

Indian Health Service

Tribal Consultation & Urban Confer: Behavioral Health Initiatives Funding

JUNE 18 & JUNE 20, 2024



Welcome Remarks

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Agenda

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Background Information

- On May 21, 2024, the IHS sent a letter to Tribal Leaders initiating Tribal Consultation on Tribal Consultation on Funding Methodologies for Seven IHS Behavioral Health Initiatives
- In the letter we explained that President Biden’s December 6, 2023-dated Executive Order 14112, “Reforming Federal Funding and Support for Tribal Nations To Better Embrace Our Trust Responsibilities and Promote the Next Era of Tribal Self-Determination,” directs Federal agencies to implement reforms to Federal funding and support programs to make them more accessible, flexible, and equitable. In accordance with Executive Order 14112, the IHS Division of Behavioral Health (DBH) is evaluating Agency-wide processes for distributing appropriated funding for behavioral health initiatives.
- We are particularly seeking input from Tribal Leaders on guidance and recommendations on funding methodologies.

IHS Consultation Timeline



Executive Order 14112

Reforming federal funding and support for Tribal Nations to better embrace our trust responsibilities and promote the next era of Tribal Self-Determination.

Behavioral Health Initiative Funding

Current Status

The following grant programs are active and the current cycle ends in 2027:

- Substance Abuse Prevention, Treatment and Aftercare (SAPTA)
- Suicide Prevention, Intervention and Postvention (SPIP)
- Youth Regional Treatment Centers Aftercare (YRTC)
- Behavioral Health Integration Initiative (BH2I)
- Zero Suicide Initiative (ZSI)
- Domestic Violence Prevention (DVP)
- Forensic Healthcare Services (FHC)

If the current grant programs are allowed to continue with the current funding cycle through 2027, this will allow current grantees to have minimal disruption to activities already in place.

Current Behavioral Health Initiative Funding

- IHS receives \$59,521,850 in annual appropriations for the Behavioral Health Initiatives (BHI).
- Appropriations support Tribal, Tribal organizations, Urban Indian Organizations, and IHS facilities who provide direct services to Tribal communities.
- Division of Behavioral Health (DBH) provides technical assistance to support the behavioral health programs and grantees.
- These funds also support federal functions at the headquarters level.

State of Behavioral Health Issues: Substance Use/Abuse

- The CDC reported the American Indian and Alaska Native (AI/AN) population had the highest drug overdose death rates in both 2020 and 2021
- Rates were reported at 42.5 and 56.6 deaths per 100,000 persons.
- The AI/AN experienced a 33% increase in drug overdose deaths from 2020 through 2021.
- The AI/AN population is experiencing an increase in overdoses stemming from polysubstance use. (use of drugs that have been mixed or cut with other substances such as fentanyl).

State of Behavioral Health Issues: Domestic Violence/Sexual Assault

- All victimization types have a disproportionate impact on AI/AN communities.
- The National Institutes for Justice (NIJ) and the Centers for Disease Control and Prevention (CDC) data indicated more than 1.5 million AI/AN women have experienced violence with 66.4% experienced psychological aggression by an intimate partner.
- Violence is preventable and many of the projects supported through the Domestic Violence and Forensic Healthcare programs address this major health problem.

State of Behavioral Health Issues: Suicide

- From 1996 to 2024, the Indian Health Service (IHS) has tracked suicide as a leading cause of death among the AI/AN population (IHS, 2017).
- Data from the CDC reports suicide disproportionately affects the AI/AN population (Stone et al., 2022).
- Suicide among AI/AN people are the highest among all ethnic minorities within the United States (Leavitt et al., 2018; Stone et al., 2022).
- Suicide is the 2nd leading cause of death among AI/AN aged 44 years and younger (CDC, 2003).
- Suicide is the 9th overall leading cause of death among AI/AN in the US from 2018 to 2021 (see Table 1.) (CDC, 2003).
- Suicide rates among AI/AN increased nearly 20% from 2015 (20 per 100,000) to 2020 (23 per 100,000) (Stone et al., 2022).

State of Behavioral Health Issues: Native Youth

- The AI/AN youth population (12-24) is estimated at 2.3 million
- 16% of AI/AN youth (ages 5-24) receive services through IHS.
- The substances of choice for AI/AN youth in high school is alcohol and marijuana.
- Substance use among AI/AN youth is preventable.
- Marijuana and smokeless tobacco use are reported to be increasing.
- 42.3% of AI/AN teens persistently felt sad or hopeless (YRBSS, 2021).

State of Behavioral Health Issues: Trauma

- Traumatic experiences are passed down through generations.
- AI/AN persons who gain an understanding of where trauma comes from and address it, often experience positive improvements in their lives.
- Areas affected include difficult family settings, addiction, or destructive behavior.
- In one study, the community surveyed reported experiencing very high levels of contemporary trauma, with 94% of the respondents indicating that they had experienced significant life-threatening trauma. (Ehlers, 2022)

Behavioral Health Initiatives Annual Appropriations Grant Programs: Five-Year Funding Cycle 2022-2027 Headquarters' National Management

- **Substance Abuse and Suicide Prevention (SASP): \$31,975,137**
 - \$13,698,772: 36 grant projects Substance Abuse, Prevention, Treatment and Aftercare (SAPTA)
 - \$13,772,887: 36 grant projects Suicide Prevention, Intervention, and Postvention (SPIP)
 - \$4,503,478: Headquarters' national management activities
- **Domestic Violence Prevention (DVP): \$14,967,278**
 - \$7,400,000: 37 grant projects for the Domestic Violence Prevention Program (DVP)
 - \$1,000,000: 4 grant projects for the Forensic Healthcare Program (FHC)
 - \$6,567,278: Headquarters' national management activities

Behavioral Health Initiatives Annual Appropriations Grant Programs: Five-Year Funding Cycle 2022-2027 Headquarters' National Management

- **Behavioral Health Integration Initiative (BH2I): \$6,946,000**
 - \$5,520,928: 14 grant projects
 - \$1,425,072: Headquarters' national management activities
- **Zero Suicide Initiative (ZSI): \$3,600,000**
 - \$2,000,000: 8 grant projects
 - \$1,600,000: Headquarters' national management activities
- **Youth Regional Treatment Centers – Aftercare Pilot: \$1,800,000**
 - \$600,000: 1 grant project
 - \$1,200,000: Headquarters' national management activities

Questions for Open Comments

1. Should the \$59,521,850 continue to be distributed through a grant mechanism?
2. What in particular about the current mechanism is or is not working well for you?
3. If not, should all or part be allocated to tribal shares, available for contracting under the ISDEAA?
4. If so, should allocation occur based on existing tribal shares methodologies, or should funding be allocated on a new methodology, such as areas of highest need for each particular initiative?
5. If funding provided to Tribes is relatively small (instead of being targeted to a smaller number of programs, like the current grants), do you think Tribes would still benefit from these small funding amounts?
6. How would you envision reporting working? What types of reports and how often?

Comment Period

- Consultation written comments should be directed to: consultation@ihs.gov
- Confer written comments should be directed to: urbanconfer@ihs.gov
- Use the subject line: IHS Behavioral Health Initiative Funding
- Deadline to submit comments: Monday, July 22, 2024

