Area Narratives relating to Behavioral Health

ALASKA

Mental Health +$41.808M

a. Increase funding for Tele-Behavioral Health

Tele-behavioral health capabilities (Video Tele-conferencing—VTC) are essential to Alaska to expand services to rural communities. Many of our Alaskan villages are in remote areas off the road system, which severely compromises access to care. VTC offers promise, but some areas still require infrastructure development.

In Alaska, recruiting and retaining clinicians, psychiatrists and other behavioral health providers statewide is challenging. Due to the remoteness of villages across the state and difficulty with transportation to these villages, maintaining licensed providers in every rural community is impossible. Therefore, Tele-behavioral health is a significant and crucial component to the spectrum of resources which must be provided remotely to support Alaska's Behavioral Health programs. Alaska Tribes support the need for the IHS to increase funding for tribal behavioral health programs to appropriately supply clinics throughout the state with Video Tele-Conferencing equipment and the necessary Internet connectivity in order to sustain and expand service delivery access to village based services.

b. Increase funding for Behavioral Health Workforce Development

Alaska has been progressive in replicating its highly successful CHAP training model by creating an innovative Behavioral Health Aide Model which focuses on prevention, intervention, treatment, case management and aftercare services in our rural communities. The trained and certified BHAs are a critical component of our care teams providing a local outreach and remote services for those who are affected by trauma, substance use and mental illness. Alaska's behavioral health programs statewide struggle with hiring Masters level qualified and licensed providers necessary to improve the quality, quantity and consistency of the behavioral health workforce in Alaska. We strongly advocate for increased funding to assist with the recruiting, retaining and training of culturally-responsive Alaska Native behavioral health providers. This includes funding programs which support Alaska Native students studying within the field of psychology through initiatives such as Alaska Native Community Advancement in Psychology.

Alcohol and Substance Abuse +$97.032M

Alcohol and Substance Abuse has grave impacts that ripple across Tribal communities causing upheaval and adverse experiences that begin or perpetuate a cycle of abuse breaking the social fabric of our traditions and ties to one another. Stigmatization and lack of understanding the disease of addiction make addressing the challenge even more difficult. The problems range from individual social and medical health loss to community distress, from unintentional injury to domestic violence to suicide and/or homicide. Increasing resources to combat Alcohol and Substance Abuse is needed to break the cycle and reduce the disease and cost burden currently experienced by our Tribal communities.

ALBQUERQUE

4.Mental Health

The Mescalero Service Unit's Mental Health Program has been underfunded for many years. The line item is limited in staffing and covers only two providers. Additional funding is necessary to address the mental health problems in the community. The service unit's mental health program is the second busiest clinic in our facility. In addition to direct service to our patient population, services are expanded to the community such as the local school district and the local nursing home. The level of need in the community dictates an additional 3 providers to fully address community outreach efforts, behavioral health training and to fund the new provisions in the IHCIA. The funding increase will allow for additional staff resulting in a robust outreach in the community. This utilization of additional funding to increase staffing will have a positive effect in generating revenue for the program and will greatly improve the quality, customer service and positive access to health care.

At the Taos/Picuris Service Unit there are more dual diagnosis of alcohol and substance abuse and mental health.

At the Santa Fe Service Unit there is a need to address significant Mental Health issues in tribal communities that lack culturally appropriate services including funding competitive recruitment and mental health support for diabetic patients. The Santa Fe Service Unit Health Board has consistently made this line item a top budget priority.

Ysleta Del Sur Pueblo supports additional funding to address the growing mental health concerns and issues for treating and expanding services. New funds would allow an increase in professional workforce to address a growing population, increase behavioral health training, and community education programs.

The Pueblo Of Laguna supports additional funding for addressing mental health issues in communities through direct services, from qualified Providers, Therapists, Counselors, Healers and alternative programs is needed. Mental Health issues such as Depression, suicide ideation, and other more serious mental health issues is ongoing in the community. Providers from the tribal or I.H.S. systems are responsible for providing care and support to persons seeking care or being referred for care via the overall health system. Increasing integration of mental health services into primary care is critical to promote health and wellness from disease. A major concern is the access to inpatient mental health facilities and costs associated with inpatient

stays. Laguna Behavioral Health recorded over 1,600 patient appointments in 2017 to date to provide counseling services.

