DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

APR 1 2016

Dear Urban Indian Organization Leader:

I want to inform you of a recent program name change for the Methamphetamine and Suicide Prevention Initiative (MSPI). After a successful six year pilot project, the MSPI has been renamed the Substance Abuse and Suicide Prevention (SASP) program. The new name change not only signifies the move from an initiative to an official program, it also better describes the work many urban Indian communities are doing to prevent substance abuse. While addressing methamphetamine use continues as a top priority for many urban Indian communities, the new SASP program will allow flexibility to address the substance use disorders that are facing your communities.

In the Fiscal Year (FY) 2016 budget, the Indian Health Service (IHS) received a $10 million increase to expand the number of projects participating in the SASP Purpose Area #4 called Generation Indigenous (Gen-I) Initiative Support. The increased funding will add a new objective to the Gen-I purpose area to hire additional behavioral health staff to focus on substance use and suicide prevention by building resiliency, positive youth development, and self-sufficiency behaviors in Native youth ages 8 to 24 while promoting family engagement.

In FY 2015, IHS awarded 118 projects to participate in the new SASP five-year funding cycle. Of those awarded, 49 projects were awarded in the Gen-I purpose area. Ten projects who applied for funding in FY 2015 were approved but unfunded, meaning that funds were expended before we could fund all applicants. With the FY 2016 increase, I am happy to announce these ten projects will receive funding – expanding our Gen-I projects from 49 to 59. Four of those projects are urban Indian organizations.

In FY 2015, IHS used 14 percent of SASP funding to cover national management support for technical assistance and project management through national and regional supports. We funded 12 Tribal Epidemiology Centers (TECs) that provide technical assistance on evaluation, local data collection, and to help projects establish baseline data and monitor trends for all DVPI projects and SASP projects awarded in Purpose Areas 1, 2, & 3. Our Gen-I projects benefit from national support from our partners at the National Indian Health Board and National Council on Urban Indian Health. Lastly, we were able to fund project management assistance in seven IHS Area Offices: Alaska, Albuquerque, Billings, Great Plains, Nashville, Navajo, and Phoenix.

With the FY 2016 funding, IHS will use five percent or $500,000 for national management. The funding will provide Bemidji, California, and Portland IHS Areas with regional project officers who will assist with project management and tailored programmatic technical assistance. The Nashville, Tucson, and urban Indian project officers will remain at IHS Headquarters and will receive the same type of technical assistance. National management funds will also pay for the SASP data portal which is used to collect data on the many successes of our projects. Finally, the funding will be used to cover costs for national evaluation of the SASP.

IHS plans to announce the FY 2016 SASP Gen-I funding opportunity in June 2016 and make awards in September 2016. Projects awarded in September 2016 will be eligible to apply for continuation funding for four years through 2020. This will keep all of our Gen-I projects on the same funding cycle. As you may know, IHS has requested another $15 million in the FY 2017 President's Budget to fund more Gen-I projects as well.

I am inviting you to provide your input on the following topics as we prepare the funding opportunity announcement which is planned to be released in early June 2016.

Funding Distribution

Background: After funding the ten Gen-I projects from the FY 2015 funding cycle and the five percent for a portion of national management, IHS has $8,686,000 remaining to fund additional Gen-I projects and technical assistance on evaluation, establishing baseline data, and monitoring trends.

In FY 2015, 80% was allocated for each IHS Area, 6% for urban Indian organizations, and 14% for national management. On March 9, 2016, the National Tribal Advisory Committee (NTAC) on Behavioral Health met and recommended 10% for urban Indian allocation and 2% for national management.

Consultation Topic: IHS is requesting your feedback on the funding distribution for the $8,686,000. What percentages should IHS use each to distribute the funding in two categories:

- Urban Indian Allocation – this percentage of funds will be used to provide grants to urban Indian organizations.
- National Management – the percentage of funds will be used to provide technical assistance on evaluation, establishing baseline data, and monitoring trends for Gen-I projects.

Eligibility

Background: The FY 2015 SASP funding cycle was a limited competition funding opportunity open to Tribes, tribal organizations, and urban Indian organizations as grants. The FOA was also open to IHS Federal facilities as program awards. On March 9, 2016, the NTAC recommended the funding opportunity be open to both currently funded SASP projects and new projects.

Consultation Topic: Should IHS open the FY 2016 funding opportunity to only current SASP projects? Should new Tribes, tribal organizations, urban Indian organizations, and IHS Federal facilities (not currently funded) be eligible for the new FY 2016 funding? Or should the funding opportunity be open to both groups?

Behavioral Health Providers

Background: The new FY 2016 funding will require the addition of one objective for Gen-I projects to hire behavioral health staff to implement the objectives under this purpose area. More information on Gen-I is available at www.ihs.gov/mspi/aboutmspi/purposearea4. On March 9, 2016, the NTAC recommended that licensed professionals and paraprofessionals should be included in the funding opportunity announcement.

Consultation Topic: How should IHS provide guidance in the new FY 2016 funding opportunity announcement on what qualifies as "behavioral health staff" for child, adolescent, and family – should this include only licensed personnel or would urban Indian organizations recommend including paraprofessionals such as peer specialists and behavioral health technicians?

I look forward to hearing your input on how IHS should develop the guidelines for the new SASP FY 2016 funding. Please submit your input no later than 30 days from the date of this letter. You can submit your recommendations by email to urbanconfer@ihs.gov or in writing to the address below.

Thank you for your support and partnership to address important behavioral health issues in the communities we serve.

Sincerely,

/Mary Smith/

Mary Smith
Principal Deputy Director

Send input by email to:	urbanconfer@ihs.gov Subject line: SASP FY 2016 Funding Confer
Send input by mail to:	Mary Smith, Principal Deputy Director Indian Health Service 5600 Fishers Lane Mail Stop: 08E86 Rockville, MD 20857 ATTN: SASP FY 2016 Funding Confer