



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 8, 2021

TO: RADM Michael Weahkee
Director
Indian Health Service

FROM: /Amy J. Frontz/
Deputy Inspector General for Audit Services

SUBJECT: Independent Attestation Review: Indian Health Service Fiscal Year 2020 Detailed Accounting Report, Performance Summary Report for National Drug Control Activities, Budget Formulation Compliance Report, and Accompanying Required Assertions (A-03-21-00351)

This report provides the results of our review of the attached Indian Health Service (IHS) Office of National Drug Control Policy (ONDCP) Detailed Accounting Report, which includes the table of Drug Control Obligations, related disclosures, and management's assertions for the fiscal year ended September 30, 2020. We also reviewed the Performance Summary Report, which includes management's assertions and related performance information for the fiscal year ended September 30, 2020. Lastly, we reviewed the Budget Formulation Compliance Report, which includes budget formulation information for the fiscal year ending September 30, 2022, and the Chief Financial Officer's or accountable senior executive's assertions relating to the budget formulation information. IHS management is responsible for, and submitted, the Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report, which were prepared in accordance with the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019 (ONDCP Compliance Reviews Circular). It is our responsibility to express a conclusion about the reliability of management's assertions based on our review.

We performed this review as required by 21 U.S.C. § 1704(d)(1) and as authorized by 21 U.S.C. § 1703(d)(7) and in compliance with the ONDCP Compliance Reviews Circular.

We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements, as described in the U.S. Government Accountability Office (GAO) publication, *Government Auditing Standards* (July 2018). Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to management's assertions to be in accordance with the criteria. A review is substantially less in

scope than an examination, the objective of which is to obtain reasonable assurance and express an opinion about whether management's assertions are in accordance with the criteria in all material respects. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

Based on our review, we are not aware of any material modifications that should be made to IHS's Detailed Accounting Report and Performance Summary Report for fiscal year 2020 and IHS's Budget Formulation Compliance Report for fiscal year 2022 for them to be in accordance with the ONDCP Compliance Reviews Circular.

IHS's Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report assertions¹ are included as Attachments A, B, and C, respectively.

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. It is not intended to be, and should not be, used by anyone other than those specified parties. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Carla J. Lewis, Assistant Inspector General for Audit Services, at (202) 205-9125 or at Carla.Lewis@oig.hhs.gov. Please refer to report number A-03-21-00351 in all correspondence.

Attachments

¹ Only the Budget Formulation report assertions are included as Attachment C since the report contains prospective information.



MEMORANDUM TO: Director
Office of National Drug Control Policy

THROUGH: Richard Baum
Senior Policy Advisor
Office of National Drug Control Policy

FROM: Jillian Curtis
Chief Financial Officer
Indian Health Service

SUBJECT: FY 2020 Assertions Concerning Drug Control Accounting

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular *National Drug Control Program Agency Compliance Reviews*, 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 Unified Financial Management System (UFMS), 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 all Areas and Operating Offices was reasonable and accurate in accordance with the criteria listed in Section 7a(1) 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 list of programs. This table reflects

estimated amounts. When originally authorized and appropriated, the funds were allocated to Tribes in their Indian Self-Determination 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 Unit: 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 Indian Self-Determination 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; these funds are now referred to in the table as substance abuse prevention and treatment. 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 7a(2) of the Circular.

Reprogramming or Transfers

The IHS did not execute a reprogramming impacting either the Alcohol and Substance Abuse funding line, nor the Urban Indian Health funding line with funds appropriated in FY 2020.

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 October 22, 2019.

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Jillian Curtis

Attachments:

1. Table – Alcoholism and Substance Abuse Treatment and Prevention Program
Authorized Under P.L. 102-573
2. Table – FY 2020 Drug Control Obligations

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. However, funds are not appropriated or accounted for by these specific categories, but rather as the lump sum funds of ASA, Urban Health, and the Prescription Drug Monitoring Program. The second table shows the obligations of these funds as required by the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*.