The community of To'Hajiilee has experienced an abnormal increase in the rate of youth and adult suicidal ideation and completions in the last two years. We have integrated primary care and behavioral health providers into the clinic setting in order to quickly identify and address mental health/substance abuse issues. However, we are short staffed for mental health therapists because of insufficient funds. As such, we are recommending funding for mental health services as a priority.

The Southern Colorado Ute Service Unit recommends an increase to the Mental Health Program. The Service Unit recognizes a huge need within Indian Health to Mental Health Care. American Indians/Alaskan Natives have more serious mental health disorders, including anxiety, depression, suicide and substance abuse compared to other ethic groups. A very small proportion of the budget has been devoted to addressing this huge need and many health care facilities do not provide mental health services according to the American Foundation of Suicide Prevention. The seemingly insurmountable need for mental health professionals to address the many scars due to historic trauma is apparent in light of increased suicides and attempted suicides as well as increased substance abuse. Within the service unit, the scarce mental health services are pulled in many ways, from the Bureau of Indian Affairs Detention Center in the community of Towaoc, CO, to the alcohol and substance abuse recovery center (Peaceful Spirits) in Ignacio, CO, to community initiatives and meeting the increased needs of Tribal Adults and Children in local schools. Because of this, the mental health program requires a large proportion of the increase in funding.

The Zuni/Ramah Service unit has experienced a surge in attempted and successful suicides, however the concern is that this symptomatic of an unmet need. Comorbidity between medical and mental diseases is 29%. In 2013 there was a total of 8,191,827 clinical impressions for all categories less supplementary classification with 851,330 impressions for mental disorders, however 2,375,629 mental health impression should have been recorded. Where are the missing 1,524,300 clinical impressions? Chronic diseases disproportionality affect AI/AN according to mortality rates compared to the U.S. all races, diabetes is 300%, ETOH is 700%, liver disease and cirrhosis is 480%, kidney disease is 150%, suicide is 170%, and drug use is 190%. In 2017 mental health funding for IHS under Clinical Services was just 4.8% of Hospitals and Clinics. For these reasons, the Zuni/Ramah Service Unit recommends an increase in Mental Health funding.

6.Alcohol & Substance Abuse

The Mescalero Tribe recommends an increase to the local Substance Abuse Program to support and expand new services within the community. The priority in addressing substance abuse issues in the community is a top priority for tribal leaders. Although a local inpatient facility exists, enhancing community outreach plays a crucial role to the community. Promoting healthy and a well-balanced lifestyle is a priority for the Mescalero community.

The Taos Picuris Tribal Health Board recognizes the high prevalence of alcohol & substance abuse, depression, suicide, and violence occurring in our communities. This increase will support hiring more clinicians and case managers to address the alcohol & substance abuse problems.

The Santa Fe Service Unit tribes support an increase to support operations and expand prevention and outreach, including abuse of controlled substances. The Santa Fe Service Unit Health Board has consistently made this line item a top budget priority.

The Ysleta Del Sur Pueblo recognizes the high prevalence of Alcohol & Substance Abuse and recommends a budget increase to expand current services and fund New Programs related to Behavioral Health under the IHCIA. YDSP recognizes the high prevalence of Alcohol & Substance Abuse, Depression, Suicidality, and Violence occurring among the community. New funding would expand the scope of treatment, such as establishing group homes or inpatient treatment facilities and hiring more clinicians and case managers to address the alcohol & substance abuse problems.

The Pueblo of Laguna supports increased funding to address the escalating use of Opioids and Meth on tribal reservations. Continued efforts to address the issues of alcohol abuse are needed targeting Native American youth. Alcohol abuse continues to be a prevalent problem in the local communities of ACL. Impacts of alcohol and substance abuse are seen in social problems such as child abuse and neglect referrals, domestic violence and DWI incidents. Tribal system have minimal funding to address substance abuse issues, however, tribal programs continue to implement programs such as MRT, Peer support, and Wellness court to impact these issues.

BEMIDJI

Alcohol & Substance Abuse (ASA) +250.3M

The Bemidji Area recommends 16.4%, or $250.M, of the funding available be applied to the Alcohol & Substance Abuse budget line item to address the drug abuse issues of the Area. The impact of alcohol and substance abuse within the Area is having a dramatic negative effect on lives, families and communities of the native people. There is a huge demand for increased funding to combat this adverse societal condition. Several Tribes within the Bemidji Area have declared a "state of emergency" with the growing epidemic of increased abuse of alcohol and drugs, particularly opioids. This is a multifaceted problem, which requires involvement of multiple agencies from Tribal Leaders, law enforcement, education and health care professionals, to States, Federal Agencies and the community to solve. There is also a need for alternative resources such as physical therapy, behavioral health and buy-in to pain treatment utilizing alternatives to abused medications along with a regional treatment center.

