7,000 uniquely enrolled AI/AN Veterans.

- VA delivered care through nine tribal telemental health clinics at the Montana VA Health Care System: Wind River, Wyoming; Crow, Montana; Northern Cheyenne, Montana; Flathead, Montana; Blackfeet, Montana; Fort Belknap, Montana; Pawnee, Oklahoma; Fort Peck, Montana; and Rocky Boy, Montana. The program serves 16 tribal communities.

Access to Medication

- One of the most successful collaborations between VA and IHS is the VA CMOP program for VA-enrolled AI/AN Veterans served at IHS clinics. On December 12, 2016, VA and IHS entered into an inter-agency agreement that extended the CMOP program to THPs that meet necessary requirements. The CMOP mails prescriptions to Veteran homes, which can significantly reduce or eliminate travel to and from rural or remote communities to obtain

medication. In FY 2022, CMOP processed 972,179 prescriptions. Since inception in FY 2010, the CMOP has processed more than 7.73 million prescriptions for VA-IHS patients.



Source: Internal VA data

Workforce Training

- VA and IHS coordinated on training and recruitment efforts whenever possible. In FY 2022 alone, VA and IHS shared 423 training programs and webinars on VHA TRAIN. Trainings included online and in-person sessions focused on suicide prevention, substance abuse disorder, post-traumatic stress disorder, geriatric care, trauma informed care, and more. These training courses are available for all community providers, clinicians, and federal agencies.

Access to Transportation

- The VA Highly Rural Transportation Grants (HRTG) provide funds to Veteran Service Organizations and state Veterans service agencies to transport Veterans who reside in highly rural areas to VA medical appointments. In FY 2022, HRTG grantees served 26 tribal communities in Montana, Alaska, New Mexico, Nevada, North Dakota, South Dakota, Washington, Wyoming, and California.

Housing Assistance

- VA and IHS recognize the impact that housing, or the lack thereof, has on Veterans' health. To address this social determinant of health, the Tribal HUD-VASH program aims to house and provide case management and supportive services to more AI/AN Veterans experiencing or at risk of homelessness. The program was established in September

2021 and underwent a second, expansion in August 2022 that increased the estimated number of Veteran households served by Tribal HUD-VASH from 490 to 620. Tribal HUD-VASH provides rental assistance through a hybrid Indian Housing Block Grant instead of the standard HUD-VASH voucher program. AI/AN Veterans enrolled in the program receive tailored VA case management and clinical services to help them exit homelessness and remain sustainably housed.

- The Tribal HUD-VASH program served 541 AI/AN Veterans over the course of the fiscal year, with 103 new unique placements in permanent housing. At the end of FY 2022, two tribes were utilizing 100% of their grant awards, seven tribes were utilizing 90-95% of their grant awards, one tribe was utilizing 80-85% of their grant awards, and four tribes were utilizing 70-75% of their estimated grant capacity. The remaining 14 tribes were utilizing 70% or less of their grant awards. One new tribal grantee from the August 2022 expansion grant award is working with VA staff to develop processes and procedures to implement the program, and thus does not yet have any Veterans housed. FY 2022 expansion grant awards were not included in the FY 2022 calculation to provide the Tribal HUD-VASH partners sufficient opportunity to implement the new awards. This data will be included in FY 2023 totals.

Housing stock remains the most significant barrier to full utilization. Additionally, the COVID-19 pandemic resulted in tribal government offices being closed during the early part of FY 2022, including the tribal housing authorities. These closures delayed application approval for the rental assistance provided in Tribal HUD-VASH, slowed housing inspections, and ultimately impacted timely lease-ups.

Tribal Consultations

- VA and IHS are committed to providing quality health care, consistent with statutory authorities and the government-to-government relationship with each Indian tribe. Both agencies strive to engage in regular and meaningful Tribal Consultation and collaboration with tribal Nations to serve AI/AN Veterans more effectively. To gather tribal input and promote VA programs and resources, the VA Office of Tribal Government Relations (OTGR) conducted five Tribal Consultations, sent four tribal leader letters, and held four Stand Downs in August and September of FY 2022. Tribal Consultations in FY 2022 focused on a variety of topics, including the updated VHA-IHS MOU, benefit claims, and reimbursement agreements.
- The Veterans Benefits Administration (VBA) and VA OTGR conducted a Presumptive Campaign Claims Clinic initiative, taking claims at 21 in-person events throughout Indian Country. Outcomes of these events included increases in service-connected ratings, VHA health care enrollments, and Native American direct loans.

