ALCOHOL & SUBSTANCE ABUSE

Indian Health Service Clinical Services	FY 1999 Enacted	FY 2000 Final Appropriation	FY 2001 Estimate	Increase or Decrease
Alcohol & Substance Abuse				
Budget Authority	$94,680,000	$96,824,000	$99,636,000	+$2,812,000
Total FTE	175	175	175	0
A. Services Provided:				
Outpatient Visits	590,000	593,000	604,000	+11,000
Inpatient Days	285,000	286,000	290,000	+4,000
Regional Trt Center:				
Admissions	3,700	4,000	4,120	+120
Aftercare Referrals	8,700	9,100	9,400	+300
Emergency Placements	390	400	410	+10

PURPOSE AND METHOD OF OPERATION

Program Mission/Responsibilities

The Alcoholism and Substance Abuse Program (ASAP) strives to eliminate the disease of alcoholism and other drug dependencies and the associated pain it brings to individuals of all ages, families, villages, communities, and tribes. The ASAP primary goal is to reduce the prevalence and incidence of alcoholism and other drug dependencies. The ASAP provides support and resources in the efforts of AI/AN communities toward achieving excellence in holistic alcoholism and other drug dependency treatment, rehabilitation, and prevention services for individuals and their families. In addition to the development of curative, preventative and rehabilitative services, the ASAP activities include the following:

- Data development and coordination for measuring the substance abuse and underage alcohol problems among AI/AN;
- Programmatic evaluation and research toward developing effective prevention and treatment services;
- National leadership that focuses on youth treatment, community education, and prevention services for high-risk youth; and
- Services for developmentally disabled.

The ASAP continues to primarily contract with tribal entities/consortia, including tribes that have compacted under Self-Governance, and Indian-managed urban boards of directors since the passage of the Indian health Care Improvement Act, P.L. 94-437. Presently, the IHS funds approximately 300 AI/AN ASAP that provide a multitude of treatment and prevention services to rural and urban communities.

Best Practices/Industry benchmarks

It is estimated that 95 percent of the approximately 1,800 employees in IHS funded programs are tribal staff. The credentialing, training, and hiring of 1,200 counselors have been a major initiative to address counselor competency. The counselor certification and professional licensure rates continue at approximately 85 percent of the program staff.

There are three adolescent regional treatment centers accredited by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) and three others that are accredited by Commission on Accreditation Rehabilitation Facilities (CARF). The remaining three treatment programs are preparing for JCAHO and/or CARF accreditation.

The tribal alcohol programs are state licensed and/or certified. The majority of the tribal alcohol programs follow the Indian Health Manual, Part III, Chapter 18, ASAP Standards which is modeled after JCAHO and CARF Standards.

Additional resources are needed to determine the priority of need and the correction of identified deficiencies in residential and non-residential facilities to improve the functioning of alcoholism and substance abuse programs. For example, an evaluation of the effectiveness of IHS sponsored aftercare/continuing care services is underway.

Findings Influencing FY 2001 Request

While alcoholism mortality had shown a dramatic decrease from 59 per 100,000 in 1980 to 37.9 per 100,000 in 1991, the latest data indicates that alcoholism mortality rates have been worsening since 1992. The rate has increased to 48.7 per 100,000, which is 7.3 times that of the overall U.S. population. An evaluation study of the Adolescent Regional Treatment Centers indicates program completion rates of 53 percent in comparison with 61 percent in the general population. The severity and intensity of the problems in AI/AN youth appear to be more treatment intensive than in the general U.S. population. The comprehensive care requirements include staff who are dually trained in mental health disorders and alcohol and substance abuse in order to effectively and safely respond to the treatment needs of young people with dual diagnosis.

The first two phases of the four-phase evaluation of women and children treatment needs has been completed. Preliminary findings indicate that high rates of abuse as children and adults and motivation to be better parents are the primary conditions of and reasons for AI/AN seeking treatment. The findings also indicate a need for treatment programs that provide cultural, spiritual, and childcare activities, and the importance of completion of individual and group therapy and participation in support groups.

ACCOMPLISHMENTS

Accomplishments of the IHS Alcoholism and Substance Abuse Program include:

- Local, community based training workshops and events called "Gathering of Native Americans," are being widely adapted throughout Indian Country. These workshops and events have been designed, tested, and evaluated in American Indian communities with the help of Indian education, social services and health professionals supported by both the IHS and the Center for Substance Abuse Prevention. As a result, there has been a revitalization of community planning interest and capability to address alcoholism and substance abuse.

- Coordination with the Centers for Disease Control and Prevention to fund an injury management control officer and a tobacco education and training officer.