Indian Health Service
Alcoholism and Substance Abuse Treatment
and Prevention Program

Authorized under P.L. 102-573

(Dollars in Thousands)

Amount of Funds	FY 2018 Final	FY 2019 Final	FY 2020 Enacted	Drug Control & Moyer Reports
ALCOHOL & SUBSTANCE ABUSE				
Adult Treatment.....	\$114,708	\$120,615	\$116,506	Excluded*
Regional Treatment Centers	\$23,689	\$24,909	\$24,060	Treatment
Community Education & Training.....	\$10,652	\$11,200	\$10,819	Prevention
Community Rehabilitation/ Aftercare.....	\$34,601	\$36,383	\$35,143	Treatment
Gila River.....	\$235	\$278	\$269	Treatment
Contract Health Service.....	\$12,180	\$12,808	\$12,371	Treatment
Navajo Rehab. Program....	\$469	\$493	\$476	Treatment
Urban Clinical Services.....	\$999	\$1,050	\$1,014	Treatment
Wellness Beyond Abstinence.....	\$1,151	\$1,210	\$1,169	Prevention
Substance Abuse Prev & Treatment 3/.....	\$25,475	\$25,475	\$43,775	50/50 Tx & Prev
Total.....	\$224,188	\$234,421	\$245,603	
URBAN HEALTH PROGRAM 1/				
Amount of Funds	FY 2018 Final	FY 2019 Final	FY 2020 Enacted	
Expand Urban Programs....	\$3,575	\$3,641	\$3,647	Treatment
INDIAN HEALTH FACILITIES 2/				
Amount of Funds	FY 2018 Final	FY 2019 Final	FY 2020 Enacted	
Construction.....	\$0	\$0	\$0	
Alcohol/Substance Abuse	\$224,188	\$234,421	\$245,603	
Urban Health Program	3,575	3,641	3,647	
Facilities Construction	0	0	0	
GRAND TOTAL.....	\$227,763	\$238,062	\$249,250	

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

2/ These funds are included in the Outpatient Sub-sub-activity.

3/ Numbers revised to include Generation Indigenous, the Opioid initiative, and the YRTC Pilot Project - x year/no year funding starting FY 2020.

*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 2020 Drug Control Obligations

	Enacted	Obligated
Drug Resources by Function		
Prevention	\$33,875	\$23,132
Treatment	\$98,869	\$77,341
Construction	\$0	\$0
	<hr/> \$132,744	<hr/> \$100,473
Drug Resources by Decision Unit		
Alcohol and Substance Abuse	\$129,097	\$96,826
Urban Indian Health Program	\$3,647	\$3,647
Facilities Construction	\$0	\$0
	<hr/> \$132,744	<hr/> \$100,473



TO: Director
Office of National Drug Control Policy

Through: Norris Cochran
Deputy Assistant Secretary, Office of Budget, ASFR

From: Chief Medical Officer
Indian Health Service

Subject: Assertions Concerning FY 2020 Performance Summary Report

In accordance with the requirement of the Office of National Drug Control Policy Circular, "National Drug Control Program Agency Compliance Reviews," I make the following assertions regarding the attached FY 2020 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 of 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. Beginning in FY 2018, IHS reports three measures for drug control activities.

Michael E. Toedt -S Digitally signed by Michael E. Toedt -S
Date: 2020.12.22 15:00:03 -05'00'

RADM Michael Toedt, M.D., F.A.A.F.P.
Assistant Surgeon General, U.S. Public Health Service

Attachment: FY 2020 Performance Summary Report, National Drug Control Activities,
Indian Health Service (IHS)

**FY 2020 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 (YRTCs) in operation 18 months or more.

YRTC Accreditation Table 1: Measure 1						
FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target
90%	90%	100%	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 2020.

- (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 2021 performance target for the YRTCs remains unchanged at 100 percent for accreditation status. The methodology used to establish the fiscal year target is 100 percent of YRTCs 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 YRTCs as the numerator and the total number of YRTCs as the denominator. In FY 2020, the number of federally-operated YRTC facilities representing the numerator and denominator was six.

- (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.**

Annually, the IHS Office of Clinical and Preventive Services (OCPS), Division of Behavioral Health (DBH) requires all YRTCs 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: 9 through 75 years of age**

Universal Alcohol Screening Table 2: Measure 2						
FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Actual	FY 2020 Target
N/A	N/A	68.0%*	Retired**	N/A	N/A	N/A

* New measure reported in FY 2017 with a baseline result of 68.0 percent.

**Measure retired after FY 2017 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 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target
N/A	N/A	40.9%*	40.7%	42.4%	TBD	39.0%

*New measure 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, reported alcohol screening among patients ages 12 through 75 years of age. In FY 2018, this measure changed to expand screening among patients ages 9 through 75 years, in an 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.

Beginning in FY 2018, the new Universal Alcohol Screening measure reflects updated screening ages of patients ages 9 through 75 years and reporting from IHS's Integrated Data Collection System Data Mart (IDCS DM). The FY 2020 target was 42.4 percent. Final result for FY 2020 IHS Measure No. (2) Universal Alcohol Screening will be available by December 31, 2020.

