



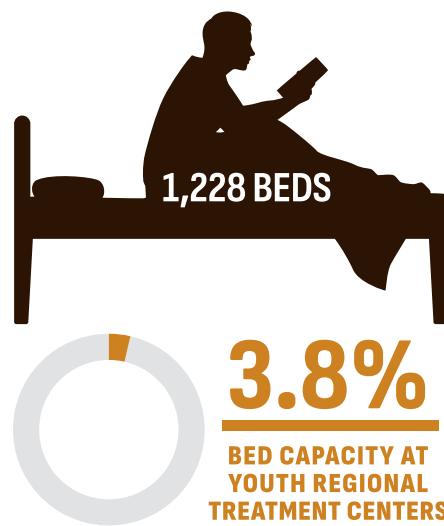
High Levels of Treatment Requirements

IHS estimates that in any given year the substance use disorder (SUD) burden among American Indian and Alaska Native (AI/AN) youth (12-17 years) ranges from 140,000 to 200,000, and an additional 158,000 to 229,000 among young adults (18-24 years). Among IHS registrants, the estimated youth requirement for SUD treatment is 22,425 to 32,257. This estimate is based on CDC surveillance, including early age alcohol use (Youth Risk Behavior Surveillance Systems) and major depressive episodes (National Survey on Drug Use and Health).



**EXPLORING
FUNDING
STRATEGIES IS
A START, BUT...**

KEY POLICIES ARE UNCLEAR



Potential Misalignment between SUD Treatment Demand and Capacity

The annual national IHS funded inpatient Youth Regional Treatment Center (YRTC) capacity is 1,228 beds, which can serve 3.8% of the estimated SUD treatment needs among 32,257 AI/AN youth registrants, but the bed demand is lower than the supply.

RESIDENTS WHO STAY IN AFTERCARE FOR
6+ MONTHS

ARE LESS LIKELY
TO RETURN TO
SUBSTANCE
USE



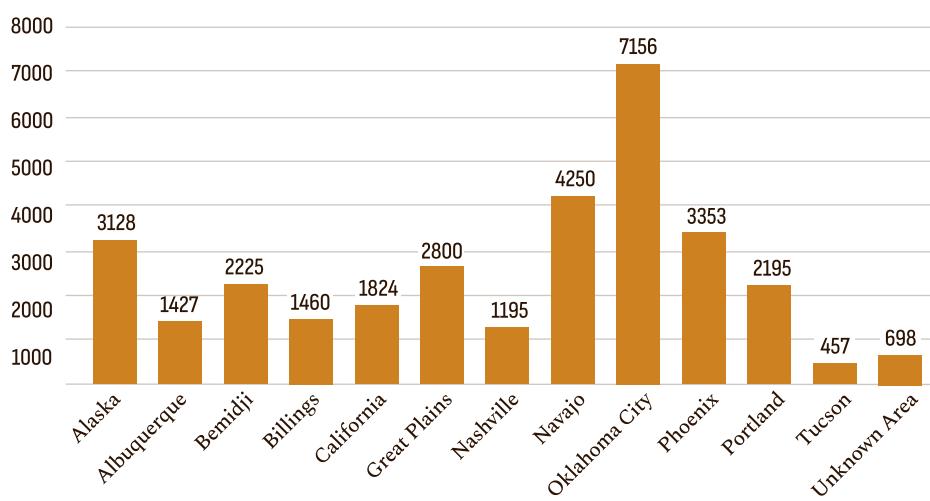
**PERFORMANCE
STANDARDS NEEDED!**



**Lack of clear data
prevents service
improvements**

To meet the SUD treatment requirements among AI/AN youth, IHS needs Tribal, federal, and state cooperation on essential data: National surveillance of SUD burdens, location and scope of services within continuums of services, records of treatment services and their effects, workforce trends, and the costs of developing service capacities, including digital innovations. Current IHS data is limited on SUD screening and treatment at IHS facilities and any self-reported summary data by grant partners.

