MENTAL HEALTH SERVICES

Indian Health Service Clinical Services	FY 1999 Enacted	FY 2000 Final Appropriation	FY 2001 Estimate	Increase or Decrease
Mental Health				
A. Budget Authority	$41,305,000	$43,245,000	$49,405,000	+$6,160,000
B. FTE	290	290	304	+14
C. Total Client Contacts	208,000	214,000	233,000	+19,000

PURPOSE AND METHOD OF OPERATION

PROGRAM MISSION AND RESPONSIBILITIES

The IHS Mental Health and Social Services (MH&SS) program is a community oriented clinical and preventive service program these activities are part of a Behavioral Health Team (including Alcohol and Health Education) working collaboratively to address 4 of the top 10 health issues identified as priority by the I/T/U. While tribal communities possess much traditional strength, the level of psychosocial and emotional distress is high.

The improvements in physical health status for Indian populations have not been paralleled in the mental health and social services area. The workloads reported by field staff reflect serious mental and social problems in many AI/AN communities on reservations and in urban settings.

- Studies indicate that mental health and social problems are associated with more than one-third of the demands made on health facilities for services. Depression, anxiety and post traumatic stress disorder are emotional problems that are reported frequently in workload data.

- The suicide rate of about 2.4 times the national rate for AI/AN males' aged 15-34 is one indicator of the severity of mental health problems in Indian country.

- The rate of homicide, and accidental death in young Native American males is about twice the national rate.

- The homicide mortality rate for American Indian females 25 to 34 years is about 1.5 times that for U.S. All Races females in this age group.

- Problems of alcohol abuse, depression and anxiety frequently underlie and complicate treatment for physical disorders and traumatic accidents, requiring considerable attention from caregivers.

The most common MH/SS program model is a crises-oriented outpatient service, which is staffed by one or more mental health professional. On-call emergency mental health services are also provided outside of usual clinic or hospital hours. Medical and clinical social work are usually provided by one or more social workers to assist with discharge planning and provide family intervention for child abuse, suicide, domestic violence, parenting skills, and marital counseling. Specialized mental health services for populations such as children and the elderly are often minimal because of limited resources and difficulties in recruitment of trained specialists. BIA, state or local community agencies may also provide supportive services to Native American persons with emotional problems. Since virtually no partial hospitalization, transitional living, or child residential mental health programs exist in IHS or tribal operations, these services must be obtained from local, or state resources, when available. Inpatient services are provided under contract with local general hospitals psychiatric units or private psychiatric hospitals. Often, emergency and long duration hospitalizations are provided by state mental hospitals.

Prevention and early intervention, although legitimate needs, are often deferred so that crisis intervention may be provided to more clients. Continuing emphasis is made on community wide intervention and prevention strategies in collaboration with tribes for long-term improvement of child and family based problems.

Native healers are utilized in most Indian communities. At the option of individual tribes, traditional medicine is coordinated with other health and mental health services. Traditional healing practices are important health resources in Native American communities.

Services available to Indian communities for serious mental health and social problems continue to be very limited. Most service units and tribal programs are operated with little backup because of the rural and isolated nature of their practice. Professional turnover and burnout also affect the availability of services.

Many critical components of mental health, child abuse and social service programs, such as day programs, suicide prevention, and child abuse victim treatment are not available to Indian communities.

The IHS Mental Health/Social Services have established major initiatives designed to address and prevent AI/AN family violence and child abuse. Resources for more services have been described in the IHS Child Abuse Plan and authorized in P.L. 101-630 as amended and in a plan for support of additional suicide prevention program, which was submitted in FY 1996 by IHS to Congress. Major partnerships currently exist with Bureau of Indian Affairs (BIA), Substance Abuse and Mental Health Service Administration (SAMHSA), Center for Disease Control (CDC), Department of Justice (DOJ) and Administration for Children and Families (ACF) for the following initiatives:

- Continued implementation of suicide prevention strategies by supporting development of a tribally based national suicide prevention

network/center funded jointly with the CDC and by providing funds to develop two additional suicide prevention projects in South Dakota and Arizona.

- Provision of grants to tribal child abuse and family violence prevention programs and day treatment for mentally ill persons. Other support for child abuse prevention includes provision of training to IHS and tribal providers in cooperation with the University of Oklahoma and the University of New Mexico. Joint efforts with the BIA on conducting background checks for tribal, IHS and BIA programs, and joint collaborations with the Department of Justice and tribes on developing community-based initiatives for adolescent sexual abuse perpetrators.

- Implementation with SAMSHA of a $2.4 million Indian child mental health initiative. The IHS MH/SS received Vice President Gore's Hammer Award for this first Indian initiative with SAMHSA.

- Joint efforts with the Head Start Bureau which provide health and mental health consultation and training to 152 AI/AN Head Start and Early Head Start programs including family violence prevention and intervention.

- Collaboration with the BIA, DOJ, CDC and other national, state and local agencies in providing training and consultation to I/T/U providers on domestic violence, child abuse and elder abuse. Also, an IHS system wide identification and intervention for victims of domestic violence will continue in the I/T/U health facilities.

- Expansion of the MH/SS system in the I/T/U facilities for data collection on suicide, child abuses domestic violence in addition to other clinical information. Data for baseline morbidity are essential to fully support the I/T/U planning and management of health programs.