Program Work for Rural AI/AN Veterans

In FY 2022, VHA continued to prioritize program work that addresses the unique health care needs of AI/AN Veterans, including:

- **Rural Native American Women Veterans' Use of VHA Under The MISSION Act:** This research project is led by a team of experts in rural health, AI/AN populations, women's health, and VA community care. The team is examining rural AI/AN women Veterans' unique health care needs, behaviors, and preferences to better understand how this population engages with VHA care in comparison to other rural women Veteran populations. Their findings will inform policies that improve rural AI/AN women Veterans' health care access and improve their health outcomes.
- **Rural Native Veteran Health Care Navigator Program:** The Rural Native Veteran Health Care Navigator Program was developed to improve health outcomes of rural Native Veterans. Under the program, Health Care Patient Navigators will help rural AI/AN Veteran patients overcome barriers to health care access by engaging in patient health care navigation with VA, the VHA, IHS, federally recognized tribes, local communities, and other state and federal agencies. Navigators will also serve as an educational resource to help these patients better understand the health care system. In FY 2022, the program team began discussions with the pilot site, continued to identify future program sites, and refined the FY 2023 program pilot focusing on Navigator training, ongoing evaluation, and pre-implementation strategies.
- **Increasing Access to Mental Health Services for Rural Native Veterans Through VA Video Connect (VVC):** A core project team comprised of VA ORH staff with expertise in VVC implementation is engaging local VA Medical Center (VAMC) stakeholders to provide training, education, and ongoing evaluation for the delivery of culturally centered telemental health treatments to Rural AI/AN Veterans from their sites. In FY 2022, the team finalized two manuscripts including a comparison of the utilization of VVC for Rural Native Veterans during the coronavirus pandemic, and a description of the overall program implementation facilitation model. Additionally, the team finalized a review of VA mobile applications in mental health. This review focused on understanding the current and potential use for mental health mobile applications with rural Native Veterans. Throughout FY 2022, the team continued developing best practice guidance with VAMCs partner to support program implementation.
- **Suicide Prevention Toolbox for Rural Native Veterans:** This project partners with a team from the National Center for Posttraumatic Stress Disorder with expertise in the development of mobile mental health applications for Veterans to create a mobile health toolbox that supports AI/AN Veterans healing from trauma and addresses mental health issues, including suicide prevention. In FY2022, the team further refined the scope and structure of the mobile application content to develop a mobile application that can be disseminated to rural AI/AN Veterans and the general public through an existing VA

mobile application. The program team attended local VAMC sponsored Tribal Outreach Events to receive input on mobile application content and conducted interviews with rural Native Veterans and health care providers. The team is expected to continue development and production of the app in FY 2023.

- **Tribal-VHA Partnerships in Suicide Prevention:** This project partners with the VA Office of Mental Health and Suicide Prevention to support the VA suicide prevention teams' outreach and assistance efforts to rural AI/AN Veterans who need suicide prevention care and services. Through mentorship, material adaptation, and a community of learning, it builds upon the strong VA system of evidence-based practices to include culturally appropriate approaches of local tribal efforts in suicide prevention. In FY 2022, the project team drafted, refined, and finalized a project toolkit incorporating feedback from internal team and site partners. In addition, project team specialists continued to partner with VAMC's Suicide Prevention Coordinator teams on VA S.A.V.E gatekeeper training. The project completed a successful 3-year project cycle on October 1, 2022.

FUTURE COLLABORATIONS

The VHA-IHS MOU partnership continues to deliver tangible outcomes that increase access to care for AI/AN Veterans. In FY 2022, VHA and IHS drafted a new, updated MOU Operational Plan with goals and objectives that reflect the evolving health care and health information technology landscape. This newly updated Operational Plan allows both agencies to engage key stakeholders across VA and IHS and develop a program and research project portfolio that achieves the MOU's mutual goals and objectives. In FY 2022, VHA and IHS partnered with OTGR and OTH to host Tribal Consultation and Urban Confer sessions to gather input from tribal stakeholders on the draft Operational Plan.

Once finalized, this Operational Plan will serve as a roadmap for the newly established VHA Office of Tribal Health to coordinate activities related to increasing health care access for AI/AN Veterans, including oversight and management of the VHA-IHS MOU.