



MAY 27 2014

Dear Tribal Leader:

I am writing to provide an update on the Fiscal Year (FY) 2014 funding distribution of the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI). On February 27, 2014, I wrote a letter to you to initiate a consultation on the funding distribution for both initiatives and requested input on three questions: 1) Should IHS continue to fund the same Tribes for MSPI and DVPI or open the opportunity for other Tribes who have not received MSPI and DVPI funds? 2) Do you agree that the funding should be distributed for a five year cycle? 3) Should the same funding formula be used? I want to thank the many Tribal leaders who provided input on these questions.

IHS requested similar input on the FY 2013 MSPI and DVPI funding distribution methodologies last year, and there was no consensus on recommendations, indicating the need for further discussion and consultation. IHS reviewed input from this year's request for input, and while some Tribes recommended keeping the distribution the same, other Tribes recommended that the funding distribution change or that a new competition for funding be initiated.

As stated in the background information attached to the February 27 letter, the MSPI and the DVPI were originally funded to be demonstration/pilot projects. Both initiatives included an evaluation that helped demonstrate the effective use of the funds for the intended purpose and helped identify successful evidence- and practice-based projects that can be replicated across the Indian health system. While the National Tribal Advisory Committee on Behavioral Health (NTAC) recommended keeping the funding formulas the same, they also recommended that applications, templates, and reporting should be simplified and that the funding should be for a project period of 5 years and focus on strategies for sustainability.

Given the lack of consensus from the input received this year, IHS will continue with a one year extension of the pilot demonstration projects using FY 2014 funding to fund those currently receiving MSPI and DVPI funds. The announcement and continuation application for this one year extension will be sent to current MSPI and DVPI projects to be completed by June 16, 2014. After funding is awarded for this one year extension, the demonstration/pilot project phase of MSPI and DVPI will come to a close on August 31, 2015.

In FY 2015, IHS will develop and open a new competitive application process for a 5-year MSPI and DVPI program that will be developed based on the best and promising practices, lessons learned, and evaluation data from the MSPI and DVPI demonstration/pilot phase. This will be accomplished through a consultation that will consider new national program components based on best and promising practices, a streamlined evaluation and reporting elements, the same or different allocation of funding, and the process of selecting IHS, Tribal and urban Indian health programs for funding. This consultation will include Area discussions with Tribes as well as consultation and review of Area recommendations with the NTAC. The consultation and

recommendations will be reviewed and a decision will be made by December 2014 to allow enough time for the application process for FY 2015 funding, which will fund a 5-year program beginning September 1, 2015.

While I am aware that some Tribes want the funding to be recurring to them since they have been conducting these activities for several years, there is not enough funding for all Tribes and programs. There are Tribes that are not currently funded that have need for these funds in their communities and that would like an opportunity to compete for funding for MSPI and DVPI. In addition, there may be some programs that may not want to or be able to continue, thus freeing up funding for other programs. The original decision to fund these programs was to ensure that the limited funding went to those with the greatest need, and now that we have experience and promising practices to share it is time to complete the demonstration phase and to fund a new 5-year program. Since there is not enough funding to give to all Tribes and programs, a competitive process will ensure that the funding goes to those with the greatest need.

I look forward to hearing your input on how we should develop the new 5-year program using the best practices and lessons learned from all the great work accomplished to date in the MSPI and the DVPI. I will ask all IHS Area Directors to hold a consultation session on this topic in the next few months, and will meet with the NTAC to review recommendations from all IHS Areas. Please direct any questions to Ms. Beverly Cotton, Acting Director, IHS Division of Behavioral Health, at 301-443-2038. Thank you for your support and partnership as we use the MSPI and DVPI funding to address important public health challenges in the communities we serve.

Sincerely,

/Yvette Roubideaux/

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