



**U.S. Department of Veterans Affairs
and
Indian Health Service
Memorandum of Understanding
Annual Report
Fiscal Year 2023**

Prepared by:

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

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Tribal 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 American Indian and Alaska Native Veterans. In fiscal year (FY) 2020, the 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 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 VHA-IHS interdepartmental- 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 American Indian and Alaska Native- 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, Executive Director, VHA Office of Rural Health (ORH)
- Roselyn Tso, Director, Indian Health Service (IHS)
- David Clay Ward, Acting Executive Director, VA Office of Tribal Government Relations (OTGR)
- Dr. Christie Prairie Chicken, 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)

The VHA Office of Tribal Health was established in June 2022 to provide national leadership, guidance, policy, and strategic direction to support American Indian and Alaska Native Veteran health care, access, and Fourth Mission activities. Dr. Christie Prairie Chicken was named OTH Director in December 2023. “It’s my goal to serve American Indian and Alaska Native Veterans and communities with transparency, partnership, respect, and understanding, and build trust with our sovereign Tribal nations,” said Dr. Prairie Chicken. Additionally in FY 2023, OTH welcomed Marcia Harris, Strategic Planner, and Terri “Moon” Boswell, Administrative Officer.

FY 2023 accomplishments include:

1. Led the American Indian and Alaska Native Veteran Copayment Exemption Implementation Committee, which implemented the copayment exemption in April 2023.
2. Co-hosted VA’s first roundtable to address the Missing and Murdered Indigenous Persons (MMIP) crisis. The roundtable comprised 500 attendees from Tribal Nations and federal agencies to increase awareness by addressing social determinants of health through VA health care resources.
3. Partnered with the VA Data Governance Council’s Demographic Data Workgroup to develop the approved race and ethnicity collection standards that include Native Veterans.
4. Partnered with the VHA Office of Rural Health to develop a transition plan for the oversight and execution of the VHA-IHS MOU to OTH in FY 2024.
5. Partnered with the White House Council for Native American Affairs at the White House Tribal Nations Summit.
6. Developed the Office of Tribal Health Strategic Plan.

FY 2023 VHA-IHS MOU Partnership Accomplishments

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 2023 included the following:

- \$23 million reimbursed to IHS and THPs by VA for care of nearly 4,700 enrolled AI/AN Veterans;
- 948,415 prescriptions processed through the VA Consolidated Mail Outpatient Pharmacy (CMOP) program for IHS Veteran patients enrolled in VA care;
- 335 in-person and online training sessions shared between agencies; and

Inter-agency collaboration at the local level created access to programs that resulted in:

- 58 tribal communities receiving transportation support for Veterans through the Highly Rural Transportation Grant program;

- Tribal Consultation, one letter to tribal leaders, and 43 sessions with tribal communities pertaining to AI/AN Veteran issues

The VHA-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 6 performance metrics developed by VA and IHS and their FY 2023 outcomes.

Metric	Activity
1. Number of VA--enrolled Veterans served by IHS and THPs through VA-IHS and VA-THP reimbursement agreements.	4,700
2. Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements.	\$20,683,037.59
3. Total prescriptions filled through the VA CMOP program for direct AI/AN Veteran care.	948,415
4. Number of shared VA-IHS training sessions and webinars.	335
5. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities.	34
6. Number of Tribal Consultations, Urban Confers, tribal leader letters, and training sessions with tribal communities pertaining to AI/AN Veteran issues.	Tribal Consultation: (1) Urban Confer: (1) tribal leader letters: (1) training sessions with tribal communities: (43)

