National Tribal Advisory Committee on Behavioral Health New Member Orientation Guide

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Welcome from Dr. Roubideaux, IHS Director

Dear New NTAC Members:

I am writing to extend my personal welcome in this orientation guide for the National Tribal Advisory Committee on Behavioral Health (NTAC).

I sincerely appreciate your willingness to contribute your time and expertise in representing the people of your region and assisting the Indian Health Service (IHS) in fulfilling its responsibility to consult with Tribes on matters of behavioral health. I look forward to our continued partnership with the NTAC to improve the behavioral health status of American Indians and Alaska Natives.

Sincerely,

Yvette Roubideaux, MD, MPH
Director, Indian Health Service

Committee Mission & Role

The mission of NTAC is to:

1. Enhance the government-to-government relationship between IHS and American Indian and Alaska Native (AI/AN) Tribal governments; and

2. Advise the IHS Division of Behavioral Health (DBH) in improving programming and service delivery throughout the Indian Health System and setting national priorities in behavioral health.

NTAC has a unique role in providing ongoing input from Tribal leaders to the IHS DBH in the development and implementation of behavioral health care for approximately 2 million AI/ANs. NTAC acts as an advisory body to DBH and to the IHS Director, with the aim of providing guidance and recommendations on programmatic issues that affect the delivery of behavioral health care for AI/ANs.

NTAC's goal is to offer guidance to DBH and the IHS Director in the development of behavioral health care services throughout the network of IHS, Tribal, and Urban health programs that makes up the current Indian Health System. A second goal is to ensure that the behavioral health services provided throughout the Indian Health System are as integrated, widely available, and as culturally appropriate as possible.

NTAC Membership

NTAC is composed of a representative and an alternate from each IHS Area. Members are nominated by IHS Area Directors in discussion with Tribal leaders, and all nominees must be elected Tribal leaders or a designee selected by Tribal leaders. Nominations are forwarded to the IHS Director to be appointed to serve on the committee.

Representatives (both primary representatives and alternates) serve on NTAC through the end of their term of elected Tribal office, or a maximum of 4 years. Members and alternates who are still serving in an elected Tribal office can be re-nominated and re-appointed when their initial term expires.

Enhancing the Government-to-Government Relationship in Behavioral Health Care Delivery

Tribal consultation is especially important in the area of health policy because of the Federal government's historical and unique legal relationship with Indian Tribes. The trust relationship between the Federal government and AI/AN Tribes, established by the U.S. Constitution and multiple treaties, requires Federal delivery of health services and funding of programs to maintain and improve the health of AI/ANs. The trust responsibility to uphold treaty obligations for AI/AN health care is fulfilled by the IHS in two ways: by consultation with Tribes, followed by active advocacy for policy, legislative, and budgetary planning for AI/AN health care based on the guidance and input from Tribal consultation.

Virtually every Federal agency has an established policy requiring consultation with Tribal governments on any Federal policies that have Tribal implications. In addition, the Federal government's active commitment to a government-to-government relationship with Tribal governments, including consultation on all relevant policy making, was restated in the Presidential Memorandum issued by President Obama on November 5, 2009.

As a body of Tribal leaders, NTAC enhances the government-to-government relationship between IHS and Tribal governments by offering a channel for ongoing discussion, consultation, and collaboration on issues related to behavioral health care delivery in Indian Country. NTAC plays this key role in government-to-government consultation, in addition to their concurrent responsibility to act in an advisory capacity to the DBH in identifying evolving behavioral health issues and barriers to access in the delivery of services to AI/ANs.

Other Federal Committees

Since it was empanelled in 2008, NTAC has worked in collaboration with various other Federal committees. These committees are described below.

Behavioral Health Work Group (BHWG)

The BHWG is a technical advisory committee of AI/AN behavioral health experts from all 12 IHS Areas who work primarily in Tribal and Urban clinical settings. The BHWG provides technical support for the NTAC, including in-depth analysis of behavioral health clinical issues, program development and management, and service delivery issues in the field. BHWG members act as the subject matter experts to the NTAC, and the two committees have collaborated extensively on recommendations to the IHS regarding behavioral health care programming, funding allocation, and service delivery in Indian Country. Recently, NTAC and the BHWG developed and finalized recommendations for the two 2011-2015 national strategic plans that address suicide and behavioral health in Indian Country.