There is a compelling case in the Bemidji Area for increased funding of IHCIA, Section 708, authorizing increased adolescent care and family involvement services, primarily targeting Psychiatry Adolescent Care. Currently, there is inadequate funding available which attributed to the increased disparities with opioids and drug addicted habits.

There is also insufficient funding for after-treatment care to break the rehab treatment - prior situation cycle. Funding Sections 708 would be beneficial in advancing support in achieving greater success rates and breaking the addiction cycle.

Mental Health +232M

The Bemidji Area recommends 15.2%, or 232M of funding available be applied to the Mental Health (MH) budget line item to address the root causes of community members' mental health issues. As the Bemidji Area has found, the inability to address the root cause has manifested into an increasing problem of prescription and synthetic drug abuse/misuse as well as experimentation and addiction to illicit drugs. This funding recommendation supports Section 127 of the IHCIA for increasing the number of mental health providers and funding training/education as well as Sections 704 and 705, which advance the behavioral health programs and programming to address community issues.

Bemidji Area Tribes expressed Mental Health program increased funding needs specifically to be for long-term treatment and after-care facilities/staffing to combat mental health diseases. Strengthening funding for Section 702 of the IHCIA would include support in meeting these needs.

There was also discussion on mental health education resources for prevention and dealing with the onset of mental health issues within the communities.

BILLINGS

MENTAL HEALTH

The Tribes of Montana and Wyoming see as a strong correlation between substance abuse and trauma issues stemming from mental health disorders and have expressed concern about the lack of mental health services and a need for more mental health clinicians and professionals. In 2017 one of our tribal locations had 33 suicide attempts.

It is imperative that behavioral health and primary care services are coordinated between both the Indian Health Service and Tribes to overcome challenges with recruitment and retention of mental health clinicians and other providers such as social workers. Increased Mental Health dollars will assist with the Billings Areas ability to hire and retain quality professionals and provide improved mental health services to our patients. An increase in mental health funding for additional staff will also provide for more qualified people into the mental health workforce. Mental Health is the #1 priority for the Billings Area for the FY2020 Budget Formulation cycle for these reasons.

ALCOHOL & SUBSTANCE ABUSE

Alcohol and Substance abuse issues plague our communities as a health care crisis and epidemic. The Billings Area sees the need for additional resources to continue to build capacity and provide quality treatment/recovery services. Methamphetamine use is a high concern and epidemic that plagues our communities in drastic fashion and there are no treatment facilities in the area that deal with its correction. The combined effect on our populations abusing alcohol and substance abuse is devastating. Mental health trauma can be seen as a catalyst for our people choosing alcohol and substance abuse as a means of coping.

CALIFORNIA

Behavioral Health +228M

The lack of behavioral resources is evident in the disproportionate number of suicides, acts of domestic violence, and drug and alcohol addiction in Indian Country. In the California Area, the lack of funding is reflected in the 2017 Government Performance and Results Act (GPRA) Data. Over 2,500 youth and almost 10,000 AI/AN patients were not screened for depression at tribal programs in the California Area. Of patients that were diagnosed with depression, only 30% received a prescription for antidepressants with enough medication (with refills) to last 12 weeks, and only 10% received enough medication (with refills) to last 6 months. Additionally, over 4,000 women were not screened for domestic violence and over 13,000 patients were not screened for alcohol use. An increase in funding and subsequent staffing would allow a greater percentage of the population to be screened, seen by behavioral health specialists and most importantly, treated.

Methamphetamines/Suicide/Domestic Violence +122M

Rates of methamphetamine addiction and related crimes, suicide and acts of domestic violence are disproportionately higher among American Indians and Alaskan Natives. According to the CDC, suicide is second leading cause of death among AI/AN youth between the ages of 10 and 34 and 8th leading cause of death among AI/AN of all ages. An estimated 45% of AI/AN women and 1 in 7 men experience intimate partner violence yet, according to our 2017 Government Performance and Results Act (GPRA) data, over 4,000 women at California tribal health programs were not screened for domestic violence. In 2017, 5 California health programs received IHS Domestic Violence Prevention Initiative funding and 14 received IHS Methamphetamine/Suicide Prevention Initiative funding which

highlights the need for these programs in California. Increasing funding in these areas will allow tribal programs to connect more individuals to help through higher rates of screening, outreach and referral processes strengthening and additional trained staffing.

