



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 11, 2018

TO: RADM Michael Toedt, M.D., F.A.A.F.P.
Chief Medical Officer
Indian Health Service

Ann M. Church
Acting Chief Financial Officer
Indian Health Service

FROM: /Gloria L. Jarmon/
Deputy Inspector General for Audit Services

SUBJECT: Independent Attestation Review: Indian Health Service Fiscal Year 2017 Detailed Accounting Submission and Performance Summary Report for National Drug Control Activities and Accompanying Required Assertions (A-03-18-00351)

This report provides the results of our review of the attached Indian Health Service (IHS) detailed accounting submission, which includes the table of Drug Control Obligations, related disclosures, and management's assertions for the fiscal year ended September 30, 2017. We also reviewed the Performance Summary Report, which includes management's assertions and related performance information for the fiscal year ended September 30, 2017. IHS management is responsible for, and prepared, the detailed accounting submission and Performance Summary Report to comply with the Office of National Drug Control Policy Circular *Accounting of Drug Control Funding and Performance Summary*, dated January 18, 2013 (the ONDCP Circular).

We performed this review as required by 21 U.S.C. § 1704(d)(A) and as authorized by 21 U.S.C. § 1703(d)(7) and in compliance with the ONDCP Circular.

We conducted our attestation review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. An attestation review is substantially less in scope than an examination, the objective of which is to express an opinion on management's assertions contained in its report. Accordingly, we do not express such an opinion.

Based on our review, nothing came to our attention that caused us to believe that IHS's detailed accounting submission and Performance Summary Report for fiscal year 2017 were not fairly stated, in all material respects, based on the ONDCP Circular.

IHS's detailed accounting submission and Performance Summary Report are included as Attachments A and B.

Although this report is an unrestricted public document, the information it contains is intended solely for the information and use of Congress, ONDCP, and IHS. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Amy J. Frontz, Assistant Inspector General for Audit Services, at (202) 619-1157 or through email at Amy.Frontz@oig.hhs.gov. Please refer to report number A-03-18-00351 in all correspondence.

Attachments



NOV 09 2017

TO: Director
Office of National Drug Control Policy

THROUGH: Sheila Conley
Deputy Assistant Secretary of Finance
Department of Health and Human Services

FROM: Ann M. Church
Acting Chief Financial Officer
Indian Health Service

SUBJECT: FY 2017 Assertions Concerning Drug Control Accounting

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular, *Accounting of Drug Control Funding and Performance Summary*, I make the following assertions regarding the attached annual accounting of drug control funds for the Indian Health Service (IHS):

Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are the actual obligations from the agency's accounting system of record for these budget decision units, consistent with the drug budget methodology discussed below.

Drug Methodology

I assert that the drug methodology used to calculate obligations of prior year budgetary resources by function for the agency was reasonable and accurate in accordance with the criteria listed in Section 6b(2) of the Circular. In accordance with these criteria, I have documented/identified data which support the drug methodology, explained and documented other estimation methods (the assumptions for which are subjected to periodic review) and determined that the financial systems supporting the drug methodology yield data that present fairly, in all material respect, aggregate obligations from which drug-related obligation estimates are derived.

The IHS methodology for estimating the drug control budget was established using the amounts appropriated for the Alcohol and Substance Abuse Prevention programs authorized under Public Law (P.L.) 102-573, the Indian Health Amendments of 1992. See attached table "Alcoholism and Substance Abuse Treatment and Prevention Program Authorized Under P.L. 102-573" for

Page 2 – Director, Office of National Drug Control Policy

the list of programs. This table reflects estimated amounts. When originally authorized and appropriated, the funds were allocated to Tribes through their Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts by specific programs. However, when the programs were reauthorized and captured under P.L. 102-573, some IHS Area offices allocated the funds in lump sum while others maintained the specific program breakout. Therefore, at the current time precise amounts of funding for each program are not available. The table is maintained to estimate current funding level and is the basis of the drug budget control methodology. Excluded is the amount for the Adult Treatment programs, which represents the original authorization for IHS to provide alcohol treatment services. The focus on alcoholism treatment is the reason for the exclusion.