AI/AN Task Force of the National Action Alliance for Suicide Prevention

The National Action Alliance for Suicide Prevention (the Action Alliance) is a public-private partnership charged with advancing awareness, prevention, collaboration, and research on suicide prevention at the highest national levels.

The American Indian/Alaska Native Task Force is one of several Action Alliance task forces to address the needs of populations known to be at higher risk for suicide. Members of the AI/AN Task Force include representatives from government and national health agencies, representatives of Tribal governments and Tribal health programs, and Native youth leaders. IHS Director Yvette Roubideaux serves as co-lead of the AI/AN Task Force.

As the point of national collaboration on AI/AN suicide prevention, the Task Force fills the role once occupied by the Suicide Prevention Committee (SPC), a committee that played a leading role in drafting *The AI/AN National Suicide Prevention Strategic Plan (2011-2015)* in cooperation with NTAC and the BHWG. The SPC was discontinued in 2012.

SAMSHA Tribal Technical Advisory Committee (TTAC)

The TTAC is an advisory committee to the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide Tribal input and consultation on SAMSHA programs and substance abuse and mental health needs in Indian Country. TTAC members are elected Tribal leaders or their appointed designees from each of the 12 geographic Areas designated by IHS, plus 2 representatives from that National Congress of American Indians (NCAI) and the National Indian Health Board (NIHB).

TTAC's work is relevant for NTAC because many SAMHSA programs address behavioral health issues in Indian Country.

CMS Tribal Technical Advisory Group (TTAG)

The TTAG is an advisory committee to the Centers for Medicare & Medicaid Services (CMS) on health care matters related to Medicare, Medicaid, and the State Children's Health Insurance Programs. TTAG members are elected Tribal leaders or appointed representatives from each of the 12 IHS Areas, along with representatives from four Washington, DC-based advocacy organizations: Tribal Self-Governance Advisory Committee (TSGAC), National Council of Urban Indian Health (NCUIH), NIHB, and NCAI.

TTAG's work is relevant for NTAC because Medicaid and Medicare are critical funding resources for AI/AN behavioral health care.

Tribal Advisory Workgroup on Consultation (TAWC)

This IHS workgroup is charged with working in partnership with the IHS Director to recommend improvements on IHS Tribal Consultation process to make it more meaningful, effective, and accountable. TAWC also reviews progress on consultation efforts and provides the Director with guidance on general consultation issues.

TAWC's work is related to NTAC because NTAC's mission is to serve as a channel for effective and meaningful consultation that enhances the overall government-to-government relationship between IHS and Tribal governments.

Committee History

The 2001 Omnibus Appropriations Act, known as the "Stevens Bill," provided $30 million to the IHS budget to address alcohol and substance abuse, half dedicated to efforts in Alaska and half allocated to efforts in the lower 48 States. In 2002, the IHS empanelled a national Alcohol and Substance Abuse Workgroup composed of Tribal leaders, urban program directors, and IHS Area alcohol coordinators to assess new directions for alcohol and substance abuse concerns through a Tribal consultation process. This group developed the *IHS Alcohol and Substance Abuse National 5-Year Strategic Plan* and created a Fund Distribution Formula for the allocation of Stevens Bill funding to Tribes and urban health programs in the lower 48 States.

In 2005, IHS formalized its focus on holistically addressing the health and wellness of AI/AN communities when it announced the Behavioral Health Initiative. This initiative concentrated on the strength and resilience of AI/AN communities and began the process of integrating alcohol and substance issues into the broader field of behavioral health, a concept that recognizes the pivotal role of human behavior in influencing the health and wellbeing of individuals, families, and communities. Along with alcohol and substance abuse, behavioral health includes domestic violence and sexual assault treatment and prevention, mental health services and suicide prevention, and prevention and treatment for other behavior-related conditions such as diabetes, heart disease, and maternal and child health.

