



**Indian Health Service/Bureau of Indian Affairs  
Behavioral Health Conference  
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*Director's Update*

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). I am sorry I am unable to be with you in person today. I have reviewed the conference agenda, and the sessions look very relevant and timely. I understand that this is the first joint IHS/BIA National Behavioral Health Conference. Thank you so much to everyone involved in the planning for this conference. This conference is an excellent opportunity for everyone involved in behavioral health issues to network with one another and to share ideas.

Today I would like to welcome all participants and encourage you to think about how we can incorporate some of the lessons learned at this conference into our broader efforts to change and improve the IHS. Today I will provide a brief update on our progress on the agency's priorities in the context of our behavioral health needs.

As I stated last year at this conference, I set four priorities for our agency's work over the next few years to help guide how we are changing and improving the IHS. We have accomplished a lot, but have much work still to do. Here's a summary since last year:

➤ **Our first priority is to renew and strengthen our partnership with Tribes.**

As you know, our partnership with Tribes is critical in our work to address behavioral health issues. We have strengthened IHS' partnership with Tribes through various consultation activities throughout the year, including formal consultations on the consultation process, the contract health services program, and the Affordable Care Act and Indian Health Care Improvement Act (IHCIA) implementation. I have attended numerous tribal meetings and have visited nine of twelve IHS Areas so far to meet with Tribes. I know that these efforts are creating the foundation for a better partnership. We need to partner with our

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Tribes in all our efforts, especially behavioral health issues – we will be more effective at improving the health of our communities.

In all the meetings I have with Tribes, behavioral health is a top priority. I have met with our National Tribal Advisory Committee on Behavioral Health on several occasions and am grateful for their help in addressing important behavioral health issues such as domestic violence and sexual assault, methamphetamine abuse, and suicide in tribal communities. And we are grateful for the recent passage of the tribal Law and Order Act of 2010, which will help us address better address the problem of violence against women in tribal communities.

➤ **Our second priority is, in the context of national health insurance reform, to bring internal reform to IHS.**

Since I saw you last year, we had big news – the health reform law finally passed along with the long-awaited reauthorization of the Indian Health Care Improvement Act!

The health reform law, or the Affordable Care Act, will benefit American Indians and Alaska Natives by increasing access to quality and affordable healthcare, and by reducing healthcare costs. There are many provisions in the law that impact American Indian and Alaska Native individuals, Tribes, and our IHS facilities.

The reauthorization of the IHICIA is permanent, and modernizes and updates the IHS. This includes new authorities for programs and services that will benefit our communities over the years. There is an entire section of the IHICIA that authorizes new programs and services for prevention and treatment of mental and behavioral health issues, and we are working very hard to implement these provisions.

The IHS is actively participating in the implementation of the Affordable Care Act with the Department of Health and Human Services, and is leading the implementation of the IHICIA. We are very, very busy trying to implement the IHICIA as soon as possible. You can find out the most current information on my Director's blog on the IHS website.

If you want updated information on the health reform law, please visit [www.healthcare.gov](http://www.healthcare.gov), which is an interactive website where individuals can actually find affordable insurance options.

The other part of this priority is how we are reforming the IHS. I gathered input from Tribes and staff last year on their priorities for how we can change and improve the IHS. Tribal priorities included more funding, improving the contract health services program, and improving consultation.

Staff priorities focused on improving the way we do business and how we lead and manage people. As a result, we are working on improving our hiring process and how we do performance management, communication, and financial/budget management.

➤ **Our third priority is to improve the quality of and access to care for patients who are served by IHS.**

Our initial focus in this priority has been customer service. Our patients deserve to be treated in the most kind and respectful manner. We have a long way to go, but I am starting to see some improvements.

We are also expanding our Improving Patient Care, or medical home initiative, to 100 more sites over the next three years. This will help us improve the environment and process of care to focus on making the care experience better and more focused on the patient. I understand that integration of behavioral health into this initiative will be a new focus this year.

I am asking for examples of best practices that we can learn from and share. I think we don't need to reinvent the wheel here – we have some sites in IHS, tribal, or urban Indian health programs that are providing excellent customer service, quality and accessible care. If you have any examples, please send them to [quality@ihs.gov](mailto:quality@ihs.gov).

We have also been meeting with other agencies and departments to work on behavioral health issues. We have met several times with the Department of Interior/Bureau of Indian Affairs/Bureau of Indian Education and are collaborating on a number of issues. We have met also with the Substance Abuse and Mental Health Services Administration (SAMHSA) several times and are working to coordinate and collaborate on our common activities. I met with Secretary Shinseki from the Department of Veteran's Affairs, and behavioral health issues faced by our veterans, such as Post Traumatic Stress Disorder, are among areas identified for collaboration. I have also met with Amnesty International USA, the National Indian Women's Health Resource Committee, and the National Women's Health Advisory Committee Working Group. We also as an agency are working with the Department of Justice to increase resources for victims of sexual assaults in tribal communities, and with SAMHSA, National Institutes of Health, the National Council of Urban Indian Health to address meth abuse and suicide in Indian country. These partnerships are very important as we work to address these challenging issues.

➤ **Our fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.**

To be more transparent and accountable, I have been doing more to communicate what we are doing on all these priorities. In addition, we are updating our website and my Director's corner, which includes my Director's blog, which provides short updates and the most current information. Accountability is also about how we measure performance of our staff and our programs, and we are making improvements in this area as well.

I developed these priorities based on a significant call for change from Tribes, our staff, and patients. The call for change is clear. While most cite the need for more funding for the IHS, it's clear that we also need to improve the way we do business. We are making progress, and I hope you can help us improve in these areas.

In summary, it is clear that the Indian health system needs more resources to meet our mission. We must demonstrate a willingness to change and improve. I know we all agree on the outcomes of these efforts: We need to improve the quality of and access to care for our patients, and we need to improve the health status of our people and eliminate health disparities in our communities.

The work ahead is daunting and the challenges are enormous. But when in our history have we had this opportunity – a supportive President, bipartisan support in Congress, a new and supportive administration, and the call for change from our communities and our patients?

It's clear to me that as we move forward, we must work together to address the behavioral health issues in our communities. Our patients are depending on us. I believe that we have an extraordinary opportunity to make significant strides in improving the health of our people. I hope you all, as

behavioral health leaders in your programs and your communities, can join us in this critical work over the next few years.

Thank you.