Drug Resources by Decision Unit¹: The IHS drug control funds are appropriated in two budget line items: 1) Alcohol and Substance Abuse (ASA) and 2) Urban Indian Health Programs (UIHP). The ASA funds are primarily allocated to Tribes under their ISDEAA contracts and compacts, where they manage the programs and have authority to reallocate funds to address local priorities. The portion of the alcohol fund included in the drug control budget methodology is as described above, i.e., the entire budget excluding the amount for Adult Treatment. The UIHP funds are allocated through contracts and grants to 501(c)(3) organizations. The portion of UIHP funds included in the drug control budget methodology is for the National Institute on Alcohol Abuse and Alcoholism programs transferred to the IHS under the UIHP budget.

Drug Resources by Function: Under the methodology, two programs through FY 2007 were identified as Prevention programs, Community Education and Training and Wellness Beyond Abstinence. In FY 2008, one half of the new funds appropriated for Methamphetamine and Suicide Prevention and Treatment were also included in the Prevention function. The Treatment function comprises the remaining program excluding Adult Treatment. In addition, the amount of UIHP funds is included under the Treatment function.

Application of Drug Methodology

I assert that the drug methodology disclosed in this section was the actual methodology used to generate the table required by Section 6a of the Circular.

Reprogramming or Transfers

IHS did not reprogram or transfer any funds included in its drug control budget.

¹ In FY 2017, funding was allocated for the Prescription Drug Monitoring Program under the Hospitals & Health Clinics line item. These funds are not considered part of the drug control budget, but the agency is reviewing these funds and may propose inclusion in the drug control budget for the FY 2019 budget process.

Page 3 – Director, Office of National Drug Control Policy

Funds Control Notices

IHS was not issued any Fund Control Notices by the Director under 21 U.S.C. 1703 (f) and Section 9 of the ONDCP Circular, *Budget Execution*, dated January 18, 2013.



Ann M. Church

Attachments:²

1. Table – Alcoholism and Substance Abuse Treatment and Prevention Program Authorized Under P.L. 102-573
2. Table – FY 2017 Drug Control Obligations

² The first table attached to this report is necessary for understanding the IHS drug control budget methodology. The table titled “Alcoholism and Substance Abuse Treatment and Prevention Program Authorized Under P.L. 102-573” shows the ASA budget line item broken out by the activities originally authorized in P.L. 100-690 and later included under P.L. 102-573. This table also includes the funding within the UIHP budget line item that supports alcohol and substance abuse treatment services. Funds under ASA and UIHP are not appropriated or accounted for by the specific categories shown, but rather as the lump sum funds of ASA and UIHP. The second table shows the obligations of these funds as required by the ONDCP Circular, *Accounting of Drug Control Funding and Performance Summary*.

Indian Health Service
Alcoholism and Substance Abuse Treatment
and Prevention Program

Authorized Under P.L. 102-573
(Dollars in Thousands)