Source: Internal VA and IHS reports

ACCOMPLISHMENTS

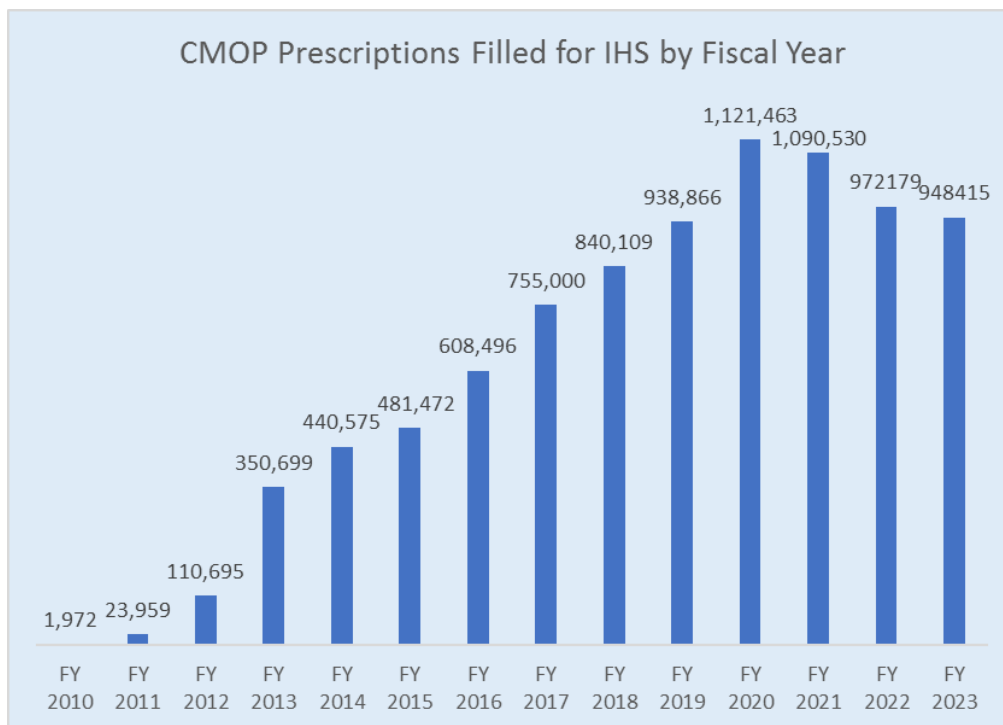
To support the MOU's goal to "improve the health status" of AI/AN Veterans, the VHA-IHS MOU leadership team focused on strategies to increase the number of care sites, bring care closer to home, reduce barriers to care (e.g., travel, geography, time, transportation), and train health care professionals. 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. The VA Office of Integrated Veteran Care (IVC) administers these agreements and is responsible for their execution.
- Since 2012, under VA's Reimbursement Agreement Program, health care programs operated by the IHS and Tribal Health Programs have received more than \$154 million from VA care to more than 16,000 VHA AI/AN Veterans across 74 participating IHS sites, 120 Tribal Health Programs, and 5 Urban Indian Organization sites. In FY 2023 alone, VA's Reimbursement Agreement Program disbursed \$23 million for health care to more than 4,700 uniquely enrolled AI/AN Veterans.
- VA delivered care through eight 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; Fort Peck, Montana; and Rocky Boy, Montana. The program serves 15 tribal communities.

Access to Medication

- One of the most successful collaborations between VA and IHS is the VA Consolidated Mail Outpatient Pharmacy (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. 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 2023, CMOP processed 948,415 prescriptions. Since its inception in FY 2010, CMOP has processed more than 8.67 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 2023 alone, VA and IHS shared 335 training programs and webinars on VHA TRAIN. Trainings included online and in-person sessions focused on suicide prevention, substance abuse disorder, homelessness prevention, LGBTQ+ support, 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 Veterans Service Organizations and state Veterans service agencies to transport Veterans who reside in highly rural areas to VA medical appointments. In FY 2023, HRTG grantees served 58 tribal communities in Alaska, California, Montana, New Mexico, North Dakota, Oregon, South Dakota, and Washington.

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 2016 and underwent an expansion in September 2021 and a second expansion in August 2022 that increased the estimated number of Veteran households served by Tribal HUD-VASH from 490 to 600. 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 490 AI/AN Veterans over the course of the fiscal year, with 114 new unique placements in permanent housing. At the end of FY 2023, five tribes were utilizing 100% of their grant awards, five tribes were utilizing 90-95% of their grant awards, five tribes were utilizing 80-89% of their grant awards, and two tribes were utilizing 70-79% of their estimated grant capacity. The remaining 12 tribes were utilizing 69% or less of their grant awards.
- Housing stock remains the most significant barrier to full utilization. Housing stock limitations include availability of usable housing, desire to house primarily on reservation, methamphetamine contamination of units, and funding barriers (i.e., competing subsidies).

