



California Tribal Consultation

March 11, 2014



Tribal Leaders Diabetes Committee Tribal Representatives



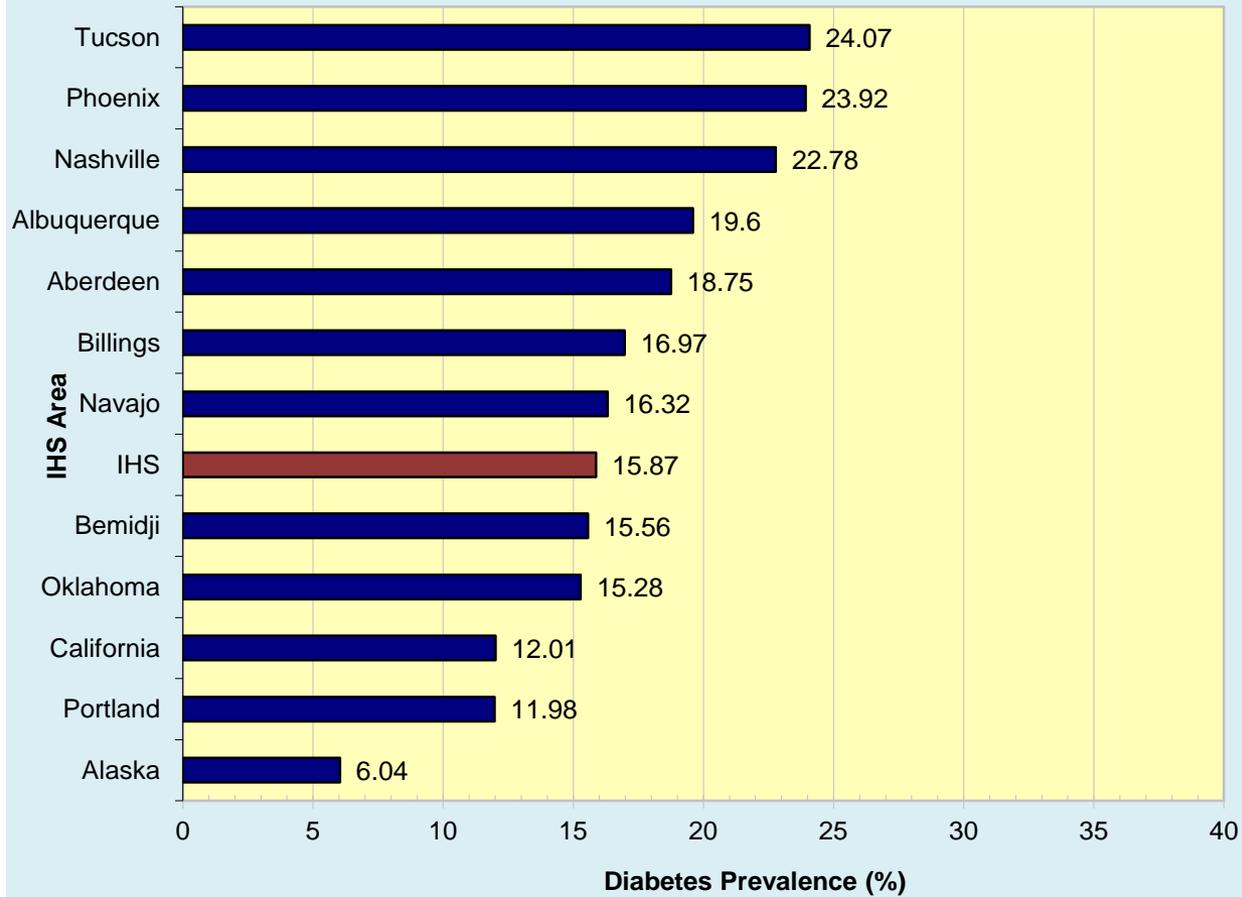
Current Representatives:

Primary: Rosemary Nelson
 (Pit River Tribe)

Alternate: Dominica Valencia
 (Santa Ynez Band of Chumash Mission Indians)



Diabetes Prevalence in American Indians and Alaska Natives By Area for FY 2012 Adults (20+) - Age Adjusted to the US Population



Prepared By: IHS Division of Diabetes Treatment and Prevention
Data Source: IHS National Data Warehouse General Data Mart



Consultation Questions

- Review Information Packet contents
- Review the consultation questions
- Data and distribution formula
- Survey Monkey
- consultaion@ihp.gov
- Questions and Answers



Information Packet

- Tribal Consultation Agenda
- SDPI One-Page Summary TLDC
- SDPI FY 2014 Distribution amounts in California
- SDPI DTLL
- SDPI Legislation and Funding Allocation
- SDPI FY 2015 Background Information



SDPI FY 2015 Background Info

SDPI FY 2015 Funding Distribution Consultation: Background Information

The Dear Tribal Leader Letter (DTLL) was issued on December 20, 2013 to initiate consultation on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in FY 2015.