Amount of Funds	FY 2013 Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted	Drug Control & Moyer Reports
ALCOHOL & SUBSTANCE ABUSE (ASA)						
Adult Treatment.....	\$97,926	\$98,633	\$101,312	\$103,807	\$107,587	Excluded*
Regional Treatment Centers	\$20,223	\$20,369	\$20,922	\$21,438	\$22,218	Treatment
Community Education & Training.....	\$9,094	\$9,159	\$9,408	\$9,640	\$9,991	Prevention
Community Rehabilitation/ Aftercare.....	\$29,539	\$29,752	\$30,560	\$31,313	\$32,453	Treatment
Gila River.....	\$226	\$228	\$234	\$240	\$248	Treatment
Contract Health Service.....	\$10,398	\$10,473	\$10,758	\$11,023	\$11,424	Treatment
Navajo Rehab. Program.....	\$400	\$403	\$414	\$424	\$440	Treatment
Urban Clinical Services.....	\$852	\$859	\$882	\$904	\$937	Treatment
Wellness Beyond						
Abstinence.....	\$982	\$989	\$1,016	\$1,041	\$1,079	Prevention
Meth Prev & Treatment.....	\$15,513	\$15,513	\$15,475	\$25,475	\$31,975	50/50 Trtmt & Prev
Total.....	\$185,154	\$186,378	\$190,981	\$205,305	\$218,353	
URBAN INDIAN HEALTH PROGRAM (UIHP) 1/						
Amount of Funds	FY 2013 Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted	
Expand Urban Programs.....	\$4,403	\$4,492	\$4,492	\$3,211	\$3,604	Treatment
HEALTH CARE FACILITIES CONSTRUCTION (HCFC) 2/						
Amount of Funds	FY 2013 Enacted	FY 2014 Enacted	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Enacted	
Construction.....	\$0	\$15,500	\$17,161	\$0	\$0	
ASA	\$185,154	\$186,378	\$190,982	\$205,305	\$218,353	
UIHP	\$4,403	\$4,492	\$4,492	\$3,211	\$3,604	
HCFC	\$0	\$15,500	\$17,161	\$0	\$0	
GRAND TOTAL.....	\$189,557	\$625,681	\$212,635	\$208,516	\$221,957	

1/ The Urban Program was funded under P.L. 100-690 and is now funded under P.L. 102-573.

2/ HCFC funds are appropriated under the Indian Health Facilities appropriation and included in the Outpatient sub-sub-activity .

*Adult Treatment funds are excluded from the ONDCP Drug Control Budget and Moyer Anti-Drug Abuse methodologies because this program reflects the original authorized program for IHS with the sole focus of alcoholism treatment services for adults. This determination was made in consultation with ONDCP when the drug control budget was initially developed in the early 1990s.

INDIAN HEALTH SERVICE
FY 2017 Drug Control Obligations
(in thousands)

	Enacted	Obligated
Drug Resources by Function		
Prevention	\$27,057	\$24,763
Treatment	\$87,312	\$82,772
	\$114,369	\$107,536
Drug Resources by Decision Unit		
Alcohol and Substance Abuse	\$110,765	\$103,931
Urban Indian Health Program	\$3,604	\$3,604
	\$114,369	\$107,536



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

DEC 01 2017

Indian Health Service
Rockville, MD 20857

TO: Director
Office of National Drug Control Policy

THROUGH: Norris Cochran
Deputy Assistant Secretary, Budget

FROM: RADM Michael E. Toedt, MD
Chief Medical Officer

SUBJECT: Assertions Concerning FY 2017 Performance Summary Report

In accordance with the requirements of the Office of National Drug Control Policy circular "Accounting of Drug Control Funding and Performance Summary," I make the following assertions regarding the attached FY2017 Performance Summary Report for National Drug Control Activities:

Performance Reporting System

I assert that the Indian Health Service (IHS) has a system to capture performance information accurately and that this system was properly applied to generate the performance data presented in the attached report.

Explanations for Not Meeting Performance Targets

I assert that the explanations offered in the attached report for failing to meet a performance target are reasonable and that any recommendations concerning plans and schedules for meeting future targets or for revision or eliminating performance targets are reasonable.

Methodology to Establish Performance Targets

I assert that the methodology used to establish performance targets presented in the attached report is reasonable given past performance and available resources.

Performance Measures Exist for All Significant Drug Control Activities

I assert that adequate performance measures exist for all significant drug control activities.


Michael E. Toedt, M.D., F.A.A.F.P.

