Indian Health Service

National Behavioral Health Conference

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Welcoming Remarks

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service. It is a real pleasure to welcome you to the 10th Annual IHS National Behavioral Health Conference.

I would like to start by saying how much I appreciate the hard work and dedication of all our IHS, tribal, and urban Indian behavioral health staff. Your contributions and accomplishments are a huge part of our efforts to improve the health and wellbeing of American Indian and Alaska Native people and communities.

Looking over the agenda, I see that this conference is covering a range of current and emerging behavioral health issues in Indian Country, including domestic and sexual violence prevention, suicide prevention, trauma-informed care, and prevention and treatment for substance abuse and co-occurring disorders.

These are all issues of immense importance to the health and wellness of our people, and certainly a vital part of our IHS reform efforts. Thank you so much to everyone who helped make this conference possible. I am grateful for the great work of the IHS Division of Behavioral Health staff, and especially for the outstanding leadership of their Director, Dr. Rose Weahkee.

As many of you know, we have set four priorities to guide our work as we change and improve the Indian Health Service. They are:

- To renew and strengthen our partnership with Tribes;
- To bring reform to IHS;
- To improve the quality of and access to care for patients who are served by IHS; and
- To have everything we do be as transparent, accountable, fair, and inclusive as possible.

The first priority, to renew and strengthen our partnership with Tribes, indicates the importance of tribal consultation, and directly relates to the theme of this conference, *Mobilizing Partnerships to Promote Wellness*. I have stated many times that the only way we are going to improve the health of our communities is to work in partnership with them. We have many ongoing

consultation activities, including workgroups, committees, tribal delegation meetings, and our Tribal Consultation Summits, which are our "one-stop shops" where Tribes can learn about all of our consultation activities in one place. I am grateful for our partnership with the National Tribal Advisory Committee on Behavioral Health and the Behavioral Health Workgroup.

We know from these consultation activities with Tribes that behavioral health is a top priority. The 29% overall increase in the IHS budget since 2009 includes a 19% increase in mental health funding and continued funding for the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI). Every penny of these resources is critical to the work that you do, and we are always doing what we can to get the support that you need.

Our second priority, to reform the IHS, includes our collaborations with our federal partners and our consultations with Tribes. We are working together to improve the health of American Indian and Alaska Native communities in the context of new authorities, such as the reauthorization of the Indian Health Care Improvement Act in the Affordable Care Act and the passage of the Tribal Law and Order Act. We believe that programs that are collaborative, community-driven, and nationally supported offer the most promising potential for long-term success.

Our third priority is to improve the quality of and access to care for the patients we serve. Behavioral health activities are a vital part of our work on this priority. Improving the quality of and access to treatment and prevention services for suicide, substance abuse, and domestic and sexual violence prevention services is critical to improving the health and wellbeing of American Indian and Alaska Native people. We have many activities that are helping us make improvements in these areas. This conference will help us share what we are doing to address these issues, and helps us with our fourth priority, to make our work transparent, accountable, fair and inclusive.

In terms of the problem of suicide, I believe the prevention work we are doing to address the rising number of suicides, especially among our young people, will have a positive and lasting impact for future generations. We are working to incorporate culture into prevention activities aimed at building resilience among our youth, since we recognize that increasing protective factors is just as important, if not more important, than reducing risk factors among our people. These efforts can truly mean the difference between life and death.

At our last national behavioral health conference in 2011, we launched the Behavioral Health and Suicide Prevention Strategic Plans. These plans are intended to provide a framework for the development of action plans to support their strategic objectives. I know that the work you are doing each day helps us take action on these important strategic plans.

In 2012, we are continuing to collaborate with our federal and tribal partners in the implementation of the Strategic Plans.

The IHS is a member of the National Action Alliance for Suicide Prevention, and I serve as co-chair of the American Indian and Alaska Native task force. The National Action Alliance for Suicide Prevention promotes planning, implementation, and accountability for updating and advancing the National Strategy for Suicide Prevention.