GREAT PLAINS

MENTAL HEALTH

Significantly high rates of suicide among American Indians and Alaska Natives continue. The Great Plains Area suicide rate is among the highest of any of the 12 IHS regions. Behavioral health referrals are often outsourced to professionals who are great distances away from the tribal communities, resulting in missed appointments and poor follow-up care.

The remote location of most Indian reservations and tribal lands is a barrier to receiving services. Most housing on reservations is inadequate to meet the needs of growing tribal populations, with tribal members, let alone clinical staff, unable to secure housing. This further discourages qualified licensed/credentialed providers to seek employment in tribal areas. Retaining professionals on reservations also makes it difficult to provide adequate services, forcing individuals to leave their communities and frequently travel great distances to receive care, if they choose to seek it at all.

AI teens commit suicide more than double the rate of other young Americans. In pockets of the U.S., suicide among AI youth is 9 to 19 times as frequent as among other non-native youth. The IHS recently cited the Rosebud Sioux Tribe as having the highest suicide rate in the world for males age 10-24; this rate is ten times the suicide rate of non-native youth (American Psychological Association, 2009).
According to Phillip May, a Professor of Sociology at the University of New Mexico, "…in many American Indian communities, [suicide] is compounded by limited opportunities, historical trauma and contemporary discrimination. The way the Lakota people and other Plains tribes have experienced history in the last 100 years has reduced the mental health factors that are available to them to cope."

This statement is an ongoing point of discussion in tribal communities. It is becoming apparent that historical and intergenerational trauma are realistic causes for AI youth to feel hopeless, helpless, and lost. Despite the grants made available by various state and federal agencies to address suicide on reservations, there is still a high volume of youth suicides in the Great Plains area. Established intervention and prevention programs have begun to address suicide among the youth, but an unprecedented amount of suicides and suicide attempts continues to exist.

The ratio of mental health providers to AI population in the Great Plains area was: one psychiatrist per 250,000 AIs; one psychologist per 17,000 AIs; and one social worker or counselor per 3,000 AIs. The IHS Behavioral Health Services are currently funded at about twenty-five percent of the actual need. (Report by Great Plains IHS Behavioral Health Staff & Jacqueline S. Gray, Ph.D. 2009).

ALCOHOL AND SUBSTANCE ABUSE

Great Plains Area has the highest alcohol related deaths and the second highest rate of Suicide in the Country. Most of the Alcohol and Substance Abuse programs in the Great Plains Area are contractual. The need for additional money to assist tribes in developing primary care facilities and behavioral health models are greatly needed in order to fully utilize opportunities for 3rd party funding through the Affordable Care Act.
Alcohol abuse in Indian Country contributes to the high rate of violence and crimes on the reservations as well as alcohol related motor vehicle accidents. Motor vehicle accidents and liver disease are among the top alcohol induced deaths among AI/AN. There is an overwhelming need for a medical monitored detox center in the Great Plains Area.

Drug abuse in Indian Country contributes to the increased numbers of domestic violence, assaults/battery, burglary, child abuse/neglect, and weapons violations. The Great Plains Area has seen a drastic increase in the use of methamphetamines and prescription drugs that include non-medical use of pain relievers, sedatives, stimulants, and tranquilizers.

The Great Plains area has the highest alcohol-related death rate in the country. This death rate is 13.9 times the United States all-races rate and 1.3 times higher than the second highest rate, which is the Albuquerque area (Indian Health Service, 2001). According to SAMHSA (2007a), South Dakota, North Dakota, Nebraska, and Iowa had the highest rates of underage (aged 12 to 20) binge alcohol use (29.5%) and binge alcohol use among persons 18 to 25 years (58%). These states had the highest percentage of persons with dependence on or abuse of alcohol and needing treatment services.

NASHVILLE

Alcohol/Substance Abuse (A/SA) +$351.0 M

A/SA remains a great priority for the Nashville Area. The abuse and misuse of substances, including opioid abuse, is at epidemic levels within the Area and the limited dollars available doesn't provide our citizens the adequate care they need. The integration of culturally appropriate alcohol/substance abuse programs into comprehensive behavioral health prevention and treatment programs, and the further integration of behavioral health services with primary care provide great promise in changing not only lifestyle choices and risk behaviors, but the many social determinants that also impact the health of our tribal communities. New approaches are needed to reduce significant health disparities in motor vehicle death rates, suicide rates, rates of new HIV diagnoses, binge drinking and tobacco use.