**FY 2017 Performance Summary Report
National Drug Control Activities – Indian Health Service (IHS)**

Decision Unit 1: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS

Measure 1: Improvement/Accreditation: Accreditation Rate for Youth Regional Treatment Centers (YRTC) in operation 18 months or more.

YRTC Accreditation Table 1: Measure 1						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
90%	90%	90%	100%	100%	100%	100%

(1) Performance Measures- The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (1): The YRTC Accreditation measures reflects an evaluation of the quality of care associated with accreditation status by either the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF). This is accomplished in part by working to ensure that 100 percent of YRTCs achieve and maintain accreditation status. Accreditation status serves as evidence that the centers commit to quality improvement, monitor the results of services, and meet rigorous person-centered standards that emphasize an integrated and individualized approach to services provided to American Indian and Alaska Native (AI/AN) youth who enter residential treatment for alcohol and substance abuse. Agency management uses the performance measure as a tool to monitor the commitment to quality services provided by the centers.

(2) Prior Years Performance Targets and Results - For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

The 100 percent accreditation performance measure was met in FY 2017.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The FY 2018 performance target for the YRTC's remains unchanged at 100 percent for accreditation status. The methodology used to establish the fiscal year target is 100 percent of YRTC's achieving and maintaining accreditation as a reflection of the quality of care associated with accreditation status. The methodology used to determine the actual results at the end of the fiscal year is the number of accredited YRTC's as the numerator and the total number of YRTC's used as the denominator. In FY 2017, the number of eligible facilities representing the numerator and denominator was 10.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

On an annual basis, the IHS Office of Clinical and Preventive Services (OCPS), Division of Behavioral Health (DBH) requires all YRTC's to verify their current accreditation certification status by forwarding a copy of this documentation to Agency Headquarters in Rockville, Maryland. Using verified program documents, this methodology ensures that standards for continued accreditation are continually being met and deficiencies are addressed. To ensure data for this performance measure are accurate, complete, and unbiased, the IHS DBH collects, evaluates, and monitors individual program files for each YRTC.

Decision Unit 2: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS

Measure 2: Universal Alcohol Screening: 12 through 75 years of age

Universal Alcohol Screening Table 2: Measure 2						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	Baseline	68.0%	Retired*

*Measure retired due to changes to the logic and reporting from a new system (the Integrated Data Collection System Data Mart, IDCS DM).

Universal Alcohol Screening Table 2: Measure 2						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	N/A	Baseline	37.0%**

**Reflects measure logic change to screen patients 9 through 75 years and reporting from the IDCS DM.

- (1) Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (2): The FY 2017 measure, Universal Alcohol Screening, reports alcohol screening among patients ages 12 through 75 years of age. In FY 2018, this measure will change to expand screening among patients age 9 through 75 years, in effort to align ages with measure No. (3) Screening, Brief Intervention, and Referral to Treatment (SBIRT). Screening is an effective tool in identifying risky alcohol use and the updated screening criteria and measures will have a far-reaching positive impact on the overall health of AI/AN communities.

- (2) Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve

the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

The performance target for FY 2017 is from IHS's Resource and Patient Management System's (RPMS) Clinical Reporting System (CRS) with a final result of 68.0 percent.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The FY 2018 target for Universal Alcohol Screening is set at 37.0 percent and reported from the IHS national performance data mart, the Integrated Data Collection System Data Mart (IDCS DM). The FY 2018 target was established by taking baseline data from FY 2017 IDCS DM result and bringing it forward as the FY 2018 target. This is how IHS historically establishes the second year target of a new measure.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

Clinical Reporting System (CRS) Documentation:

Data Collection

IHS relies on the Resource and Patient Management System (RPMS) to track and manage data at facilities and clinical sites. The RPMS CRS software automates the data extraction process using data from patient records in the IHS health information system (RPMS) at the individual clinic level. The CRS is updated annually to reflect changes in clinical guidelines for existing and new measures to reflect new healthcare priorities. Software versions are tested first on developmental servers on large data bases and then are beta tested at facilities, before submission to IHS Software Quality Assurance, which conducts a thorough review prior to national release. The new version of the application is released as Class 1 software throughout IHS. In 2005, the Healthcare Information and Management System Society selected the CRS for the Davies Award of Excellence in public health information technology.