At the same time, at the 2005 and 2006 IHS Behavioral Health Conferences, the Alcohol and Substance Abuse Work Group met with the IHS Director and other key personnel regarding recommendations to revise and expand the previous *Alcohol and Substance Abuse National 5-year Strategic Plan* to include co-occurring conditions related to mental health and other health concerns. The end result was the formation of the Behavioral Health Work Group in 2007, recruiting new members and retaining previous Alcohol and Substance Abuse Work Group members who were interested in continuing to serve on a new committee.

In this context, NTAC was formed in 2008 to assist specifically with the tribal consultation aspect of behavioral health policy and programming, so that IHS and Tribal governments would have an official channel to consult about the governmental impacts of behavioral health programming and Tribal communities' behavioral health care needs. In conjunction with NTAC's policy and advocacy focus, the BHWG provides subject matter expertise on behavioral health programming and needs. Since NTAC's formation, NTAC and BHWG have worked in close cooperation on a variety of issues, most notably the development of two national strategic plans on behavioral health and suicide prevention.

Current Issues

Several current and emerging issues promise to shape the agenda of the NTAC, including the implementation of the national strategic plans, monitoring the implications of national health care reform, and DBH's current behavioral health initiatives.

National Strategic Plans and Plan Implementation

In 2011, two national strategic plans—the products of multiple years' work on the part of NTAC, the BHWG, the SPC, and IHS DBH—were finalized and released. These plans were created and revised with extensive input from across the nation. Both plans were made available for review by wide audiences of Tribal leaders and behavioral health professionals several times throughout their development.

The AI/AN National Behavioral Health Strategic Plan (2011-2015) addresses multiple areas of behavioral health, including alcohol and substance abuse, suicide, and domestic violence and sexual assault. It proposes three strategic directions that aim to strengthen behavioral health programming throughout the Indian Health System and to support cultural renewal and wellness among Tribal communities.

Drafted by the SPC and developed by the NTAC and the BHWG, *The AI/AN National Suicide Prevention Strategic Plan (2011-2015)* specifically addresses the tragedy of suicide in AI/AN communities. The plan proposes strategic directions and action steps to deliver effective prevention, postvention, treatment, and awareness about suicide in Indian Country and to further develop the epidemiology on suicide and suicidal behaviors across the Indian Health System.

In conjunction with the 2011 review and approval of these plans by IHS, NTAC has expressed an interest in developing accountability processes and benchmark measures to ensure the timely and effective implementation of both strategic plans.

Health Care Reform Implementation

In 2010, Congress passed the Patient Protection and Affordable Care Act (ACA), a substantial piece of health reform legislation that included the Indian Health Care Improvement Reauthorization and Extension Act (IHCIA). Over the years scheduled for the ACA's implementation, many policy changes will affect AI/AN individuals and communities directly and indirectly.

Specifically related to behavioral health, IHCIA's Title VII directs IHS to establish a comprehensive behavioral health plan for all ages of the AI/AN population. Other sections of the IHCIA address domestic violence and sexual assault, suicide prevention (with a focus on youth), prevention and intervention for childhood sexual abuse, and behavioral health research. More generally, changes in reimbursement for Medicare and Medicaid have the potential to drastically affect the availability of behavioral health care and other services for the many AI/ANs who depend on these programs for health care access.

Methamphetamine & Suicide Prevention Initiative (MSPI)

MSPI is a congressionally appropriated, nationally coordinated demonstration program that provides targeted methamphetamine and suicide prevention and intervention resources to communities in Indian Country with the greatest need. The $16.391 million annual appropriation, initiated in 2010, currently supports 125 pilot projects to promote the development of innovative evidence-based and practice-based models created and managed by communities themselves. These projects are also connected to the national network of MSPI grant recipients to share program, service, and evaluation information.

NTAC has an interest in the outcomes of the MSPI program and how they may affect national strategic directions for substance abuse and suicide prevention, as well as the implementation of the national strategic plans.

Domestic Violence Prevention Initiative (DVPI)

DVPI supports pilot projects in AI/AN communities addressing domestic violence and sexual assault response and advocacy. The $10 million annual appropriation, initially allocated in 2010, supports 65 pilot projects throughout Indian Country in IHS, Tribal, and Urban facilities. The 2012 funds decreased to $9.4 million after the rescission and Urban grants were eliminated. With these funds, the IHS is expanding its outreach advocacy programs into Native communities, expanding the Domestic Violence and Sexual Assault pilot projects and providing funding for training and the purchase of forensic equipment to support the Sexual Assault Nurse Examiner (SANE) and Sexual Assault Forensic Examiner (SAFE) programs. The awarded projects will report program data and evidence-based outcome measures.