Mental Health +$259.4 M

Behavioral Health, including Mental Health, is a top tribal health priority. The high incidence of mental health disorders, suicide, violence, and behavior-related chronic diseases is well documented.

Each of these serious behavioral health issues has a profound impact on the health of individuals and community health, both on and off reservation. Mental Health program funding supports community-based clinical and preventive mental health services including outpatient counseling, crisis response and triage, case management services, community- based prevention programming, outreach and health education activities. After-hours and emergency services are generally provided through local hospital emergency rooms. Inpatient services are generally purchased from non-IHS facilities or provided by state or county mental health hospitals. Group homes, transitional living services and intensive case management are sometimes available, but generally not as IHS programs. The IHS Mental Health Program is currently focused on the integration of primary care and behavioral health services, suicide prevention, child and family protection programs, tele-behavioral health, and development and use of the RPMS Behavioral Health Management Information System

NAVAJO – DO NOT HAVE AN AREA NARRATIVE PROVIDED BY IHS

OKLAHOMA CITY

1. Behavioral Health. $267 million for Mental Health and Substance Abuse.

Since 2008, Behavioral Health budget increased $75 Million to about $312 Million today. However, over 50% of this increase (about $40 Million) is due to an increase in special grant programs and initiatives rather than increases to behavioral health generally. For example, in FY2008 Congress appropriated $14 Million to support a national Methamphetamine and Suicide Prevention Initiative to be allocated at the discretion of the IHS Director. Today, that initial funding and the associated increases continue to be allocated via competitive grants despite tribal objections.

In the last decade, Tribes have consistently noted that the IHS' reliance on grant programs is counter to the federal trust responsibility, undermines core self-determination tenets, and capitates future opportunities for tribes. Under the grant making process some tribes receive assistance and benefit from consistent increases, while other tribes do not. This creates two pools of tribes – those that have technical experience and financial resources receive funding, while many others without this capacity see no benefit in appropriated increases. The strings attached to federal grants in terms of reporting, limitations on use of funds, and timelines distract from patient care. This creates additional administrative burden for receiving tribes which cannot be offset through means that would be available if IHS distributed the funds via regular programmatic increases. Rather than project or disease specific grant funds, the IHS should prioritize flexible, recurring base funds. Grants create a "disease de jour" approach, where the funding is tied only to an identified hot topic issue. For instance, if a patient presents with a "unfunded" diagnosis that is not covered by grants for specific disease categories that patient is left without many alternatives. This does not bode well for the many chronic mental health and substance abuse problems from which AI/ANs disproportionately suffer. For example, a large focus on the methamphetamine epidemic 10 years ago may have distracted from the rise in patients addicted to prescription pain medicine, thus contributing to the opioid crisis today. While the United States generally is facing an opioid crisis today, a particular service unit in one IHS Area may struggle most with alcohol addiction and under the grant making process cannot redesign the available programs and services to meet tribal community needs. As such, IHS should never use a grant program to fund ongoing critical Indian Health needs.

For these reasons, the OCA requests that the additional $267 million for the Behavioral Health program in FY2020 be distributed through a fair and equitable formula rather than through any new grant mechanism or existing grant program. Across Indian Country, the high incidence of mental health disorders, alcohol and substance abuse, suicide, violence, and behavior-related chronic diseases is well documented. There is a mental health and substance abuse crisis in the OCA, partially because there is limited and restrictive funding and access to culturally appropriate care.

<u>$133.5 million for Mental Health</u>.

The IHS Mental Health/Social Services (MH/SS) Program is a community-based clinical and preventive service program that provides vital outpatient mental health counseling and access to dual diagnosis services, mental health crisis response and triage, case management services, community-based prevention programming, and outreach and health education activities.