Completeness

After local sites submit their data, IHS Area coordinators use CRS to create Area level reports, which are forwarded to the national data support team for a second review and final aggregation. CRS software automatically creates a special file format of Area data for use in national aggregation, which eliminates potential errors that could occur if manual data extraction were required. These national aggregations are thoroughly reviewed for quality and accuracy before final submission. Specific instructions for running quarterly reports are available for both local facilities and each IHS Area.

CRS generated data reports are comprehensive representations of patient data and clinical performance for those facilities that participate and include data from 100 percent of all IHS direct facilities. Tribes have the option to voluntarily participate, thus, results include data from those Tribal clinics and hospitals that utilize RPMS. At this time, not all Tribes have elected to participate in the data-sharing process using RPMS.

Reliability

Electronic collection, using CRS, ensures that performance data is comparable across all facilities and is based on a review of 100 percent of all patient records rather than a sample. Facility reports are submitted on a quarterly and annual basis to the Government Performance and Results Act (GPRA) coordinator for their Area, who is responsible for quality reviews of the data before forwarding reports for national aggregation. Because the measure logic and reporting criteria are hard coded in the CRS software, these checks are primarily limited to assuring all communities assigned to a site are included in the report and to identifying measure results that are anomalous, which may indicate data entry or technical issues at the local level. Comprehensive information about CRS software and logic is at <https://www.ihs.gov/crs/>.

Decision Unit 3: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS

Measure 3: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT Table 3: Measure 3						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	Baseline	3.0%	Retired*

*Measure retired due to a change in reporting system (the Integrated Data Collection System Data Mart, IDCS DM).

SBIRT Table 3: Measure 3						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	N/A	N/A	8.9%**

**Reflects reporting from a new system, the IDCS DM.

- (1) Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (3): Baseline data for the new SBIRT screening measure was established in FY 2017. The SBIRT measure will assess patient for risky alcohol use and the level of intervention type needed. Interventions will include either a brief intervention/brief negotiated interview or a referral for brief treatment or more intensive treatment among patients ages 9 through 75 years of age. Screenings will be documented in the EHR. The SBIRT model will be used in primary care and emergency departments as a way to integrate behavioral health into care. Research shows that early intervention among risky alcohol drinking patterns can deter more significant issues later in life. By identifying risky drinking patterns early on, IHS will be able to provide services that will reduce the long term effects of alcohol use and associated medical complications for the AI/AN population.

- (2) Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why

that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

The FY 2017 SBIRT final RPMS CRS result is 3.0 percent.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The target goal for the new SBIRT was based on data from the IDCS DM in FY 2017. The FY 2018 target was established at 8.9 percent by taking the FY 2017 IDCS DM result and bringing it forward as the FY 2018 target. This is how IHS historically establishes the second year target of a new measure.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

As a clinical measure, the SBIRT measure is subject to the same processes described for the Universal Alcohol screening measure using the CRS. Please refer to Universal Alcohol screening measure Quality of Performance Data section 4 (page 4) for further detail.

Decision Unit 4: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS

Measure 4: Domestic Violence (Intimate Partner) Screening: Proportion of women who are screened for domestic violence at health care facilities.

Domestic Violence Table 4: Measure 4					
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Target	FY 2016 Actual	FY 2017 Target
62.4%	63.5%	63.6%	Retire*	N/A	N/A

*Measure was retired after FY 2015 and replaced with a new measure of the same name in FY 2016 to denote the change in the denominator.

Domestic Violence Table 4: Measure 4						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	65.3%	65.3%	66.6%	Retired*

*Measure retired due to a change in reporting system (the Integrated Data Collection System Data Mart, IDCS DM).