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 one Tribal Consultation and one Urban Confer, sent one tribal leader letter, and held seven Stand Downs in Alaska and Arizona in FY 2023. Tribal

Consultations and Urban Confers in FY 2023 focused on a variety of topics, including the VHA-IHS MOU and reimbursement agreements.

- The Veterans Benefits Administration (VBA) and VA OTGR conducted a Presumptive Campaign Claims Clinic initiative and Promise to Address Comprehensive Toxics (PACT) Act events, taking claims at 43 in-person events throughout Indian Country with approximately 2,500 Veterans served and nearly 1,500 claims submitted. PACT Act events provided Toxic Exposure Screenings as well as compensation and pension medical exams. 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 2023, 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, utilization, 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 to 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 American Indian and Alaska Native Veteran patients overcome barriers to health care access by engaging in patient health care navigation with VA, 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 2023, three VA medical centers were selected as implementation pilot partners and discussion was initiated with a fourth potential site. With our confirmed FY 2023 partners, we conducted pre-implementation activities including initiation of navigator hiring, training refinement, and development of clinical workflow. The project created tools to support the navigators' work, such as a navigator dashboard to identify, empanel, and track patients as well as further developing and disseminating project products, including three manuscripts.
- **Increasing Access to Mental Health Services for Rural Native Veterans Through VA Video Connect (VVC):** A core project team comprised of ORH staff with expertise in VVC implementation is engaging local VA medical center 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 FY23, two

manuscripts were published – one in JAMA Psychiatry on VVC utilization for Rural Native Veterans during the coronavirus pandemic and another describing the program implementation facilitation model. The project expanded from four VAMC partner sites to nine, increasing the number of Veterans targeted for services. A spring 2023 conference brought the site partners together to discuss lessons learned, how to improve the overall implementation model, areas for improvement, and suggestions for future directions.

- **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. This mobile health toolbox supports AI/AN Veterans healing from trauma and addresses mental health issues, including suicide prevention. In FY 2023, work progressed on the scope, structure, and development of a mobile application with input on content from Rural Native Veterans through Tribal outreach events. The team finalized the content and structure of the mobile application and submitted to the VA mobile application team for programming for an FY 2024 winter release of the beta (testing) version of the application.
- **Tribal-VHA Partnerships in Suicide Prevention:** This project partnered 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 three-year project cycle on October 1, 2022. In FY 2023, the project toolkit content and design were finalized in partnership with a Native design firm. It is currently undergoing final VA review and approval for an anticipated winter FY 2024 dissemination.

FUTURE COLLABORATIONS

The VHA-IHS MOU partnership continues to deliver tangible outcomes that increase access to care for AI/AN Veterans. In FY 2023, VHA and IHS revised the MOU Operational Plan with goals and objectives that reflect the evolving health care landscape and in the spirit of the intent of the Operational Plan to fulfil the promise of the MOU. This updated Operational Plan allows both agencies to engage key stakeholders across VA and IHS and develop programs and research projects that achieve the MOU's goals and objectives. In FY 2023, VHA and IHS partnered with OTGR and OTH to host Tribal Consultation and Urban Confer sessions to gather input from tribal stakeholders on the evolving Operational Plan. As a living document, 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.

Key objectives for FY 2024 include:

- Transition oversight and management of the VHA-IHS MOU and Operational Plan to OTH in May 2024.
- ORH will remain a steadfast partner with OTH, IHS, OTGR, and other offices to support the VHA-IHS MOU and Operational Plan.
- Evolve the VHA-IHS MOU Operational Plan workgroups from six groups to four (i.e., Access, Resource Sharing, Data and Information Technology, and Veteran Outreach and Engagement) that align with the structure of OTH (see figure below).
- Finalize a VHA-IHS MOU “Frequently Asked Questions Sheet” for distribution online and at events to answer questions about the MOU.
- Clarify, create, and report valid metrics to track the progress of the components of the VHA-IHS MOU Operational Plan.

