



May 5 2011

Indian Health Service
Rockville MD 20852

Dear Tribal Leader:

A little over a year ago, the President signed the Affordable Care Act which included the **permanent reauthorization of the Indian Health Care Improvement Act (IHCIA)**. I am pleased to inform you that within one year after the enactment of the IHCIA, the Indian Health Service (IHS) has accomplished, on time, all statutory requirements with specific deadlines one year from enactment.

Listed below are the seven IHCIA provisions and actions that were required within the first year of enactment of this historic legislation. The actions IHS has undertaken demonstrate our continued efforts to be responsive to the people we serve and our commitment to improving the health of American Indian and Alaska Native (AI/AN) people.

Sec. 127, Behavioral Health Training and Community Education Programs, directs IHS to develop a plan to increase the staff providing behavioral health services by at least 500 positions within five years of enactment of the IHCIA. The IHS created an initial plan/strategy that includes consultation with Tribes and other stakeholders in order to develop a final 5-year hiring plan for the positions across the IHS, Tribal, and Urban Indian behavioral health care system. At least 200 positions will be devoted to caring for the needs of children, adolescents, and families. The plan can be implemented when resources for those positions become available.

Sec. 141, Health Care Facility Priority System, Needs Assessment, directs the Secretary to provide an initial report to the House Natural Resources Committee and the Senate Committee on Indian Affairs “that describes the comprehensive, national, ranked list of all health care facilities needs for the Service, Indian tribes, and tribal organizations including inpatient health facilities, outpatient health care facilities, specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, and staff quarters, and the renovation and expansion needs, if any, of such facilities.”

To meet the March 2011 statutory deadline, the IHS completed the report using available information and resources that included the Area Health Services and Facilities Master Plans developed in 2005 and 2006 with Tribal consultation. This initial report has been submitted to both the House and Senate Committees. Planning activities can be undertaken to understand and describe all service needs including specialized health care facilities and wellness centers, and to develop a Master Plan that incorporates a full description of all health care facilities’ needs when resources become available. Once these planning activities are conducted, a comprehensive report can be completed.

Sec. 173, Nevada Area Office, directs the Secretary to “submit to Congress a plan describing the manner and schedule by which an area office, separate and distinct from the Phoenix Area Office of the Service, can be established in the State of Nevada.” IHS submitted a plan to the Congress on March 23, 2011.

Sec. 195, Annual Budget Submission, directs the President to, beginning with the fiscal year 2011 annual budget request to the Congress, include, in the amount requested and the budget justification, amounts to reflect any changes in 1) the cost of health care services, as indexed for United States dollar inflation (as measured by the Consumer Price Index) and 2) the size of the population served by the Service. IHS' Budget justifications have customarily included annual inflation costs and the population growth.

Sec. 702, Behavioral Health Prevention and Treatment Services, subpart F, Mental Health Care Need Assessment, directs the IHS to “make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of any existing, underused Service hospital beds to psychiatric units to meet such need.” The IHS completed the assessment on March 17, 2011. Additional actions will require appropriations.

Sec. 703, Memoranda of Agreement with the Department of the Interior (DOI), directs the IHS and the Secretary of the Interior to develop and enter into a memorandum of agreement (MOA) or update any existing MOA to develop a comprehensive strategy for addressing Indian alcohol and substance abuse and mental health issues. The DOI and IHS signed an MOA on this topic in 2009, and have developed an amendment to that MOA that includes language consistent with the new IHCA provision. The MOA amendment was signed on March 1, 2011 and published in the Federal Register on March 23, 2011. A letter was sent to Tribes on March 8, 2011 requesting consultation on priorities for implementation.

Sec. 714, Domestic and Sexual Violence Prevention and Treatment, directs the Secretary to establish appropriate protocols, policies, procedures, standards of practice, and, if not available elsewhere, training curricula and training and certification requirements for services for victims of domestic violence and sexual abuse. The IHS has developed, in consultation with the Department of Justice and the HHS Office of the General Counsel, a Sexual Assault policy, which was signed by the IHS Director on March 23, 2011. This policy establishes a uniform standard of care for sexual assault victims (adult and adolescent) seeking clinical services at an IHS hospital, to ensure their care is patient-centered, their needs are addressed, and the community response is coordinated. I sent a letter to Tribes on March 28, 2011 requesting consultation on the Sexual Assault policy.

The outcomes highlighted above are consistent with the deadlines and requirements of the IHCA. Some activities to support or carry out these and other required actions will continue over time. For continual updates about these activities and the many other activities that IHS is working on as we continue to implement the IHCA provisions, please visit my Director's Blog at www.ihs.gov. I continue to invite and encourage your input on implementing the IHCA. You may provide input in writing or by e-mail to consultation@ihs.gov.

The consultation with Tribes in undertaking the implementation of IHCIA provisions has greatly contributed to our ongoing efforts to be responsive to the people we serve and to deliver to them the benefits the IHCIA provides. Thank you for your input, involvement, and support as we continue to move forward toward a timely and inclusive implementation of IHCIA provisions.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director