Domestic Violence Table 4: Measure 4						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	N/A	N/A	41.6%**

**Reflects reporting from a new system, the IDCS DM.

- (1) **Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (4): The Domestic Violence (Intimate Partner) Screening measure was retired after 2015 and replaced with a new measure with the same name in FY 2016 to denote the denominator logic change based on age range. The FY 2017 result for this measure was calculated from the Clinical Reporting System. In FY 2018 this measure will be reported from the Integrated Data Collection System Data Mart (IDCS DM). IHS tracks the percentage of women age 14 to 46 who have been screened for domestic violence/intimate

partner violence during the reporting period. This measure is designed to identify and assist AI/AN women who experience domestic violence. Screening identifies women at risk of domestic violence so that these individuals can be referred for services aimed at reducing the prevalence and impact of domestic violence. Research suggests that alcohol and drug use can worsen and, in some cases, accelerate domestic violence situations. By identifying victims of domestic violence, the Agency has the opportunity to identify substance abuse issues that may be occurring in the home. Agency management uses this performance measure as a tool to assist in protecting the safety of the victim and family, to improve quality of life, and provide access to advocacy, legal system, healthcare, and social services.

- (2) Prior Years Performance Targets and Results - For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.**

The FY 2017 CRS screening result for this measure was 66.6 percent.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The performance target for FY 2018 is 41.6 percent. The FY 2018 target was established by taking the FY 2017 IDCS DM result and bringing it forward as the FY 2018 target. This is how IHS historically establishes the second year target of a new measure.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

As a clinical measure, the SBIRT measure is subject to the same processes described for the Universal Alcohol screening measure using the CRS. Please refer to Universal Alcohol screening measure Quality of Performance Data section 4 (page 4) for further detail.

Decision Unit 5: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS

Measure 5: Behavioral Health: Proportion of American Indian and Alaska Native adults 18 and over who are screened for depression.

Depression Screening Table 5: Measure 5						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
65.1%	66.0%	67.4%	67.9%	70.0%	69.4%	Retired*

*Measure retired due to a change in reporting system (the Integrated Data Collection System Data Mart, IDCS DM).

Depression Screening Table 5: Measure 5						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	N/A	N/A	42.2%**

**Reflects reporting from a new system, the IDCS DM.

- (1) Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (5): The measure reporting the proportion of AI/AN adults 18 and over who are screened for depression reflects the proportion of patients that received a standardized screening assessment for depression. Depression is often an underlying component contributing to suicide, accidents, domestic violence, and alcohol and substance use. For patients, who have co-occurring substance use disorders and mood disorders, such as depression, this measure is used by the Agency to identify individuals who require intervention, treatment, and referral to appropriate services.

- (2) Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting

future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

The FY 2017 target for the proportion of AI/AN adults 18 and over who are screened for depression was 70 percent and the final CRS result was 69.4 percent. IHS missed its target by 0.6 percent. To increase depression screenings, online trainings focused on depression, screening, documentation, and treatment will be developed and implemented across IHS facilities. Training will be provided to primary staff implementing this measure including nursing and primary care support staff.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The performance target for depression screening in FY 2018 is 42.2 percent for AI/AN aged 18 years and over. The FY 2018 target was established by taking the FY 2017 IDCS DM result and bringing it forward as the FY 2018 target. This is how IHS historically establishes the second year target of a new measure.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

As a clinical GPRA measure, the depression screening measure is subject to the same processes described for the Universal Alcohol screening measure using the CRS. Please refer to Universal Alcohol screening measure Quality of Performance Data section 4 (page 4) for further detail.

Decision Unit 6: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS

Measure 6: Behavioral Health: Depression Screening of American Indian and Alaska Native youth ages 12-17.

