

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
ADDICTIVE & MENTAL DISORDERS DIVISION**



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov
PHONE (406) 444-3964
FAX: (406) 444-4435

P.O. Box 202905
HELENA, MT 59620-2905

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TO: Pat Murdo
Legislative Services Division

FROM: Joyce De Cunzo, Administrator
Addictive and Mental Disorders Division

RE: Requested information for State Tribal Relations Committee

Pat, I appreciate the opportunity to provide information for the State Tribal Relations Committee, and hope our answers to the questions posed by the Committee are clear. However, if there are further questions we would be happy to continue to work with you and the Committee. Joan Cassidy, Chief of the Chemical Dependency Bureau, can be available to you and the Committee if you would like more discussion on these issues.

1. What is the budgetary break down, in terms of services and delivery of the 19% of Native American population reported by DPHHS to SAMHSA? Is this 19% population based within reservations or urban services and treatment dollars?

Response:

The report of 19% Native American clients is the percentage of Native Americans admitted by all State-Approved Chemical Dependency Providers in the state for substance abuse treatment services.

This admission data is reported monthly by the Addictive & Mental Disorders Division (AMDD) to the Federal government through a system called the Treatment Episode Data Set or TEDS.

The following chart shows the breakdown of all funds for treatment and prevention services, for both reservations and urban centers:

Grant Year 2007	SAPT				
	Treatment	Prevention	SPF SIG	MTUPP	General Fund
Total Funds Available	\$4,377,878	\$1,318,943	\$2,332,000	\$410,000	\$2,000,000
Urban NA ^{*1}	\$89,482	0	0	-----	\$185,000.00
Reservation NA ^{*2}	\$16,533	0	\$745,461	\$85,204	\$185,000.00
MCDC	\$560,929		-----		
Administration	\$328,398		-----		
TB	\$8,568		-----		

^{*1} Missoula Indian Center; Indian Health Board - Billings; Gateway Community Services – Great Falls

^{*2} Chrystal Creek Lodge – Browning; White Sky Hope – Rocky Boy; Lake Co and Flathead Reservation; Fort Peck Reservation; Blackfeet Housing (3 sites)

2. How much of the state block grant is directly awarded to the tribes by contract?

Response:

See the SAPT section of the chart in question 1. Currently, block grant funding to tribes is very limited.

In order to be eligible for award of state block grant funds, programs must be state-approved chemical dependency programs and must agree to serve all individuals.

Two reservation programs, Crystal Creek Lodge in Browning and White Sky Hope at Rocky Boy, currently meet these requirements, and a third reservation program, Spotted Bull Treatment Center (Fort Peck), is in the process of applying for state approval. Urban programs with this status include the Indian Health Board in Billings, Missoula Indian Center, North American Indian Alliance in Butte and Great Falls IHS. While North American Indian Alliance and Great Falls IHS meet the requirements, they do not currently receive funding from AMDD.

AMDD is very willing to work with tribal programs that want to pursue state-approval status.

3. What are the current performance measurements utilized by DPHHS and how are these performance measurements addressed within tribal culturally based program efforts?

Response: Montana Performance Measures as required to be reported to SAMHSA include:

- Change in Percent of Clients Employment or School from Admission to Discharge;
- Change in Percent of Clients with Stable Housing from Admission to Discharge;
- Change in Percent of Clients with No Arrests from Admission to Discharge;
- Change in Percent of Clients Reporting Abstinence from Alcohol from Admission to Discharge
- Change in Percent of Clients Reporting Abstinence from Drugs from Admission to Discharge
- Change in Percent of Clients Participating in Recovery Activities from Admission to Discharge

All performance measures are reported at admission, discharge, 6 month & 12 month follow-up interviews. Programs are encouraged to design the interview and treatment processes to meet the needs of their clientele. For example, the program might arrange for a recovery plan to include culturally sensitive activities or tribal variations. When programs are monitored, we look to see if these choices were offered. Another monitoring question is “did the program respect your cultural issues, and how well did they do that?”

4. How many Native Americans are represented on Executive Planning Process, funding review committees and DPHHS block grant planning?

Response:

EPP is an internal process used by state government to establish the Executive budget. It is developed according to specific timelines set by both the Governor and state statute.

In order to prepare the Addictive & Mental Disorders Division’s (AMDD) budget request, AMDD offers several forums for the public to participate. The forums include:

- AMDD Listening Tour;
- Attendance at Montana Addiction Service Providers meeting;
- Attendance at Native American Chemical Dependency Programs meeting;
- Participation in Service Area Authorities and Local Advisory Councils
- A designated seat for a Native American on the Mental Health Oversight Advisory Council.

AMDD does not have a funding review committee or a block grant planning committee. The administrative rules for the program, which are over 25 years old, describe the process used for making these determinations. Currently, funding is distributed based upon contractors’ performance and ability to provide needed services to expend block grant funds. Funding is distributed among 56 counties, 5 urban American Indian Centers, and 2 American Indian Reservations. The Chemical Dependency Bureau in AMDD has convened a task force to rewrite the rules – this will include a review of the current methods for distribution

of funds. This task force includes 5 Tribal members out of a total 9 task force members.

5. How does the current DPHHS block grant(s) address the issues within tribal communities? Are these issues based on recommendations from each Tribal Governments and/or programs?

Response:

The Chemical Dependency Bureau recognizes the unique cultural heritage of Montana's tribal communities. In order to address tribe-specific issues, the Bureau's initiatives and practices include:

- Encouraging programs to develop and implement treatment protocols that meet the needs of their tribe.
- Approval of billing for Native traditional healing methods such as "sweats".
- Funding for a community (tribal) based residential treatment home located at Rocky Boy so tribal members can receive services in their home community;
- Funding for inpatient residential beds in Great Falls for female American Indians at a program that offers traditional healing practices.
- Development under prevention funding of an American Indian Advocacy/Peer Mentoring Program in Billings which focuses on connecting children and their families with needed services; and
- Support for urban and reservation programs to integrate White Bison, Inc. recommendations and programs for a seamless prevention/treatment system.

6. What is the funding methodology and/or formula utilized in the budget development of the block grant, in addition within this formula what is the percentage of dollars based on the Indian population?

Response:

The state is funded based on a Federal formula, which is determined solely by SAMHSA. Funds the state receives are currently distributed to State Approved Programs based on a variety of factors, such as historical performance by programs.

We are unable to answer the question regarding the percentage of dollars spent, based on the Indian population. Services for Native Americans are paid for by a variety of services besides the block grant, including Medicaid, private insurance, Indian Health Services and others. In FY 2007, 2,085 Native Americans received services across the state, from all providers. For these individuals, the block grant paid for approximately 25% of the charges, with the rest of the charges paid by other payers.