MSPI Purpose Area 4: Generation Indigenous Initiative Support

New Projects Welcome Webinar

January 31, 2017
Overview

I. History
II. Program Background
III. Best Practices
IV. Resources
History

• In 2009, funds for the Methamphetamine and Suicide Prevention Initiative (MSPI) were allocated by Congress in direct response to the prevalence of methamphetamine use and suicide throughout Indian Country.

• The MSPI Purpose Area 4: Generation Indigenous (Gen-I) launched in 2015 to place an emphasis on Native Youth and families.

• To date, the MSPI Gen-I program, has awarded approximately $21 million to support projects across Tribes, Tribal organizations, Urban Indian organizations, and IHS federal facilities.
Program Background

• To increase capacity across Indian Country and fulfill the objectives of MSPI Gen-I, a 4th *required* objective was added to Purpose Area 4.

• In 2016, 42 additional awards were made to Tribes, Tribal organizations, Urban Indian Organizations, and IHS federal facilities totaling $7.06 million.

• During the 2016 funding cycle, the Navajo, Phoenix, and Tucson IHS Areas submitted a low number applications, and therefore not all funds were awarded in those areas. IHS reissued the funding opportunity announcement (FOA) for these specific areas in December 2016.
Program Background

- **2015** 61 Projects- $12.76 million
- **2016** 42 Projects- $7.06 million
- **2017** Reissue- $1.4 million

Total Number of Projects: 88
MSPI Gen-I Projects by State
MSPI Gen-I Project by Area

*Urban Projects spread across the country
Project Demographics

- 67 Tribes
- 13 Urban Programs
- 8 IHS Federal Facilities
MSPI National Model

**GOALS**

- **GOAL 1:** Increase Capacity
- **GOAL 2:** Develop Data Sharing
- **GOAL 3:** Identify & Address Suicide
- **GOAL 4:** Identify & Address Meth Use
- **GOAL 5:** Increase Provider & Community Education
- **GOAL 6:** Promote Youth Development

**PURPOSE AREAS**

- **PA 1:** Community & Org Needs Assessment
- **PA 2:** Suicide Prevention, Intervention, & Postvention
- **PA 3:** Meth Prevention, Treatment, & Aftercare
- **PA 4:** Generation Indigenous Support

**OBJECTIVES**

- **01:** Implement evidence-based strategies
- **02:** Promote family engagement
- **03:** Increase Access to prevention
- **04:** Hire Additional BH Staff
GOAL 6: Promote Youth Development

PA 4: Generation Indigenous Support

O1: Implement Evidence-base strategies
O2: Promote family engagement
O3: Increase Access to prevention
O4: Hire Additional BH Staff
Gen-I Purpose Area 4 Objectives

Objective 1
- Implement evidence-based and practice-based approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among Native Youth;

Objective 2
- Promote family engagement;

Objective 3
- Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways; and

Objective 4
- Hire additional behavioral health staff specializing in child, adolescent, and family services who will be responsible for implementing the project’s activities that address all the broad objectives.
Required Objectives 1 and 2

• Implement evidence-based (EBP) and practice-based (PBE) approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among Native youth;

• Promote family engagement;
Required Objectives 3 and 4

• Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways; and

• Hire additional behavioral health staff specializing in child, adolescent, and family services who will be responsible for implementing the project's activities that address all the broad objectives listed.
Best Practices

Rocky Boy Health Board (O1)

San Pasqual Band of Mission Indians (O2)

GEN-I HIGHLIGHTS

Pueblo of Isleta (O3)

Tohono O’odham Nation (O4)
Resources

To assist with strengthening grantees capacity for 2017, resources that will soon available include:

• *Gen-I Digest* Newsletter
• Gen-I Best Practices Database
• Technical Support
• Partner Organizations (e.g. CNAY, NIHB, etc.)
Minette C. Wilson, MPA
Public Health Advisor
Native Youth Lead
Indian Health Service
Office of Clinical Preventive Service
Division of Behavioral Health
5600 Fishers Lane
Rockville, Maryland 20857

office: 301-443-6680
e-mail: Minette.Wilson@ihs.gov
Topics

I. Background & Housekeeping Items

II. Communication

III. What to Expect: Project Year 1

IV. Technical Assistance Providers for Evaluation

V. Questions
I. Background Information & Housekeeping Items

Brief Background

Official Notice Of Award

NoA Special Terms & Conditions
MSPI Funding Cycle

- Grant and federal program award process:
  - Grantees
  - IHS federal program awardees

- Four year funding cycle that runs from FY2016 – FY2020.

