

# EXECUTIVE COMMITTEE

PRESIDENT Jefferson Keel Chickasaw Nation

FIRST VICE-PRESIDENT **Aaron Payment** Sault Ste. Marie Tribe of Chippewa Indians of Michigan

RECORDING SECRETARY Juana Majel-Dixon Pauma Band Mission Indians

TREASURER
W. Ron Allen
Jamestown S'Klallam Tribe

#### REGIONAL VICE-PRESIDENTS

ALASKA **Rob Sanderson, Jr.** Tlingit & Haida Indian Tribes of Alaska

EASTERN OKLAHOMA Joe Byrd Cherokee Nation

GREAT PLAINS Larry Wright, Jr. Ponca Tribe of Nebraska

MIDWEST Roger Rader Pokagon Band of Potawatomi

NORTHEAST Lance Gumbs Shinnecock Indian Nation

NORTHWEST Leonard Forsman Suguamish Tribe

PACIFIC Willie Carrillo Tule River Tribe of California

ROCKY MOUNTAIN Darrin Old Coyote Crow Nation

SOUTHEAST Nancy Carnley Ma-Chis Lower Creek Indians

SOUTHERN PLAINS Zach Pahmahmie Prairie Band of Potawatomi Nation

SOUTHWEST Joe Garcia Ohkay Owingeh Pueblo

WESTERN Franklin Pablo, Sr. Gila River Indian Community

EXECUTIVE DIRECTOR Jacqueline Pata Tlingit

#### **NCAI HEADQUARTERS**

1516 P Street, N.W. Washington, DC 20005 202.466.7767 202.466.7797 fax www.ncai.org

## The National Congress of American Indians Resolution #MKE-17-040

TITLE: Support for Legislation to Amend the Social Security Act in Order to Achieve More Favorable Substance Abuse and Mental Health Outcomes for American Indians and Alaska Natives

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States and the United Nations Declaration on the Rights of Indigenous Peoples, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

**WHEREAS,** the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

**WHEREAS,** mental health and substance abuse disparities in the AI/AN population are well-documented; and

**WHEREAS,** among other issues, underage drinking increases the risk of suicide and homicide, physical and sexual assault, use and misuse of other drugs, and is a risk factor for heavy drinking later in life; and

**WHEREAS**, among adolescents ages 12 to 20, AI/ANs had the highest major depressive episode prevalence in the past year; and

**WHEREAS**, the suicide rate among AI/AN adolescents and young adults ages 15 to 34 (31 per 100,000) is 2.5 times higher than the national average for that age group (12.2 per 100,000); and

WHEREAS, the 2013 Youth Risk Behavior Survey reports that AI/AN youth had higher rates of drinking alcohol before age 13 compared to national rates (28.2 compared to 18.6 respectively) and data from the American Drug and Alcohol Survey administered to Native youth at 33 schools from 2009-2012 showed much higher prevalence of drug and alcohol use amongst 8th and 10th grade Native youth in comparison to national averages; and

**WHEREAS,** access to treatment facilities is critical to the well-being of AI/AN people who suffer from mental health or substance abuse issues; and

WHEREAS, the Medicaid Institutions for Mental Diseases (IMD) exclusion under section 1905(a)(B) of the Social Security Act, prohibits "payments with respect to care or services for any individual who has not attained 65 years of age and who is a patient in an institution for mental diseases except for inpatient psychiatric hospital services for individuals under age 21;" and

**WHEREAS**, the law defines "institutions for mental diseases" as any "hospital, nursing facility, or other institution of more than 16 beds, that is the primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care, and related services;" and

**WHEREAS**, the IMD 16-bed capacity restriction and funding limitations keep many AI/AN people from accessing needed in patient treatment services; and

**WHEREAS**, the IMD exclusion was intended to ensure that states, rather than the federal government, would have principal responsibility for funding inpatient psychiatric services; and

**WHEREAS**, legislation amending title XIX of the Social Security Act (SSA) would provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance abuse at residential treatment facilities would benefit AI/AN people; and

**WHEREAS,** amending the SSA to increase the institutions for mental diseases 16-bed limit to 40 or more beds would benefit AI/AN people in need of residential treatment under the Medicaid/CHIP program; and

**WHEREAS,** grant awards are needed to expand the infrastructure and treatment capabilities, including augmenting equipment and bed capacity, of youth addiction treatment facilities serving AI/AN at-risk youth that provide addiction and mental health treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and who are considered part of a medically underserved population; and

WHEREAS, such grant awards must allow for expanding infrastructure, staffing, and treatment capacities of existing facilities (including construction) and new facilities construction; and

**WHEREAS,** any grant awards must give priority to providing addiction treatment services to AI/AN Medicaid or CHIP beneficiaries who have not attained the age of 21.

**NOW THEREFORE BE IT RESOLVED,** that the National Congress of American Indians (NCAI) urges the U.S. Congress to support legislation that:

- Amends title XIX of the Social Security Act (SSA) to provide States with an option to provide
  medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat
  substance abuse at residential treatment facilities under the Medicaid/CHIP program;
- Amends the SSA to increase the institutions for mental diseases 16-bed limit to 40 or more beds;
- Provides grant awards to expand the infrastructure and treatment capabilities, including augmenting equipment and bed capacity, of eligible youth addiction treatment facilities

serving AI/AN at-risk youth that provide addiction and mental health treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and who are considered a medically underserved population;

- Provides that grant awards may be used to expand infrastructure, staffing and treatment capacities of existing facilities (including construction) and new facilities construction; and
- Appropriates at least \$50,000,000 for grant awards with at least 25% of such funds to youth addiction treatment facilities serving AI/AN at-risk youth who are Medicaid or CHIP beneficiaries and who have not attained the age of 21; and with no matching funds requirements; and

**BE IT FURTHER RESOLVED,** that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

### **CERTIFICATION**

The foregoing resolution was adopted by the General Assembly at the 2017 Annual Session of the National Congress of American Indians, held at the Wisconsin Center in Milwaukee, WI, Oct 15, 2017 - Oct 20, 2017, with a quorum present.

**ATTEST:** 

Juana Majel Dixon Recording Secretary