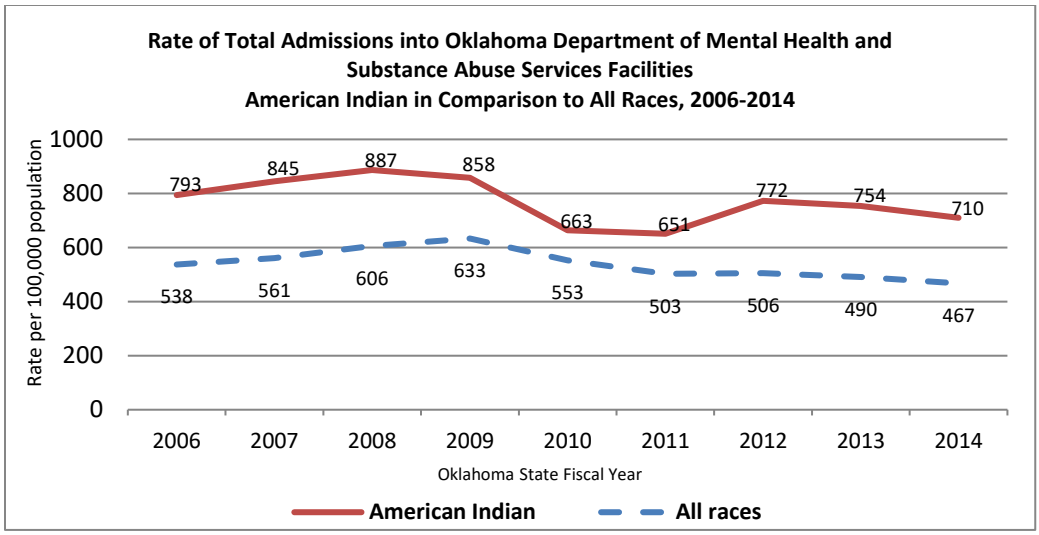
According to the Oklahoma Violent Death Reporting System (OVDRS), during 2012-2016 suicide was the leading cause of intentional deaths in Oklahoma averaging 743 deaths/year outnumbering homicides nearly 3 to 1, which averaged 268 deaths/year during the same time period. In 2015, the suicide rate according to OVDRS, was 27.6 per 100,000 persons, which was once again the higher when compared to all other races. With an AI/AN user population of 361,055 spanning three states, mental health and substance abuse issues are often left untreated in communities, which leads to continued poor mental health, substance abuse crisis, and suicide.

$133.5 million for Substance Abuse.

The 2017 annual United Health Foundation report noted that Oklahoma ranked among the worst states in the Nation of all drug-related deaths and the AI/AN age-adjusted number of deaths due to drug injury was higher than any other race in the state of Oklahoma. According to the Centers for Disease Control and Prevention (CDC), opioids were involved in 63% of drug overdose deaths and almost half of the drug overdose deaths were caused by prescription opioids.

The purpose of the Indian Health Service Alcohol and Substance Abuse Program (ASAP) is to raise the behavioral health status of AI/AN communities to the highest possible level through a comprehensive array of preventive, educational, and treatment services that are community-driven and culturally competent.

Due to inadequate funding, the OCA continues to see a rise in the need for residential substance abuse treatment beds provided by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Substance abuse treatment admissions include treatment for alcohol, illegal and prescription drug use. The rate of substance abuse treatment admissions among AI/ANs spanning almost 10 years was 43% higher on average than the treatment rate among all other races.



However, the ODMHSAS struggles to provide these much needed services as the State of Oklahoma is currently in a budget crisis. It is likely that access to ODMHSAS services will be very limited in the future. If such critical unmet services continue, death is a likely result for many patients.

PHOENIX

Mental Health (+$65,000,000)

Tribal Leaders in the Phoenix Area seek an overall increase of **$65 million** dollars for the Mental Health line item. The Tribes seek to magnify the ability of mental health programs to continue their important work that includes providing outpatient counseling, psychiatric evaluations, crises response, case management and outreach and education. The resources requested in FY 2018, a $710,000 is wholly inadequate to provide the level of screening treatment and therapy needed to reduce suicide and suicide attempts, depression, self-harm, violence and other emotional trauma. The increase is also needed so that IHS and Tribes may fully institute behavioral health integration with primary care. Additional concerns are noted below:

- The need for qualified mental health providers; in particular, Tribes voiced the difficulty in recruiting and retaining fulltime professionals to work in rural areas and adapt to Tribal settings. Tribal Leaders are aware of the need to grow our own Indian health professionals to fill this need.

- Significant numbers of youth and adults in Tribal communities that experience severe depression, suicidal thoughts, anxiety and other forms of mental illness, although prevention and treatment efforts, including Traditional Healing and Faith-Based counseling have been elevated that yield positive results.