Authorization for SDPI expires at the end of FY 2014. While there have been recent positive developments in Congress, it is not yet known if SDPI will be reauthorized beyond the current FY and if so, for how many years (one year vs. multiple years) and for what amount (current \$150 million per year or another amount).

If SDPI is reauthorized, IHS needs to be prepared to award the FY 2015 funding. Tribal consultation has been initiated to allow sufficient time to obtain the input of Tribal Leaders from all 12 IHS Areas.

Area Tribal Consultation

Each IHS Area will consult with Tribes by -

- Hosting a face-to-face and/or virtual meeting
- Tribal Leaders can also submit consultation input via consultation@ihs.gov

The deadline to submit all feedback is February 15, 2014.

Consultation Questions

1. SDPI Grant Application Process

- A. **Question:** If 1-year of funding is reauthorized, would Tribes prefer a continuation (not a competitive) application process be used if possible?



SDPI FY 2014 Distribution CA

SDPI FY 2014 DISTRIBUTION

TRIBAL

<i>TRIBAL GRANTEE</i>	<i>SDPI Funds</i>
CRIHB, Inc	\$1,052,633
Sonoma	\$411,313
MACT	\$154,765
UIHS	\$454,487
Warner Mtn.	\$32,068
Shingle Springs	\$48,009
Chapa-De	\$274,673
Consolidated	\$217,508
Feather River	\$383,427
Indian Health Council	\$365,302
Karuk	\$157,554
Riverside-San Bernardino	\$938,351
Toiyabe	\$306,742
<i>BUDGET CYCLE 2</i>	
Lake County Tribal	\$209,142
Modoc/Strong Family	\$25,097
Redding Rancheria	\$373,667
Central Valley	\$439,199
<i>BUDGET CYCLE 3</i>	

URBAN

<i>URBAN GRANTEE</i>	<i>SDPI Funds</i>
NAHC - Oakland	\$230,067
Fresno	\$185,303
IHC - Santa Clara Vly	\$233,671
UAll - Los Angeles	\$195,403
AIHSC - Santa Barbara	\$224,187
<i>BUDGET CYCLE 2</i>	
San Diego	\$229,280
<i>BUDGET CYCLE 3</i>	



Dear Tribal Leader Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

DEC 20 2013

Dear Tribal Leader:

I am writing to initiate consultation on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2015. The SDPI has been funding diabetes treatment and prevention activities in Indian Health Service (IHS), Tribal, and urban Indian health programs since 1998. As you may know, the authorization for SDPI will expire at the end of FY 2014. While we are encouraged by recent positive developments in Congress, we do not yet know if SDPI will be authorized beyond the current fiscal year and, if so, for how many years (one year vs. multiple years) and for what amount (current \$150 million per year or another amount). The Senate Finance Committee recently proposed reauthorization of the current SDPI funding level for 5 years, but Congress still needs to consider this proposal. However, since it is not known when Congress will address the reauthorization and IHS needs to be prepared to award the FY 2015 funding if reauthorized, the Tribal consultation process need to be initiated now to allow sufficient time to obtain the input of Tribal Leaders from all 12 IHS Areas.

To begin this process, I recently met with the Tribal Leaders Diabetes Committee (TLDC) on December 12-13, in Rockville, Maryland. The TLDC recommended that Tribal consultation on the distribution of SDPI funding for FY 2015, if reauthorized, be conducted in all 12 IHS Areas and concluded by February 15, 2014 to allow time for the TLDC to reconvene to make final national recommendations to me by the end of February, 2014.



