



MAY 10 2017

Indian Health Service
Rockville MD 20852

Dear Tribal and Urban Indian Organization Leader:

I am writing to provide updates on several important Indian Health Service (IHS) behavioral health initiatives. This letter outlines the updates by providing background on how IHS formerly delivered services for the Indian Children's Program (ICP), Fetal Alcohol Spectrum Disorders (FASD), and continuing education for behavioral health providers, as well as providing information on how IHS is currently delivering services for those areas. I am also providing information on our partnership with the National Indian Health Board (NIHB) to offer a premier national behavioral health conference.

The ICP was established in 1978 as a collaborative demonstration effort by the Bureau of Indian Affairs (BIA) and the IHS to address the needs of American Indian and Alaska Native (AI/AN) youth with disabilities. Formerly, the IHS had a service contract with the Utah State University, Department of Disabilities, to provide consultative services for disabled children. These services were provided to the Navajo, Hopi, and Pueblos in the Albuquerque, Navajo, and Phoenix Areas.

The IHS also formerly supported FASD research and services, such as psychological and coordinated multi-disciplinary assessments, through the Northwest Portland Area Indian Health Board and the University of Washington to serve Tribes located in the Pacific Northwest.

To expand services for the ICP and FASD, the IHS now delivers training and case consultation through its TeleBehavioral Health Center of Excellence (TBHCE). The TBHCE focuses training on neuro-developmental and social issues facing AI/AN youth diagnosed with autism or FASD. To complement training opportunities and to further support providers in the Indian health system, the TBHCE also provides twice monthly consultation clinics hosted by clinical experts to address FASD and other neuro-developmental clinical issues experienced by AI/AN youth. There is no cost to take the training or receive case consultation for IHS, Tribal, and Urban Indian providers. More information regarding this program and the neuropsychology consultation schedule can be found at: <https://www.ihs.gov/telebehavioral/icp>. I am hopeful you will find these services helpful and will pass along this valuable resource to those working in your health care system.

I also want to take this opportunity to provide an update regarding the National AI/AN Behavioral Health Conference. With the rising cost to administer a national conference, IHS will no longer host an in-person conference. Instead, the IHS has partnered with the NIHB to ensure that an in-person behavioral health conference is offered for AI/AN communities as the premier opportunity to assemble and hear from nationally recognized speakers, behavioral health care providers, Tribal leaders, and health care officials committed to addressing emergent behavioral health topics in Indian Country. The conference will attract presenters and participants from across the country to share their research and promising practices and provide opportunities for professional development, collaboration, and networking. The IHS will continue to provide no cost continuing education for health care providers who attend the behavioral health conference. With this shift, I would also like to make you aware that participants will now pay a registration fee administered by NIHB.

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Finally, IHS will continue to offer continuing education credits to health care providers on behavioral health topics through virtual training, webinars, seminars, and case consultations with clinical experts. Providers may access this training online at www.ihs.gov/telebehavioral.

Thank you for your support and partnership in addressing important behavioral health issues in the communities we serve. For follow up questions regarding these updates, please contact Dr. Beverly Cotton, Director, Division of Behavioral Health, by phone at (301) 443-2038 or by e-mail at beverly.cotton@ihs.gov.

Sincerely,

/Chris Buchanan/

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