- (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 2021 target for Universal Alcohol Screening is 39.0 percent. The target is based on consideration of prior year performance and projected funding for the IHS Alcohol and Substance Abuse program. The FY 2020 result will be reported from the IDCS DM.

- (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 FY 2018 result reflects the first year of reporting from the IDCS DM. The measure reflects the Annual IHS User Population Estimates in the denominator and is produced by the NDW Workload/Userpop Mart.

The IDCS DM enables full I/T/U participation, produces on-demand results, and reduces the amount of time to access data results. The data source for the IDCS DM is the IHS's National Data Warehouse (NDW) that was instituted in 2006. The IDCS DM contains a mirrored subset of NDW data. It uses the Annual IHS User Population Estimates as its denominators for many of IHS's clinical GPRA and GPRAMA performance measures.

The NDW built various reports that provide metadata feedback to sites that submit data export files consisting of patient demographics and patient workload. Some acknowledgement reports address the completeness of the NDW data while other error reports identify specific errors in an export file. Source data files are accepted "as is". The NDW relies on the facility to ensure the quality of the data that is being transmitted. It verifies the integrity of the data after it is loaded; that is, the data received is represented accurately in the NDW.

Completeness

The NDW addresses file completeness by sending automated reports that track data exports as they are received and loaded into the NDW, as described in the NDW Export Tracking Data Mart User Guide

(https://www.ihs.gov/sites/npirs/themes/responsive2017/display_objects/documents/Data_TC/NDW_ExportTracking_DataMart_UG.pdf) 1) The NDW Data Transmission Log Report is an acknowledgement notification email that the file was received. 2) If

errors are detected in the export file, an acknowledgement notification describes why the file was rejected, and 3) NDW Post Data Load Report provides a summary of the encounters and patient registration status (added, changed, deleted, rejected) as well as any error descriptions. If the individual facility corrects the identified errors, registrations and/or visits, they are included in the next NDW export as modifications. They will be processed and uploaded by the NDW.

Data Verification

The NDW performs scheduled data integrity checks on samples to ensure the NDW is storing data as it is received from the sites. This is to verify that the data received and processed in the NDW accurately reflects the storage of data transmitted from the source system.

The NDW Data Quality Mart provides user population and workload reports that can provide information about possible issues in the “quality” of the received data. The NDW Data Quality Mart User Guide

(https://www.ihs.gov/sites/npirs/themes/responsive2017/display_objects/documents/Data_TC/NDW_DataQualityMart_UG.pdf) describes web-based reports that provide a quantified picture of problems with their data, as well as enough detail to allow record level identification of problematic data. Any detail displayed is within the boundaries of currently required laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA). The reports highlight missing data elements that were not uploaded into the NDW. When a site fixes those data elements and re-exports, the data can then be uploaded into the NDW as modifications.

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 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY 2019 Actual	FY 2020 Target
N/A	N/A	3.0%*	Retired**	N/A	N/A	N/A

* New measure reported in FY 2017 with a baseline result of 3.0 percent.

** Measure retired after FY 2017 due to changes to the logic and reporting from a new system, the Integrated Data Collection System Data Mart (IDCS DM).

SBIRT Table 3: Measure 3						
FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target
N/A	N/A	11.8%*	14.9%	12.2%	TBD	14.3%

* New measure 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. (3): 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 within the local facility Electronic Health Record. 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.

Beginning in FY 2018, the new SBIRT measure reflects reporting from IHS's IDCS DM. The FY 2020 target was 12.2 percent. Final result for FY 2020 IHS Measure No. (3) Screening, Brief Intervention, and Referral to Treatment (SBIRT) will be available by December 31, 2020.

- (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 2021 target for the SBIRT is 14.3 percent. The target is based on consideration of prior year performance and projected funding for the IHS Alcohol and Substance Abuse program. The FY 2020 result will be reported from the IDCS DM.

- (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 IDCS DM. Please refer to Universal Alcohol screening measure Quality of Performance Data section for further detail.



November 13, 2020

TO: Director
Office of National Drug Control Policy

FROM: Jillian Curtis Jillian Curtis -S Digitally signed by Jillian Curtis -S
Date: 2020.11.13 13:39:14 -0500
Chief Financial Officer
Indian Health Service

SUBJECT: Indian Health Service Budget Formulation Compliance Report for FY 2022

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report:

Timeliness of Summer Budget Submission

I assert that the summer drug budget submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular: Budget Formulation, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703(c)(1)(A).

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided in Section 6.a.(2) of this circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.