- The need to access higher levels of psychiatric care as appropriate for AIAN patients within the IHS system and connecting patients to state services, including involuntary commitment orders processed by Tribal Courts or through state courts. A factor related to this is the difficulty obtaining necessary psychological evaluations for the Tribal Court process and knowledge of complex State requirements. Comprehensive case management of each patient's case and the provision of aftercare services for the individual in recovery are key.

There are numerous provisions in the Indian Health Care Improvement Act (IHCIA) that pertain to behavioral health. Tribes in the Phoenix Area seek the new resources to enhance current services and to fund implementation of the following two provisions pertaining to mental health care and co-occurring disorders. These are;

Behavioral Health Prevention and Treatment Services (25 U.S.C. §1665, 25 U.S.C. §1665b, 25 U.S.C. §1665c). Establishes the authorities for comprehensive services and emphasizes collaboration among alcohol and substance abuse, social service and mental health programs.

Mental Health Technician Program (25 U.S.C. § 1665d). Comprehensive training of community mental health paraprofessionals, including Behavioral Health Aides under CHAP, to provide community based mental health care that includes identification, prevention, education and referral for treatment services and the use and promotion of traditional health care practices.

Alcohol & Substance Abuse (+$70,000,000)

Alcohol and substance abuse health risks in Tribal communities continue to be a major concern and correlates to two of the leading causes of death in the Phoenix Area, which are, unintentional injuries and chronic liver disease and cirrhosis. A **$70 million** increase is needed to fund staffing and treatment costs, prevention efforts as well as coordination of care with behavioral health staff with regard to co-occurring mental health disorders. Of this amount **$5 million** is requested to address opioid addiction and treatment. This concern is more fully discussed under the Phoenix Area Hot Topics section of this report.

The FY 2018 budget submission for Alcohol & Substance Abuse of $205,593,000 is $678,000 above the FY 2017 Annualized Continuing Resolution (CR) level. A major portion of the increase is needed for staffing and operations at two new health facilities. Tribes question how such an extremely low level of funding helps the agency to implement long sought behavioral health policies and programs in the Indian Health Care Improvement Act. Still the Tribes in the Phoenix Area continue to advocate for the resources needed to implement the two priority IHCIA provisions identified below. These should remain at the forefront of the agency's planning.

Comprehensive Behavioral Health Prevention and Treatment Program (25 U.S.C. §1665c). This section of the IHCIA expands the scope of American Indian/Alaska Native behavioral health care programs and services.

Indian Youth Program (25 U.S.C. §1665g). Expands the scope of treatment in Youth Regional Treatment Centers and would provide funds to construct and renovate existing health facilities to provide intermediate behavioral health services and professional staffing for intermediate adolescent services such as group homes, sober housing, youth shelters and psychiatric units.

PORTLAND

Behavioral Health: +70M

The provisions of IHCIA allow for many expansions to the Behavioral Health programs but most of them have not received substantial funding since enacted. The Portland Area tribes recommend $35M increases to both the Mental Health and Alcohol & Substance Abuse line items respectively. Funding increases would help to implement section 702 to expand behavioral health care for prevention and treatment and section 704 to provide more comprehensive care through detox, psychiatric hospitalization and community based education and rehabilitation programs. The Area tribes would also like to see section 705 of IHCIA funded to expand the usage and dissemination of a Mental Health Technician Program to better serve patients in their communities, as well as section 715 to expand Behavioral health research grants to allow tribes to find more innovative, effective approaches to address issues like Indian youth suicide.

The FY 2020 Portland Area health priorities, established through tribal consultation are as follows:

1. **Cancer**

American Indian and Alaska Native (AI/AN) have higher mortality rates than the general population from specific cancers and have more devastating outcomes after diagnosis. It is also the leading cause of death for AI/AN aged 55-64 according to the 2014 IHS trends report. One factor contributing to this is the limited access to cancer screening. At least four cancers cervical, breast, lung and colorectal, have widely accepted standards of care for screening and early diagnosis that are an integral part of primary care services. However, limitation in access to these preventive services (such as mammograms, pap smears and CT scanning) is a major impediment to cancer prevention in Indian Country. Another major contributor to this increased mortality among AI/ANs is that most receive their care through limited primary care facilities that lack adequate resources to coordinate care and provide the sophisticated and specialized cancer treatment that is available to the wider population.