SDPI Legislation and Funding

Special Diabetes Program for Indians: Legislation	
August 5, 1997	<p>Balanced Budget Act (BAA), Public Law 105-33:</p> <p>The Secretary shall make grants for providing services for the prevention and treatment of diabetes through any of the following entities:</p> <ol style="list-style-type: none"> 1) the IHS, 2) an Indian health program operated by an Indian tribe or tribal organization pursuant to a contract, grant cooperative agreement or compact with the IHS pursuant to the Indian Self-Determination Act, 3) an urban Indian health program operated by an urban Indian organization pursuant to a grant or contract with IHS pursuant to title V of the Indian Health Care Improvement Act. <p>Authorizes \$30 million per year from FY 1998 – FY 2002 (5 years); and conduct an evaluation; submit interim report by Jan 1, 2000 and final report by Jan 1, 2002</p>
Dec 15, 2000	<p>H.R. 4577 Consolidated Appropriations Act (CAA) of 2000, Public Law 106-554:</p> <p>Extends the SDPI for one more year – for FY 2003</p> <p>Authorizes an additional \$70 million for FY 2001; additional \$70 million for FY 2002, and \$100 million for FY 2003; extends due date of RTC from Jan 2002 to Jan 1, 2003.</p>
Dec 18, 2002	<p>H.R. 5738 Reauthorization of SDPI, Public Law 107 - 360:</p> <p>Extends the SDPI from FY 2004 to FY 2008; authorizes \$150 million per year for each of the 5 years; RTC due Jan 2007</p>
Dec 17, 2007	<p>S.B. 2499 SCHIP Extension Act:</p> <p>Extends SDPI for one more year – for FY 2009; authorizes \$150 million for FY 2009</p>
July 9, 2008	<p>H.R. 6331 "Medicare Improvements for Patients & Providers Act of 2008," Public Law 110 – 275</p> <p>Extends SDPI for two more years - FY 2010 and FY 2011; authorizes \$150m per year for each year; a second interim report not later than Jan 1, 2011</p>
Dec 15, 2010	<p>H.R. 4994 "Medicare and Medicaid Extenders Act of 2010,"</p> <p>Extends SDPI for two more years – FY 2012 and FY 2013; authorizes \$150m per year for each year</p>
Jan 1, 2013	<p>H.R. 8 "American Taxpayer Relief Act of 2012", Public Law 112-240</p> <p>Extends SDPI for one year – through FY 2014; authorizes \$150m</p>
FY 2015 ?	



1. SDPI Grant Application Process

- If 1 year of funding is authorized, would Tribes prefer that a continuation (not a competitive) application process be used if possible?
- NOTE: If funding is authorized for more than 1 year, a competitive application process **must** be used per administrative requirements
- Survey Results: **81% Yes** **19% No**



2. Changes to the SDPI Distribution

- National distribution
- Should there be any changes in the national SDPI funding distribution and, if so, in what way?
- Survey Results: **38% Yes** **62% No**



2. Current SDPI Distribution (cont)

• Community-directed grant	\$ 108.9 million
• DP/HH Initiatives	\$ 27.4 million
• Set-asides:	
Urban Indian Health	\$ 7.5 million
Data Infrastructure Improve	\$ 5.2 million
CDC Native Diabetes Wellness	\$ 1.0 million
Total	\$ 150.0 million



3. Use of More Recent Data

- Use of more recent user population and diabetes prevalence data
- The last time the SDPI national funding formula was changed was in 2003. Based on recommendations from Tribal consultation, the following national funding formula was used to determine allocation to each IHS Area for the Community-directed grant program:



3. Current Data (cont)

- User Population = 30%
- Tribal Size Adjustment (TSA) = 12.5%
 - Adjustment given for small tribes
- Disease Burden = 57.5% (diabetes prevalence)
- Since that time, user pop and diabetes prevalence data from 2003 has been used. Should more recent user pop and diabetes prevalence data be used in the national funding formula?
- Survey Results: **88%** Yes **13%** No



4. Structure and Activities of the SDPI Grant Program

- Should there be any changes in the SDPI Community-Directed grant program?
- Survey Results: **36%** Yes **64%** No
- If so, what changes do Tribes recommend?
- What do Tribes recommend for the Diabetes Prevention and Healthy Heart Initiatives?



5. Opportunity for Tribes Not Currently Funded by SDPI

- Should Tribes not currently funded by SDPI be allowed to apply with the next competitive application?
- This includes Tribes who have received federal recognition since 1998
- Survey Results: **88%** Yes **12%** No



Questions?