ESTIMATED ANNUAL BEHAVIORAL HEALTH TREATMENT PLANS REQUIRED AMONG AI/AN YOUTH BY IHS SERVICE AREA



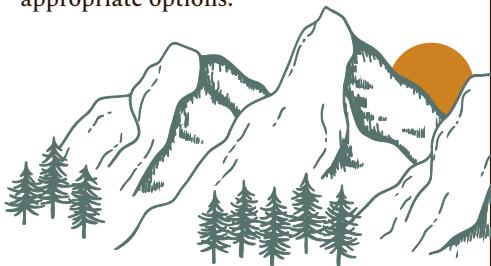
**IHS IS
INVESTIGATING
FEDERAL AND
TRIBAL POLICIES
THAT SUPPORT A**

**STANDARD
FOR SUCCESS**

RECREATIONAL ADVENTURE-BASED PROGRAMS WOULD PROVIDE MORE INTENSE AND ENGAGING THERAPEUTIC TREATMENT TO YOUTH AFTERCARE RESIDENTS

POSSIBLE ACTIVITIES:

Low and high ropes courses, traditional hide tanning techniques, horticulture, entrepreneurial classes, sports camps, youth groups, and other culturally appropriate options.



LOCAL AND REGIONAL CONTINUUMS OF SERVICES ARE VITAL TO PREVENT POTENTIAL RETURN TO USE, BUT THE POLICIES ARE UNCLEAR ON:

- Aftercare
- Education
- Anti-Gang Programs
- Community Resilience
- Employment Training
- Life Skills
- Young Adults
- Detoxification
- Camps
- Employability Integration
- Education Alignment
- Volunteerism
- Digital Continuums of Services
- Family Services
- Applied Studies
- University Partnerships
- Justice coordination
- Integrated Assessments

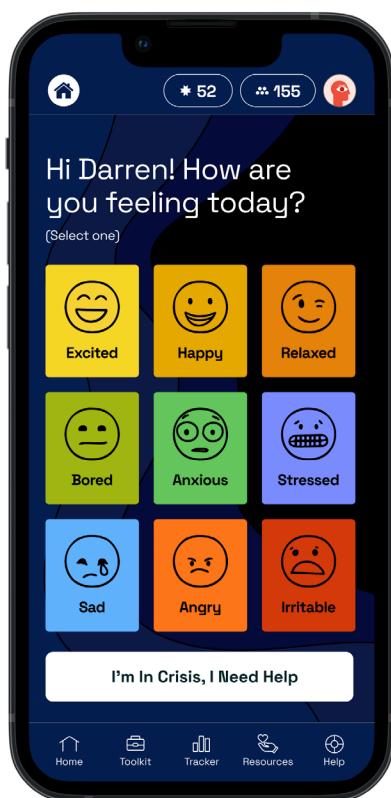
QUALIFYING AND CLEARING STAFF IS THE BIGGEST OPERATIONAL BARRIER FOR YOUTH TREATMENT CENTERS, OTHERS INCLUDE:

- Cultural competence training
- Internship programs
- Incentive plans
- Community Volunteers
- Integrated training
- AI/AN Recruitment efforts
- Tribal elders as mentors
- Chaplains or healers

INNOVATION

New Tools for Self-Service Improvement

IHS is testing new tools that can improve client engagement. These innovative client technological engagement (CTE) tools are exploring how to improve self-services and co-managed services. The scope and consistency of engagement impacts the success of health and human services. Client engagements—whether technological or interpersonal—are especially important to sustaining recovery because they affect decisions, self-management, and treatment compliance. CTE tools may expand ways to reduce isolation, self-neglect, hopelessness, and unhealthy habits, as well as strengthen self-efficacy and psychological resilience. IHS is working with the Bureau of Indian Affairs and Tribal partners to explore innovations in CTE tools that may improve services and outcomes.



INNOVATION: National Analysis Engagement Network

The proposed innovative Native Nexus will support Tribal leaders in their access to relevant analyses, from various agencies, researchers, and service entities. The tool provides a digital, highly-responsive environment for promoting and discovering analyses and reports across disparate sources. As an advanced tool, it uses natural language processing to read and tag content, increasing the discovery of relevant materials.

PRIORITY ISSUE:

Culturally appropriate health services seem 100% reimbursable through the Centers for Medicare and Medicaid Services



Medicaid only pays for allowable costs from the state where a person resides. This is a burden for people needing to travel out of state to reach services. There is no national bed availability management, or cross-state coordination.



Cultural integration and spiritual health as community services are promising practices in the SUD treatment approach among AI/AN youth. Another reason to confirm if the services are reimbursable.