DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

JUN 22 2015

Dear Tribal Leader:

On February 6, the Indian Health Service (IHS) sent a letter to Tribal Leaders requesting tribal input on the next phase of the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI), a five-year competitive award cycle set to begin after the completion of the demonstration project phase. I am writing to provide you with an update on how the IHS will move forward with MSPI and DVPI over the next five years.

National Funding Distribution Formula

Based on the majority of feedback received in response to the February 6 letter and other opportunities for consultation, IHS will continue to use the current national funding distribution formula to allocate funding for both MSPI and DVPI among the IHS Areas. This formula was originally developed in consultation with Tribes and the IHS National Tribal Advisory Committee (NTAC) on Behavioral Health with the goal of concentrating the limited MSPI and DVPI funding in locations with the greatest need. The MSPI and DVPI national funding distribution formula is based on population, poverty, and disease burden.

Overall Funding Amounts

The DVPI funding for Fiscal Year (FY) 2015 will remain at the same level as FY 2014 for all IHS Areas. An additional amount of $600,000 will be allocated for Urban Indian Health Program (UIHP) DVPI projects. This allocation supports the NTAC recommendation to restore the UIHP DVPI grants without reducing funding to other DVPI programs. Previously, in FY 2010–2012, DVPI funded Urban Indian Health Program (UIHP) grantees in the amount of $524,000.

In FY 2015, IHS will adopt the NTAC recommendations to provide additional guidance and support for MSPI projects and improved support for local evaluation, since community-level program information can promote sustainability. This support will take the form of regional representatives in at least seven IHS Area Offices with the largest numbers of funded projects to provide consistent guidance and administration. Regional evaluators will provide technical assistance on data collection and program evaluation to all 12 IHS Areas.

With this new evaluation resource, individual projects will not be required to set aside up to 20 percent of their budget for local evaluation. Instead, the regional evaluators will work with funded projects to ensure efforts are coordinated to demonstrate the impact locally, regionally and nationally, supporting evidence that program efforts are making an impact within the community. To support these resources, MSPI funding available for project awards will be reduced from $13,100,000 for IHS and Tribal projects and $1,188,000 for UIHPs to $12,500,000 for IHS and Tribal projects and $1,000,000 for UIHPs in FY 2015.

In addition, the February 6 letter requested feedback on varying award amounts versus using a standardized award amount. In response to feedback favoring the variable amounts, IHS will award varying amounts ranging from $50,000 to no more than $300,000.

Funding Mechanism

The distribution of funds for MSPI and DVPI projects has previously involved a number of different funding mechanisms. In order to provide consistency and prevent confusion in the new funding cycle, IHS will fund all MSPI and DVPI projects through a grant mechanism for Tribal and UIHP MSPI and DVPI awardees. The new MSPI/DVPI grant program will prevent confusion regarding the allowable costs, including indirect costs, to be included in the budget, a standard requirement for all federal financial assistance. IHS facilities will continue to receive funding through program awards.

Eligibility and Selection Criteria

In the demonstration project phase, MSPI and DVPI project sites included Tribes, IHS facilities, Area Offices, Tribal organizations, Indian health boards, Youth Regional Treatment Centers (YRTCs), and UIHPs. The variety of types of awardees was due to the original manner in which the MSPI and DVPI recipients were selected based in part on input gathered from Tribes in each IHS Area. Recommendations on eligibility received following the February 6 letter varied greatly, and there was no consensus recommendation. The IHS has determined that eligibility for the new MSPI/DVPI award cycle will be limited to federally recognized Tribes, IHS facilities, Tribal organizations, YRTCs, and UIHPs. The selection criteria will be standardized across all IHS Areas and applicants will not compete for funding with applicants from other IHS Areas. Selection criteria will be based on the following factors:

1. Statement of Need – 35 points
2. Proposed Approach/Project Plan – 20 points
3. Organizational Capacity – 15 points
4. Plan for Collecting Local Data – 20 points
5. Budget and Justification – 10 points

The highest amount of points for MSPI and DVPI applications will be given in the category of "Statement of Need." Given the limited amount of funding for MSPI and DVPI, IHS requested input on how to determine greatest need among applicants. The majority of responses were in favor of using community data to demonstrate level of need.

I am aware of the challenges many AI/AN communities face surrounding data being readily available to demonstrate the level of need. In light of the consultation feedback and in consideration of the challenges around available data, IHS will accept data sources such as IHS Trends in Indian Health, epidemiological data from Tribal Epidemiology Centers and IHS Area Offices or Service Units, State data, or national data (e.g., the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, National Center for Health Statistics, Centers for Disease Control and Prevention reports, and U.S. Census data). This list is not comprehensive, and applicants may submit other data, as appropriate to their program.

Program Components and Reporting Requirements

The IHS plans to allow funding for four purpose areas in MSPI and two purpose areas in DVPI. Reporting requirements will move to an annual report and will be according to the purpose area selected in the application. In certain circumstances, eligible applicants may wish to apply to more than one purpose area.

The MSPI, purpose areas are:

1) Purpose Area 1: Conduct community and organizational needs assessments to develop a strategic plan and data sharing system
2) Purpose Area 2: Provide suicide prevention, intervention, and postvention services
3) Purpose Area 3: Provide methamphetamine prevention, treatment, and aftercare services
4) Purpose Area 4: Provide youth interventions and positive development activities to support the Generation Indigenous Initiative

The DVPI purpose areas are:

1) Purpose Area 1: Provide domestic and sexual violence prevention, advocacy, and coordinated community response activities
2) Purpose Area 2: Provide forensic healthcare treatment services for victims of domestic and sexual violence

The IHS anticipates the announcement requesting new applications for FY 2015 to be published in a Federal Register notice on or around June 26. Applications will be due 60 days after the Federal Register notice is issued. For additional information, please visit our websites at www.ihs.gov/mspi or www.ihs.gov/dvpi. If you have any questions, please contact Dr. Beverly Cotton, Director, IHS Division of Behavioral Health, by e-mail at beverly.cotton@ihs.gov or by telephone at (301) 443-2038. Thank you for your continued work to address these serious issues in our communities.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain
Acting Director