

January 14, 2026

Clayton Fulton
Chief of Staff
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

RE: Extending Self-Governance Authority for Behavioral Health Funding at IHS

Dear Mr. Fulton,

On behalf of the Indian Health Service (IHS) National Tribal Advisory Committee on Behavioral Health (NTAC), I would like to thank you for our most recent quarterly meeting and for your ongoing commitment to improving behavioral health services across Indian Country. I write today as a follow-up to that meeting and to continue our dialogue on the transition of IHS' behavioral health funding from a grant-based to a direct funding model. As we have previously communicated, IHS' current behavioral health grants are inefficient and do not provide Tribes and Tribal organizations the opportunity to redesign programs, effectively leverage resources, or enjoy the other authorities granted to us under the Indian Self-Determination and Education Assistance Act of 1975 (ISDEAA). While IHS has decided to maintain grant-based distribution models for its seven behavioral health initiatives during the current cycle, NTAC strongly urges continued dialogue on transitioning to a direct funding methodology upon the conclusion of the five-year grant cycle.

The Impact of the ISDEAA

The passage of the ISDEAA marked a watershed moment in US-Tribal relations, granting Tribes greater autonomy over federally funded services such as education, law enforcement, and health care. The Act enabled Tribes to contract directly with federal agencies and negotiate self-governance compacts, empowering Tribal communities to shape their own futures. Under ISDEAA, Tribes have pursued innovative solutions to healthcare management and delivery, improving outcomes for our communities. Today, many Tribes and Tribal organizations now lead in healthcare innovation, adopting integrated care models that combine primary care, dental, behavioral health, and opioid treatment programs.

Across Indian Country, Tribes have proven time and again that self-governance is the most effective use of funding and resources to meet each Tribe's specific needs. Tribal self-governance has consistently proven to be one of the most effective federal policies for promoting efficiency, improving service quality, and reducing bureaucracy in the delivery of health and human services to American Indian and Alaska Native people. For decades, Tribes have demonstrated the capacity to manage and tailor programs in culturally appropriate ways that are responsive to community needs.

Problems with Current Behavioral Health Funding Mechanisms

Currently, IHS behavioral health-specific funding uses a competitive grant distribution methodology across seven initiatives, which include the Suicide Prevention, Intervention, and

Postvention (SPIP); Substance Abuse, Prevention, Treatment and Aftercare (SAPTA); Domestic Violence Prevention (DVP); Forensic Health Care Services (FHC); Zero Suicide Initiative (ZSI); Behavioral Health Integration Initiative (BH2I); and Youth Regional Treatment Centers Aftercare Pilot (YRTC). The distribution methodology and inefficiencies that result from competitive grant funding are an ongoing conversation topic between the NTAC and the IHS DBH. Grant funding, by design, does not provide Tribes and Tribal organizations with the opportunity to redesign programs or fully leverage resources under ISDEAA. Often, smaller Tribes and Tribal organizations lack the infrastructure to apply for, manage, and report on grants, leaving those Tribes unable to participate despite demonstrated need. Burdensome grant reporting requirements often prevent Tribes and Tribal organizations from applying for grant funding because those opportunities require more costs for grant reporting than program grant provides to implement the services.

The ongoing conversation between the NTAC and IHS DBH led IHS to initiate Tribal consultation on the funding mechanisms for the seven listed grants. Upon the conclusion of the Tribal consultation and comment period, the IHS informed Tribal leaders that it would continue to distribute behavioral health funding through a competitive grant process. Despite the IHS' decision to maintain grant-based distribution models, the IHS NTAC maintains that the IHS should transition its behavioral health funding to a direct funding formula methodology upon the conclusion of the five-year grant cycle. We urge IHS to work with NTAC and Tribal leaders to develop a clear plan for implementing direct funding for behavioral health programs at the conclusion of the current grant cycle. Doing so will honor Tribal sovereignty, improve service delivery, advance the shared goal of healthier Tribal communities, and ensure a more efficient use of federal appropriations.

Conclusion

We believe that transitioning behavioral health funding from a competitive grant model to direct funding under ISDEAA is essential to honoring Tribal sovereignty and ensuring equitable access to care. This change will empower Tribes to design and implement programs that reflect the unique needs of their communities, reduce administrative burdens, and maximize the impact of federal resources. NTAC stands ready to collaborate with IHS in developing a clear roadmap for this transition and looks forward to working together to achieve a system that truly supports the health and well-being of all Tribal Nations.

Chin'an,



April Kyle

Tribal Co-Chairperson

National Tribal Advisory Committee on Behavioral Health

CC: Dr. Glorinda Segay, Division of Behavioral Health, IHS