- Project Year 1 Timeline:
  - September 30, 2016 – September 29, 2017
Awarded Projects: MSPI

Four Purpose Areas:

- Purpose Area 1: 3
- Purpose Area 2: 46
- Purpose Area 3: 19
- Purpose Area 4: 88
  - 2016 new/supplement PA #4 awards = 42
  - Funds awarded = approximately $7M

- Total Projects: 156
- Total Funds Awarded: $ 21,243,110
Notice of Award

- All official Notices of Award (NoA’s) have been disseminated via email:
  - Grantees: IHS Division of Grants Management (DGM)
  - IHS Federal Facilities: IHS Division of Behavioral Health (DBH)

- NoA’s for Grantees were emailed by DGM to the individual(s) listed as the Project Director and/or the Authorizing Official.
NoA: Special Terms & Conditions

• Additional terms & conditions are included in your NoA. Please review this information carefully!

• Standard Grant Conditions (Grantees):
  – Includes contact information for your IHS Program Official and IHS Grants Management Specialist (GMS), reporting requirements and deadlines, federal regulations, cost principals, when to obtain approval for changes to grant, audit requirements, etc.

• Programmatic Terms & Conditions (Grantees & IHS Federal Programs):
  – Includes program-specific requirements: submission of required reports and financial forms, submission of brief project overview, revisions to applications, continuation applications, kick-off meeting, required participation in national evaluation and technical assistance calls, and how/when to notify of personnel changes.
II. Communication

Division of Behavioral Health Staff (HQ)

Area Project Officers

Division of Grants Management Staff (HQ)

Official Contacts for Projects
IHS MSPI Program Official

IHS MSPI Program Official:

- Division of Behavioral Health

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<tr>
<th>MSPI Program Official</th>
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<tr>
<td>Audrey Solimon</td>
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<tr>
<td><a href="mailto:Audrey.Solimon@ihs.gov">Audrey.Solimon@ihs.gov</a></td>
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</table>

- IHS Program Official assists with national programmatic inquiries.

- Contact information is also listed in the official NoA.
MSPI Area Project Officers

Area Project Officers (APOs):

• Provide guidance on project activities and budget, provide general TA, and disseminate information on the project throughout the duration of the funding cycle to grantees and IHS Federal projects.

• Serve as your first line of contact for all questions related to your scope of work and any other programmatic activities.

• APOs are based at:
  
  – **Area Offices**: Alaska, Albuquerque, Bemidji, Billings, Great Plains, Navajo, Oklahoma City, and Phoenix
  
  – **IHS HQ**: California, Portland, Nashville, Tucson, and Urban
## Area Project Officers

<table>
<thead>
<tr>
<th>IHS Area</th>
<th>Area Project Officer</th>
<th>Email</th>
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<tbody>
<tr>
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<td>Elisa Bruns</td>
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MSPI Grants Management Specialists

MSPI
Donald W. Gooding, Jr.
Tel: 301-443-2298
Donald.Gooding@ihs.gov

Willis K. Grant
Indian Health Service
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Willis.Grant@ihs.gov

To identify your GMS by grant number click on the following link:
https://www.ihs.gov/mspi/includes/themes/newihstheme/display_objects/documents/gmslist1116.pdf
Official Communication

Grantees:

- Official contacts are listed in the official NoA as the **Project Director** and the **Authorizing Official**. These individuals receive all communication.

- If changes need to be made to official contacts listed in the NoA, please contact your assigned Grants Management Specialist for guidance on how to submit this request and update your Area Project Officer.

Federal Awardees:

- Your official contacts are those individuals that were listed in the application submission.

- If you have changes to your official contacts, please notify your Area Project Officer **and** Shelly Carter at [Shelly.Carter@ihs.gov](mailto:Shelly.Carter@ihs.gov).
III. What to Expect: Project Year 1

Required Reporting
(All Projects & Differences for Grantees vs. Federal Awardees)

MSPI Online Data Portal

In-Person MSPI/DVPI Projects Meeting
Required Reporting – All Projects

1. SF-425 (financial report)
2. Continuation Application Kit (CAK)
3. Annual Progress Report (APR)

• Additional required submissions:
  – Brief Project Summary
  – Listed in the official NoA
Required Reporting: SF-425

- **SF-425 (financial report)**
  - Quarterly submissions
  - Reporting periods and due dates are listed in the official NoA.