Introduction to IHS DBH Key Personnel

Dr. Rose Weahkee is the Director of the DBH and provides oversight and direction for all of the Division's activities and programs.

Mr. Mose Herne is a health science administrator and the Acting Deputy Director of the DBH. He is DBH's "data czar" and specializes in health data and data collection with the Indian Health System.

Ms. Cheryl Peterson serves as the Behavioral Health Liaison to NTAC and the BHWG. Ms. Peterson is the primary liaison between NTAC and the IHS DBH, ensuring effective communication between the two groups and keeping NTAC informed about IHS initiatives and priorities. Ms. Peterson attends all NTAC meetings and is responsible for producing a written summary of each meeting and conference call for the review and approval of NTAC leadership, in order to create an official record of the committee's activities and decisions. She also facilitates communication and cooperation between NTAC and the BWHG.

Ms. Raven Murray is the Project Officer for the contract that supports the activities of NTAC. Ms. Murray assists with logistical needs such as meeting and event planning, and she oversees the Federal contractor that works to support NTAC's meetings and other activities. *(See "IHS Support for Committees" below for more information on the supporting role of contract staff.)*

IHS Behavioral Health Program Areas

IHS DBH has defined four key program areas in behavioral health care: Alcohol and Substance Abuse; Mental Health and Suicide Prevention; Family, School, and Community Protection; and Information Management Systems. These areas are supported by extensive programming and a yearly budget of Federal funds.

These program areas are presented to NTAC members to describe the current structure of IHS DBH programming. Along with offering input on the effectiveness of these existing behavioral health programs, NTAC members are also tasked with reporting the behavioral health priorities for their Tribal communities and identifying evolving behavioral health issues, trends, and interests, as well as working to set behavioral health priorities for the future.

ALCOHOL AND SUBSTANCE ABUSE

The Alcohol and Substance Abuse Program Area covers the entire spectrum of alcohol and substance use disorders, from awareness and identification to recovery. This program area includes alcohol and substance abuse prevention, education services, and treatment in rural and urban community settings.

Over the last 15 years, many alcohol and substance abuse programs have transitioned from IHS management to local community control via Tribal contracting and compacting. In FY 2010, the majority of alcohol and substance abuse programs in the Indian Health System were Tribally managed. To support this shift, IHS is transitioning from a direct service role to direct service support, in order to enable communities to plan, develop, and implement their own culturally informed programming.

MENTAL HEALTH AND SUICIDE PREVENTION

The Mental Health/Social Services (MH/SS) program is a community-based clinical and preventive service program that provides outpatient mental health counseling and access to co-occurring disorder services (concurrent mental health and substance abuse diagnoses), mental health crisis response and triage, case management services, community-based prevention programming, and outreach and health education activities.

As with other aspects of behavioral health care, the IHS is encouraging the integration of mental health screening and awareness into primary care, so that health care providers of all kinds can assist in identification of and care for mental health issues, including referrals where appropriate.

FAMILY/SCHOOL/COMMUNITY PROTECTION

The Family, School, and Community Protection Program Area is a newly defined IHS DBH program area that encompasses many aspects of family and community safety. It includes awareness, intervention, prevention, and treatment for domestic violence and child abuse. It also includes safety issues in the broader community, such as sexual assault and bullying awareness and prevention.

INFORMATION MANAGEMENT SYSTEMS

The Information Management Systems Program Area includes the administrative systems that underlie programming and care delivery. It covers all IHS data systems and records, including IHS' national electronic health record and data such as national figures for how many users receive behavioral health care within the Indian Health System and how many are screened for behavioral health issues.

This area also includes RPMS (Resource and Patient Management System), a national, decentralized electronic data system clinics and other health care facilities can use to track health care information, including behavioral health care using the Behavioral Health System (BHS) module.

IHS Support for Committees

NTAC's activities are supported by a Federal contract. Kauffman & Associates, Inc. (KAI) is the contractor that has supported this project since 2009.

