

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 206
(A-24)

Introduced by: Medical Student Section

Subject: Indian Health Service Youth Regional Treatment Centers

Referred to: Reference Committee B

1 Whereas, nearly 13% of AI/AN youth ages 12-24 experienced a depressive episode or related
2 mental illness in 2018, and an estimated 20% require treatment due to early alcohol use¹⁻²; and
3
4 Whereas, the Indian Health Service (IHS) uses Youth Regional Treatment Centers (YRTC) for
5 acute behavioral healthcare for AI/AN adolescents, but national capacity only meets 4% of the
6 need²⁻³; and
7
8 Whereas, YRTCs help adolescents develop independent living skills, provide schooling attuned
9 to individual needs, create post-discharge sobriety plans, and coordinate prison diversion
10 programs⁴⁻⁵; and
11
12 Whereas, while 61% of arrested AI/AN youth are eligible for YRTC diversion programs, only
13 14% ultimately receive care at YRTCs²; and
14
15 Whereas, the IHS, in consultation with Tribal leaders and key parties, has voiced concerns
16 regarding AI/AN youth traveling across state lines to seek care at non-IHS treatment centers⁶;
17 and
18
19 Whereas, non-IHS treatment centers are not equipped to address the complex effects of
20 intergenerational trauma, systematic discrimination, and displacement on AI/AN youth mental
21 health⁷⁻⁹; therefore be it
22
23 RESOLVED, that our American Medical Association support the expansion of Indian Health
24 Service Youth Regional Treatment Centers, recognizing them as a model for culturally-rooted,
25 evidence-based behavioral health treatment, and prompt referral of eligible AI/AN youth to Youth
26 Regional Treatment Centers (YRTCs) for community-directed care. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

Received: 4/5/2024

REFERENCES

1. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2019). *National Survey on Drug Use and Health 2019* (NSDUH-2019-DS0001). Retrieved from <https://datafiles.samhsa.gov/>
2. Paschane DM, James TD, Kinlacheeny. American Indian and Alaska Native Youth Treatment Aftercare. Indian Health Service, U.S. Department of Health and Human Services. 2022.
3. 25 U.S.C. § 1665g (2020). Retrieved from <https://law.justia.com/codes/us/2020/title-25/chapter-18/subchapter-v-a/part-a/sec-1665g/>
4. IHS. Youth Regional Treatment Centers. <https://www.ihs.gov/yrtc/>
5. Greene, C, Espinosa, M. Caring for Native Youth with Substance Use Disorders. Retrieved from https://www.resourcebasket.org/wp-content/uploads/2019/01/caring_for_native_youth_with_substance_use_disorders.pdf

6. IHS. IHS Holds Grand Opening for New Youth Regional Treatment Center in California. 2022. <https://www.ihs.gov/newsroom/pressreleases/2022-press-releases/ihs-holds-grand-opening-for-new-youth-regional-treatment-center-in-california/>
7. Woods C, Kim B, Calvert D, Aronowitz T. The development and pandemic-related adaptation of a resilience program for native middle-school youth: A case study. *Public Health Nurs.* 2023;40(2):298-305. doi:10.1111/phn.13154
8. Daily RS, Vana G, Andrade JKL, Pruett J. Evaluating Native Youth: Issues and Considerations in Clinical Evaluation and Treatment. *Child Adolesc Psychiatr Clin N Am.* 2022;31(4):779-788. doi:10.1016/j.chc.2022.06.008
9. Dixon AL, Yabiku ST, Okamoto SK, Tann SS, Marsiglia FF, Kulis S, Burke AM. The efficacy of a multicultural prevention intervention among urban American Indian youth in the southwest U.S. *J Prim Prev.* 2007 Nov;28(6):547-68. doi: 10.1007/s10935-007-0114-8. Epub 2007 Dec 6. PMID: 18058235; PMCID: PMC3042736.

RELEVANT AMA POLICY

H-160.963 Community-Based Treatment Centers

Our AMA supports the use of community-based treatment centers for substance use disorders, mental health disorders and developmental disabilities. [BOT Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11; Modified: CSAPH Rep. 1, A-21]

D-350.988 American Indian / Alaska Native Adolescent Suicide

Our AMA will: 1) provide active testimony in Congress for suicide prevention and intervention resources to be directed towards American Indian/Alaska Native communities; 2) encourage significant funding to be allocated to research the causes, prevention, and intervention regarding American Indian/Alaska Native adolescent suicide and make these findings widely available; and 3) lobby the Senate Committee on Indian Affairs on the important issue of American Indian/Alaska Native adolescent suicide. [Sub Res. 404, A-11; Reaffirmed: BOT Rep. 7, A-21]

H-345.974 Culturally, Linguistically Competent Mental Health Care and Outreach for At-Risk Communities

Our AMA supports adequate attention and funds being directed towards culturally and linguistically competent mental health direct services for the diverse, multi-ethnic communities at greatest risk, and encourages greater cultural and linguistic-competent outreach to ethnic communities including partnerships with ethnic community organizations, health care advocates, and respected media outlets. [Res. 917, I-13; Reaffirmed: Res. 426, A-16]