- Provision of training on needs of high risk children and youth includes; the detection and intervention for emotionally disturbed youth and child abuse victims in BIA boarding schools, residential treatment centers (RTC's), tribal detention centers, and the Juvenile First Offender Diversion Program training in Indian communities with the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

ACCOMPLISHMENTS

The accomplishments of the Mental Health/Social Services Program include the following:

- Provided training and program consultation for four adolescent Regional Treatment Centers, including addressing issues of safety during the planning and construction phases of the three new facilities.

- Participated in a number of interagency activities, such as meetings and workgroups with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of Justice Juvenile Detention

Program, and the National Center for Child Abuse and Neglect, which have positively impacted services for AI/AN communities.

- Development of two new agreements with the Dept. of Justice that will result in the addition of new resources to both IHS and AI/AN communities.

- Renewed several interagency agreements that have resulted in increased resources for AI/AN communities. These include agreements with: (a) the Office of Victims of Crime to provide funds to IHS for Child Protection Team Training for the Billings and Oklahoma Areas; (b) SAMHSA to support an AI/AN Technical Assistance Center for the nine AI/AN grantees selected for the Circles of Care Children's Mental Health Initiative and to the three AI/AN Children's Mental Health Service grantees; and, (c) the Office of Child Abuse and Neglect to continue support of Project Making Medicine at the University of Oklahoma which provides training in child abuse treatment to IHS and Tribal mental health, social service, and substance abuse providers and training and technical assistance to their communities. This project also provides training and technical assistance to the American Indian Program Branch/Headstart grantees.

- Obtained funding from the Bureau of Indian Affairs (BIA) to allow for the continuation of the Indian Children's Program at full funding for another year. The American Indian Program Branch at Headstart has agreed to replace the BIA portion of the funding for the new contract year when BIA withdraws from this project. This will provide a stronger focus on early identification and intervention with disabled children and their families.

- Development of community-based skills training in child therapy for 12 tribal and IHS providers in cooperation with the University of New Mexico. This is a pilot project to bring training opportunities to service providers in rural, isolated areas who otherwise cannot leave their jobs or families to attend University-based training.

- Funded eight 5-year child abuse grants to tribes.

- Implemented Version II of the MH/SS Reporting System that will enhance clinically oriented direct data entry for providers and secured a contract for continued technical support for this software.

- Continued the Social Work Fellowship Program with the University of New Mexico that provides child-specific training for Indian professionals.

- Collaborated with Albuquerque Area and State of New Mexico regarding the impact of Welfare Reform and the Children's Health Insurance Program on Indian families.

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 14: Reduce the incidence and consequences of family violence, abuse, and neglect by assuring that in FY 2001 at least 80 percent of I/T/U medical facilities with Urgent Care or Emergency departments or services will have written policies and procedures for routinely identifying, treating and/or referring victims of family violence, abuse or neglect (i.e., child, spouse, and/or elderly).

Indicator 15: To improve mental health planning and evaluation, increase the number of I/T/U programs utilizing the Mental Health/Social Services (MH/SS) data reporting system during FY 2001 by 10 percent over the FY 2000 rate.

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

Year	Funding	FTE
1996	$37,200,000	311
1997	$38,341,000	311
1998	$39,379,000	308
1999	$41,305,000	290
2000	$43,245,000	290

RATIONALE FOR BUDGET REQUEST

Total Request -- The request of $49,405,000 and 304 FTE is an increase of $6,160,000 and 14 FTE over the FY 2000 Appropriation of $43,245,000 and 290 FTE. The increases are as follows:

Current Services – Built-in Increases: +1,824,000

The request of $1,824,000 for personnel related costs will partially fund 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.

Phasing-In of Staff for New Facilities: +$384,000 and 2 FTE

The request of $384,000 and 2 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities. The following table displays the requested increase.

Facilities	**Dollars**	**FTE**

Talihina, OK Hospital	$226,000	3 1/
Hopi, AZ Health Center	158,000	2
Total	$384,000	2

1/ Non-add – Tribally operated program.

Health Disparities - +$3,952,000 and 12 FTE

Mental health was identified as top health problem by 10 of the 12 IHS Areas and the Urban Indian Health Programs in FY 2001. The AI/AN people are committed to promoting the lifetime wellness of tribal members through prevention, identification and treatment of not only physical disease but mental disease as well. Noting depression is the most widely reported psychiatric problem amongst its population, AI/AN people have elected to focus their attention on bringing this significant health problem under control in their communities.

The national suicide rate for AI/ANs has consistently been about twice the US national rated for all races and even higher for young Indian males. For example, the Alaska Area had 116 suicide related deaths between 1994 and 1996; mental disorders were the 5th leading cause of hospitalization and anti-depressants are among the highest category of prescribed drugs in terms of cost. Needs in the behavioral health area continue to grow and will assume greater weight as illness burden shifts from acute to chronic conditions.

Currently, the mental health programs promote the mental health of individuals, families and communities by providing appropriate and culturally responsive intervention, treatment and prevention services. The increased funding will support staffing and related costs targeted at increasing access to mental health services. In the long term, the intent is to provide mental health services in a more timely and efficient manner consistent with current and emerging health problems.

Funds would also be used to implement routine screening for mental health diseases. Implementation of comprehensive community based mental health care systems that are culturally appropriate for AI/AN families and communities will be a top priority.

Specific prevention and intervention approaches to suicide, child abuse & neglect, elder abuse and other forms of domestic violence developed by tribal communities will be supported with these funds.