

April 20, 2026

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

Re: IHS NTAC Quarterly Meeting Follow-Up Requests and Recommendations

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.

Strengthening NTAC Effectiveness

Thank you for your request to NTAC for strategic recommendations to improve the effectiveness of this body. In consideration of that request, the NTAC recommends formalizing the agenda-setting process for quarterly meetings. Over the past several months, NTAC, NIHB, and the IHS DBH collaborated to improve agenda-setting to better structure NTAC meetings. The NTAC recommends:

1. IHS DBH sends an email to NTAC Representatives seeking agenda items for the next meeting, one week after each meeting. All proposed agenda items must be submitted by NTAC Representatives 60 days before the next meeting.
2. IHS DBH circulates the proposed agenda 30 days before each meeting.
3. IHS DBH circulates meeting materials 20 days before each meeting, and
4. IHS DBH re-circulates meeting materials the day after each meeting.
5. IHS DBH circulates meeting minutes when complete

The NTAC recommends that IHS continue to proactively schedule NTAC meeting dates for the coming calendar year during the Q4 NTAC meeting of the prior year. During the 2025 Q4 meeting, the NTAC worked with IHS to proactively schedule 2026 quarterly meetings. While we ultimately finalized the 2026 schedule during our most recent meeting, the forethought to set meeting dates is greatly appreciated. Having set meeting dates will allow NTAC members to better plan for meeting attendance and ensure active participation for future meetings.

Additionally, we recommend that IHS DBH provide written updates\ to the NTAC before the meeting. We appreciate that IHS provides verbal remarks during our meetings, as those sometimes provide us with valuable programmatic updates. However, solely verbal remarks are often hard to follow. Receiving written meeting materials before each meeting will allow NTAC members to prepare better and come ready to offer substantive feedback to IHS. Written materials can also be more easily referenced and distributed across Indian Country, which is critical as we work to educate our communities on IHS behavioral health programs.

Request for Consultation on Indian Health Manual Updates

The NTAC thanks you for the remarks provided on IHS' updates to Part 3, Chapters 14 and 18 of the Indian Health Manual. This work is particularly significant, as both chapters were last updated more than 30 years ago and have substantial implications for Tribal behavioral health. As we initially requested in our September 9, 2025, letter, the IHS NTAC formally requested Tribal consultation on IHS' updates to the IHM. To our recollection, the IHS has yet to respond to our request formally. Meaningful consultation should be iterative and ongoing to ensure a truly collaborative approach to these updates. NTAC urges IHS to refrain from advancing revisions to the Indian Health Manual without Tribal consultation. IHS must initiate consultation as soon as possible to provide Tribes with an adequate opportunity to offer feedback and guidance early in the drafting process.

Direct Funding Methodology for IHS Behavioral Health Grants

As you noted in your March 19, 2026, letter, and to clarify, the NTAC urges the IHS to work with NTAC and Tribal leaders to develop a clear plan for implementing direct funding for behavioral health program awardees 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. Currently, IHS behavioral health-specific funding uses a competitive grant distribution methodology across seven initiatives. This distribution methodology and the inefficiencies that result from competitive grant funding are ongoing topics of conversation 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 the Indian Self-Determination and Education Assistance Act.

We appreciate your commitment to working collaboratively with us to develop that plan as the agency continues to support Tribal sovereignty and sustain programs that are responsive to the needs of our communities. To ensure continued progress, the NTAC respectfully requests that the IHS DBH provide a written proposal outlining next steps for a follow-up conversation. This proposal should, at a minimum, describe proposed objectives, key discussion topics, anticipated timelines, and the roles of the IHS DBH, NTAC, and Tribal nations in advancing a transition toward direct funding mechanisms.

Conclusion

The NTAC appreciates your commitment and focus on improving behavioral health services across Indian Country. We look forward to your continued partnership in fulfilling the federal government's trust and treaty responsibilities. We look forward to your response and continued engagement on the matters discussed in this letter.

Chin'an,



April Kyle

Tribal Co-Chairperson

National Tribal Advisory Committee on Behavioral Health

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