KAI supports NTAC's activities in a variety of ways. KAI provides professional meeting facilitation, event planning, and agenda preparation in consultation with NTAC leadership. KAI also assists in the development of meeting materials and other documents, working closely with NTAC members and IHS staff to create materials according to their specifications. Past materials development has included document drafting and design for national behavioral health strategic plans, the creation of Web sites for nationwide review and feedback by Tribal leaders on draft documents, and the design of an online clearinghouse for behavioral health resources. NTAC members should feel free to request support and assistance from KAI's associates for their committee work.

TRAVEL

Travel, lodging, meals and incidental expenses, and ground transportation are covered for NTAC members to participate in NTAC meetings and events. Covered and reimbursable expenses can include the following.

Airfare	One pre-paid, nonrefundable, round-trip coach ticket is covered per member per event.
Hotel lodging	Pre-paid reservations are made for the nights necessary for participation in NTAC events. Lodging is covered at the GSA-approved rate for single-occupancy rooms.
Meals and incidentals expense (M&IE) reimbursement	M&IE reimbursement is based on the government-allowable per diem rate for the area to which members are traveling. No receipts are required for per diem expenses.
Ground transportation reimbursement	Personal car mileage at the rate of $0.50 per mile, based on the most direct route. The reimbursement amount cannot exceed the cost of airline ticket. No receipts are required.
Public transportation reimbursement	Members must submit receipts for travel on public transportation (e.g., bus, metro, shuttle, taxi) to be reimbursed. Tips for taxi or shuttle rides are not reimbursed as part of ground transportation expenses. Tips are incidental expenses (covered in M&IE). Reimbursement generally covers ground transportation on days of travel to and from a member's home airport and any overnight parking, not to exceed $100.00.

NTAC members will receive additional information on travel arrangements and expense reimbursements in conjunction with specific events. In general, requests for reimbursement must be submitted 10 business days after a meeting, and reimbursements will be provided within 30 days following the receipt of a completed expense reimbursement form.

Appendices

NTAC Charter

The NTAC charter is available upon request. The charter (4 pages) provides a full description of NTAC's mission statement, scope, activities, membership, and meetings.

Past Committee Minutes

NTAC meeting and teleconference minutes from 2010 onward are available.

- NTAC/BHWG Leadership Meeting 1/12/2010
- NTAC Teleconference #1 1/19/2010
- NTAC Teleconference #2 2/1/2010
- NTAC Face-to-Face Meeting #1 3/12/2010
- NTAC Face-to-Face Meeting #2 5/21/2010
- NTAC Teleconference #3 6/4/2010
- NTAC Face-to-Face Meeting #3 8/27/2010
- NTAC/BHWG Teleconference #4 9/13/2010
- NTAC/BHWG Joint Meeting 12/9/2010
- NTAC Teleconference Discussion 3/8/2011
- NTAC Teleconference #5 4/12/2011
- NTAC Face-to-Face Meeting #4 8/1/2011

GLOSSARY OF TERMS AND ACRONYMS

AAAHC Accreditation Association for Ambulatory Health Care, a national accreditation organization for ambulatory health care facilities.

ACA Patient Protection and Affordable Care Act of 2010

AI/AN American Indian/Alaska Native

ANA Administration for Native Americans, under the Administration for Children and Families, Department of Health and Human Services.

AODA Alcohol and other drug abuse

Area A defined geographic region for IHS administrative purposes. Each Area Office administers several Service Units.

ASA Alcohol and Substance Abuse, a term often used in Federal agencies. It covers all forms of chemical and substance abuse, along with alcohol abuse and alcoholism.

ASAP IHS Alcoholism and Substance Abuse Prevention Program

ASBI Alcohol Screening and Brief Intervention, an alcohol intervention that can be used at the primary-care level.

ASIST Applied Suicide Intervention Skills Training, a suicide prevention curriculum.

ATHS Alaska Tribal Health System, a voluntary affiliation of over 30 Tribes, Tribal organizations, and regional health corporations providing health services to AI/ANs in Alaska through a self-governance compact with IHS.

BH Behavioral health

BHA Behavioral Health Aide (Alaska)

BHWG IHS Behavioral Health Work Group

BIA Bureau of Indian Affairs, under the Department of the Interior.