The Action Summits for Suicide Prevention that were held last August and October brought together federal leaders from several HHS agencies and the Department of the Interior who are committed to working in partnership on this devastating problem in Indian Country. There were over 1,200 attendees, which indicates the level of concern and support that suicide prevention has in our communities and agencies. We attribute the great success of the Action Summits to the hard work and collaboration of all of you who helped plan, participate, and otherwise support the Summits. I hope those of you who attended were able to bring back to your program new and innovative ideas, and were inspired to do more by the amazing work of your colleagues.

The IHS Methamphetamine and Suicide Prevention and Domestic Violence Prevention Initiatives are also an important part of our efforts to address behavioral health issues in Indian Country. I would like to thank all of you who have been involved in these initiatives for your hard work and your many accomplishments. And thank you for participating in this conference and sharing your success stories and lessons learned.

The MSPI supports 125 IHS, tribal, and urban Indian methamphetamine and suicide prevention, intervention, and aftercare programs that are culturally appropriate and community-driven. This Initiative reported some impressive accomplishments for 2011, including the participation of more than 78,000 Native youth in prevention or intervention programs, the training of more than 3,900 health care providers and community members in suicide crisis response, and more than 1,500 individuals entering treatment for a methamphetamine disorder. Thank you for your outstanding work.

The DVPI supports 65 IHS, tribal, and urban Indian projects that promote culturally appropriate prevention and treatment models designed to eradicate domestic and sexual violence from our communities. In 2011, this Initiative resulted in over 37,000 screenings for domestic violence, over 4,700 referrals for domestic violence services, nearly 1,500 individuals receiving crisis intervention services, more than 3,000 individuals receiving counseling services, and more than 18,000 community members being reached through community awareness and education events. And as a result of effective Sexual Assault Response Teams, a total of 160 sexual assault forensic evidence collection kits were submitted to federal, state, and tribal law enforcement. Thank you for your outstanding work as well.

We are continuing this momentum in 2012 with regional sexual assault response, sexual assault examiner, and clinical skills training. These training sessions will help IHS, tribal, and urban Indian health care providers gain the knowledge and proficiency they need to provide high-quality sexual assault medical forensic examination services.

The Indian Health Service is also committed to addressing violence against Indian women through a comprehensive multidisciplinary response to domestic and sexual violence that includes behavioral health services.

The first IHS Sexual Assault Policy was established on March 23, 2011. The policy establishes a uniform standard of care for sexual assault victims seeking clinical services in IHS-operated hospitals. We are also working to make sure that patients have access to the medicines that they need.

The IHS and the Department of Justice have entered into a partnership involving the FBI and the Department of the Interior. This partnership, entitled the American Indian and Alaska Native SANE-SART Initiative, will address the needs of sexual assault victims in Indian Country using a multidisciplinary approach.

Congress took an important step to address the law enforcement side of domestic violence and sexual assault with the passage of the Tribal Law and Order Act of 2010.

The Act includes an emphasis on decreasing violence in Native communities, and is one of many steps this Administration has taken in its strong support of addressing the challenges faced by Indian Country. The Act also expands the number of federal agencies that are required to coordinate efforts on alcohol and substance abuse issues.

The new possibilities for behavioral health efforts brought about by the passage of this important legislation, along with the permanent reauthorization of the Indian Health Care Improvement Act, have significant implications for improving the health and well-being of tribal communities.

This year at this meeting, we want to acknowledge the significant progress made on these very important health issues. This progress is a result of your hard work and commitment. We also want to build upon and improve behavioral health promotion efforts by mobilizing and leveraging new and existing partnerships. The behavioral health and programmatic challenges that we continue to face call for a renewed spirit of cooperation, collaboration, and innovation as we continue to work on these important issues. We need and appreciate all of your support and partnerships.

I know that the work that you do every day is rewarding, challenging, and often heartbreaking. There are no quick fixes, and time and resources are limited. However, I am so grateful for all that you do to improve the health of the patients, families, and communities we serve.

In summary, it is clear we have accomplished much in partnership on behavioral health issues, but we all know we have much more to do. The agenda is filled with so much great work and progress – I am proud of all that you are doing for Indian country. I sincerely hope you enjoy the conference and find the information it offers to be helpful in the important work that you do each and every day. Thank you.