Depression Screening Table 6: Measure 6						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	Baseline	50.1%	Retired*

*Measure retired due to a change in reporting system (the Integrated Data Collection System Data Mart, IDCS DM).

Depression Screening Table 6: Measure 6						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
N/A	N/A	N/A	N/A	N/A	N/A	27.6%**

**Reflects reporting from a new system, the IDCS DM.

- (1) Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (6): The Depression Screening of AI/AN youth ages 12-17 measure reflects the fact that while depression can begin at any age, often the first episode of major depressive disorder (MDD) occurs during childhood or adolescence. The linkage between suicide deaths and longer-term MDD among adolescents warrants widespread depression screening in the Indian health system given the high rates of suicide among AI/AN youth. Additionally, research in depression in ages 12 to 17 youth has shown risks of difficulty in carrying out daily activities and higher risk of depression and other mental health problems as adults. For patients who have co-occurring substance use disorders and mood disorders, such as depression, this measure is used by the Agency to identify individuals who require intervention, treatment, and referral to appropriate services.

- (2) Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for

the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

The CRS result for the FY 2017 depression screening of AI/AN youth ages 12-17 measure was 50.1 percent.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The performance target for FY 2018 is 27.6 percent. The FY 2018 target was established by taking the FY 2017 IDCS DM result and bringing it forward as the FY 2018 target. This is how IHS historically establishes the second year target of a new measure.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

As a clinical GPRA measure, the depression screening measure is subject to the same processes described for the Universal Alcohol screening measure using the CRS. Please refer to Universal Alcohol screening measure Quality of Performance Data section 4 (page 4) for further detail.

Measure 7: Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals

Suicide Report Form Table 7: Measure 7						
FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
1,438	1,766	2,346	2109	2,536	*N/A	2,561

* Please note FY 2017 final results will be available in March 2018

- (1) **Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (7): The Suicide Surveillance measure reflects the number of Suicide Report Forms (SRF) completed throughout the Indian health system. The SRF captures data related to specific incidents of suicide, such as data and location of act, method, contributing factors, and other useful epidemiologic information. SRFs are documented at the point of care by health care (or mental health) professions. The Agency uses this measure as a management tool to gather information about the incidence of suicidal ideations, attempts, and completions to guide policy and program decisions. Unfortunately, suicide is often the result of underlying issues such as depression, domestic violence, and alcohol and substance abuse.

- (2) **Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

The final SRF data for FY 2017 will be available March 2018.

To increase utilization of the SRF among tribal communities, IHS will provide trainings to increase awareness of the form and the importance of suicide surveillance activities among providers, facility and Area managers, and administrators. Similarly, RPMS site managers

and EHR clinical application coordinators will be made aware of the SRF and the appropriate application set-up and exporting processes.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The FY 2018 target is 2,561 completed forms. The targets are determined by an analysis of the previous measure results.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

The logic for reporting the suicide surveillance measure utilizes SRF data entered into RPMS Behavioral Health export package by providers at the point of care. Once entered into the database, the SRF information is then electronically exported from the documenting site to a national suicide database in Albuquerque, New Mexico. Processes are in place to accurately document receipt of the electronic file(s), notifying the exporting site that the file(s) have been received by providing electronic file name(s) and record counts. Once received, the national suicide database is automatically updated with the new information. Sites must initiate the electronic export process for data to be included in the performance measurement report. The source system is the RPMS SRF data entered at the point of care and the national suicide database maintained by IHS. The SRF was designed by clinical, epidemiology, and informatics subject matter experts.

Future Changes for IHS Performance Measures

The IHS reports drug control performance summary data that includes mental health and violence screening data that supports the *National Drug Control Strategy* but are not reported as a part of the annual drug budget. Beginning in FY 2018, the IHS will adjust its performance-related data for this attestation to align with appropriated drug control budget resources by removing the following measures: Domestic Violence/Intimate Partner Violence; Depression Screening (both measures); and Suicide Surveillance.