- Submission of financial reports are different for grantees vs. federal awardees.
<table>
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<th>Project Year 1 Start Date: <strong>September 30, 2016</strong></th>
<th>Quarter</th>
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SF-425 Submission: GRANTEES

- Submit financial reports to:
  - Payment Management System (PMS); and
  - GrantSolutions.

- All grantees are required to draw down funds from PMS.

- Important Reminder: Please connect with your Tribal Finance office to ensure that the project financial staff have access to PMS.
SF-425 Submission: Federal Awardees

• Submit financial reports to:
  – MSPI online data portal

• **All Federal awardees** should have access to the MSPI online data portal.

• **Important Reminder:** If you do not have access to the MSPI online data portal please inform your Area Project Officer immediately to assist with obtaining access.
Required Reporting: Continuation Application Kit

• Continuation Application Kit (CAK)
  – To receive your Year 2 funds, all projects are required to submit a CAK.
  – Guidance will be given to all projects from your Area Project Officer.

• Grantees:
  – GrantSolutions submission
  – Official email notification from DGM

• Federal Awardees:
  – Submission via email
  – Official email notification from DBH
Required Reporting: Annual Progress Report

- **Annual Progress Report (APR)**
  - One (1) progress report per year
  - End of project year
  - Year 2 APR: September 30, 2016 – September 29, 2017

- Grantees and Federal Awardees complete the APR via the MSPI online data portal.
  - More information will be provided to all projects by your Area Project Officer.
MSPI Online Data Portal

• MSPI online data portal is open.

• Connect with your APO to assist with clarification on documents to be submitted to the online data portal.
MSPI Online Data Portal (cont.)

- All project staff (project director, project coordinator, or similar) should have access to the portal(s).

- If you do not have access or have questions about access, contact your Area Project Officer and Steven Whitehorn at: Steven.Whitehorn@ihs.gov.
MSPI/DVPI In-Person Meeting for all Projects

• Date: August 2017 (*specific date to be determined*)
• Location: *to be determined*

• All projects should have travel budgeted for an in-person meeting for the Project Director and/or Project Coordinator to attend or similar project staff.

• Information to be covered will include project implementation and planning, reporting requirements, data portal overviews, allowable budget costs, updates on staffing, available technical assistance, and the national evaluation plan and progress.
IV. Technical Assistance Providers for Evaluation

Update: TA Providers for Evaluation

What should I be working on with my TA Provider for Evaluation?

Contact Information
Technical Assistance (TA) Providers for Evaluation

• Tribal & Urban Epidemiology centers (TECs)
  - TECs provide guidance on how to collect data and serve as your point of contact for all evaluation-related questions.

• The National Indian Health Board and the National Council of Urban Indian Health do not provide TA for evaluation for MSPI.
Tribal & Urban Epidemiology Centers

• Contact information for Tribal & Urban epidemiology centers by IHS Area:
  – MSPI:
    https://www.ihs.gov/mspi/techassistance/taprovers/

• Tribal & Urban epidemiology centers are available to provide **TA for evaluation for all MSPI purpose areas.**
What should I be working on with my TA Provider for Evaluation?

• **Local Data Collection Plan**
  - Your plan for gathering local data, submitting data requirements, and data tracking and reporting. Tracking the core processes, outcomes, impacts and benefits of the project.

• Projects should be working on the Local Data Collection Plan with their TA Provider for evaluation.
  - Coordinating data collection efforts.

• **IMPORTANT**: TECs **do not** serve as your evaluator. They provide TA for evaluation activities you have planned.
Where can I find all this information?

• Project information and any upcoming technical assistance calls, webinars, and other general information can be found on the Division of Behavioral Health MSPI webpage:
  – MSPI: [www.ihs.gov/mspi/](http://www.ihs.gov/mspi/)

• When you arrive at the MSPI webpage, click on “Funded Projects”.
Contact Information

National MSPI Coordinator

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