BIE Bureau of Indian Education, under the Bureau of Indian Affairs.

CARF Commission on Accreditation of Rehabilitation Facilities, a national accreditation organization for rehabilitation facilities.

CBT Cognitive behavioral therapy; a form of therapy based on systematically addressing patterns of thinking to influence behaviors.

CDC Centers for Disease Control and Prevention, under the Department of Health and Human Services.

CHA/Ps Community Health Aides/Community Health Practitioners (Alaska)

CHR Community Health Representatives, paraprofessional health care providers who are familiar with dialects and unique cultural aspects of their patients' lives.

CHS Contract Health Services, services not available directly from IHS or Tribes that are purchased under contract from community hospitals and practitioners.

CMHS Center for Mental Health Services, under SAMHSA.

CMHS BG Community mental health services block grant, a block grant offered to States and Tribes to provide community-based supports for persons with mental illnesses or emotional disorders.

CMS	Centers for Medicare & Medicaid Services, under the Department of Health and Human Services.
CMS TTAG	CMS's Tribal Technical Advisory Group
Combined Councils	IHS National Combined Councils, advisory groups on multiple topics that provide input to the IHS Director.
Co-occurring Disorders	Concurrent mental health and substance abuse disorders in the same patient. Treatment for co-occurring disorders is designed to address mental health and substance abuse issues as inter-related health concerns.
CSAP	Center for Substance Abuse Prevention, under SAMSHA.
CSAT	Center for Substance Abuse Treatment, under SAMHSA.
DBH	IHS Division of Behavioral Health
DBT	Dialectical behavior therapy; a form of therapy based on CBT plus other elements such as mindfulness. DBT shows promise in addressing suicidal behaviors in patients.
DOI	Department of the Interior
DOJ	Department of Justice
Dual Diagnosis	Concurrent mental health and substance abuse diagnoses. See "co-occurring disorders."
DV/SA	Domestic violence/sexual assault
DVPI	Domestic Violence Prevention Initiative
EBP or EBI	Evidence-based practice or evidence-based intervention; a mental or behavioral health intervention supported by empirical evidence that it improves patient outcomes.
EMDR	Eye movement desensitization and reprocessing therapy, a therapeutic treatment that shows promise in treating post-traumatic stress disorder.
FASD	Fetal alcohol spectrum disorder, an umbrella term covering a range of effects that can occur in individuals whose mothers consumed alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.
FDI	FEHP Disparity Index, a model describing AI/AN health care disparities in comparison to benefits available to Federal employees in the Federal Employees Health Plan (FEHP). The FDI quantifies the difference between health services currently available to AI/AN populations and health services provided by the FEHP. IHS uses this index of service need to allocate the Indian Health Care Improvement Act funds to Tribes.
FMAP	Federal Medical Assistance Percentage, the percentage at which the Federal government supplements State programs such as Medicaid, based on a State's income level. In contrast, Medicaid-funded services provided to AI/ANs in IHS or Tribally operated facilities are reimbursed by the Federal government at 100%.
FQHC	Federally Qualified Health Centers
GLS	Garrett Lee Smith. Authorized by the Garrett Lee Smith Memorial Act, GLS State and Tribal grants for youth suicide prevention are offered through SAMHSA.