2. **Behavioral Health (Mental Health, Alcohol/Substance Abuse, Suicide, Domestic Violence and Sexual Assault)**

This category summarizes the need for additional funds to support many programs that share the common goals of: healthy lifestyles and quality of life. This request identifies the need to improve programs' ability to reduce health-related complications, prevent the onset of unhealthy lifestyles, and educate our communities to deal with behavioral health issues. There is a need to enable the I/T/U programs to expand access to multiple programs for services and implement a comprehensive, integrated network of care. Tribes are active in this area, but with the small funding increases, measurable improvements are predicted to occur slowly. Tribes are effective in sharing information from community to community, yet the development and associated implementation of effective models is more difficult due to the lack of significant funding increases.

a. Mental Health and Suicide Prevention

Suicide is of great concern to many AI/AN communities. Data suggest that suicide is a significant problem throughout Indian Country, particularly among Native youth, males, veterans, and elders. According to the 2014 trends in Indian Health In comparison to other U.S. Races AI/AN have a 60% greater chance of suicide. The Portland Tribes strongly encourage IHS to provide additional funding to reduce suicide rates among AI/AN and to increase tribal capacity to prevent suicide throughout Indian Country. Adequate provision of Mental Health resources is needed to treat depression and chronic mental illness and to prevent the second leading cause of death for AI/AN adolescents and young adults. AI/AN suicide mortality in this age group (10-29) is 2-3 greater than that for non-Hispanic whites. In addition AI/AN in the northwest are more likely to report depression or poor mental health than non-Hispanic whites and less likely to report receiving mental health treatment, despite screening for depression in Portland Area clinics which meets or exceeds the IHS GPRA standard in most facilities. Greater access to mental health treatment and adoption of integrated behavioral health and primary care is needed. The Northwest Portland Area Indian Health Board (NPAIHB) project, THRIVE (Tribal Health Reaching out InVolves Everyone) has had a substantial impact by providing training and technical assistance to Northwest tribes to prevent suicide.

b. Alcohol and Substance Abuse

While much has been done to address the opioid epidemic throughout the country, funding and access to inpatient treatment programs for AI/ANs with alcohol, methamphetamine, or opioid abuse are still needed. Also needed is appropriate aftercare and outpatient follow-up. For example, the use of methamphetamine is causing tremendous cost to the Indian health care system. Studies show that to be effective, Tribes need to pay for 180-day inpatient treatment, as well as follow up care. This highlights the need for increased funding for inpatient services and after care.

c. Intimate Partner Violence and Sexual Assault

According to the US Department of Justice, AI/AN women are 2.5 times more likely to be raped or sexually assaulted than women in the USA in general; 34.1% of AI/AN women – or more than one in three – will be raped during their lifetime; it

is widely accepted that these statistics do not accurately portray the extent of the sexual violence against AI/AN women. Tribes emphasized the need for tribal clinic facilities to have funding for personnel specifically trained to provide treatment for this population. Authorities under IHCIA Section 707, for Indian Women Treatment Programs would assist in providing more comprehensive care that address cultural, historical, social and child care needs of Indian women.

TUCSON

1. Alcohol & Substance Abuse (ASA) +$204 Million

   Tucson Area recommends a budget increase of $204 Million to expand current services and fund new programs related to Behavioral Health under the IHCIA (Section 127). The high prevalence of Alcohol & Substance Abuse such as the opioid epidemic which contributes to suicides and violence within the communities. New funding will expand the scope of treatment, establish group homes, inpatient treatment facilities and increase clinicians and case managers.

   Surgeon General's report on alcohol and substance abuse (November, 2016) stated that "90% of people with substance abuse disorder are not getting treatment".

2. Mental Health (MH) +$204 Million

   Additional funding of $204 Million is necessary to address the mental health needs for treating and expanding services. New funds would allow an increase in professional workforce to serve the population, increase behavioral health training and community educational programs. The additional increase would fund the new provisions in the IHCIA (Sections. 707, 708, 710, and 712) such as: Comprehensive Behavioral Health and Treatment Programs, Fetal Alcohol Spectrum Disorders Programs, Long Term Treatment Programs for Women and Youth. Current State Reimbursement Rates are inadequate for small programs to be self-sustaining and must be supplemented with tribal funds. For accreditation purposes there is a need to enhance the skills and educational level of the current staff, along with the recruitment of licensed clinical staff. There are no facilities in the State of Arizona to specifically address the needs of youth behavioral issues, such as adolescent sex offenders, which require costly out of state treatment.