- Continued primary care provider training workshops to enhance professional skills in addiction, prevention, intervention, and treatment skills. A special module has been developed for public health nurses. Activities include the development of a lending library (video and slide materials) designed to improve provider in service capability and community presentations. Between 40 and 60 primary care providers receive this training each year.

- The Chemical Dependency Management Information System (CDMIS) is now fully on line. All Areas using CDMIS and those Areas that will be reporting CDMIS from other data systems have received training. A users friendly version of CDMIS was released during FY 1996. An integrated version of which incorporates both commercial and RPMS data conducive to a behavioral health model of treatment is currently being tested in the Billings Area. The ASAP is supporting two software enhancement projects which further integrate and coordinate assessment, treatment planning, and case management utilizing the ASAM Patient Placement criteria and the CSAT Alcohol Severity Index (ASI) are being tested with 10 youth RTCs and the Billings area.

- In the Aberdeen Area, numerous clinics and hospitals are now using the Prenatal Health Assessment, which is a screening instrument for pregnant substance abusing women developed with the Centers for Disease Control and Prevention, and these protocols are being piloted in two new Areas in FY 1999.

- At the University of Washington, Fetal Alcohol and Drug Unit mini-internships continue to be provided for I/T/U providers.

- Leadership is being provided for the prevention of secondary disabilities in FAS individuals. A training manual for providers and parents/caregivers of FAS children and adolescents was prepared in conjunction with the Jamestown S'Klallam Tribe. Pamphlets to assist family and community members in advocating for services and preventing secondary disabilities were developed in FY 1998.

- The counselor certification and professional licensure rates continue at approximately 85 percent of the program staff.

- Clinical supervision training will continue to be supported as in the previous three fiscal years to enhance the competency of counseling efforts.

- The IHS is in the midst of an ongoing effort to evaluate treatment for women. The first two phases of the four-phase evaluation have been completed. The final report of the first two phases described the conditions of and reasons for seeking treatment by AI/AN women who use IHS funded treatment services. Among other things, these included high rates of abuse as children and adults and women's motivation to become better parents. The final report also emphasized need for treatment programs that provide cultural, spiritual and child care activities, and the importance of completion of individual and group therapy and participation in support groups. Information from the final report of the first two phases has been presented throughout Indian country, and at professional meetings in the U.S. and Canada. Phase III and IV of this evaluation will conclude in 1999. The purpose of Phases III and IV are to assess and measure the treatment outcomes achieved by the women receiving treatment at facilities supported by the Indian Health Service. In addition, the evaluation study will attempt to relate treatment outcomes to the treatment services provided. It will also describe the organization and provision of substance abuse treatment and aftercare services available for adult AI/AN women, identifying common strengths, problems, and recommendations for improvement.

- As part of the IHS response to the results of an evaluation of the adolescent regional treatment centers, an RTC Outcomes Tracking Protocol Project began in FY 1998. The purpose of this protocol is to provide a quantitative means for validly and reliably documenting client progress, program outputs, program and policy outcomes and program and policy efficiency.

Interagency Activities

The focus of FY 2000 collaborative efforts is with Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention, National Institutes of Health (NIAAA) and the Department of Justice (DOJ).

Future Directions

The IHS has actively cooperated with the DHHS in Demand Reduction activities, policy development, development of research agendas, and development of data monitoring (NIDA:UFDS). The IHS is committed to the national agenda to reduce alcohol and drug abuse by using strategies that include:

- Research and evaluation: collaborative efforts with the Robert Wood Johnson Foundation, aftercare evaluation, and completion of the first two phases of the women's treatment evaluation

- Continued development toward a comprehensive continuum of care encompassing prevention, education, treatment and rehabilitation. Workshops on American Society of Addiction Medicine Patient Placement Criteria were sponsored as part of the Clinical and Preventive Health Leadership Series

- Initiative to support treatment and prevention for women and for men

- Supporting inhalant abuse prevention and treatment initiative as a gateway drug in children, including Headstart, and young adolescents

- Injury control projects, e.g., None for the Road Campaigns for the Healthy People 2000 objectives

- Continued efforts in enhancement of counselor skills

- Tobacco cessation

- Continued implementation of CDMIS with a planned integration of RPMS and standardized commercial behavioral health software to enhance quality of care, evaluation, and third party reimbursement capacity

- Expansion of primary prevention efforts via collaboration with the Center for Substance Abuse Prevention on the Rural and Remote Culturally Distinct population project and training

- Expansion of traditional healing efforts and

- Continued enhancement of RTC development and effectiveness.