GONA/ GOAN	Gathering of Native Americans/Gathering of Alaska Natives, a Native American-based community prevention curriculum for community healing and substance abuse prevention, funded and developed through the Native American Center for Excellence, under the Substance Abuse and Mental Health Services Administration.
GPRA/ GPRA Measures	Government Performance Results Act, legislation that requires all federal agencies to develop a performance plan and performance measures. GPRA measures have been suggested as a "shared language" to measure performance and outcomes in behavioral health across agencies.
HHS	Department of Health and Human Services
HHS STAC	HHS's Secretary's Tribal Advisory Committee, a tribal advisory group that advises the HHS Secretary.
HPSA	Health professional shortage area, areas designated by HRSA as having shortages of primary medical care, dental, or mental health providers.
HRSA	Health Resources and Services Administration, under the Department of Health and Human Services.
I/T/U	An abbreviation to indicate the combination of IHS, Tribally operated, and Urban Indian health programs that makes up the health care delivery system in Indian Country. See "Indian Health System."
IAFN	International Association of Forensic Nursing
ICMI	Indian Country Meth Initiative
ICP	IHS Indian Children's Program
IHCIA	Indian Health Care Improvement Act. Originally enacted in 1976, the IHCIA is the primary legal authority for the provision of health care to AI/ANs by the IHS. IHCIA was permanently reauthorized in 2010 as part of the ACA.
IHS	Indian Health Service, under the Department of Health and Human Services.
Indian Health System	"Indian Health System" refers to the combination of the Indian Health Service, Tribal, and Urban Indian health programs, which more accurately describes the health care delivery system in Indian Country today.
JC	Joint Commission, an accreditation body for various types of health care facilities and services.
LCSW	Licensed Clinical Social Worker
LMFC	Licensed Marriage and Family Counselor
LNF	Level of Need Funded
MH/SS	IHS Mental Health and Social Services program
MI	Motivational interviewing; an evidence-based practice focused on strengthening an individual's desire to change. Used in the treatment of individuals with substance use disorders.
MOU/ MOA/ IAA	Memorandum of Agreement/Memorandum of Understanding/Interagency Agreement
MSPI	Methamphetamine and Suicide Prevention Initiative

MUP/ MUA	Medically underserved population/medically underserved area; areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty, and/or high elderly population.
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NCAI	National Congress of American Indians
NCUIH	National Council of Urban Indian Health
NIAAA	National Institute on Alcoholism and Alcohol Abuse
NICWA	National Indian Child Welfare Association
NIH	National Institutes of Health, under the Department of Health and Human Services.
NIHB	National Indian Health Board
NIMH	National Institute of Mental Health, part of the National Institutes of Health.
NREPP	National Registry of Evidence-based Programs and Practices. A registry maintained by SAMHSA of evidence-based practices used for mental health and substance abuse disorders.
NSDUH	National Survey on Drug Use and Health
NTAC	IHS National Tribal Advisory Committee on Behavioral Health
OSCAR	Online Search, Consultation, and Reporting; an IHS database and research system
OVW	Office of Violence Against Women, in the Department of Justice
PBE	Practice-based evidence; a culturally specific healing or wellness process that works and has community sanction.
PL 93-638	Public Law 93-638, also known as The Indian Self-Determination Act of 1975, which includes provisions allowing for Tribally operated health care through contracting and compacting.
QPR	Question, Persuade, and Refer; a suicide prevention curriculum.
RPMS	Resource and Patient Management System, the IHS electronic health record used to gather clinical data for national health statistics.
SAMHSA	Substance Abuse and Mental Health Services Administration
SAMHSA TTAC	SAMHSA's Tribal Technical Advisory Committee
SANE/ SAFE/ SART	Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner/Sexual Assault Response Teams
SAPT BG	Substance abuse prevention and treatment block grants, block grants offered by SAMHSA to Tribes and States to expand substance abuse services with maximum flexibility.
Service Area	The geographic areas in which IHS has responsibilities, which are on or near reservations.
Service Population	AI/ANs identified to be eligible for IHS services.

Service Unit	The local administrative unit of IHS.
SPC	IHS Suicide Prevention Committee
SPF-SIG/ SPF-TIG	Strategic Prevention Framework – State Incentive Grant / Tribal Incentive Grant, grant program by SAMSHA focusing on infrastructure development for substance abuse and mental health services.
Stevens Bill	Amendment to the 2001 Omnibus Appropriations Bill, nicknamed for its sponsor Senator Ted Stevens of Alaska, that provided $30 million in yearly funds for AI/AN alcohol and substance abuse prevention through the IHS budget, half to be used for efforts in Alaska, and the other half for the lower 48 States.
TAWC	IHS Tribal Advisory Workgroup on Consultation
TLOA	Tribal Law and Order Act of 2010
UIHO	Urban Indian Health Organization
User Population	AI/ANs eligible for IHS services who have used those services at least once during the last 3-year period.
VA	Department of Veterans Affairs
VAWA	Violence Against Women Act of 1994
YOMS	IHS Youth Outcome Measurement System
YRTC	Youth Regional Treatment Centers