



MAR 2 2020

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to provide you with my decision on the funding mechanism to distribute Indian Health Service (IHS) behavioral health initiative funding for the Substance Abuse and Suicide Prevention (SASP) Program, the Domestic Violence Prevention (DVP) Program, and the Zero Suicide Initiative (ZSI). The current grant cycle for the SASP and DVP behavioral health initiatives will end on September 29, 2020; the ZSI will end on October 31, 2020. I am informing you that the IHS will continue utilizing a competitive grant mechanism to distribute behavioral health initiative funding and will continue to use a portion of the funds to carry out national management and administrative activities.

On May 18, 2018, the IHS initiated Tribal Consultation and Urban Confer to seek input from Tribal Leaders and Urban Indian Organization Leaders on the Explanatory Statement of the Consolidated Appropriations Act, 2018, which encourages the IHS to transfer behavioral health initiative funding through Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts, rather than through grants. At the conclusion of the initial comment period, I charged the National Tribal Advisory Committee on Behavioral Health (NTAC) with reviewing the comments and developing recommendations for IHS consideration.

On March 14, 2019, the NTAC provided its recommendations on how to distribute behavioral health funds. By letter dated August 2, 2019, I shared the NTAC's recommendations, and opened a new comment period to seek your review. I want to thank everyone who took the time to review the NTAC's comments and provide your input, comments, and/or recommendations. The IHS received a total of 22 written comments; 15 letters representing the views of (7) Tribes and (8) Tribal Organizations (representing more than 300 Tribes and Tribal Organizations) and (7) letters representing the views of Urban Indian Organizations.

Your input helped us to make a decision that will continue to have national impact. For example, a grant mechanism allows the Agency to identify and target the areas of highest need throughout Indian Country. In addition, by supporting national management and administrative activities, grants support efforts to improve oversight, reporting, and information sharing to external entities, including the Office of Management and Budget and Congress.

As an immediate next step, the IHS Division of Behavioral Health and Division of Grants Management will prepare for the next cohort of behavioral health initiative grants. This includes the publication of the Notice of Funding Opportunities, including anticipated start dates for the next grant cycle in the *Federal Register* this spring.

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Access to the summary report and information on behavioral health initiative funding is available on the IHS Division of Behavioral Health Tribal Consultation and Urban Confer Web site at <https://www.ihs.gov/dbh/consultationandconfer/>.

If you have questions, please contact Tamara James, Ph.D., Acting Director, Division of Behavioral Health, IHS, by e-mail at [tamara.james@ihs.gov](mailto:tamara.james@ihs.gov) or by telephone at (301) 443-1872. Thank you for your continued support and partnership.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA  
Assistant Surgeon General, U.S. Public Health Service  
Principal Deputy Director

Enclosure: Tribal Consultation and Urban Confer Input Summary and Recommendations by the IHS National Tribal Advisory Committee on Behavioral Health