PERFORMANCE PLAN

The following performance indicators are included in the IHS FY 2001 Annual Performance Plan and are primarily dependent upon the activities funded within this budget line item for achievement. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN.

Indicator 9: To reduce drug and/or alcohol use relapse of youths discharged from Regional Treatment Centers (RTC) during FY 2001:

a. follow-up will be equal to or greater than the FY 2000 level
b. At least 30 percent will have documented 6 months of less alcohol and drug use than before treatment.

Indicator 10: Reduce the incidence of Fetal Alcohol Syndrome by increasing the proportion of I/T/U prenatal clinics utilizing a recognized screening and case management protocol(s) for pregnant substance abusing women by 10 percent over the FY 2000 level.

Following are the funding levels for the last 5 fiscal years:

Year	Funding	FTE
1996	$91,352,000	173
1997	$91,482,000	184
1998	$91,782,000	186
1999	$94,680,000	175
2000	$96,824,000	175

RATIONALE FOR BUDGET REQUEST

Total Request -- The request of $99,636,000 and 175 FTE is an increase of $2,812,000 over the FY 2000 Appropriation of $96,824,000 and 175 FTE. The increase includes the following:

Current Services – Built-in Increases: +$829,000

The request of $829,000 for personnel related costs funds the built-in increases associated with on-going operations. Included is the FY 2001 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

It is extremely critical that the IHS maintains the FY 2000 level of service to prevent any further decline in primary health. The IHS patient population continues to receive less access to health care than the general U.S. population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Health Disparities - +$1,983,000

Alcohol and substance abuse was identified as a top health problem by 11 of the 12 IHS Areas and the Urban Indian Health Programs in FY 2001. Alcohol-related automobile injuries and deaths constitute a major burden on the health of the IHS service population. For many years, the I/T/U has identified alcohol and substance abuse as its chief health problem priority. The 1994-1996 age-adjusted mortality rate for alcoholism was 627 percent greater for AI/ANs than those for the United States all races population. Chronic liver disease and cirrhosis is a common complication of alcohol and drug abuse, and is the 5th leading cause of death in the IHS nationwide.

Alcohol and substance abuse have had a tremendous negative impact on the health status of American Indians. The use of these substances often complicates other chronic diseases such as diabetes and hypertension. Additive use of alcohol and other substances contributes to domestic violence, homicide and suicide. Involvement of alcohol in child abuse and neglect, and intentional injuries has been clearly demonstrated.

Drug use, other than alcohol, especially intravenous drugs and methamphetamine, is on the rise in all Indian communities, with related dramatic increases in treatment costs. Methamphetamine is the primary drug used by Native American Women requiring drug treatment in the Billings Area. In 1997, 9 percent of clients treated for chemical dependency reported methamphetamine use, with reported use as high as 40 percent at some sites. The psychiatric co-morbidity of methamphetamine users has resulted in an increased since detoxification and treatment is longer than for other drugs.

Currently the alcohol and substance abuse programs provide services to a small portion of the service population. Programs are primarily focused to select groups of the population as needs become apparent. Service in this manner is dictated by crisis and does not address true alcohol and substance abuse program management of patients. None of the programs are funded well enough to address all of the conventional components of alcohol and substance abuse treatment, including outpatient, aftercare, inpatient, crisis intervention, or prevention, etc. Treatment is less expensive than incarceration with an increased potential for cure, especially if family support and interventions are also available. Access to new treatment modalities and alternative medicine is limited.

The proposed funding is an incremental amount towards providing the full continuum of treatment for alcohol and substance abuse as well as supporting a comprehensive approach for preventing these problems. The additional resources will be used to enable the programs to address multiple services simultaneously, for training of counselors on the assessment and treatment of patients with multiple diagnosis, and for enhancing/establishing aftercare programs to reduce recidivism rates in persons undergoing treatment.

Programs targeted to certain high risk groups and specialized services will also be supported. The I/T/U programs identified various needs for these types of programs, including:

- transitional or sober living programs since many of the adults cannot return to their communities following in-patient treatment
- halfway houses and group homes
- community peer support/leadership and mentor programs that are integrated into drug free recreational activities
- inhalant abuse programs
- high risk prenatal clinics to screen and identify women who are abusing alcohol and other substances to follow them throughout their pregnancy as a way to diminish Fetal Alcohol Syndrome
- Specialty Teams within each IHS Area to perform psychological autopsies on all completed suicides to diminish the total number of completed suicides among AI/AN youth. Most completed suicides are highly correlated with alcohol abuse.
- Youth Regional Treatment Centers.